

Louisiana Unified Certification Program (LAUCP) Personal Narrative (PN) Social and Economic Disadvantage Form

The LAUCP Personal Narrative (PN) questionnaire must be completed by each firm owner whose social and economic disadvantage is being relied upon for Disadvantaged Business Enterprise (DBE) program eligibility in the 2026 LAUCP certification and re-evaluation process. This questionnaire is used by the certifying agency to evaluate your personal experiences of social and economic disadvantage in a race-neutral, sex-neutral, and identity-neutral manner, as required by the U.S. Department of Transportation Interim Final Rule, 49 CFR §§ 23.3 and 26.67 (effective October 3, 2025). The questionnaire supports the individualized demonstration of social and economic disadvantage consistent with 49 CFR §26.67. Responses and supporting documentation are reviewed on a case-by-case basis, and the certifying agency considers the totality of the information provided. No single response determines DBE eligibility. PN responses are confidential and will be used to assess how barriers, denied opportunities, and systemic challenges affected your education, employment, and business opportunities.

Three Areas of the LAUCP Personal Narrative (PN) Questionnaire

- I. Education & Training Barriers – Questions about barriers in your learning or academic development, including family background, school resources, access to support, health or disability, housing or financial challenges that may have affected your education or training.
- II. Entrepreneurship & Business Financial Opportunity Barriers – Questions about barriers you may have faced as a business owner or entrepreneur, including access to capital, credit, mentorship, business knowledge, networks, and life-course constraints that may have affected business opportunities.
- III. Societal, Environmental & Community Barriers – Questions about community-level conditions where you live or have lived, including infrastructure, local economic conditions, social networks, historical disinvestment, or other circumstances that may have limited economic or business opportunity.

How to Answer the PN Questionnaire

For each question, select one of the following responses:

- “Yes” –The barrier or condition applied to you. If you select Yes, provide a brief explanation and supporting documents if they are reasonably available (such as school records, denial letters, transcripts, emails, credit reports, or business records, etc.)
- “No” –The barrier or condition did not apply to you. No explanation is required.
- “Decline” –You may choose not to answer any question. This will not automatically affect your re-evaluation or certification. However, declining to answer a question may reduce the information available for review.

Not every question will apply to every applicant. Answer each question based on your own experiences.

What to Include for “Yes” Responses

Applicants are asked to explain how the barrier affected their access to education, employment, or business opportunities. For each “Yes” response, provide a short, factual written response and available documentation:

1. A brief description (2-4 sentences) explaining the circumstances, and
2. Supporting documents if reasonably available.

Please keep explanations focused on the relevant question. In most cases, 2–4 sentences or a short paragraph is sufficient to describe the circumstances and how the barrier affected your opportunities. The completed PN will be considered along with your Personal Net Worth (PNW) statement to support the assessment of social and economic disadvantage.

Important Notes

Answer honestly. Inaccurate responses could affect your DBE certification.

Answer all questions. Even if you select “Decline” for some or all questions, you must submit this completed PN form to continue in the 2026 LAUCP DBE Program Re-evaluation and Certification process.

Provide signatures. Your completed PN form must include your signature.

Firm Business Name (Print) _____

Owner Name (Print) _____

Owner Name (Signature)* _____

Date: _____

*No electronic signatures. By signing this form, I certify that all information provided is true, complete, and accurate to the best of my knowledge. I understand that this form is a government record. Knowingly making false statements or providing false information to a government agency may constitute a criminal offense under Louisiana and federal law (La. R.S. 14:170.9; La. R.S. 14:133; 18 U.S.C. § 1001). False statements or misrepresentations may result in denial of my DBE application and may subject me to civil or criminal penalties.

