



SF CITY PARTNERS

City and County of San Francisco

A Step by Step Guide to Becoming a Fully Compliant Supplier

Version 2.4



Topic	
Purpose of this Article	To provide step-by-step directions to help Registered Bidders become Fully Compliant Suppliers
Audience	Registered Bidders that want to become Fully Compliant Suppliers
Author	Kevane Wong
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Related Content	"Complete Your Business Tax Registration", "File a 12B Equal Benefits Ordinance Declaration", "File an Optional 14B Local Business Enterprise Certification"
Outline	See outline in the job aid



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PURPOSE AND DESCRIPTION

Purpose

This document provides steps and information to help business entities that have already become Registered Bidders and that want to become Fully Compliant Suppliers to the City & County of San Francisco. If your business already has a Supplier account, you should not be creating a new Supplier account. If you are unsure if your business already has a Supplier account, then you should contact User Support at 415.944.2442 for assistance.

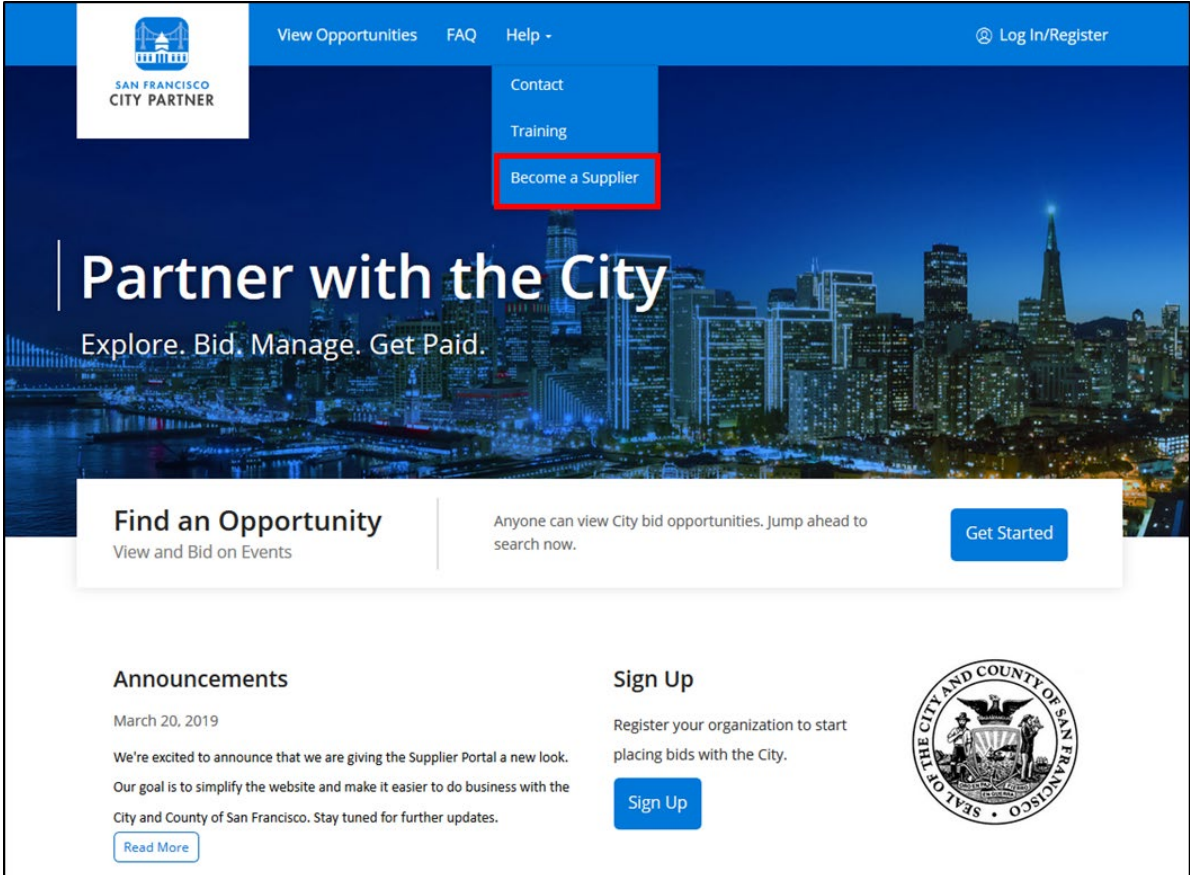
Key Background Information

Becoming a Supplier to the City & County of San Francisco is a two-tier process.

- **Registered Bidder:** The first step to begin working with the City is a short registration process in order to become a Registered Bidder. Being a Registered Bidder will allow your business to view and bid on contracts (however your business cannot be fully awarded a City contract until it goes through the steps required to become a Fully Compliant Supplier).
- **Fully Compliant Supplier:** Although Registered Bidders can view and bid on City business, in order to be fully awarded a City contract, a Registered Bidder will have to go through the Business Tax Registration and 12B Declaration processes required to become a Fully Compliant Supplier. The time to complete these can vary, and we strongly recommend that you start these processes as soon as possible to expedite your contract wins.



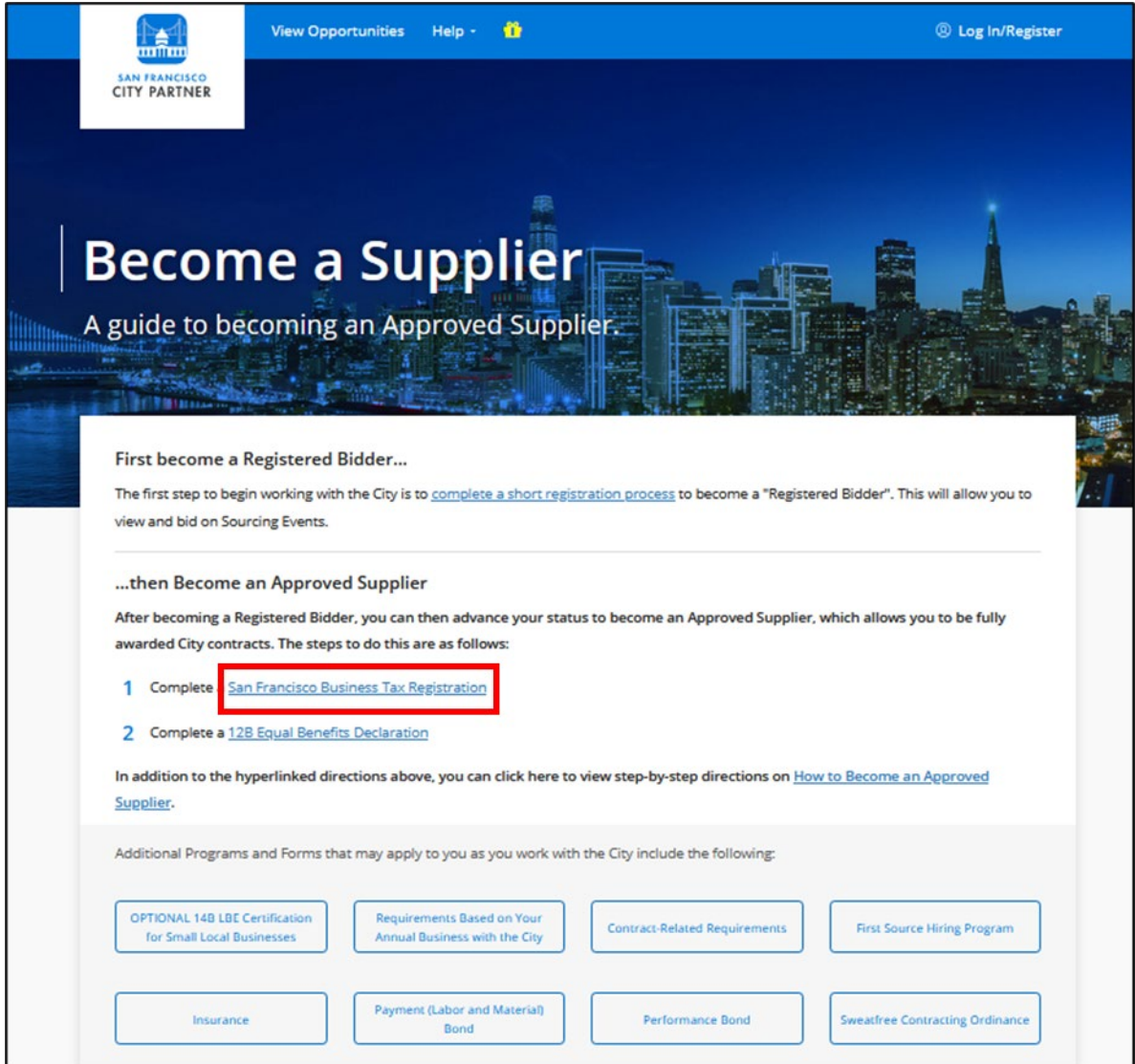
TOPIC 1: HOW TO BECOME A FULLY COMPLIANT SUPPLIER

