



**City of San Diego
Economic Development Division
Office of Small Business**

**FY 2015
CITY WIDE SMALL BUSINESS
ENHANCEMENT PROGRAM GRANT
GUIDELINES & APPLICATION**

**MUST BE RECEIVED AT CITY OF SAN DIEGO
OFFICE OF SMALL BUSINESS BY 5:00 P.M.**

Deadline Date: Thursday, July 31, 2014

Deliver to:

**THE CITY OF SAN DIEGO
OFFICE OF SMALL BUSINESS
Re: SBEP Application/Time Sensitive
1200 Third Avenue, Suite 1400, MS-56D
SAN DIEGO, CA 92101**

For further information call 619-236-6488

**THE APPLICATION PLUS THE REQUIRED ATTACHMENTS
MUST BE COMPLETE AT THE TIME OF SUBMISSION.
NEW OR REVISED APPLICATION INFORMATION
WILL NOT BE ACCEPTED AFTER THE DEADLINE.**

**LATE APPLICATIONS WILL NOT BE ACCEPTED.
THERE WILL BE NO EXCEPTIONS.**

SMALL BUSINESS ENHANCEMENT PROGRAM (SBEP) GRANTS

Purpose

This grant program's particular focus is to expand economic opportunities for small businesses by supporting not-for-profit organizations which provide specialized services to small businesses citywide. It is expected that Small Business Enhancement Program (SBEP) funds will be leveraged by recipients to enhance services to small businesses with the purpose of creating, growing, and retaining small businesses in San Diego. Grants are awarded by the Mayor's Small Business Advisory Board pursuant to City Council Policy 900-15 and subject to allocation of funds by the City Council for this program within the City's budget for FY 2015.

Small Business Advisory Board

Ruben R. Garcia, Ph.D., Chairman
Catherine Arambula
Edward Barbat
Antonio Barbosa
Joseph Fox
Guy Hanford
Robert Glick
Michelle Gray
William Lynch
Gary Peterson
Warren Simon

Economic Development Division Staff

Tom Tomlinson
Meredith Dibden Brown
Lisa Gordon-Hosch
Alicia Martinez-Higgs

GUIDELINES

FUNDING ELIGIBILITY

Applying organizations must meet the following eligibility requirements:

Not-for-profit status:

Organizations must be able to demonstrate proof of not-for-profit status by the application deadline date. Eligible educational institutions may submit alternative documentation to demonstrate not-for-profit status.

California Corporation or Organization:

Organizations must be a legal entity registered with the State of California and headquartered in the County of San Diego. Eligible educational institutions may submit alternative documentation to demonstrate status.

Location:

The activities to be funded must take place within the San Diego city limits (or the beneficiaries of the activities are based within the City of San Diego).

Exclusions:

Organizations whose services are oriented to a particular geographic area within the City of San Diego are not eligible to apply. Ineligible organizations include but are not limited to: area-based community development corporations and sub-regional chambers of commerce.

Organizations requesting Citywide SBEP funding may submit up to two applications under these guidelines for completely separate programs or projects.

Organizations requesting Citywide SBEP funding may not apply for, nor receive funding from, the Business Improvement District Council or Business Neighborhood SBEP funds. Programs or projects intended to primarily serve one or more Business Improvement Districts or Micro-districts are not eligible.

Organizations requesting and recommended for Economic Development and Tourism Support Program (EDTS), or Commission for Arts and Culture Organizational Support Program (OSP) or Creative Communities San Diego Program, or Citywide TOT Funding may not apply for SBEP funding.

Organizations employing or retaining as a consultant a member or members of the Small Business Advisory Board may not apply for funding.

Funding Amount Requests:

Organizations may apply for a minimum of \$10,000 and a maximum of \$25,000.

Fiscal sponsors may not apply on behalf of an ineligible applicant.

FUNDING POLICIES & REQUIREMENTS

If funds are awarded to an organization that it shall comply with each of the following requirements.

Council Policy 100-04:

Each person or organization awarded a contract for use of grant funds under this program (“Contractor”), by the City of San Diego acknowledges and agrees that it is aware of and will comply with Council Policy 100-04, adopted by Resolution No. 282153 relating to the Federally-mandated Americans with Disabilities Act (ADA). Contractors and subcontractors will be individually responsible for their own ADA program.

