

SAN FRANCISCO COMMUNITY COLLEGE DISTRICT



SMALL BUSINESS AND SMALL LOCAL BUSINESS ENTERPRISE CERTIFICATION APPLICATION

BID INFORMATION

Is this Certification Application associated with an upcoming contract?

Yes No

Date of Bid Opening: _____

Project/Bid Package Name: _____

COMPANY PROFILE

Company Name: _____

Contact Person: _____ Title: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Facsimile: _____

Email: _____

Ownership Type	Certification Status Requested	Date Received (Internal Use Only)
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation, S-Corp	<input type="checkbox"/> SBE <input type="checkbox"/> SLBE	

COMPANY INFORMATION

1. For each officer/owner of your company please list the name, title, ethnicity, gender, percent of ownership, and the city and state of residence:

Name	Title	Ethnicity & Gender	City	State	Percent of Ownership

Please note the ethnicity and gender information is for survey purposes only. The answer to this question will not be considered in the review of your application.

3. Is your business headquartered in California?

Yes

No

4. When was your California office established?

5. Current number of employees in your California offices:

Part-time:

Full-time:

6. Current number of employees in your other offices:

Part-time:

Full-time:

7. Do you rent, lease or own your business location?

Rent

Lease

Own

Please submit proof of ownership or written lease agreement for your office in California.

8. List your three most recent contracts and their effective dates: *(Submit a copy of each contract)*

Project name	Owner/Prime	Date Executed

9. List your company's Standard Industrial Code(s):

10. Describe the goods/services your company provides and list licenses your company holds:
(If more space is needed, attach additional pages.)

11. Please provide copies of your company's tax returns for the previous three years.

Sole Proprietorship	Federal Tax Form 1040, including Schedule C
Partnership	Federal Tax Form 1065, including Schedule K-1
Corporation	Federal Tax Form 1120S, including Schedule E or Federal Tax Form 4562

12. Please indicate your company's total gross revenue for the past three years:

Year ending 20____	Gross Receipts	\$
Year ending 20____	Gross Receipts	\$
Year ending 20____	Gross Receipts	\$

13. Please check to ensure all of the following documents have been included with this application:

Sole Proprietor	Partnership	Corp	Required Documents for Certification	
S	P	C	Current business license or current business tax registration certificate.	<input type="checkbox"/>
S	P	C	Proof of real property ownership or written lease agreement for your business office located in California.	<input type="checkbox"/>
S	P	C	Copies of three contracts.	<input type="checkbox"/>
S	P	C	Applicable license and/or permits.	<input type="checkbox"/>
S			Federal Tax Return 1040, including Schedule C for the past three years.	<input type="checkbox"/>
	P		Federal Tax Return 1065, including Schedule K-1 for the past three years.	<input type="checkbox"/>
		C	Federal Tax Return 1120S, including Schedule E or Federal Tax Return 4562 for the past three years.	<input type="checkbox"/>

AFFIDAVIT

The undersigned declares and swears under penalty of perjury that the foregoing statements are true, complete, and accurately explains the operations of:

Name of Business

Additionally, the undersigned agrees during the term of this certification to immediately notify the San Francisco Community College District when changes in the information provided in this application occur. Furthermore, the undersigned hereby permits the San Francisco Community College District to examine and audit the books, records, and files of the named business. The undersigned affirms that failure to provide information requested or to cooperate in an investigation of this business may result in the denial of certification. Any misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal, state, or local laws concerning false statements.

Signature of an owner or officer of the business is required below.

Signature

Title

Printed Name

Date Signed

ACKNOWLEDGMENT

STATE OF _____

COUNTY OF _____

*Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 2009
by _____ (the person who signed the above Affidavit) who proved
to me on the basis of satisfactory evidence to be the person who appeared before me.*

Notary Public

PLEASE RETURN COMPLETED APPLICATION TO:

District Certification Coordinator

*Mason Tillman Associates, Ltd.
1999 Harrison Street, Suite 1440
Oakland, CA 94612-4710
Telephone: (510) 835-9012
Facsimile: (510) 835-2647*