Step	Action
<p>1.</p>	<p>If you are already a Registered Bidder, then you can follow the steps to become a Fully Compliant Supplier. Go to the SF City Partner website at https://sfcitypartner.sfgov.org. Click on the “Help” pulldown menu and click on “Become a Supplier”.</p>  <p>The screenshot shows the SF City Partner website interface. At the top left is the logo for 'SAN FRANCISCO CITY PARTNER'. To its right are navigation links: 'View Opportunities', 'FAQ', and 'Help -'. The 'Help -' dropdown menu is open, showing options for 'Contact', 'Training', and 'Become a Supplier', with the latter highlighted by a red rectangular box. Below the navigation is a large banner with the text 'Partner with the City' and 'Explore. Bid. Manage. Get Paid.' over a city skyline background. Below the banner is a 'Find an Opportunity' section with a 'Get Started' button. At the bottom, there are 'Announcements' and 'Sign Up' sections, along with the official seal of the City and County of San Francisco.</p>



2. On the Become a Supplier page, you will see that there are two main parts to becoming a Fully Compliant Supplier:

- Completing a San Francisco Business Tax Registration, and
- Completing a 12B Equal Benefits Declaration form.





San Francisco Business Tax Registration:

- 3. You should first attend to your Business Tax Registration Certificate with the Treasurer & Tax Collector's office. **Click on the San Francisco Business Tax Registration hyperlink**, which will bring you to the screen shown below (at <https://newbusiness.sfgov.org/vendor/>).

CCSF Supplier - Business Registration

Business Registration is required for all entities that conduct business in SF and determines your tax responsibilities. Upon establishment of your business, you will receive a Business Account Number (BAN) and a Business Certificate (to be posted in your location). In some cases, suppliers may not be required to register. To become a supplier, please visit: <http://sfcitypartner.sfgov.org>. You must have a Bidder/Supplier ID Number to complete this form.

Use this form to:

1. Determine if your business needs to register in San Francisco.
2. Register your business and/or link your existing business account to your Bidder/Supplier ID Number.
3. Declare that you do not need to register as a business in San Francisco.

Are you already registered?

Are you a registered business with a Business Account Number (or Business Registration Certificate)? If so, use the link provided to link your Bidder/Supplier ID Number to your Business Account Number [Click here to enter your BAN and Bidder/Supplier ID Number](#)

If you are not registered as a business:

Please answer "Yes" or "No" to the questions below to determine if you are required to register as a business with the Office of the Treasurer & Tax Collector.

Does this business:

- yes no • Operate as an independent contractor within San Francisco.
- yes no • Conduct business in SF for any part of seven (7) days during the fiscal year, including use of streets.
- yes no • Perform work or render services within San Francisco for all or part of any seven days during one fiscal year.
- yes no • Solicit business within San Francisco for all or part of any seven days during one fiscal year.
- yes no • Maintain a fixed place of business within San Francisco.
- yes no • Exercise corporate or franchise powers within San Francisco.
- yes no • Own or lease real or personal property within San Francisco for business purposes.
- yes no • Regularly maintain a stock of tangible personal property for sale in San Francisco.
- yes no • Employ or loan capital on property within San Francisco.
- yes no • Liquidate businesses when the liquidators hold themselves out to the public as conducting such business.
- yes no • Receive more than \$500,000 in total gross receipts in the City during the tax year.



4. **If your organization has already completed its Business Tax Registration with the Treasurer & Tax Collector’s office, then click on the “Click here to enter your BAN and Bidder/Supplier ID Number” hyperlink.** You will then be taken to the screen shown below. Follow the steps on this screen to link your existing business registration with your Supplier Application.

Are you already registered?

Please use the space below to enter your Business Account Number. Once you confirm your Business Name, you will be prompted to enter your Supplier/Bidder ID Number.

Enter Business Account Number:

Business Name:

5. **If your business has not registered with the City before or if it needs to renew an existing registration, then answer the list of questions on the screen.**

5A. If your answer is **“No”** to all of these questions, the **“Continue”** button will appear. Click the **“Continue”** button and an **“In-Lieu of Business Registration”** form will appear that you will need to complete and submit.

If you are not registered as a business:

Please answer “Yes” or “No” to the questions below to determine if you are required to register as a business with the Office of the Treasurer & Tax Collector.

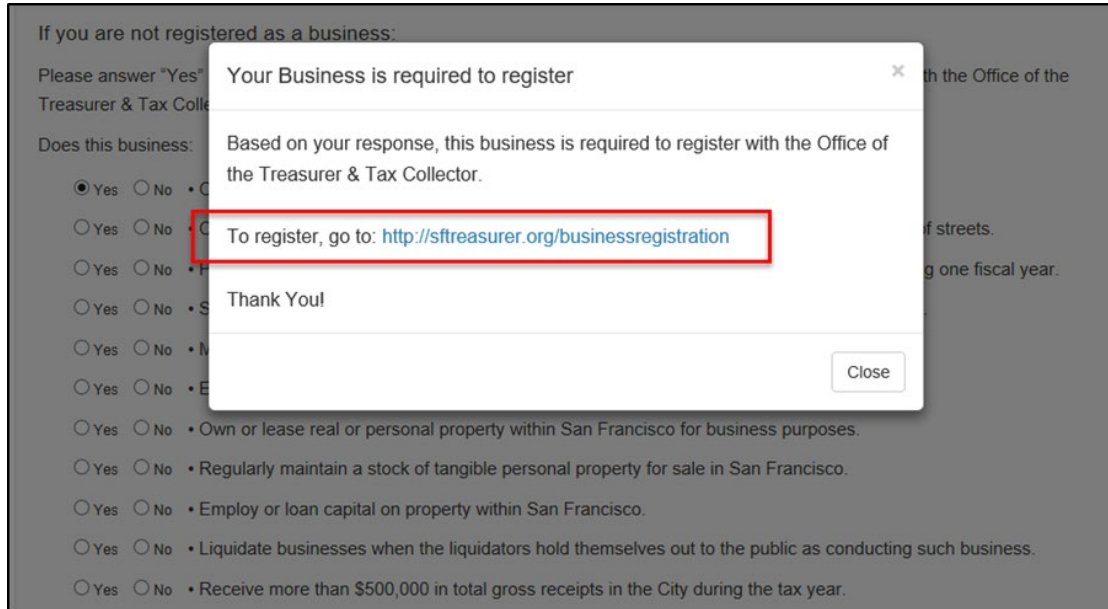
Does this business:

- Yes No • Operate as an independent contractor within San Francisco.
- Yes No • Conduct business in SF for any part of seven (7) days during the fiscal year, including use of streets.
- Yes No • Perform work or render services within San Francisco for all or part of any seven days during one fiscal year.
- Yes No • Solicit business within San Francisco for all or part of any seven days during one fiscal year.
- Yes No • Maintain a fixed place of business within San Francisco.
- Yes No • Exercise corporate or franchise powers within San Francisco.
- Yes No • Own or lease real or personal property within San Francisco for business purposes.
- Yes No • Regularly maintain a stock of tangible personal property for sale in San Francisco.
- Yes No • Employ or loan capital on property within San Francisco.
- Yes No • Liquidate businesses when the liquidators hold themselves out to the public as conducting such business.
- Yes No • Receive more than \$500,000 in total gross receipts in the City during the tax year.