Equal Opportunity:

Contractors must comply with Title VII of the Civil Rights Act of 1964, as amended; the California Fair Employment Practices Act; and any other applicable federal and state laws and regulations hereinafter enacted, as well those requirements addressed by the City of San Diego's Equal Opportunity Program, recorded with the City Clerk as Document RR-262633.

Drug-Free Workplace:

Contractors are required to publish and post a statement on their policies for a drug-free workplace and provide a drug education program for all employees.

Living Wage Ordinance:

Contractor shall comply, and require each of its subcontractors to comply, as applicable, with the provisions of the City’s Living Wage Ordinance, codified in San Diego Municipal Code sections 22.4201 et seq., in performing its obligations and/or duties.

Equal Benefits Ordinance (EBO):

In accordance with the Equal Benefits Ordinance (EBO), Contractor shall provide and maintain equal benefits as defined in San Diego Municipal Code section 22.4302 for the duration of the contract [SDMC 22.4304(f)]. Prior to the execution of this Agreement with the City, Contractor shall complete the EBO Certification of Compliance and provide it to the City. Failure to maintain equal benefits consistent with the EBO is a material breach of the contract [SDMC 22.4304(e)].

Insurance:

Contractor shall comply, and require each of its subcontractors to comply, with the City’s insurance requirements for the term of the Agreement.

Commercial General Liability Insurance

- Contractor shall keep, in full force and effect, Commercial General Liability [CGL] Insurance, providing coverage at least as broad, which shall cover liability arising from any personal injury, bodily injury, and property damage, providing coverage with limits of at least one million dollars (\$1,000,000) per occurrence **AND**
- subject to an annual aggregate of two million dollars (\$2,000,000) **AND**
- Contractor shall provide an endorsement with: insured’s name; policy number; name of insurer; effective date of change; and “City and its respective elected officials, officers, employees, agents, and representatives” named as additional insureds;

Workers' Compensation Insurance

- Contractor shall keep, in full force and effect, Workers' Compensation Insurance for all of the Contractor's employees who provide services under the grant, to the extent required by the State of California, providing a minimum of one million dollars (\$1,000,000) of employers liability coverage, **AND**
- Contractor shall provide an endorsement with: insured's name; policy number; name of insurer; effective date of change; and that the insurer waives the right of subrogation against the City and its respective elected officials, officers, employees, agents and representatives. **IF** the insurer is State Fund then a certificate from State Fund indicating the waiver of right of subrogation against the City etc. is adequate.

Automobile insurance

- Any Auto: Contractor shall keep, in full force and effect, Automobile insurance for all of the Contractor's automobiles, including owned, hired, and non-owned automobiles, automobile insurance for bodily injury, and property damage providing coverage to a combined single limit of one million dollars (\$1,000,000) **AND**
- Contractor shall provide an endorsement with: insured's name; policy number; name of insurer; effective date of change; and "City and its respective elected officials, officers, employees, agents, and representatives" named as additional insureds,
 - OR** (Regarding auto insurance requirements only)
- Non-Owned / Hired Auto: If the Contractor does not own any automobiles then Contractor must obtain and submit to the City the required evidence of automobile insurance coverage for "hired autos" and "non-owned autos" for bodily injury, and property damage providing coverage to a combined single limit of one million dollars (\$1,000,000); **AND**
- Contractor shall provide an endorsement with: insured's name; policy number; name of insurer; effective date of change; and "City and its respective elected officials, officers, employees, agents, and representatives" named as additional insureds;

General Insurance Requirements

- All insurance shall be carried only in responsible insurance companies which are rated at least "A, VI" by the current AM Best Rating Guide, licensed to do business in the State of California.
- The policies are primary and non-contributing to any insurance that may be carried by the City.
- The policies cannot be canceled or materially changed except after thirty (30) calendar days written notice by the insurer to the City by certified mail.

REVIEW AND FUNDING PROCESS

Panel Process:

An advisory panel, composed of up to five Small Business Advisory Board members, will consider each Applicant's current contractual performance (if applicable) and all the application material submitted in order to assign a score of between 1 (not fundable) and 4 (model application) to the application. The panelists will evaluate all applications as a group during a meeting and assign a score. Recommended funding amounts will be developed based on the amount of funds available, the number of applications received, the total amount of funds requested, and the assigned scores.