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Questionnaire I: Education & Training Barriers

The following questions ask about barriers you may have experienced in education, training, or academic development that may have affected your access to opportunities in education, employment, or business. For each question, select **Yes**, **No** or **Decline** in the response column based on your own experiences. If you select **Yes**, briefly explain the circumstances in the "If Yes, Explain" space provided and attach supporting documentation if reasonably available. Your responses will be reviewed on an individualized, race-neutral, sex-neutral, and identity-neutral basis consistent with U.S. Department of Transportation regulations (49 CFR §§ 23.3, 26.67).

| # | Topic | Question | Response | If Yes, briefly explain (2-4 sentences) |
|----|------------------------------|---|---|---|
| 1 | Parent education | While growing up, did your parent(s) or caregiver(s) stop school at high school or earlier? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 2 | Household financial hardship | While growing up or while you were in school or training, did financial problems in your household make it harder for you to stay in school or complete education or training? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 3 | Public assistance | While growing up, did you or any of your household members receive SNAP, TANF, SSI, WIC, Medicaid, or federal housing assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 4 | Work during school | While you were in school or training, did you have to work to support yourself or your family in a way that limited your time for studying or attending school? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 5 | Caregiving duties | While you were in school or training, did you have regular responsibilities caring for siblings, children, or other family members that affected your ability to focus on school or training? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 6 | School resources | While you were in school or training, did your school or training program lack adequate teachers, books, technology, or other learning resources? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 7 | Academic support | While you were in school or training, did you lack adequate access to tutoring, mentoring, or academic help when you needed it? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 8 | Career guidance | While you were in school or training, did you lack adequate access to career counseling or guidance about education, training, or job opportunities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 9 | Financial aid | While you were in school or training, did you qualify for need-based education assistance (such as free or reduced lunch, Pell Grants, or other academic financial aid)? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 10 | Foster or institutional care | While growing up, were you ever in foster care, an orphanage, or another form of institutional care? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 11 | Education interruption | At any point in your life, did you have to stop, delay, or interrupt your education or training because of personal, financial, or family circumstances? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 12 | Advanced coursework | While you were in school or training, did you lack adequate access to honors, Advanced Placement (AP), dual-enrollment courses, or other advanced classes? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 13 | Health or disability | At any point in your life, did a health condition or disability make it harder for you to attend or complete school or training? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 14 | Housing instability | While growing up or while you were in school or training, did frequent moves, homelessness, or unstable housing make it harder for you to stay in school? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 15 | Other education barrier | At any point in your life, did another barrier affect your access to education or training that was not already covered above, or would you like to add more information about any education-related barrier you experienced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |

Owner Name (Print) _____

Owner Name (Signature)* _____

Date: _____

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Questionnaire II: Entrepreneurship & Business Financial Opportunity Barriers

The following questions ask about barriers you may have experienced as a business owner or entrepreneur that may have affected your access to capital, contracts, training, customers, or other business opportunities. For each question, select **Yes**, **No** or **Decline** in the response column based on your own experiences. If you select **Yes**, briefly explain the circumstances in the "If Yes, Explain" space provided and attach supporting documentation if reasonably available. Your responses will be reviewed on an individualized, race-neutral, sex-neutral, and identity-neutral basis consistent with U.S. Department of Transportation regulations (49 CFR §§ 23.3, 26.67).