5B. If you responded “Yes” to any question in the list, you will be required to register with the Office of the Treasurer & Tax Collector for a San Francisco Business Tax Registration certificate. In this case, click on the <http://sftreasurer.org/businessregistration> link shown below and follow the directions on the screen.

Steps 5C-5H show the registration form that you will need to complete.





5C. Complete the Ownership Information page.

Introduction Business Information **Ownership Information** Contact Information Location Information Registration Fees

Cancel / Exit X

Ownership Information

City and County of San Francisco
Office of The Treasurer & Tax Collector
Business Registration Application

Fields marked with * are required

Ownership Details

Owners have the authority to make changes to the business account.

Owner 1

Name (Sole proprietors, enter first & last name.) * Tax ID Number (SSN, FEIN, TIN) *

Telephone Email

Select Address Type *

Street Number * Pre-Direction Street Name * Street Type

Post Direction Unit Number Unit Type

City * State * Zip *

X Delete Owner

+ Add Owner

Go Back



5D. Complete the Contact Information page.

Introduction Business Information Ownership Information **Contact Information** Location Information Registration Fees

Cancel / Exit X

Contact Information

City and County of San Francisco
Office of The Treasurer & Tax Collector
Business Registration Application

Fields marked with * are required

Contact Details

Registration and tax information will only be mailed to the contact mailing address.

Clicking this button will copy the contact information for the first owner listed in Ownership Information.

Recipient Name *

Email * Confirm Email *

Telephone

Select Address Type *

Street Number * Pre-Direction Street Name * Street Type

Post Direction Unit Number Unit Type

City * State * Zip *



5E. Complete the Location Information page.

Introduction
Business Information
Ownership Information
Contact Information
Location Information
Registration Fees

[Cancel / Exit](#) ✕

Location Information

City and County of San Francisco
Office of The Treasurer & Tax Collector
Business Registration Application

Fields marked with * are required

Location Details

Each location name, fictitious business name ("FBN"), or DBA ("Doing Business As") name should be listed as a separate location. If the Location Name is the same as your Business Name, list your Business Name on this line.

Location 1

DBA/Trade Name *

Start Date in San Francisco (mm/dd/yyyy) *

Same as Ownership?

Clicking this button will copy the contact information for the first owner listed in Ownership Information.

Street Number * Pre-Direction Street Name * Street Type

Post Direction Unit Number Unit Type

City * State * Zip *

Taxes & Fees

Select all applicable taxes & fees for the particular location. For more information about taxes and fees, including Certificate of Authority, click [here](#).

Transient Occupancy Tax, Tourism Improvement District & Moscone Expansion District Fees *

The Transient Occupancy Tax generally is collected and remitted to the City by hotel operators and some Short Term Residential Rental Hosts. The TOT is also known as the hotel tax. The TID and MED fees are collected and paid by hotel operators only. There are additional requirements, including a Certificate of Authority.

Filing frequency: Typically Monthly

Short-Term Residential Rental Host *

Short-Term Residential Rental Host generally applies to any person who rents out of all or a portion of their residential unit for periods of less than 30 consecutive nights. If you select this category, you do not need to select TOT/TID/MED.



5F. Continue to answer the questions on the Contact Information page.

Parking Tax *

The Parking Tax generally is collected and remitted to the City by parking operators. There are additional requirements, including a Certificate of Authority, a Parking Bond, and Revenue Control Equipment.

Filing frequency: Typically Monthly

Access Line Tax *

The Access Line Tax generally is collected and remitted to the City by the person supplying the access line to the telephone communications services subscriber.

Filing frequency: Monthly

Utility Users Tax *

The Utility Users Taxes are collected and remitted to the City by utility service suppliers.

Filing frequency: Monthly

Telephone Users Tax *

The Telephone Users Tax is collected and remitted to the City by telephone communications services suppliers.

Filing frequency: Monthly

Sugary Drinks Tax *

The Sugary Drinks Tax is paid by distributors of sugary drinks.

Filing frequency: Quarterly

Traffic Congestion Mitigation Tax *

The Traffic Congestion Mitigation Tax is paid by commercial ride-share companies, and providers of rides in autonomous vehicles and private transit services vehicles.

Filing frequency: Monthly

Cigarette Litter Abatement Fee *

The Cigarette Litter Abatement Fee generally is collected and remitted to the City by cigarette retailers.

Filing frequency: Quarterly



5G. Continue to answer the questions on the Contact Information page.

Business Activities *

Business Activities – choose all that describe business activities at that location.

- 1 Accommodations [7210-7219]
- 2 Administrative and Support Services [5600-5699]
- 3 Arts, Entertainment, and Recreation [7100-7199]
- 4 Biotechnology
- 5 Certain Services [8100-8139]
- 6 Clean Technology
- 7 Construction [2300-2399]
- 8 Financial Services [5210-5239]
- 9 Food Services [7220-7229]
- 10 Information [5100-5199]
- 11 Insurance [5240-5249]
- 12 Manufacturing [3100-3399]
- 13 Private Education and Health Services [6100-6299]
- 14 Professional, Scientific, and Technical Services [5400-5499]
- 15 Real Estate and Rental and Leasing Services [5300-5399]
- 16 Retail Trade [4400-4599]
- 17 Transportation and Warehousing (Non Taxi) [4800-4999]
- 18 Utilities [2200-2299]
- 19 Wholesale Trade [4200-4299]
- 20 Activity Not Listed

Delete Location

Add Location

Go Back Continue



5H. Complete the Registration Fees page.

Introduction Business Information Ownership Information Contact Information Location Information **Registration Fees** Cancel / Exit X

Registration Fees

City and County of San Francisco
Office of The Treasurer & Tax Collector
Business Registration Application

Fields marked with * are required

Registration

The information on this page, coupled with your selected Business Activity determines your Business Registration Fee

Estimated San Francisco Payroll Expense *

Estimated San Francisco Gross Receipts *

Does this business receive rental income from four or more residential units in one building? *

Are you establishing the business to be a vendor/supplier or participate in procurement processes with the City and County of San Francisco? *

Are all of your business activities within San Francisco? *

Do you have taxable Business Personal Property in San Francisco? Business Personal Property is any tangible property owned, claimed, used, possessed, managed, or controlled in the conduct of a trade or business. This includes all machinery, fixtures, computers, appliances, equipment, and leasehold improvements. *

What is your average number of employees per week, including those employed outside of San Francisco? *

If you received a letter from the Office of the Treasurer & Tax Collector instructing you to register, enter the Correspondence ID from the top right corner of the letter here:

Are you Exempt from paying Registration Fee? *

Review information on all pages before advancing. No changes can be made after the form is submitted



51. If you have questions on the tax registration forms, the Treasurer & Tax Collector Help Center can be accessed via <https://sftreasurer.org/help-center> or via 311 (or 415-701-2311).

6. Once your Business Tax Registration has been processed and entered into our system, your Bidder ID will be converted to a Supplier ID and you will receive a notification with your new Supplier ID Number. At this point you will be listed as a Supplier and your login will now direct you to your business' Supplier account (and not your old Bidder account). However, you will still need to be verified as complying with the 12B Administrative Code to be fully awarded any contracts.



12B Equal Benefits Ordinance Declaration:

7. Next, you will need to submit your 12B Declaration. Chapter 12B of the San Francisco Administrative Code (the Equal Benefits Ordinance) requires firms that provide goods or services to the City and County of San Francisco to administer benefits equally to employees with domestic partners and employees with spouses. This declaration is part of the process of verifying that your business complies with this Administrative Code.

View Opportunities FAQ Help - Log In/Register

SAN FRANCISCO CITY PARTNER

Become a Supplier

A guide to becoming an Approved Supplier.

First become a Registered Bidder...