****Failure to submit required materials will result in a diminished score or disqualification.****
Incomplete responses to the application questions will have a diminishing effect on the scoring of the application. **If any of the required materials/documents do not apply to your organization, please include explanation with your application**

Per Council Policy 900-15, funding for a Citywide Small Business Enhancement Program Grant shall be made based on a competitive, but simple application, that is reviewed and scored by the Small Business Advisory Board Panel.

Even if an Application receives a score higher than 1 there is no entitlement to funding.

Once the scores are finalized by the Panel, City staff will develop the funding amounts based on the quantity and quality of applications received. A notice will be sent to each Applicant advising them of the amount awarded or that no funds were awarded.

Agreement, Scope and Budget:

Each Applicant awarded funds must then submit an electronic copy of their Proposal and Budget, adapted to reflect the awarded amount, on or before September 1, 2014. Failure to adhere to this deadline will result in forfeiture of the awarded funding, unless City staff is advised on or before September 1, 2014 of the organization’s extenuating circumstances.

An Agreement will then be prepared which incorporates the Proposal (Scope of Services) and Budget, and delivered to the Applicant for signature. The Agreement details how City money will be spent by applicant and demonstrates how funding will create, grow, and/or retain small businesses in the City of San Diego, and other requirements of the Citywide SBEP Grant Program.

The signed Agreement must be returned to the City for processing along with the required certificate of insurance within 30 days of receipt of the Agreement by the Applicant.

No action will be taken to process the Agreement without the certificate of insurance. Furthermore, the required insurance endorsements must be submitted within 30 days of the City’s receipt of the signed agreement.

Should problems arise in fulfilling the Agreement or changes in the Agreement need to be arranged, the Office of Small Business staff must be consulted immediately.

Resolutions:

If funding is awarded the organization must have a formal resolution of its board of directors which approves entering into the SBEP Agreement with the City of San Diego and which states that the board understands and will comply with the terms and conditions of the Agreement and will perform the Scope of Services within the amount of the Budget. This resolution must be signed by the board president or designated officer and is to include the following:

- Funding amount.
- Assurance that the resolution is made available to all board members
- Assurance that the required insurance coverage will be obtained for the term of the agreement.

Performance Reports:

Performance reports will be required at least quarterly detailing the organization’s performance of the Scope of Services as outlined in the Agreement. A Final Report shall detail quarterly results and

annual results. *Note: The record of providing previous year's performance reports will be taken into consideration during panel review, and previous lack of reporting will negatively impact your application score.*

Financial Statements:

All organizations receiving City money are required to submit financial statements for the organization's last completed fiscal year no later than 150 days after the end of that fiscal year. If total City funding is \$75,000 or more, these financial statements must be audited by an independent CPA. The pro-rated cost of producing the financial statements (and audit report as applicable) may be included in administrative costs for which City reimbursement is requested.

Acknowledgment of City Funding:

A credit line must be included in any printed, visual or recorded matter of the funded applicant/organization that credits the City for its support. The following is an example of a credit line that might be utilized: "This project is funded in part by the City of San Diego's Small Business Enhancement Program."

COMPLETING THE APPLICATION

Budget:

The following definitions will assist you in completing the Application section "Summary of Proposed Use of SBEP Funds – Budget & Cost Justification."

Personnel - Includes salaries, wages, taxes, and benefits for employees. If requesting reimbursement for these expenses, the organization must be able to document specific expenses and proof of payment.

Wages: should include, but is not limited to executive directors, business managers, development staff, clerical, etc.

Taxes: Employer taxes, etc.

Benefits: Cost of dental, health insurance, 401(K), incentives, etc.

Contractual Services: - Contract for service expenses such as consulting fees or other services provided to the organization by a subcontractor.

Space Rental: - Rental of meeting space or facility fees for seminars, workshops or training, etc.

Marketing/Advertising: - Marketing, publicity and promotion, not including payments to staff or consultants.

Support Materials: - Office supplies, printing and mailing of brochures, flyers or posters, postage, etc.

Insurance: - premiums for City required insurance, etc.

Other: - Complete a schedule of expenses. Include miscellaneous expenses not covered above.

