

[Fillable pdf MWBE certification application 2016.pdf](#)

[Fillable RF_SBA-Personal-Financial-Statement 413 3-00.pdf](#)

[fillable - CA LCPtracker and B2Gnow Compliance Agreement - fillable.pdf](#)

[Resource Information LCPtracker and B2Gnow.pdf](#)

[LCPtracker Basic Subcontractor Startup_ The City of Syracuse.pdf](#)



Stephanie A. Miner, Mayor

CITY OF SYRACUSE

MINORITY AND WOMEN

BUSINESS ENTERPRISE

CERTIFICATION APPLICATION

Please return to:

Lamont Mitchell, Director of Minority Affairs

Department of Neighborhood and Business Development

City Hall Commons Room 600

201 E. Washington Street

Syracuse, NY 13202 (315) 448-8408

INSTRUCTIONS

GENERAL INSTRUCTIONS

Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided for your answer.

Whenever there is not enough space to answer the questions completely, attach additional sheets and indicate the question number to which the sheets relate.

INSTRUCTIONS FOR ANSWERING PARTICULAR QUESTIONS

1. Name, Address and Phone Number of Company:

Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc., should be identified as "ABC Construction, Inc." not as ABC Construction.

2. Date Established:

Include the date your firm was originally established. If the organization's emphasis or organization has changed since then, be sure to include how long the enterprise has been in its present configuration in question 8c.

3. Ethnicity:

Please use group codes noted on page 5 of the application. The definitions are on pages 3 and 4

4. Type of Ownership:

Specify the type of ownership of the enterprise. If the enterprise does business in New York State under an assumed name, enter the name of the County where the enterprise has filed a Certification of Doing Business under an assumed Name (DBA) with the County Clerk and the date the DBA was recorded. If you do not have a DBA, go to the County Clerk's office at 401 Montgomery Street, Syracuse, NY 13202, or your local clerk's office.

5. Federal Employer I.D. Number:

This number is required for most business activities. For an application and/or additional information, call the Internal Revenue Service Office, or contact your local bank. You are advised to do this as soon as possible, if you do not have a Federal I.D. number.

INSTRUCTIONS CONTINUED

6. New York State Registration Number:

This number is issued by the New York State Department of Labor.

For additional information call (315) 428-4057.

If no NYS Registration Number has yet been obtained, enter “none” and apply as soon as possible.

7. Corporate and Partnership Information:

For all partnerships and corporations please complete. Include the name, ethnic category (see page 5) sex, and number of shares or percentage (%) of ownership for each partner or shareholder. For partnerships, list name and position in the first column and the percentage of ownership in the last column. If you are Sole Proprietorship, mark “N/A” and go on to question 8. Also include County and/or City where the Corporation or Partnership was formed and recorded.

8. Principals Affiliated With Other Companies:

List all positions held by the principals with any other company and length of affiliation.

Principals mean owners in this application.

9. Managerial Owners/Employees:

List all Management personnel, both owners and non-owners. If areas of responsibilities are not covered, attach explanation of duties. Please specify whether individual is owner or non-owner.

10. Lease and Rental Agreements:

List all leases or rental agreements which are used in the operation of the business.

Other Information:

Name/title of person completing this application is required. In addition to the information requested, if the person s completing this form is not the principal employee of the applicant’s firm, please state your name, the name of your company and its relationship to the applicant’s firm on a separate sheet.

INSTRUCTIONS, CONT.

Verifications (page 14):

The application must be verified under oath, notarized in the following manner:

- A. If the enterprise is a sole proprietorship, by the owner
- B. If the enterprise is a partnership, by the partner: or
- C. If the enterprise is a corporation, by an officer authorized and designated by the Board of Directors.

All applicants must complete part (A) of the Verification. Sole proprietorship or partnership must also complete part (B). Corporation must complete part (C).

All applicants **MUST** read and review all the items in the application before signing it. Especially important is the **Acknowledgements** on page 15, which contain rights held by the City of Syracuse and penalties that may be applied for false statements.