The first step to begin working with the City is to [complete a short registration process](#) to become a "Registered Bidder". This will allow you to view and bid on Sourcing Events.

...then Become an Approved Supplier

After becoming a Registered Bidder, you can then advance your status to become an Approved Supplier, which allows you to be fully awarded City contracts. The steps to do this are as follows:

- 1 Complete a [San Francisco Business Tax Registration](#)
- 2 Complete a [12B Equal Benefits Declaration](#)

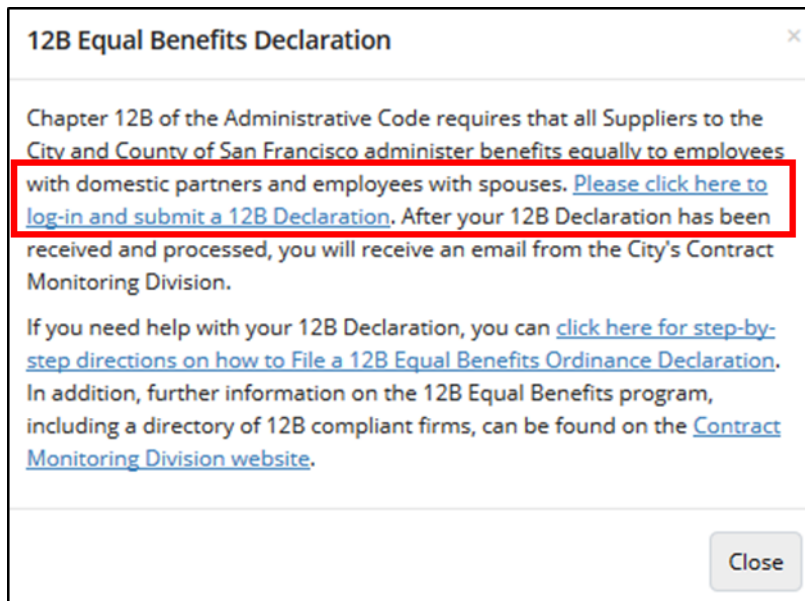
In addition to the hyperlinked directions above, you can click here to view step-by-step directions on [How to Become an Approved Supplier](#).

Additional Programs and Forms that may apply to you as you work with the City include the following:

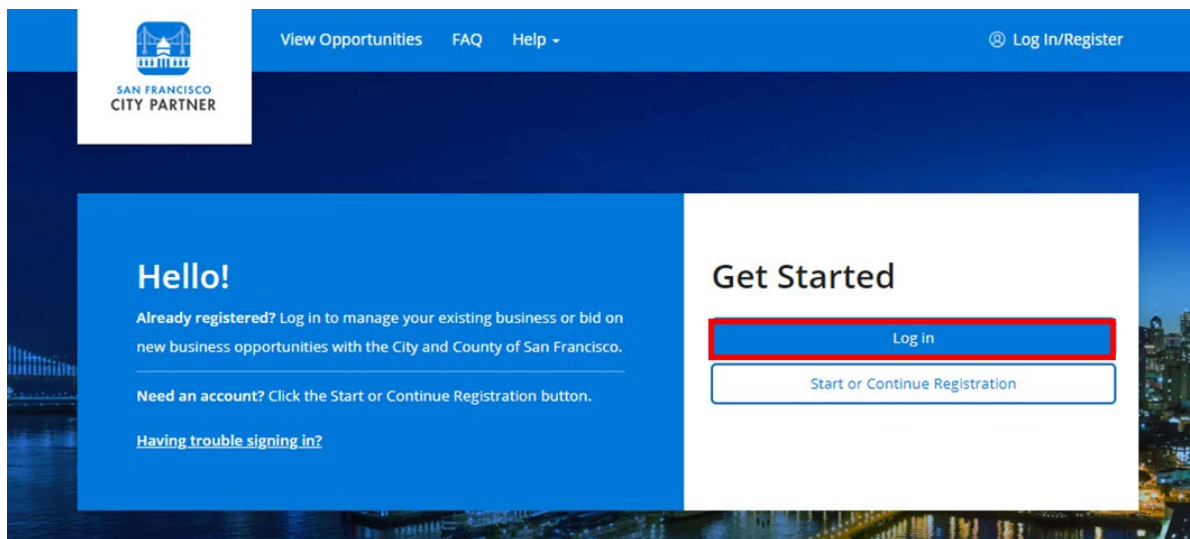
- OPTIONAL 14B LBE Certification for Small Local Businesses
- Requirements Based on Your Annual Business with the City
- Contract-Related Requirements
- First Source Hiring Program



8. From the Become a Supplier page on the SF City Partner website, **click on the 12B Equal Benefits Declaration hyperlink**. Then, in the pop-up box shown below, click on the **Please click here to log-in and submit a 12B Declaration** hyperlink.

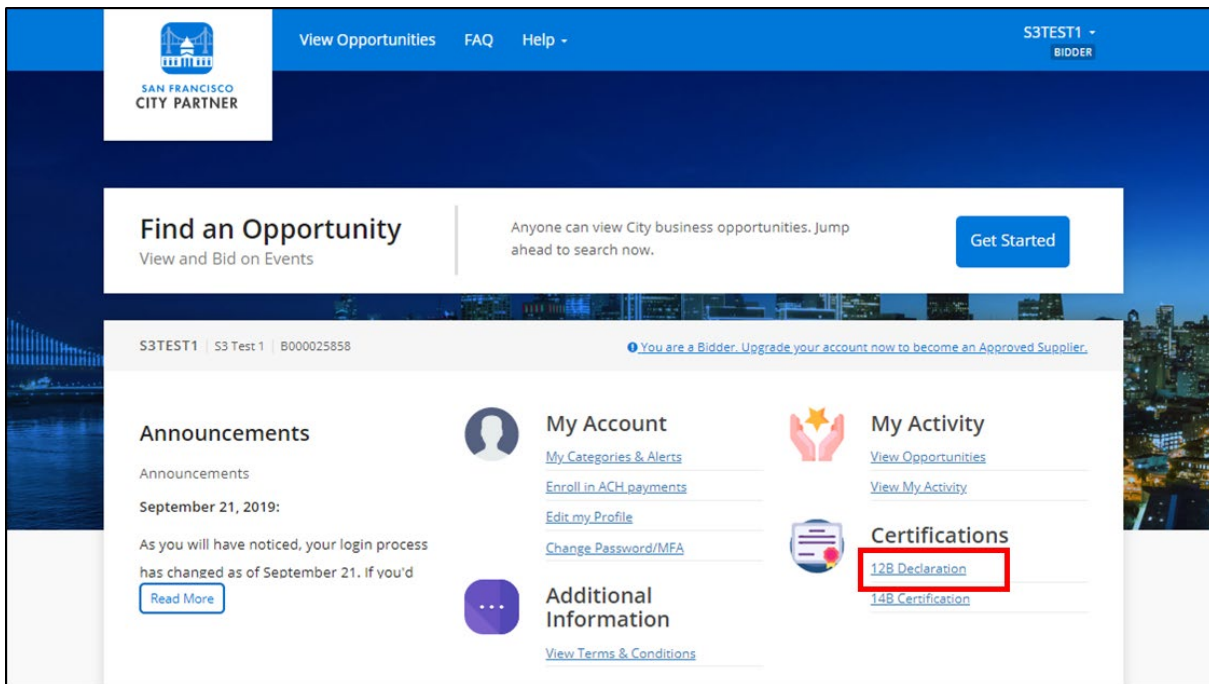


9. You'll then be taken to the log-in page shown below. **Click Log in to start the log-in process**. Please look to the "How to Log In to the SF City Partner Website" job aid for details if you are having issues with this login process.





10. After you have logged in, you should be taken directly to the 12B Declaration page. If you land on the main Workcenter page instead, **click on the 12B Declaration hyperlink.**



11. **Click on the Add a New Value tab.** The fields on this page should already be prepopulated with the SetID field showing “SHARE”, the Declaration Number field showing “NEXT”, the Declaration Type showing “Bidder”, and the Bidder ID field showing your Bidder ID #. **Click “Add”** and you will be brought to the 12B Compliance Declaration page, which is shown in the following four screens.