Funding Limitations:

Expenditures are prohibited for the following and are not to be included in the proposed SBEP budget:

- Programs which have already been completed or for which activities occurred outside of the contract period of October 1, 2014 through September 30, 2015.
- Capital outlay for improvements and/or construction of buildings or facilities or purchase of capital equipment.

- Religious or political activity.
- Programs in facilities not accessible to the disabled.
- Tuition assistance payments or reimbursements.
- Hospitality, food or beverage costs.
- Travel or related expenses for staff or consultants, including mileage
- Contributions to trusts or endowment funds, or gifts or donations.
- Replacement of deficit funds.
- Job training or job placement activities.
- Indirect cost recovery.
- Penalties, fines, interest, or late payment charges.

Reimbursement:

All funds are awarded on a cost reimbursable basis. All items submitted for reimbursement must include proof of payment of the expenses. Reimbursement requests may be submitted on a monthly basis or less frequently as arranged with staff. There can be *no payment in advance*. Organizations receiving FY 2014 SBEP Grant funding or other City funding must have filed all required reports prior to processing of FY 2015 SBEP payments. Final payment will be withheld until all required reporting documents are submitted.

Packaging Directions

When completing the packets please keep the following information in mind:

- Label each page with the organization name and page number.
- Use binder clips – do not staple or bind any pages.
- Three (3) hole punch all pages.
- Maintain a margin of at least 0.5".
- Always leave enough space to make the information legible.
- Use a font size of 10 point or larger.
- Keep responses clear and to the point.
- Submit one (1) original packet of materials and five (5) copies of the packet.

Application Questions

If you have any questions or need assistance on your application or the required documents, please contact Office of Small Business Staff immediately: Alicia Martinez-Higgs: 619-236-6488 or amhiggs@sandiego.gov or Lisa Gordon-Hosch: 619-533-6474 or lgordon@sandiego.gov

Deadline

All packets (regardless of delivery method and postmark date) must be received by City staff by **5 p.m. on Thursday, July 31, 2014.**

****Late applications will not be accepted. There will be no exceptions.****

Packets must be mailed or delivered to:

City of San Diego
 Office of Small Business
 Re: SBEP Application/Time Sensitive
 1200 Third Avenue, Suite 1400
 San Diego, CA 92101

**CITY OF SAN DIEGO
CITYWIDE SMALL BUSINESS ENHANCEMENT PROGRAM
FY 2015 GRANT APPLICATION**

APPLICANT ORGANIZATION NAME:

Mailing Address: _____

_____ CA _____

Telephone: _____ Fax: _____

Program/Project Location Information: (where program/project will take place)

Address: _____

_____ CA _____

Telephone: _____ Fax: _____

Primary Program/Project Manager Contact Information

Name: _____ Title: _____

Telephone: _____ Fax: _____

E-mail: _____

Web Site: _____

Authorized Signer

Name: _____ Title: _____

Signature: _____ Date: _____

Closing Date of Applicant's Most Recently Completed Fiscal Year: ____/____/____

Number of years of Small Business Enhancement Program funding: _____

CITY OF SAN DIEGO – CITYWIDE SBEP – FY 2015 GRANT APPLICATION

APPLICANT ORGANIZATION: _____

TOTAL CITYWIDE SBEP AMOUNT REQUESTED: \$ _____

(Minimum of \$10,000 and maximum of \$25,000 may be requested)

SUMMARY OF PROPOSED USE OF SBEP FUNDS – “BUDGET” & COST JUSTIFICATION

Item	Dollar Amount	Cost Justification
Personnel Expenses	\$ _____	
Wages	\$ _____	
Taxes	\$ _____	
Benefits	\$ _____	
Consultant/Contractual Expenses	\$ _____	
Space Rental	\$ _____	
Marketing/Advertising	\$ _____	
Support Materials	\$ _____	
Workshops/Training	\$ _____	
Insurance (Coverage required by City of San Diego)	\$ _____	
Other (Be specific) _____	\$ _____	
Other (Be specific) _____	\$ _____	
Other (Be specific) _____	\$ _____	
Other (Be specific) _____	\$ _____	
Other (Be specific) _____	\$ _____	
Total Proposed Expenses (Must equal SBEP amount requested)	\$ _____	

LEVERAGING OF REQUESTED FUNDS FOR THE PROPOSED PROJECT/PROGRAM
(AMOUNT OF MATCHING FUNDS FROM OTHER SOURCES INCLUDING COMMUNITY
DEVELOPMENT BLOCK GRANT (CDBG) FUNDING):

Name of Funding Source _____	\$ _____
Name of Funding Source _____	\$ _____
Name of Funding Source _____	\$ _____
Name of Funding Source _____	\$ _____
Name of Funding Source _____	\$ _____

CDBG FUNDED ORGANIZATIONS: If organization has received FY 2015 Community
Development Block Grant funding, include/attach Scope and Budget with application.