| # | Topic | Question | Response | If Yes, briefly explain (2-4 sentences) |
|----|--------------------------|--|---|---|
| 16 | Startup financing | When starting your business, did you have difficulty obtaining the money needed to start operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 17 | Business loan access | At any point while starting or operating your business, were you denied a business loan or line of credit? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 18 | Loan terms | At any point while starting or operating your business, were you offered a loan or credit only with unusually high interest rates or strict conditions? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 19 | Alternative financing | At any point while starting or operating your business, did you rely on high-interest loans, personal credit cards, or other non-bank financing because traditional financing was unavailable? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 20 | Startup resources | When starting your business, did you lack adequate personal savings or family financial support to help start the business? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 21 | Student loan burden | At any point while starting or operating your business, did student loan debt limit your ability to start, invest in, or grow your business? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 22 | Business training | Before or while operating your business, did you lack adequate access to business education, training programs, or technical assistance? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 23 | Business networks | At any point while operating your business, did you lack access to professional networks, mentors, or business associations that could support your business development? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 24 | Contract opportunities | At any point while operating your business, did you have difficulty obtaining contracts or work that your business was qualified to perform? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 25 | Vendor or supplier lists | At any point while operating your business, did you have difficulty being added to vendor, subcontractor, or supplier lists? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 26 | Bonding or insurance | At any point while operating your business, did you have difficulty obtaining bonding, insurance, or financial guarantees required to compete for contracts? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 27 | Customer access | At any point while operating your business, did you have difficulty reaching customers or entering new markets? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 28 | Business growth | After your business began operating, did a lack of financing, resources, or support limit your ability to expand or grow the business? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 29 | Business technology | At any point while operating your business, did a lack of adequate technology, equipment, or tools limit your business operations? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 30 | Other business barrier | At any point while operating your business, did another barrier affect your business opportunities that was not already covered above, or would you like to add more information about any business-related barrier you experienced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |

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Questionnaire III: Societal, Environmental & Community Barriers

The following questions ask about community or environmental conditions where you live or have lived that may have affected your access to education, employment, or business opportunities. For each question, select **Yes**, **No** or **Decline** in the response column based on your own experiences. If you select **Yes**, briefly explain the circumstances in the "If Yes, Explain" space provided and attach supporting documentation if reasonably available. Your responses will be reviewed on an individualized, race-neutral, sex-neutral, and identity-neutral basis consistent with U.S. Department of Transportation regulations (49 CFR §§ 23.3, 26.67).

| # | Topic | Question | Response | If Yes, briefly explain (2-4 sentences) |
|----|--------------------------------|--|---|---|
| 31 | Limited economic opportunities | At any point in your life, have you lived or worked in an area where economic opportunities were limited, such as places with few jobs or business opportunities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 32 | Infrastructure limitations | At any point in your life, have you lived or worked in a community with limited infrastructure such as reliable roads, internet service, or utilities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 33 | Utility outages | At any point in your life, have frequent power, water, or internet outages in your community affected your ability to work, study, or operate a business? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 34 | Public transportation | At any point in your life, have you lived or worked in an area where public transportation was limited or unavailable? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 35 | Distance to services | At any point in your life, have you had to travel long distances to reach banks, suppliers, training programs, or business support services? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 36 | Local job opportunities | At any point in your life, have you lived or worked in an area where employment opportunities were limited? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 37 | Local business demand | At any point in your life, have you lived or worked in an area where low local spending limited business opportunities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 38 | Community disinvestment | At any point in your life, have you lived or worked in a community that experienced long-term economic disinvestment or neglect? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 39 | Public services | At any point in your life, have you lived or worked in an area where public services such as libraries, childcare, or workforce programs were limited? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 40 | Community safety | At any point in your life, have unsafe community conditions affected your ability to attend school, work, or operate a business? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 41 | Local regulatory barriers | At any point in your life, have local zoning rules, permits, or regulations made it harder for businesses in your community to operate or for residents to access jobs? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 42 | Banking access | At any point in your life, have you lived or worked in a community where banks or lending institutions were rare or difficult to access? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 43 | Community networks | At any point in your life, have you lived or worked in an area with limited organizations that support job placement, entrepreneurship, or business development? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 44 | Industry decline | At any point in your life, have major employers or industries closed or declined in your community, reducing job or business opportunities? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |
| 45 | Other community barrier | At any point in your life, did another community or environmental condition affect your opportunities that was not already covered above, or would you like to add more information about any community-related barrier you experienced? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Decline | |

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This blank page may be used to provide any additional information that further supports your LAUCP personal narrative of social and economic disadvantage. Any supplemental response must be limited to this single page and written in 12-point font.

Owner Name (Print) _____

Owner Name (Signature)* _____

Date: _____

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