12.

In the top part of the 12B Declaration, **be sure to review the “S.F. Administrative Code Chapters 12B & 12C: Nondiscrimination in Contracts and Benefits” section as well as the “Audits & Required Documentation” text.**

12B Compliance Declaration

Declaration Number	NEXT
Declaration Type	Bidder
Bidder ID	“Bidder Number”
Declarant Name	“Bidder Name”

S.F. ADMINISTRATIVE CODE CHAPTERS 12B & 12C: NONDISCRIMINATION IN CONTRACTS AND BENEFITS

The Equal Benefits Ordinance prohibits the City and County of San Francisco from contracting with vendors that discriminate in the provision of benefits between employees with domestic partners and employees with spouses, and between the domestic partners and spouses of such employees.

- Domestic Partners are same-sex and opposite-sex couples registered with any state or local government domestic partner registry authorized to perform such registrations
- Domestic partnerships and marriages may only be verified to the same extent and in the same manner. For example, waiting periods to qualify for benefits must be the same for domestic partners and spouses. Domestic partner registry certificates must be recognized as fully equivalent to marriage certificates

AUDITS & REQUIRED DOCUMENTATION

The City and County of San Francisco regularly audits firms to verify that declaration responses and supporting documentation provided are complete and accurate. For a detailed description of compliant documentation, [click here](#) for the Chapter 12B Equal Benefits Documentation Guide.

To be certified under Chapters 12B & 12C you must submit proper documentation confirming that your firm has already fully implemented equal benefits for employees with spouses and employees with domestic partners, and between the spouses and domestic partners of such employees.

The following documentation must be submitted to complete this declaration:

- Most recent legal verification of employee count/firm structure, for example, a W-3 Form, DE 1 Form, DE 9 Form or an annual San Francisco Payroll Expense Tax Statement. (Please redact confidential employee information.)
- A copy of a memorandum that has been distributed to your firm’s employees detailing the firm’s compliant nondiscrimination and domestic partner benefit policies. [Click here](#) to download a sample 12B Compliant Memorandum to Employees.

Note: The memorandum is not a substitute for fully compliant incorporation of domestic partner language in your firm’s benefit policies. You may also be required to provide benefit documentation to verify that your firm does not discriminate in the provision of benefits. Such documentation may include your employee handbook, confirmations from your insurance, union and/or retirement documents. Failure to offer benefits in accordance with the San Francisco Chapter 12B Equal Benefits Ordinance may result in suspension of your firm’s compliance status, financial penalties and/or the inability to contract with the City and County of San Francisco.



- 13.** In the “Company Information” and “Compliance Question” sections, fill in the following:
- **No. of Employees in the U.S.** Enter the number of employees your business has. Enter zero if you are an individual providing services to the City (with no additional employees).
 - **Add Attachment:** You will need to upload legal verification of your employee count and firm structure. This legal verification can include a W-3 Form, DE-1 Form, DE-9 Form, or an annual San Francisco Payroll Tax Statement. If you need help with what documents you can use her, please contact the Contract Monitoring Division’s Equal Benefits Unit at CMD.EqualBenefits@sfgov.org.
 - **Are any of your employees covered by a collective bargaining agreement or union trust fund:** Select Yes or No for this question. If yes, specify the Union Name in the box provided.
 - **Select a default address location and contact:**
 - In the Address section, put a checkmark in front of one of your addresses to designate it as the default location.
 - In the Contact section, put a checkmark in front of one of your contacts to designate that person as the default contact.
 - **Compliance Question:** Carefully read and answer the compliance questions.

COMPANY INFORMATION

Taxpayer Identification Number "#####"

No. of Employees in the U.S. []

Please attach legal verification of employee count/firm structure Add Attachment

Are any of your employees covered by a collective bargaining agreement or union trust fund? Yes No

Union Name N/A

	Description	Address 1	Address 2	City	State	Country	ZIP
<input type="checkbox"/>	MAIN1	"Main Address"		"City"	CA	USA	####
<input type="checkbox"/>	MAIN2	"Second Address"		"City"	CA	USA	####

	Description	Name	Phone	Email
<input type="checkbox"/>	MAIN1	"Contact Name #1"	"Contact Phone #1"	PeopleSoftTesting@sfgov.org
<input type="checkbox"/>	MAIN2	"Contact Name #2"	"Contact Phone #2"	PeopleSoftTesting@sfgov.org
<input type="checkbox"/>	MAIN3	"Contact Name #3"	"Contact Phone #3"	PeopleSoftTesting@sfgov.org

COMPLIANCE QUESTION

Nondiscrimination - Protected Classes

1.A Does your firm agree it will not discriminate against its employees, applicants for employment, employees of the City, or members of the public on the basis of the fact or perception of a person's membership in the following categories?
Race, color, creed, religion, national origin, ancestry, age, sex, sexual orientation, gender identity (transgender status), domestic partner status, marital status, disability, AIDS / HIV status, weight.
 Please note: a YES answer is required for compliance.

Yes No

1.B Does your firm agree to insert a similar nondiscrimination provision in any subcontract you enter into for the performance of a substantial portion of the contract you have with the City?
 Please note: You must answer this question even if you do not intend to enter into any subcontracts, and a Yes answer is required for compliance.

Yes No



14.

In the “Benefits Question” section, carefully read and answer the questions and click on the appropriate Type of Benefit options. Check all the benefits that apply. Use the “Other” lines to add in any additional benefits that are not specified.

BENEFITS QUESTION

Nondiscrimination - Equal Benefits
 for (i) Employees with Spouses and (ii) Employees with Domestic Partners and (iii) Employee's Spouse or Domestic Partner.

2.A Does your firm provide or offer access to any employee benefits?
(If your firm does not have any employees, answer NO)

2.B If you answered YES to 2.A, are all of the benefits equally available to employees with domestic partners and employees with spouses?
(If your firm does not have any employees, answer NO)

Questions 2A and 2B should be answered YES even if your employees pay some or all of the cost of spousal or domestic partner benefits

2.C Check all benefits that apply to your answers above and list in the “Other” line any additional benefits not already specified. Note: some benefits are provided to employees because they have a spouse or domestic partner, such as bereavement leave; other benefits are provided directly to the spouse or domestic partner, such as dependent life insurance.

Type of Benefit	Available To		
	Employee	Domestic Partner	Spouse
Health Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vision Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bereavement Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Medical Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parental Leave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relocation and/or Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discounts/Facilities/Events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Credit Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dependent Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Short-Term/Long-Term Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accidental Death & Dismemberment Insurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other <input style="width: 100px;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Union	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



15. Carefully read and answer the questions in the “Company Benefit Policy” section.

The “Other Supporting or Required Documentation” section can be used to upload additional supporting documents for your 12B Declaration.

The “Comments” section can be used to add additional information.

Read the agreement language and **click “Submit” when your 12B Declaration is completed.** If you need to save your progress and return later, you can click on the “Save” button.

COMPANY BENEFIT POLICY

2.D Indicate whether each statement applies to your firm.

Domestic partners are defined as same-sex couples and opposite-sex couples registered with any state or local registry and verify their relationship in the same manner as spouses. Yes No

A memorandum detailing our firm's domestic partner policies has been distributed to employees. Yes No

The employee handbook includes domestic partner language wherever spouses are referenced. Yes No

The children of domestic partners are explicitly included in all policies that recognize stepchildren. Yes No

All insurance plans contain language that recognizes spouses and domestic partners equally. Yes No

All retirement, 401(k) and similar plans explicitly provide the same distribution choices for spousal and domestic partner or nonspousal beneficiaries. Yes No

OTHER SUPPORTING OR REQUIRED DOCUMENTATION

Filename	Description	Username	Date/Time Stamp	Add Attachment	View Attachment
1				Add Attachment	View Attachment

COMMENTS

By clicking the Submit button I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Save Submit Cancel Print

Created By: "User Name" Last Updated By: "User Name"
Created On: 06/27/2017 11:25AM Last Updated On: 06/27/17 11:25AM



16. After you have submitted your 12B Declaration, the system will generate a Declaration Number, which will show at the top of your 12B form. We suggest that you now print or download a copy of your 12B Declaration for your records.