CITY OF SAN DIEGO – CITYWIDE SBEP – FY 2015 GRANT APPLICATION

APPLICANT ORGANIZATION: _____

PROPOSAL - Please describe the proposed program or project to create, grow and/or retain small business in San Diego by answering the following questions. **This proposal will be the basis of the Scope of Services for the Agreement with the City should your organization be awarded funding.** ****Incomplete responses to the application questions will have a diminishing effect on the scoring of the application.****

1. Explain how your organization will use this funding to create, grow, and/or retain small businesses in the City of San Diego (Broad overview/explanation of project/program you will offer through this funding).:

2. List the specific actions you will undertake to create, grow, and/or retain small businesses. (Please quantify numbers and types of activities for full scope of project e.g. Create intake/post surveys and conduct 20 business marketing seminars for 100 small businesses; Provide 40 one-to-one counseling sessions and 10 business workshops/events for 80 small businesses; Serve 50 start-up or existing entrepreneurs through 30 training programs; Create and conduct 5 business workshops and 5 business webinars for 100 small businesses; Provide 20 loans for 20 small businesses ranging from \$3,000-\$25,000 for start-up and fixed machinery costs; Conduct 200 site visits for 50 small businesses to track success of newly created business entrepreneur program; Create printed collateral materials to market programs to small businesses):

3. Who are you targeting to receive the services or benefit from the program/project? (Be specific: Start-up businesses, businesses looking to expand, businesses that are 5 years or older with at least 5 employees looking to expand, small businesses seeking loans for working capital, businesses seeking certification as a women business enterprise; women-owned businesses looking to expand):

4. How is your organization uniquely qualified to provide the proposed program/project or how are you partnering with another organization to leverage this funding?:

5. What are the desired outcomes for the participants? – What specific benefits will they receive?:

6. How will progress/success be defined with this program/funding? – What is the criteria for success? (Will participants start businesses, expand business and hire additional employees, get business certifications, submit bids for public sector contracts, secure public sector contracts?):

7. Measurable Benefits to City of San Diego: What are the quantifiable, measurable outcomes of your program or project to the City of San Diego?:

8. How will progress/success be measured with this program/funding? – What tool or devices (surveys or other sources) will be used to measure the expected benefits?:

9. When is the expected completion date for this program? – Identify the time frame for success:

CITY OF SAN DIEGO – CITYWIDE SBEP – FY 2015 GRANT APPLICATION

APPLICANT ORGANIZATION: _____

CPA REVIEW/AUDIT - Please answer the following questions:

- Does your organization receive an audit? Yes No
- If not, were unaudited financial statements prepared? Yes No
- What period is covered by your most recent audit report/financial statements? _____

****Please include audit report/financial statements with application.****

- Does your Board of Directors receive the management letter from the audit report? Yes No
- Did the Board of Directors discuss and take action to address issues identified in the management letter? Yes No

RETURNING APPLICANTS ONLY / SBEP CONTRACT COMPLIANCE

- Was a copy of the audit report/financial statements submitted to the City? Yes No
- For the most recent fiscal year - has your organization filed quarterly reports? Yes No
- What period is covered by your most recently submitted report? _____

If your organization is not in compliance with City of San Diego contract requirements for the most recent fiscal year - please explain.

