

EMERGING and SMALL BUSINESS DEVELOPMENT (ESBD) PROGRAM CERTIFICATION APPLICATION

SECTION 1 – GENERAL BUSINESS INFORMATION

BUSINESS NAME _____

AKA NAME _____

FEDERAL TAX ID NUMBER or SOCIAL SECURITY NUMBER _____

MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS ADDRESS (If different) _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE () _____ FAX () _____

NAME OF CONTACT PERSON _____

WEB PAGE ADDRESS _____

E-MAIL ADDRESS _____

SECTION 2 – FORM OF BUSINESS

SOLE PROPRIETORSHIP

PARTNERSHIP

CORPORATION

OTHER (Please identify) _____

DESCRIPTION OF BUSINESS _____

DATE THE BUSINESS WAS ESTABLISHED _____ NUMBER OF EMPLOYEES _____

If the business form has changed within the last 3 years, indicate the date of change _____

And previous type of business _____

IS THE APPLYING FIRM AFFILIATED WITH ANOTHER BUSINESS ENTITY?

NO

YES (Identify Affiliate below. For definition, refer to Definition Of Terms)

(If additional space is needed, use SECTION 7)

NAME OF AFFILIATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SECTION 3 - COMPANY CLASSIFICATION – SELECT ONLY ONE

Select the **one** description that **best describes** the classification of the business (i.e., what is the business of the business?).

- SERVICE CONSTRUCTION MANUFACTURER NON-MANUFACTURER

COMPLETE 1., and 2., AS APPLICABLE:

1. From the list of Standard Industry Classification (SIC) Codes, select the code(s) that apply to the business of your business and record each Code and Description in the following table (e.g., a Travel Agency would be SIC Code 4724, SIC Code Description – Travel Agency).
(If additional space is needed, use SECTION 7.)

SIC CODE	SIC CODE DESCRIPTION

2. Construction Firms - list the following information for each License held:

CONTRACTOR'S LICENSE NUMBER	LICENSE CLASSIFICATION (i.e., A, B, C1, C10, etc.)	LICENSE EXPIRATION DATE

SECTION 4 – OWNERS, PARTNERS, DIRECTORS, OFFICERS, and RESPONSIBLE MANAGING EMPLOYEES

In the following table, list all Owners, Partners, and Responsible Managing Employees of the Applying firm and, if applicable, of all Affiliated businesses, and the percent of ownership in the applying firm, by each person or firm (which must total 100%).

(If additional space is needed, use SECTION 7.)

TITLE	NAME	PERCENT OF OWNERSHIP

SECTION 5 – PROOF OF ANNUAL RECEIPTS

IN ADDITION TO THIS COMPLETED CERTIFICATION APPLICATION, THE FOLLOWING DOCUMENTS ARE REQUIRED:

1. **THREE (3) YEARS FEDERAL TAX RETURNS** * - A COMPLETE COPY OF YOUR MOST RECENT THREE (3) YEARS FEDERAL TAX RETURNS, WITH APPROPRIATE SCHEDULES. If the most recent tax year has ended and you have not yet filed tax returns for that year, and the filing deadline **has not yet passed**, submit a completed Affidavit Of Un-audited Income form for that year. If the most recent tax year has ended and you have not yet filed tax returns for that year, and the filing deadline **has passed**, submit a copy of the IRS tax filing extension **and** a completed Affidavit Of Un-audited Income form for that year.

* In lieu of Federal Tax Returns you may submit a statement on the letterhead of your Certified Public Accountant (CPA), signed by the CPA, stating that the business has not exceeded thirty million dollars (\$30,000,000) in total gross receipts over the preceding three (3) years.

SECTION 6 - GENERAL

1. RELATIONSHIP WITH EMPLOYEES AND/OR OTHER BUSINESS CONCERNS.

A) Relationship Between Owners and Employees - Are any individuals listed in SECTION 4, related by blood or marriage?

- NO YES **(Please indicate names and relationship in SECTION 7.)**

B) Relationship with Other Business Concerns – Do any owners, general partners, directors, or responsible managing employees of the Applying firm, currently have an ownership interest in, or business relationship with, any other firm? (See Definition of Terms)

- NO YES

If you answered YES to either question, indicate in SECTION 7, Name of Person, Name and Address of Business, and Position in the other business. If any family relation owns a business that relates to your business activity, also indicate that information in SECTION 7.

