



Small and Service-Disabled Veteran Business Program
LOCAL SMALL BUSINESS APPLICATION

FOR SBPP OFFICE USE ONLY:

EXPIRATION: ____/____/____

#VC0000 _____

This application is to be filled out by local small businesses that want to participate in the City of Gainesville's Small and Service-Disabled Veteran Business Program.

INSTRUCTIONS:

1. Complete ALL parts of the application. Your business CANNOT be qualified unless all pages are completed in their entirety, including the **notarized affidavit, listing of commodity/service codes** and the **W9 form**. If you have any questions, please call the Office of Equal Opportunity at (352) 334-5051 or email: sbpp@cityofgainesville.org
2. The W9 form is included with the application. Full instructions for the form can be downloaded from <http://www.irs.gov/pub/irs-pdf/fw9.pdf> or picked up from the Office of Equal Opportunity.
3. The City of Gainesville pays only by Visa or Electronic Fund Transfer. Therefore, a **Vendor Application** must be completed in addition to the small business application. The vendor application is available at the Office of Equal Opportunity or online at http://www.cityofgainesville.org/Portals/0/bf/Vendor_Application_Form-Template-1-2018.pdf. If you are currently a vendor with the City, you do not need to complete a vendor application unless there has been changes made to your business such as business name, banking account information, etc. **OR** if you have not done business with the City within the last two years.
4. Return completed application(s) to the Office of Equal Opportunity (2nd Floor, Old Library Building) OR mail to: Small and Service-Disabled Veteran Business Program, P.O. Box 490, Station 52, Gainesville, Florida 32627-0490

Please TYPE or PRINT legibly.

Business Name _____

Contact Name (first, last) _____

Phone Number _____

Do not have email

Email Address (Please list an email address you check regularly)

The City of Gainesville reserves the right to make whatever investigation deemed advisable to ensure businesses are qualified under the provisions of the Small and Service-Disabled Veteran Business Program and to reject any applicant for whatever reasons that serve the best interest of the City of Gainesville. Any non-qualifying businesses seeking to receive bid information from the City of Gainesville must contact DemandStar.com at 1-800-711-1712 or www.demandstar.com

FOR SMALL BUSINESS OFFICE USE ONLY:

RECEIVED ____/____/____ BY: _____

SENT TO PAYABLES ____/____/____ BY: _____

COMMODITIES ENTERED ____/____/____ BY: _____

CERTIFICATE MAILED ____/____/____ BY: _____

VERIFIED ____/____/____ BY: _____

NOTARIZED AFFIDAVIT FOR QUALIFICATION AS A LOCAL SMALL BUSINESS

Please call the Office of Equal Opportunity at (352) 334-5051 for an appointment to have your application notarized free-of-charge.

1. Is the principal location of your business with full-time personnel must be located within Alachua, Bradford, Columbia, Gilchrist, Levy, Putnam, or Union County?
YES NO

2. Do you have fewer than 200 permanent full-time employees?
YES NO

3. Do the business and all related affiliates have a net worth of less than \$5 million.
YES NO

If you answered NO to any of questions 1-3, you are NOT eligible to be qualified as a Local Small Business Enterprise.

4. Is your business at least 51% owned by minority group members? Yes No

If YES, check all that apply:

- African American
- Native American
- OTHER: _____
- Asian American
- American Woman
- Hispanic American
- Service Disabled Veteran

5. Are you certified by the Alachua County Equal Opportunity Division as a Small Business? Yes No

6. Are you certified by the State of Florida as a Minority Business Enterprise? Yes No

7. Are you certified by the U.S. Small Business Administration as a Small Disadvantaged Business and/or an 8(a) Business Development?
Yes No

*Your answers to questions 4-7 do not affect your eligibility for the Small and Service-Disabled Veteran Business Program. If you would like information on these certifications please contact the Office of Equal Opportunity.

Any individual or entity that engages in fraud, misrepresentation, or other wrongful conduct, whether by act or omission, participation in or eligibility to participate in the City's Small and Service-Disabled Veteran Business Program or in the performance of its Small Business Enterprise obligation under a City contract, shall be in violation of the program. Violators of the City's Small and Service-Disabled Veteran Business Program may be subject to, on an individual and/or entity basis, the debarment or suspension from participating in the City's contracts in accordance with the City of Gainesville's Debarment/Suspension/Termination policy.

I do solemnly declare and affirm under penalty of applicable state and federal laws of perjury that the statement(s) furnished and all the documents herewith are true and correct and that I am authorized, on behalf of the firm to make this affidavit.

Signature

Date

Printed Name

Title

To be completed by Notary Public:

STATE OF FLORIDA, COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ (affiant), as _____ (title) of _____ (company).

Personally Known OR Produced Identification: _____ (type of identification)

Notary Public Signature

Printed Name of Notary Public

Notary Public Seal

COMMODITIES/SERVICES

When City Departments are looking to make a purchase, they search the local vendor database for specific commodities/services, which are listed and coded by the National Institute of Governmental Purchasing (NIGP). There are over 30,000 commodity/service codes covering everything from “automotive tune-ups” to “X-ray testing equipment”.

In order for the City of Gainesville to consider your business when making purchases, it is essential that we have accurate Commodity/Service Codes for goods and/or services your business can provide.

To obtain Commodity/Services Codes please visit

<http://www.cityofgainesville.org/OfficeofEqualOpportunity/SmallBusinessProcurement/NIGPLookup.aspx>.

If you need assistance with obtaining commodity/service codes, please contact our office at (352) 334-5051 (x. 8481).

List commodity/service codes for all goods/services your business can provide:

If you were unable to find all applicable commodity/service codes, please use the space provided to list additional goods and/or services your business can provide.

FOR SMALL BUSINESS OFFICE USE ONLY:	
VERIFIED _____ / _____ / _____	BY: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
				-				

Employer identification number								
				-				

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

WE WILL ACCEPT THE FOLLOWING DOCUMENTATION FOR CERTIFICATION

Minority Person *(for individuals seeking MBE status):*

ANY of the following shall be considered:

- Certified Birth Certificate which includes ethnic designation
- U.S. Passport *(if country of origin is not United States)*
- Naturalization records
- Foreign Birth Certificates
- Tribal Registration (applies to Native-American; or
- Proof of State Certification as Minority-Owned Business

Woman *(for individuals seeking WBE status):*

- Certified Birth Certificate which includes gender
- Driver's License
- Proof of State Certification as Woman-Owned Business

Service Disabled Veteran *(for individuals seeking SDVBE status):*

- DD214 or Service Disabled Letter

Small Business Domiciled in Florida:

To establish business domicile, ONE of each of the following must be submitted:

- Business with fewer than 200 employees
 - Payroll within the last 12 months identifying each owner and each full-time employee (W2's, Payroll Summary/Report)
- Net worth of business not more than \$5 million
 - Financial statements or
 - Last two years of federal filed tax returns

Items that can be used in lieu of preceding requirements:

- Proof of State Certification as a small business
- SBA(8)(a) Federal certification *(must provide proof of business size and net worth)*