REQUIRED ATTACHMENTS

- Federal IRS Form 990:** Copy of most recently submitted Form 990 (if applicable)
- California Corporation or Organization** (Eligible educational institutions may submit other documentation of being a California organization):
 - Articles of Incorporation**
 - Current Status Printout from Secretary of State Website:** <http://kepler.sos.ca.gov/>
 - Printout of Entity Status Letter from Franchise Tax Board website:**

https://www.ftb.ca.gov/online/self_blue_entity_status_letter/index.asp?WT.mc_id=Business_Online_Entity_StatusLetter

- Not-for-Profit Status:** Copy of IRS Determination letter.
Eligible educational institutions may submit other documentation to demonstrate eligibility.
- Board of Directors List:** List of Board of Directors including business names & locations.
- Drug-Free Workplace Certification:** Completed/Signed Certification
- Equal Benefits Ordinance (EBO) Certification:** Completed/Signed Certification
- Personnel Schedule:** Completed Personnel Schedule (using form below) for all positions which will be fully or partly funded with the requested grant.
- Work Force Report:** Completed City of San Diego Work Force Report.
- Audit Report/Financial Statements**

CITY OF SAN DIEGO - SBEP GRANTS – FY 2015 APPLICATION

APPLICANT ORGANIZATION: _____

PERSONNEL SCHEDULE – FY 2015

The purpose of this form is to list the positions being claimed against City Funds for the Fiscal Year. An updated copy of this form must be maintained at all times and any adjustments must be reported to the Office of Small Business. Prior approval is required where changes will impact approved budgets for executed City agreements.
 Round amounts to whole dollars.

	A	B	C	D	E	F	H	I	J	K
NO.	POSITION TITLE	PAYMENT DATE RANGE	ANNUAL PAY	PAY SCHEDULE & DATES (Monthly, Biweekly, Twice a Month)	AMOUNT PAID PER PAY PERIOD	FOR HOURLY EMPLOYEES - STD TOTAL HRS PER PAY PERIOD	FOR HOURLY EMPLOYEES - HOURLY RATE	ANNUAL AMOUNT FUNDED BY SBEP	ANNUAL AMOUNT FUNDED BY OTHER CITY FUNDS	ANNUAL AMOUNT FUNDED BY NON-CITY FUNDS
1										
2										
3										
4										
5										
6										
							TOTALS			



City of San Diego

EQUAL OPPORTUNITY CONTRACTING (EOC)

1200 Third Avenue • Suite 200 • San Diego, CA 92101

Phone: (619) 236-6000 • Fax: (619) 236-5904

WORK FORCE REPORT

The objective of the *Equal Employment Opportunity Outreach Program*, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law. Such employment practices include, but are not limited to unlawful discrimination in the following: employment, promotion or upgrading, demotion or transfer, recruitment or recruitment advertising, layoff or termination, rate of pay or other forms of compensation, and selection for training, including apprenticeship. Contractors are required to provide a completed *Work Force Report (WFR)*.

NO OTHER FORMS WILL BE ACCEPTED

CONTRACTOR IDENTIFICATION

Type of Contractor: Construction Vendor/Supplier Financial Institution Lessee/Lessor
 Consultant Grant Recipient Insurance Company Other

Name of Company: _____

ADA/DBA: _____

Address (Corporate Headquarters, where applicable): _____

City: _____ County: _____ State: _____ Zip: _____

Telephone Number: () _____ Fax Number: () _____

Name of Company CEO: _____

Address(es), phone and fax number(s) of company facilities located in San Diego County **(if different from above)**:

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Telephone Number: () _____ Fax Number: () _____

Type of Business: _____ Type of License: _____

The Company has appointed: _____

As its Equal Employment Opportunity Officer (EEOO). The EEOO has been given authority to establish, disseminate and enforce equal employment and affirmative action policies of this company. The EEOO may be contacted at:

Address: _____

Telephone Number: () _____ Fax Number: () _____

- One San Diego County (or Most Local County) Work Force - Mandatory
- Branch Work Force *
- Managing Office Work Force

Check the box above that applies to this WFR.

**Submit a separate Work Force Report for all participating branches. Combine WFRs if more than one branch per county.*

I, the undersigned representative of _____

(Firm Name)

_____ hereby certify that information provided

(County)

(State)

herein is true and correct. This document was executed on this _____ day of _____, 20____

(Authorized Signature)

(Print Authorized Signature Name)

WORK FORCE REPORT – Page 2

NAME OF FIRM: _____ DATE: _____

OFFICE(S) or BRANCH(ES): _____ COUNTY: _____

INSTRUCTIONS: For each occupational category, indicate number of males and females in every ethnic group. Total columns in row provided. Sum of all totals should be equal to your total work force. Include all those employed by your company on either a full or part-time basis. The following groups are to be included in ethnic categories listed in columns below:

- (1) Black, African-American
- (2) Hispanic, Latino, Mexican-American, Puerto Rican
- (3) Asian, Pacific Islander
- (4) American Indian, Eskimo
- (5) Filipino
- (6) White, Caucasian
- (7) Other ethnicity; not falling into other groups

ADMINISTRATION OCCUPATIONAL CATEGORY	(1) Black		(2) Hispanic		(3) Asian		(4) American Indian		(5) Filipino		(6) White		(7) Other Ethnicity	
	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Management & Financial														
Professional														
A&E, Science, Computer														
Technical														
Sales														
Administrative Support														
Services														
Crafts														
Operative Workers														
Transportation														
Laborers*														

*Construction laborers and other field employees are not to be included on this page

Totals Each Column														
--------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Grand Total All Employees

Indicate by Gender and Ethnicity the Number of Above Employees Who Are Disabled:

Disabled														
----------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Non-Profit Organizations Only:

Board of Directors														
Volunteers														
Artists														

EQUAL BENEFITS ORDINANCE CERTIFICATION OF COMPLIANCE



For additional information, contact:

CITY OF SAN DIEGO
EQUAL BENEFITS PROGRAM

202 C Street, MS 9A, San Diego, CA 92101
Phone (619) 533-3948 Fax (619) 533-3220

COMPANY INFORMATION

Company Name:	Contact Name:
Company Address:	Contact Phone:
	Contact Email:

CONTRACT INFORMATION

Contract Title:	Start Date:
Contract Number (if no number, state location):	End Date:

SUMMARY OF EQUAL BENEFITS ORDINANCE REQUIREMENTS

The Equal Benefits Ordinance [EBO] requires the City to enter into contracts only with contractors who certify they will provide and maintain equal benefits as defined in San Diego Municipal Code §22.4302 for the duration of the contract. To comply:

- Contractor shall offer equal benefits to employees with spouses and employees with domestic partners.
 - Benefits include health, dental, vision insurance; pension/401(k) plans; bereavement, family, parental leave; discounts, child care; travel/relocation expenses; employee assistance programs; credit union membership; or any other benefit.
 - Any benefit not offered to an employee with a spouse, is not required to be offered to an employee with a domestic partner.
- Contractor shall post notice of firm's equal benefits policy in the workplace and notify employees at time of hire and during open enrollment periods.
- Contractor shall allow City access to records, when requested, to confirm compliance with EBO requirements.
- Contractor shall submit *EBO Certification of Compliance*, signed under penalty of perjury, prior to award of contract.

NOTE: This summary is provided for convenience. Full text of the EBO and its Rules are posted at www.sandiego.gov/administration.

CONTRACTOR EQUAL BENEFITS ORDINANCE CERTIFICATION

Please indicate your firm's compliance status with the EBO. The City may request supporting documentation.

- I affirm **compliance** with the EBO because my firm (*contractor must select one reason*):
- Provides equal benefits to spouses and domestic partners.
 - Provides no benefits to spouses or domestic partners.
 - Has no employees.
 - Has collective bargaining agreement(s) in place prior to January 1, 2011, that has not been renewed or expired.
- I request the City's approval to pay affected employees a **cash equivalent** in lieu of equal benefits and verify my firm made a reasonable effort but is not able to provide equal benefits upon contract award. I agree to notify employees of the availability of a cash equivalent for benefits available to spouses but not domestic partners and to continue to make every reasonable effort to extend all available benefits to domestic partners.

It is unlawful for any contractor to knowingly submit any false information to the City regarding equal benefits or cash equivalent associated with the execution, award, amendment, or administration of any contract. [San Diego Municipal Code §22.4307(a)]

Under penalty of perjury under laws of the State of California, I certify the above information is true and correct. I further certify that my firm understands the requirements of the Equal Benefits Ordinance and will provide and maintain equal benefits for the duration of the contract or pay a cash equivalent if authorized by the City.

Name/Title of Signatory

Signature

Date

FOR OFFICIAL CITY USE ONLY

Receipt Date:	EBO Analyst:	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved – Reason:
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**FY 2015 CERTIFICATION
FOR A
DRUG-FREE WORKPLACE**

A. Every person or organization awarded a contract or grant by the City of San Diego for the provision of services shall certify to the City that it will provide a drug-free workplace. By signing and submitting this certification, the undersigned certifies that it and its subcontractors shall provide a drug-free workplace by doing all of the following:

- (1) Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's organization's workplace and specifying the actions that will be taken against employees for violations of the prohibition.

