



**City and County of San Francisco
Contract Monitoring Division (CMD)**

Chapter 14B San Francisco Local Business Enterprise Certification & Compliance

**NPE
Certification Application**

SECTION I: BUSINESS INFORMATION

Business Name:

**Primary Place of
Business:**

Address

City

State

Zip Code

Check all that apply:

☐

Home Office

☐

Own

☐

Lease

Mailing Address:

☐ *Same as Above*

Address

City

State

Zip Code

**Contact
Information:**

Phone

Fax

Cell

Email

**Federal Employer
ID Number (FEIN):**

**City Vendor
Number:**

☐

No Vendor Number

Business Type:

☐

Trust

☐

Association

☐

Corporation

**Additional
Locations, if any:**

*(e.g., satellite offices,
storage units,
warehouses, etc...)*

Sample Format: 111 Street, City, State 95030 (Equipment Storage)

Truckers/Haulers:

*Indicate where you park
your vehicle(s).*

SECTION II: BOARD OF DIRECTORS & EMPLOYEE DATA

Board of Directors (First and Last Name)	Term	Place of Residence	Are you a Full-time employee of the City & County of San Francisco (Y/N)

***Answer the remaining questions on this page
only if your organization has locations outside of San Francisco***

Employees	
1) How many employees does your organization have?	
2) How many of your employees are <u>non-field</u> employees? These are employees that generally perform most of their duties at your place of business rather than at your clients' offices or at a job site.	
a. How many of these non-field employees generally work from your San Francisco location(s)?	
b. How many of these non-field employees generally work from your <i>non</i> -San Francisco location(s)?	
c. How many of these non-field employees split their time between your San Francisco <i>and</i> non-SF location(s)?	

SECTION III: GOODS AND SERVICES

Identify the goods and services you provide and for which you are seeking certification.

For a list of goods and services eligible for LBE certification, go to: <http://sf-hrc.org/Modules/ShowDocument.aspx?documentid=598>

SECTION IV: REQUIRED SUPPORTING DOCUMENTS

Submit All Required Documents with Your Application
(Be Sure to Complete the Document Checklist Provided Below)

- ☐ *Submitted* **Verification of Primary Place of Business:** Provide a copy of your lease or other written agreement with proof of recent rent payment for your primary place of business. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).
- ☐ *NA*

- ☐ *Submitted* **Verification of Additional Locations:** Provide a copy of your lease or other written agreement with proof of recent rent payment for each additional location identified in Section I. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).
- ☐ *NA*

Truckers/Haulers: If you park your vehicle(s) on the street, check NA.

- ☐ *Submitted* **Verification of Non-Profit Status:**
- ☐ *NA* (1) IRS determination letter confirming 501(c)(3) exemption status *and*
(2) Most recently filed California Attorney General Registration Renewal Fee Form (RRF-1) found at http://www.ag.ca.gov/charities/forms/charitable/rrf1_form.pdf.

- ☐ *Submitted* **Verification of Business Type:**
- ☐ *NA* **Corporations:** Articles of Incorporation
Association: Articles of Association
Trusts: Trust Indenture

- ☐ *Submitted* **Verification of Relevant Trade and/or Professional Experience and Licensing:** Provide a current resume or bio for each key senior staff member. Be sure the resume or bio includes required relevant licensing and/or certifications, if any.
- ☐ *NA*

☐ Submitted
☐ NA

Verification of Employee Data (1): Provide a copy of your most recently filed annual W-3 Transmittal of Wage and Tax Statement filed with the Social Security Administration. If you did not pay wages last year, check NA.

☐ Submitted
☐ NA

Verification of Employee Data (2): Provide copies of all quarterly DE9C payroll reports you filed with the CA Employment Development Department last year. If you did not pay wages last year, submit copies of all DE9C payroll reports you filed with the EDD this year. If you did not pay wages during either period, check NA.

☐ Submitted
☐ NA

Verification of Goods and Services: Provide copies of invoices with proof of payment and/or contracts signed by your clients as evidence of your ability to provide the goods and services for which you seeks to be certified. Provide one sample for each category identified in Section III.

☐ Submitted
☐ NA

Verification of Average Gross Receipts: To determine your average gross receipts for the last three years, submit:

(1) Federal Tax Returns:

(a) Three most recently filed Federal Form 990 (Federal Income Tax Returns for Organizations Exempt From Income Tax)

or

(b) Three most recently filed Form 990-N or Form 990EZ (Federal forms for *eligible* non-profit organizations with less than \$25,000 in gross receipts)

- AND -

(2) State Tax Returns

(a) Three most recently filed Form 199 (California Exempt Organization Annual Information Return)

or

(b) Three most recently filed Form 109 (California Exempt Organization Business Income Tax Return)

We reserve the right to request additional information and/or documents once we have reviewed your application and accompanying documents.

SECTION V: AFFIDAVIT

The undersigned Board Member identified in Section II declares and swears under penalty of law that the statements made in this application are true, correct and complete. The undersigned further agrees to permit the audits and examination of the books, records and files of the named firm to verify the information submitted in this application. Any material misrepresentation will be grounds for initiating criminal and civil actions under federal, state and local laws and for terminating any contract awarded pursuant to this Certification.

Full Name

Signature

Date

PLEASE SUBMIT APPLICATION WITH ALL SUPPORTING DOCUMENTS TO:

Contract Monitoring Division

Attn. Certification Unit

30 Van Ness Avenue, Suite 200

San Francisco, CA 94102-6020

For more information, visit www.sfgov.org/cmd or call (415) 581-2310.