



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

Chapter 14B San Francisco Local Business Enterprise Certification & Compliance

**NPE**

**Re-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	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***

<b>Employees</b>	
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 any **NEW** goods and services, if any, 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**

☐ **NA**

**Verification of New Primary Place of Business:** If your primary place of business has not changed since your last review, check NA. Otherwise, provide a copy of your lease or other written agreement with proof of recent rent payment for your new primary place of business. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).

☐ **Submitted**

☐ **NA**

**Verification of New Additional Locations:** If your additional locations have not changed since your last review, check NA. Otherwise provide a copy of your lease or other written agreement with proof of recent rent payment for each new additional location identified in Section I. If you own this property, provide proof of ownership (e.g., property tax bill or deed of trust).

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

☐ **Submitted**

☐ **NA**

**Verification of Good Standing:** 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](http://www.ag.ca.gov/charities/forms/charitable/rrf1_form.pdf).

☐ **Submitted**

☐ **NA**

**Verification of New Business Type:** If your business type has not changed since your last review, check NA. Otherwise, see below with regard to your new business type.

**Corporations:** Articles of Incorporation

**Association:** Articles of Association

**Trusts:** Trust Indenture

☐ **Submitted**

☐ **NA**

**Verification of Relevant Trade and/or Professional Experience and Licensing:** If your key senior staff has not changed since your last review, check NA. Otherwise, provide a current resume or bio for each new key senior staff member. Be sure the resume or bio includes required relevant licensing and/or certifications, if any.

☐ 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 New Goods and Services:** If you did not identify any new goods and services in Section III, check NA. Otherwise, provide copies of invoices with proof of payment and/or contracts signed by your clients as evidence of your ability to provide the new goods and services for which you seeks to be certified. Provide one sample for each new 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](http://www.sfgov.org/cmd) or call (415) 581-2310.