2. DOES THE APPLYING FIRM OWN ITS OFFICES AND/OR FACILITIES?

- YES NO Please provide the following:

NAME OF OWNER OF PREMISES: _____

OWNER'S ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE () _____ FAX () _____

3. DOES THE APPLICANT SHARE AND/OR SUB-LEASE OFFICE AND/OR WORK SPACE WITH ANOTHER FIRM?

- NO YES Please provide the following:

FIRM NAME _____ PHONE () _____

FIRM NAME _____ PHONE () _____

4. IS THE FIRM CURRENTLY CERTIFIED BY THE STATE OF CALIFORNIA, DEPARTMENT OF GENERAL SERVICES, OFFICE OF SMALL BUSINESS AND DVBE CERTIFICATION (OSDC), AS A SMALL BUSINESS ENTERPRISE (SBE)?

- NO YES (If Yes, provide the State Certification Number _____)

SECTION 7 – ADDITIONAL COMMENTS AND INFORMATION

Additional comments can be included here or, if necessary, on additional sheets. Please identify the applicable question number in your comment.

QUESTION NUMBER	COMMENTS

SECTION 8 - DIVERSITY QUESTIONNAIRE

The following responses are voluntary and are gathered for the purpose of tracking general participation, and for evaluating the effectiveness of The City of Sacramento's inclusiveness efforts in contracting and procurement activities.

CHECK ONE: MALE FEMALE

CHECK ONE BOX FOR THE RACIAL-ETHNIC CATEGORY WITH WHICH THE MANAGEMENT OF THE FIRM MOST CLOSELY IDENTIFIES:

WHITE AFRICAN AMERICAN HISPANIC ASIAN or PACIFIC ISLANDER AMERICAN INDIAN or ALASKA NATIVE

(See Definition of Terms prior to making your selection)

SECTION 9 – INFORMATION DISCLOSURE AUTHORIZATION

Check One Of The Following:

- BY MY SIGNATURE BELOW, I AUTHORIZE THE CITY OF SACRAMENTO, OSBD DEPARTMENT, TO SHARE THE CERTIFICATION INFORMATION PROVIDED HEREIN WITH OTHER GOVERNMENT CERTIFICATION ENTITIES.
- I DO NOT WANT THE CITY OF SACRAMENTO, OSBD DEPARTMENT, TO PROVIDE THE INFORMATION PROVIDED HEREIN TO ANY OTHER GOVERNMENT ENTITIES FOR CERTIFICATION PURPOSES.

BY MY SIGNATURE BELOW, I SIGNIFY MY UNDERSTANDING THAT MY CITY OF SACRAMENTO CERTIFICATION MAY NOT BE RECOGNIZED BY OTHER GOVERNMENT JURISDICTIONS.

SIGNATURE OF OWNER / OFFICER _____ DATE _____

SECTION 10 – AFFIDAVIT

Under penalty of perjury, the undersigned certifies that all information set forth on and submitted with the forgoing Certification Application is true and correct, and includes all material and information necessary to identify and explain the ownership, operation and control of

(Name of firm applying for certification, hereafter referred to as the "Firm")

All written agreements concerning the operation of the Firm shall be submitted with this Application. All oral and tacit agreements concerning the operation of the Firm shall be reduced to writing and submitted with this Application. The undersigned certifies, under penalty of perjury, that all such written, oral and tacit agreements are included in or are attached to this Application.

The submission of any document or information in connection with this Certification Application that is known by the person or firm submitting such document or information, to be false or contain false information, shall be grounds for all available administrative and legal remedies including, without limitation, terminating any contract with such person or firm and/or initiating debarment proceedings under any Federal, State or local law or regulation.

This Affidavit was executed in _____
(City) _____ (State)

Printed Name _____ Title _____

Signature _____ Date _____

MAIL YOUR COMPLETED APPLICATION and ALL REQUIRED DOCUMENTS TO:

**CITY OF SACRAMENTO
OFFICE OF SMALL BUSINESS DEVELOPMENT (OSBD)**

**915 I Street, 2nd Floor
SACRAMENTO, CA 95814**

PHONE: (916) 808-6747

FAX: (916) 808-6765

Webpage: www.cityofsacramento.org/esbd