You will now need to wait for the City’s Contract Monitoring Division to process your 12B Declaration. They will notify you by email when they have made a compliance determination.

12B Compliance Declaration

Declaration Number	"#####"
Declaration Type	Bidder
Bidder ID	"Bidder Number"
Declarant Name	"Bidder Name"

S.F. ADMINISTRATIVE CODE CHAPTERS 12B & 12C: NONDISCRIMINATION IN CONTRACTS AND BENEFITS

The Equal Benefits Ordinance prohibits the City and County of San Francisco from contracting with vendors that discriminate in the provision of benefits between employees with domestic partners and employees with spouses, and between the domestic partners and spouses of such employees.

- Domestic Partners are same-sex and opposite-sex couples registered with any state or local government domestic partner registry authorized to perform such registrations.

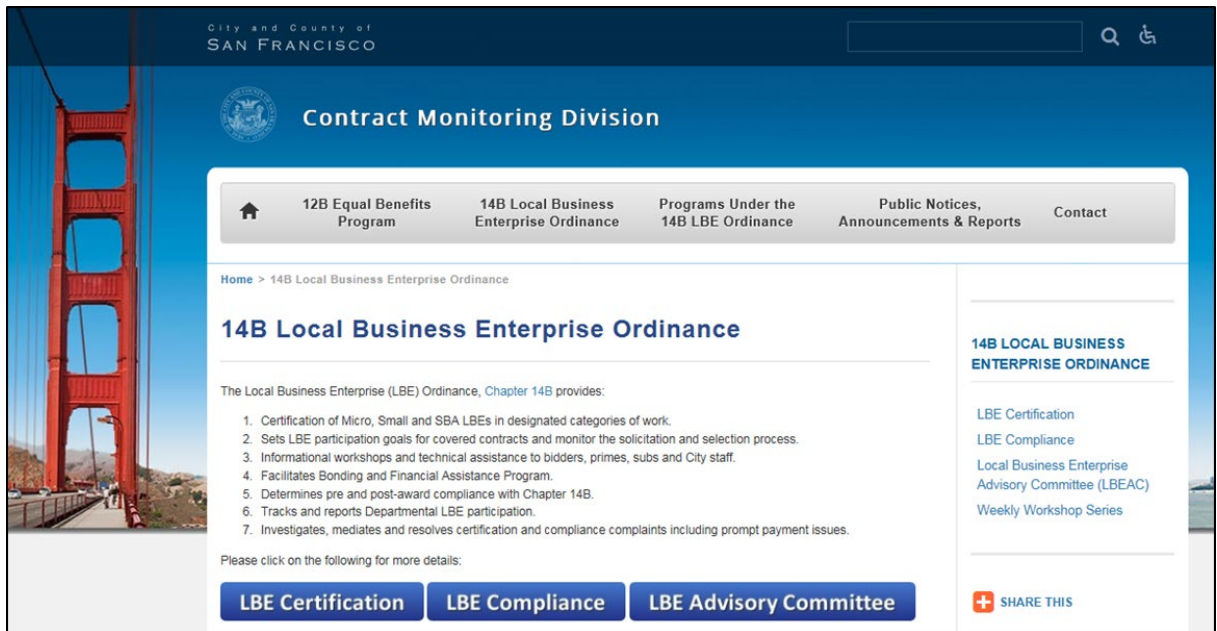
- | | |
|------------|---|
| 17. | More information on the 12B Equal Benefits program, can be found on the Contract Monitoring Division website at http://sfgov.org/cmd/12b-equal-benefits-program). |
| 18. | If you have any questions about the 12B process, you can contact the Equal Benefits Unit for the Contract Monitoring Division (CMD) at CMD.EqualBenefits@sfgov.org ; 415.581.2310. |



OPTIONAL - 14B Local Business Enterprise Certification:

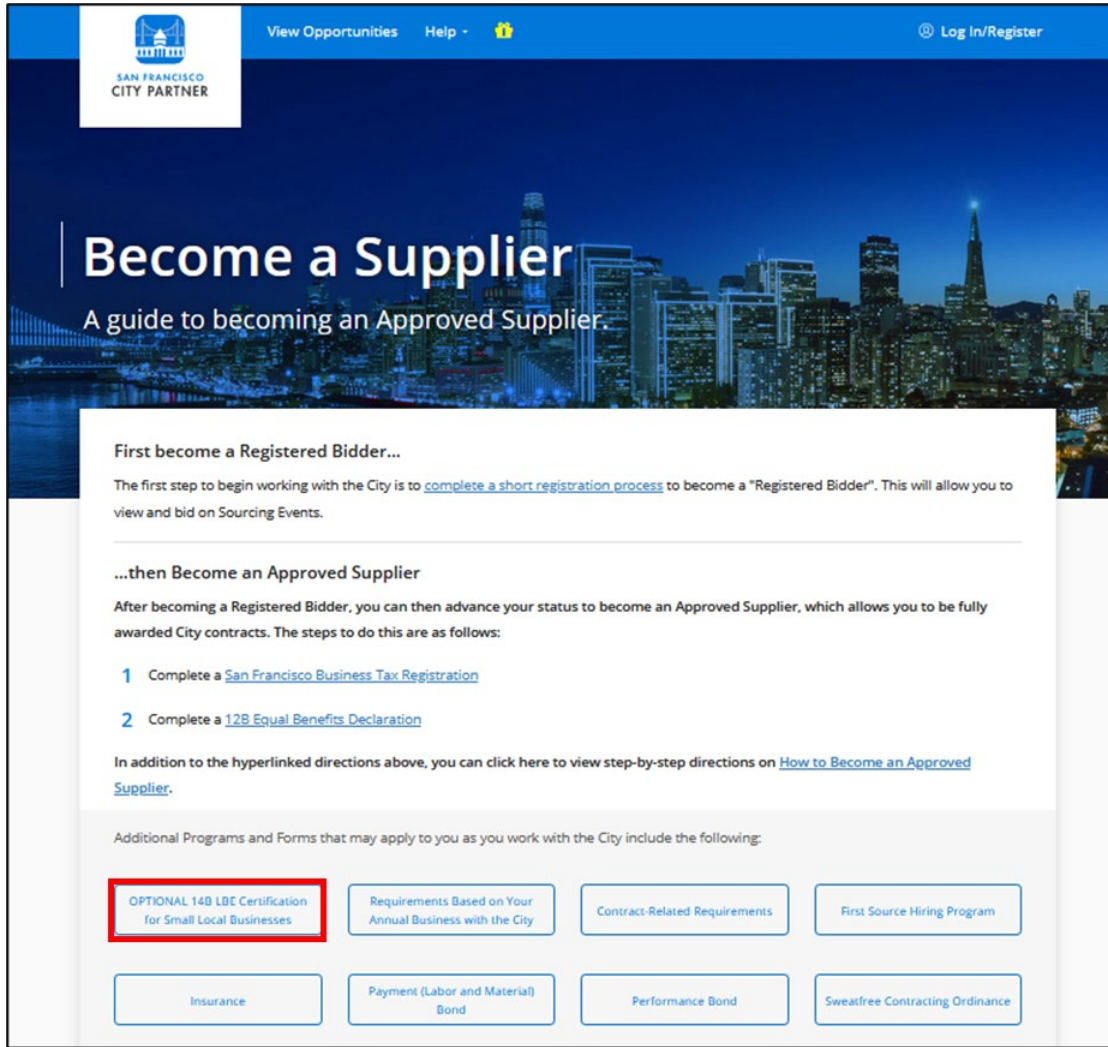
19. OPTIONAL - The 14B Local Business Enterprise (LBE) Certification is available to small businesses with a headquarters in San Francisco or the PUC Regional Service area. For information about the LBE criteria for eligibility, go to <https://sfgov.org/cmd/LBE-certification-0>.