- (2) Establishing a drug-free awareness program to inform employees about all of the following:
 - a) The dangers of drug abuse in the workplace.
 - b) The person's or organization's policy of maintaining a drug-free workplace.
 - c) Any available drug counseling, rehabilitation, and employee assistance programs.
 - d) The penalties that may be imposed upon employees for drug abuse violations.

- (3) Posting the statement required by subdivision (1) in a prominent place at contractors main office. For projects large enough to necessitate a construction trailer at the job site, the required signage would also be posted at the job site.

B. Contractors shall include in each subcontract agreement language which indicates the subcontractor's agreement to abide by the provisions of subdivisions (1) through (3) inclusive of Section A. Contractors and subcontractors shall be individually responsible for their own drug-free workplace programs.

C. This certification submitted to the City of San Diego is a material representation of fact upon which reliance was placed when entering into a contract agreement. If it later determined that the Contractor knowingly rendered an erroneous certification, in addition to other remedies available, the City of San Diego may terminate the contract for default.

Name of Organization/Contractor

Signature of Authorized Certifying Official/Representative

Date

Printed/Typed Name and Title of Authorized Certifying Official/Representative

APPLICATION CHECKLIST

Materials to be Submitted- **Failure to submit required materials will result in a diminished score or disqualification. If any of the required materials/documents do not apply to your organization, please include explanation with your application**

- Application:** Signed and dated application – make sure all questions are answered.
- Federal IRS Form 990:** Copy of most recently submitted Form 990 (if applicable)
- California Corporation or Organization** (Eligible educational institutions may submit other documentation of being a California organization.):
 - Articles of Incorporation**
 - Current Status Printout from Secretary of State Website:**
<http://kepler.sos.ca.gov/>
 - Printout of Entity Status Letter from Franchise Tax Board Website:**

https://www.ftb.ca.gov/online/self_serve_entity_status_letter/index.asp?WT.mc_id=Business_Online_EntityStatusLetter

- Not-for-Profit Status:** Copy of IRS Determination letter. Eligible educational institutions may submit other documentation to demonstrate eligibility.
- Board of Directors List:** List of Board of Directors including business names and locations.
- Drug-Free Workplace Certification:** Completed/Signed Certification
- Equal Benefits Ordinance (EBO) Certification:** Completed/Signed Certification
- Personnel Schedule:** Completed Personnel Schedule for all positions which will be fully or partly funded with the requested grant.
- Work Force Report:** Completed City of San Diego Work Force Report.
- Audit Report/Financial Statements**

Packaging Directions

When completing the packets please keep the following information in mind:

- Label each page with the organization name and page number.
- Use binder clips – do not staple or bind any pages.
- Three (3)-hole punch all pages.
- Maintain a margin of at least 0.5".
- Always leave enough space to make the information legible.
- Use a font size of 10 point or larger.
- Keep responses clear and to the point.
- Submit one (1) original packet of materials and five (5) copies of the packet.

Application Questions: If you have any questions or need assistance on your application or required documents, please contact Office of Small Business Staff immediately: Alicia Martinez-Higgs at 619-236-6488 or amhiggs@sandiego.gov or Lisa Gordon-Hosch at 619-533-6474 or lgordon@sandiego.gov

Deadline

All packets (regardless of delivery method and postmark date) must be received by City staff by **5 p.m. on Thursday, July 31, 2014. **Late applications will not be accepted. No exceptions.****

Packets must be mailed or delivered to:

City of San Diego/Office of Small Business
Re: SBEP Application/Time Sensitive
1200 Third Avenue, Suite 1400
San Diego, CA 92101

Applicants who are awarded funds will then be required to submit the following documents in order to finalize an Agreement.

- Revised Scope and Budget (if award is less than amount requested) – Submit by Sept. 1, 2014**
- Board Resolution – Sample Resolution will be provided**
- Proof of Insurance – Certificate(s) and Endorsement(s)**
- W-9 (If not on file with the City already)**

**We also require that successful applicants register for the City's ACH (on-line) payment process. ** Contact Alicia Martinez-Higgs at (619) 236-6488 for more information.
