

Please print and review your application before checking the affidavit. Click the submit button to complete the application process.

APPLICATION INFORMATION

CONTACT INFORMATION

First Name: David Last Name: Dammon Title: President Phone: (985) 649 - 5832 Email: dammoneng@gmail.com

BUSINESS INFORMATION

Business Name: Dammon Engineering, Inc. DBA(if applicable): Business Structure: S-Corporation FEIN: 721075648 State Tax Id: Year Established: 1986 Phone: (985) 649 - 5832 Fax: Business Physical Address Line 1: 554 Old Spanish Trail Business Physical Address Line 2: City: Slidell State: LA ZipCode: 70458 Parish: St Tammany Business Mailing Address Line 1: 554 Old Spanish Trail Business Mailing Address Line 2: City: Slidell State: LA ZipCode: 70458 Parish: St Tammany Products or Services (Write all that apply): Architect, Engineer

Commodity Codes: Commodity Codes

Business Operations: [ ] Construction [x] Non-Construction

OPTIONAL BUSINESS INFORMATION

Is this a 51% or more woman-owned business? [ ] Yes [x] No

Is this a 51% or more minority-owned business? [ ] Yes [x] No

Majority ownership held by (Racial/Ethnic Group): Caucasian

**JOBS AND REVENUE**

Year	# of Employees	Annual Gross Revenue	Total Business Assets	Total Business Net Worth	In Operation	Date Created
2009		\$706978.00				
2010		\$616756.00				
2011	6	\$412881.00	\$182000.00	\$115689.00		02/24/2012
2017	3	\$330978.00	\$50987.00	\$36153.00	In Operation	05/02/2018
2016		\$346551.00			In Operation	05/02/2018
2015		\$409418.00			In Operation	05/02/2018
2017	3	\$330978.00	\$50987.00	\$36153.00	In Operation	05/02/2018

**OWNERSHIP INFORMATION**

Owner 1

First Name:  Last Name:   
 Last 6 Digits of SSN:  Percent Ownership:   
 Personal Net Worth:   
 Citizen or Legal Resident of US?  Yes  No  
 Domiciled in Louisiana?  Yes  No  
 IS this owner a Veteran?  Yes  No  
 DD 214 Discharge Date:  Military Branch:   
 Service Related Disability Rating:   
 Is this person still an owner?  Yes  No

Owner 2

First Name:  Last Name:   
 Last 6 Digits of SSN:  Percent Ownership:   
 Personal Net Worth:   
 Citizen or Legal Resident of US?  Yes  No  
 Domiciled in Louisiana?  Yes  No  
 IS this owner a Veteran?  Yes  No  
 Is this person still an owner?  Yes  No

**STATE PURCHASING**

State Purchasing Vendor Number:

**CONFIRMATION OF ELIGIBILITY**

#	Question	Answer
1	Are you a citizen or legal resident of the United States of America?	Yes
2	Have you lived in the State of Louisiana for at least one year?	Yes
3	Is 51% of this business owned and controlled by one or more business persons with a personal adjusted net worth less than \$400,000, excluding retirement and personal residence?	Yes
4	Is the business' net worth currently less than \$1.5 million?	Yes
5	Does the ownership of this business devote 20 hours or more a week to the operation and management of this company?	Yes
6	Is the business independently owned and operated?	Yes
7	Do you consider your business to be a small business in your industry?	Yes
8	Are all owners and officers of the business citizens or legal residents of the U.S.?	Yes
9	Are all owners and officers of the business domiciled in Louisiana?	Yes
10	Is the principal business office located in the state of Louisiana?	Yes
11	Is the business organized for profit and has it met all legal requirements to operate in the state of Louisiana?	Yes
12	Together with affiliated entities, does the business have fewer than 50 full-time employees?	Yes
13	Does the business have average annual gross receipts that DO NOT exceed \$10,000,000.00 (\$10 million) per year for construction operations or \$5,000,000.00 (\$5 million) per year for non-construction operations?	Yes
14	Is your business 51% owned by a Veteran?	Yes
15	Is your business 51% owned by a service connected disabled Veteran?	Yes

**DO YOU VERIFY THAT THESE ANSWERS ARE CORRECT?**     Yes     No

**Electronic Affidavit**

I hereby certify that this application meets all constitutional, statutory and regulatory provisions applicable to this program. I hereby certify that the information provided in this document and additional materials is true and correct and that I am aware that my submission of any false information or omission of any pertinent information resulting in the false representation of a material fact may subject me to civil and/or criminal penalties for filing false public records (R.S. 14:133) and/or forfeiture of any benefits approved under this program. I understand that the application and information submitted shall not be returnable to the applicant.

I verify that I have read the text above and have accurately answered the questions in the form.