Please note that businesses that do not qualify for 14B status should NOT fill in a 14B certification form. For full information about the 14B Local Business Enterprise (LBE) ordinance, go to the Contract Monitoring Division website at <https://sfgov.org/cmd/14b-local-business-enterprise-ordinance>.

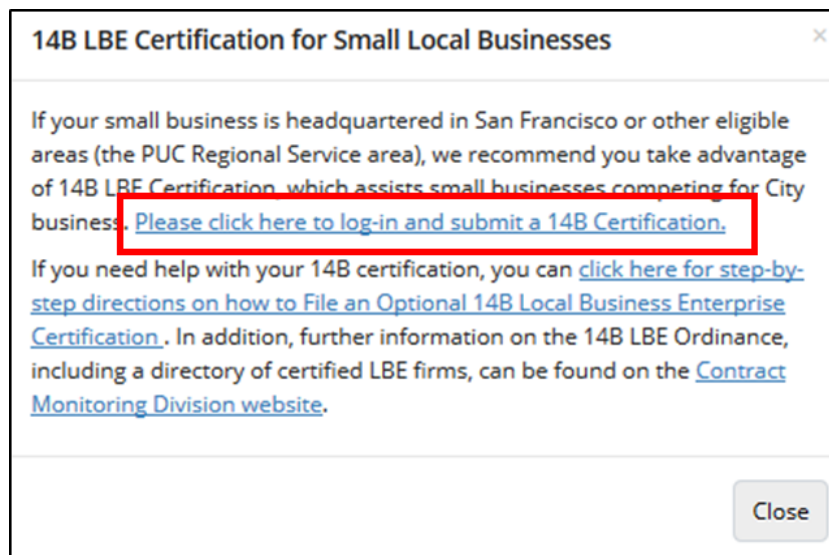




20.



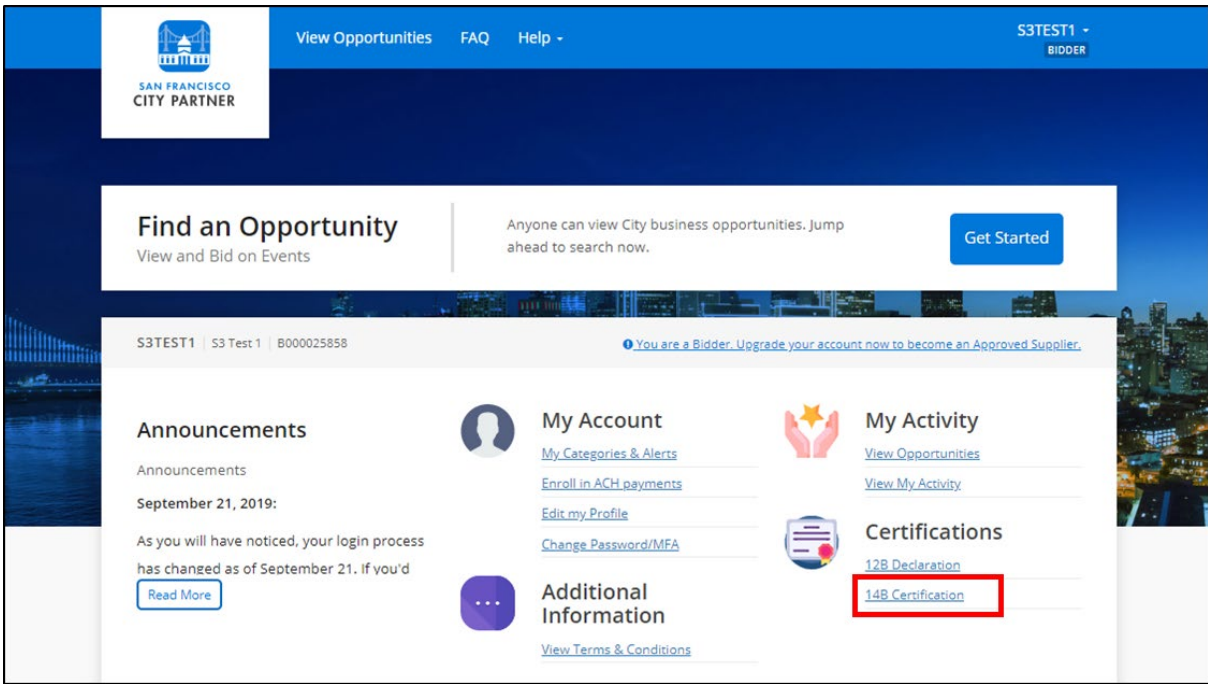
From the Become a Supplier page on the SF City Partner website, **click on the OPTIONAL 14B LBE Certification for Small Local Businesses hyperlink**. Then, in the pop-up box shown below, click on the **Please click here to log-in and submit a 14B Certification** hyperlink.



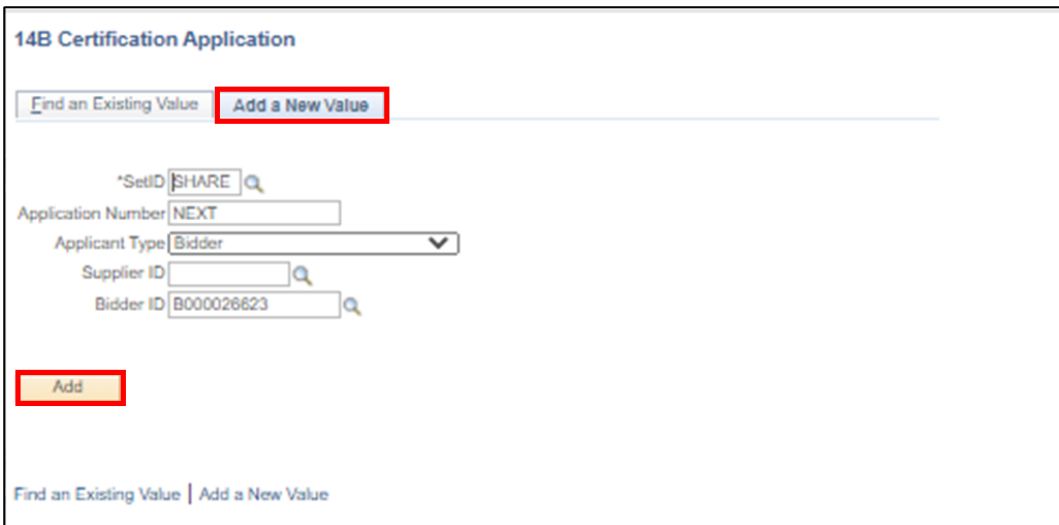


21. If you have not logged in already, you will need to log-in. Please look to the “How to Log Into the SF City Partner Website” job aid if you are having issues with this login process.

22. After you have logged in, you should be taken directly to the 14B Certification page. If you land on the main Workcenter page instead, **click on the 14B Certification hyperlink.**



23. On the 14B Certification Application page, **click on the Add a New Value tab.** The fields on this page should already be prepopulated with the SetID field showing “SHARE”, the Application Number field showing “NEXT”, the Applicant Type showing “Bidder”, and the Bidder ID field showing your Bidder Account number. **Click “Add”** and you will be brought to the 14B Certification Application page, which is shown in the following four screens.





24. In the top part of the 14B Certification Application, mark down the Application Type, answer the questions on the page, upload related attachments when indicated.

14B Certification Application

Applicant Name "Company Name" Applicant ID "Bidder ID#"
Application Number NEXT Applicant Type Bidder
Application Status Draft

*Indicates required field

*Application Type Initial Certification

*Please select the statement that accurately represents your organization.

- My company has a primary place of business located in San Francisco.
- My organization is a Nonprofit Enterprise and has a primary place of business located in San Francisco.
- My company has a primary place of business outside of San Francisco, but within the "SFPUC Water System Service Area" and is seeking to participate in PUC Hetch Hetchy projects.

