Supplement Questionnaire for Certification

E 1) To participate in the Oakland Unified School District’s Local/Small Local Business Program, firms must be certified by the City of Oakland.

E 2) Please be advised the Oakland Unified School District (OUSD) also certifies Oakland residents who own certified small local businesses in Oakland into the OUSD Small Local Resident Business Enterprise (SLRBE) Program. If your firm is applying for the SLRB please submit the following:

a. Original government issued identification (e.g., driver’s license, passport, state identification card, etc.)
b. Three (3) addresses for verification dated within 90 days of submittal. Must reflect the business owner’s CURRENT address:
   i. One to three utility bills from different agencies, and/or i.e., PG&E, home telephone, water, garbage, or cable
   ii. Both automobile registration and insurance, and/or
   iii. Homeowner’s/renter’s insurance policy, and/or
   iv. Property tax statement, and/or
   v. Official letter from a social service/government agency, and/or
   vi. Rental/Lease Agreement or Grant Deed or Title
DECLARATION OF CERTIFICATION

The undersigned declares under penalty of perjury that the statements made in the EBIA Common Application for Local Certification, the City of Oakland Supplemental C and Oakland Unified School District Supplemental E section(s) are true and correct and include all material information necessary to identify, describe and explain the operations and locations of this firm as well as the ownership thereof. I understand that OUSD relies on the statements and representations contained in this Certification Application and Supplemental Questionnaire. I further understand that any false statements or material misrepresentations will be grounds for termination of any contract which may be awarded, grounds for further penalties including debarment from participation in future OUSD contracts, grounds for De-Certification and grounds for possible prosecution under Federal or State laws concerning false or fraudulent representations.

________________________
Company Name

________________________
Name (Print)

________________________
Title

________________________
Authorized Signature

________________________
Date