

State of California
NONPROFIT RECOGNITION APPLICATION
(for Prompt Payment Benefits) (Rev 12/01)

Return completed application and required documentation to:
 Small Business and DVBE Certification
 707 Third St., 1st Floor, Room 400
 P.O. Box 989052
 West Sacramento, CA 95798-9052

(916) 375-4940 (Receptionist)
 (916) 322-5060 (24-hour automated phone line)
<http://www.dgs.ca.gov/osbcr>

For State Use Only

Reviewed by

Approval Date

OSBCR Reference Number

NP-

Date Stamp

PROGRAM DESCRIPTION AND SUBMISSION REQUIREMENTS

Nonprofit organizations are eligible to participate in the Prompt Payment Program as set forth in California Government Code, Title 1, 927 et seq. The Prompt Payment Act encourages expeditious invoice payment to recognized nonprofit organizations. Although nonprofit organizations are not eligible for small business and/or disabled veteran business enterprise certification, the Small Business and DVBE Certification recognizes nonprofit organizations for Prompt Payment Program eligibility. Once recognized, your organization will receive a recognition letter and a request form for a Prompt Payment Rubber Stamp.

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|---|--------------------------|-------------------------------------|
| 1. FEDERAL EMPLOYER ID. # (FEIN) | | 2. BUSINESS TELEPHONE NUMBER () |
| 3. DOING BUSINESS AS (DBA) NAME | | 4. BUSINESS FAX NUMBER () |
| 5. MAILING ADDRESS (Number, Street, City, State and Zip +4code, P.O. Box OK) | | 6. E-MAIL ADDRESS |
| 7. PHYSICAL ADDRESS OF YOUR PRINCIPAL OFFICE | | 8. HOMEPAGE |
| 9. CONTACT PERSON NAME | 10. CONTACT PERSON TITLE | 11. CONTACT PERSON PHONE NUMBER |
| 12. CONTACT PERSON ADDRESS (Number, Street, City and Zip +4 code, P.O. Box OK) | | |

13. Original Signature of Nonprofit Representative

Any person willfully providing false information is subject to serious penalties. The signatory of this document must be the applicant firm's owner and/or officer and certify that he/she has read and understands the foregoing statement and that all information provided herein is accurate and truthful. *I declare under the penalty of perjury under the laws of the State of California that the foregoing is true and correct.*

| | |
|--------------|-------------|
| SIGNATURE | TITLE |
| PRINTED NAME | DATE SIGNED |

For recognition a Nonprofit, submit the following:

- A completed "Nonprofit Recognition Application"
- The entire signed Form 990 "Return of Organization Exempt from Income Tax" for the most recently completed tax year.

If the nonprofit organization was established less than one year ago and has not yet filed Form 990 submit:

- A completed "Nonprofit Recognition Application"
- The nonprofit's Articles of Incorporation as filed with the California Secretary of State's Office.

Pursuant to the Federal Privacy Act (P.L. 93-579) of 1974 and the Information Practices Act (IPA) of 1977 (Civil code Sections 1798, et. Seq.), notice is hereby given for the request of personal information by this Application. The requested personal information is Mandatory. The principal purpose of the mandatory information is to determine eligibility for recognition as a Nonprofit Organization. The failure to provide all or any part of the requested information may delay processing of this Application. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to the appropriate IPA Officer in the Department of General Services.