Please indicate whether your business is a San Francisco Green Business. Yes No

Provide a copy of your Green Business Program Recognition Certificate. [Add Attachment](#)

*Tax Identification Number "#####"
*Business Type

*Provide verification of your business type as applicable. Partnerships, provide your partnership agreement. Corporations, provide your Articles of Incorporation. LLCs, provide your Articles of Organization. Non-profits, provide your IRS determination letter confirming 501(c)(3) exemptions status and your most recently filed California Attorney General Registration Renewal Fee Form (RRF-1). [Add Attachment](#)

Incorporation/ Commencement Date

State Incorporated



25. In the “Location and Contact Information” part of the 14B Certification Application, use the checkboxes to indicate the default Primary Place of Business, Vehicle Parking Address, Mailing Address, and Certification Contact. Also answer the two questions on the page and upload any required attachments.

Location and Contact Information

***Primary Place of Business**
 Provide verification of your primary place of business.

Address List

Description	Address 1	Address 2	City	State	Zip Code
<input type="radio"/> Main	"Main Address"		"City"	CA	#####
<input type="radio"/> Other	"Second Address"		"City"	CA	#####

Check all that apply Home Office Own Lease

*Provide verification of your primary place of business. If you lease the property, provide your lease or other written agreement and proof of a recent rent payment. If you own the property, provide proof of ownership (e.g. property tax bill, deed of trust).

*Provide verification of your additional business locations. If you lease the property, provide your lease or other written agreement and proof of a recent rent payment. If you own the property, provide proof of ownership (e.g. property tax bill, deed of trust).

***Trucker/Hauler** Yes No

Vehicle Parking Addresses
 Identify any business locations used to park business vehicles. If your vehicles are parked on the street, do not select any business locations.

Address List

Description	Address 1	Address 2	City	State	Zip Code
<input type="checkbox"/> Main	"Main Address"		"City"	CA	#####
<input type="checkbox"/> Other	"Second Address"		"City"	CA	#####

Provide verification of your business locations used for vehicle parking. If you lease the property, provide your lease or other written agreement and proof of a recent rent payment. If you own the property, provide proof of ownership (e.g. property tax bill, deed of trust).

***Mailing Address**

Address List

Description	Address 1	Address 2	City	State	Zip Code
<input type="radio"/> Main	"Main Address"		"City"	CA	#####
<input type="radio"/> Other	"Second Address"		"City"	CA	#####

***Certification Contact**

Contact List

Description	Name	Business Phone	Email
<input type="radio"/>	"Contact Name #1"	"Contact Phone #1"	PeopleSoftTesting@sfgov.org
<input type="radio"/>	"Contact Name #2"	"Contact Phone #2"	PeopleSoftTesting@sfgov.org
<input type="radio"/>	"Contact Name #3"	"Contact Phone #3"	PeopleSoftTesting@sfgov.org



26. Answer the questions and upload any required documentation in the “Organization Information” section.

Organization Information

*Provide verification of six months of continuous operation. Provide your current San Francisco Business License. Truckers and Haulers, provide your DMV Motor Carrier Permit and proof of ownership (e.g. registration and title) for each vehicle in your fleet. Add Attachment

Complete the table below for anyone who is an officer of the corporation (e.g. president, vice president, secretary, treasurer).

*Owner/Shareholder	*Title	*Years with Company	*Ownership %	Professional and/or Contractor Licenses	City Employee	Ethnicity	Female?	LGBT	Disabled Veteran
					<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Provide proof of ownership percentages (e.g. most recent K-1 Schedules) for the owners and principals as identified. Add Attachment

Has any owner, partner, or officer of your firm operated a firm under any other name in the last five years?
 Please provide clarification.

For any person listed in the table above that has been associated with a firm as an owner, general partner, limited partner, or officer at any time during the last five years, identify the person, firm and date range of association. In this context of this question, “owner” and “partner” refer to ownership of 10% or more of the business or 10% or more of its’ stock if the business is incorporated.

Name	Construction Firm	Begin Association	End Association

Has there been any change in ownership of the firm at any time during the past five years?
 Please provide clarification.

Are any of the owner/shareholders identified full time employees for another business?
 Please provide clarification.

*Provide the three most recently filed federal income tax returns for your business. Submit only the first page of Form 1120, 1120S or 1065, OR 1040 Schedule C, depreciation schedules, and K-1 schedules, if any. Add Attachment

*Provide the three most recently filed personal income tax returns for each owner identified. Submit only the first two pages (i.e. Form 1040, signature page), depreciation schedules, and Schedules C, E and F, if any. Add Attachment

OPTIONAL-Provide proof of gender or nationality (e.g. passport, driver’s license, birth certificate) for each owner / principal identified as a Female or Ethnic Minority. Add Attachment

OPTIONAL-Provide proof of LGBT certification with the National Gay and Lesbian Chamber of Commerce for each owner/principal identified as LGBT. Add Attachment

OPTIONAL-Provide proof of DVBE certification with the State of California Department of General Services for each owner/principal identified as a Disabled Veteran. Add Attachment



27. Answer the questions and upload any required documentation in the “Board of Directors” and “Employee Information” sections.

In the “Certification Categories” section, open up the applicable folders on the left-hand side of the page to find and click on the categories that relate to the goods and services your business provides. As you click these categories, you should see them become listed on the right-hand side of the page. Upload related documentation.

Use the “Other Comments and Attachments” section to upload any additional files and give additional commentary.

Click “Submit” when your 14B Certification form is completed. If you need to save your progress and return later, you can click on the “Save” button.

Board of Directors

*Name	*Term	*Place of Residence	Professional and/or Contractor Licenses	City Employee
1				<input type="checkbox"/>

Provide the three most recently filed federal Form 990, 990-N, or 990EZ for your non-profit organization. [Add Attachment](#)

Provide the three most recently filed Form 199, California Exempt Organization Annual Information Return, or Form 109, California Exempt Organization Business Income Tax Return, for your non-profit organization. [Add Attachment](#)

Employee Information

How many employees does your company have?

*Indicate whether your business paid wages last year.

Certification Categories

*Identify the goods and services that you provide. Click the category to select or to deselect.

Left | Right

- ALL - All Categories
- GC - Class A and B General Contract
- SC - Specialty Construction Contrac
- TH - Trucking and Hauling
- GME - Goods, Materials, and Equipmen
- GSP - General Service Providers
- AE - Architects and Engineers
- PS - Professional Services

My Requested Certification Categories

Category	Description

Provide invoices with contracts signed by your clients to verify your ability to provide the goods and services for which you are seeking certification. Provide three examples for each category identified for certification. [Add Attachment](#)

Other Comments and Attachments

Attached File	File Description	View
1		View

[Add Attachment](#)

Comments

Affadavit

By clicking submit, I declare and swear under penalty of law that the statements made in this application are true, correct, and complete. I further agree to permit 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.

[Expand All](#) [Collapse All](#)

Created By: "Contact Person" Last Modified By:

Created Date/time: 07/10/2018 10:16AM Last Modified Date/time:



28.

14B Certification Application

[Help](#)

Congratulations.

Your application to the 14B Local Business Enterprise (LBE) program has been submitted. An email confirming submission will be sent to you.

If you need additional assistance, please contact lbecert@sfgov.org or 415-581-2310.

[Return](#)

After you have submitted your 14B Certification, the system will show a pop-up box indicating that your application has been submitted. Click the Return button on this pop-up box. The system will now generate an Application ID Number for your 14B Certification Application, which will show at the top of your 14B form. We suggest that you now print or download a copy of your 14B Certification Application for your records.

You will now need to wait for the City to process and approve your 14B Certification. They will send you an email when they have completed their 14B processes.

14B Certification Application

Applicant Name	"Company Name"	Applicant ID	"#####"
Application Number	"#####"	Applicant Type	Bidder
Application Status	Submitted		

29. Questions?

If you have any questions related to the SF City Partner system, contact User Support at 415.944.2442 or via email at sfcitypartnersupport@sfgov.org.

If you have any questions about the 14B criteria for certification, please contact the Contract Monitoring Division (CMD) at 415.581.2310 or via email at lbecert@sfgov.org.