

Supplemental Questionnaire for Certification

Please check one of the following certification types. For a description of each please refer to the **City of Oakland's Program**.

Local Business Enterprise

Small Local Business Enterprise

Is certification related to an upcoming project? Yes No

If yes, please supply project name and bid date: _____

C1) If your firm is applying for certification as a Local Business please submit the following:

- a. A completed and signed EBIA Common Application for certification
- b. City of Oakland Business Tax license,
- c. Copy of your firm's current lease for the business address
- d. Contractor/Professional Service/Service Provider license, certificate or permit
- e. If this is a non-profit organization, submit a copy of the IRS Letter of Determination

If your firm is applying for certification as a small local business enterprise, in addition to the above, please submits Items i-vi: (Remember in order to certify as a small local business your firm's primary office must be located in the City of Oakland).

- f. Signed Federal Tax Returns – submit the most recent 3 years
 - i. Sole Proprietor – Form 1040 w/Supplemental C
 - ii. Partnership – Form 1065 for all owners
 - iii. Corporation – Form 1120
 - iv. Limited Liability Partnership – Form 1065
 - v. Limited Liability Corporation – Form 1120
 - vi. Non-Profits – Form 990
- g. Copy of a past contract citing the Oakland address.

C2) Please note: All firms are required to submit form W9 Request for Taxpayer Identification Number and Certification as well as the appropriate year's California Form 590 Withholding Exemption Certificate.

C3) Please be advised that the City of Oakland does reserve the right to request additional information as the City may deem relevant to make a determination on its eligibility for certification. The City may wish to review additional documents that may include, but may not be limited to the following:

- a. Commercial advertising
- b. On-site signage
- c. Letterhead
- d. Previous lease agreements
- e. Marketing materials
- f. Listing in the telephone book

For additional information regarding the criteria for certification please refer to the City of Oakland's Local/Small Local Business Enterprise Program, Part II, Certification, located on Page 15.



Supplemental



AFFIDAVIT OF CERTIFICATION

“The undersigned swears, under penalty of perjury, that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____(Name of Firm) as well as the ownership thereof. The undersigned also states that he/she is properly authorized by _____(Name of Firm) to execute the affidavit and does so as him/her free act and deed. Further, the undersigned agrees to provide through the prime contractor or if no prime, directly to the Certification Unit, current, complete and accurate information regarding actual work performed on the project, the payment therefore and any proposed changes, of the foregoing arrangements and to permit the audit and examination of books, records and files of the named firm. Also, the firm has the experience, ability and required licenses to perform the work as stated in Business Profile, Primary Nature of Business and all category codes that support this application. As a bona fide LBE or SLBE, the ownership interests of the firm is real and continuing, and was not created solely to meet the City goals for LBE/SLBE participation. The ownership and control of the LBE or SLBE shall be real, substantial and continuing and shall go beyond the pro forma ownership of the firm as reflected in its ownership documents. The owner(s) of the local business possesses the power to direct or cause the direction of the management and policies of the firm.

Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.”

Federal Tax ID/SSN _____

Oakland Business Tax ID _____

Remember, if your firm is seeking SLBE or NPSLBE certification you must attach the most current 3 years tax returns.

Printed name of owner, officer or partner

Date (mm/dd/yy)

Signature of owner, officer or partner

Date (mm/dd/yy)

Title of Signer

Place Notary Seal Above

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document, to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

NOTARY CERTIFICATION

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20____
Date Month Year

Signature of Notary Public _____

Printed/typed name of Notary Public _____

County of residence _____ Date commission expires: _____