RESUME:

Include all work experience related to the construction industry. Also include resumes for partners and principals of a corporation. You can copy page 13 for additional resumes.

To obtain MBE Certification with the City of Syracuse, all firms are required to have been in business, as currently organized for at least (9) months prior to the date of application.

DEFINITIONS:

- A. For the purposes of the City of Syracuse Minority Business Enterprise Participation Program, a Minority/Woman Business Enterprise shall mean a small business enterprise that is owned and controlled by one or more minority persons who is a United States citizen, or permanent resident alien.

INSTRUCTIONS CONTINUED

Further the following definitions will apply within this general category:

Minority Person: an individual who is Black, Hispanic, Asian, American Indian or Alaskan Native.

Black Person: an individual having origins in any of the Black racial groups of Africa.

Hispanic: a person of Spanish culture whose place of birth was in Mexico, South or Central America, Cuba, Puerto Rico, regardless of race.

American Indian: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Asian/Pacific Islander: a person having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Sub-Continent, or the Pacific Islands. This area includes for example, China, Japan, Korea, Samoa and the Philippine Islands.

B. Women Owned and Controlled shall mean a business that is periodically certified by the City of Syracuse Division of Contract Compliance and Minority Affairs as satisfying the following criteria:

1. at least fifty-one percent (51%) of the business is owned and controlled by women who are United States citizens or permanent resident aliens, or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of business is owned by women who are United States citizens or permanent resident aliens.
2. the management and daily operations of the business are controlled by one or more of the women who own it; and
3. the business has its principal operations, or has permanently staffed offices, located within Onondaga County.

**MINORITY AND WOMEN BUSINESS ENTERPRISE
CERTIFICATION APPLICATION**

Application Date: _____

Name of Firm: _____

Business Address: _____

Mailing Address: _____

Type of Business: _____

Principal Owner(s):

1. _____

2. _____

Social Security Number (s):

1. _____ - _____ - _____

2. _____ - _____ - _____

Telephone Number: () _____

Email Address: _____

Fax Number: () _____

1. Indicate ethnic category of principal owners using the following codes:

(See pages 3 and 4 for definitions of categories)

(A) Black (B) Hispanic (C) American Indian (D) Asian or Pacific Islander

(E) Women (F) Non-Minority

Name	Category	Sex	Ownership %	Voting %

M/WBE APPLICATION CONTINUED

2. Check category for which you are applying for certification:

- | | |
|---|--|
| <input type="checkbox"/> Bridges | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Commercial/Residential Rehab | <input type="checkbox"/> Landscaping |
| <input type="checkbox"/> Concrete Work | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Curbing Work | <input type="checkbox"/> Paving |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Reinforcing |
| <input type="checkbox"/> Excavating | <input type="checkbox"/> Sewer/Water Lines |
| <input type="checkbox"/> General Construction | <input type="checkbox"/> Trucking |
| <input type="checkbox"/> Other: _____ | |
| _____ | |

3. Have any principals of this company previously applied for certifications as a M/WBE with any governmental agency? Yes No
(If yes, answer the following questions):

Agency _____ Date _____

Agency _____ Date _____

Certified by: _____

Registered with: _____

Denied by: _____

Decertified by: _____

A. Have you ever appealed a certification denial? Yes No

If yes, provide the following information:

Name of Agency: _____

Date of Appeal _____ Final Determination _____

Address _____

Contact Person: _____

M/WBE APPLICATION CONTINUED

4. Legal Structure:

_____ Corporation _____ Partnership _____ Sole Proprietorship _____ Other

5. D.B.A. _____ Date Recorded _____
(county)

A. Corporation of Partnership _____
(county)

Date Recorded _____

6. A. Employer's IRS Number _____

B. State Employer's Registration Number _____

C. State Sales Tax I.D. Number _____

D. State Unemployment Insurance ID Number _____

7. For corporations and partnerships, complete for all shareholders or partners:

Name	Position (If no position: N/A)	Circle One	Category (code)	Ownership %	Duration
		M / F			
		M / F			
		M / F			

8. A. Are any principals affiliated with any other company? _____ Yes _____ No
If yes list below:

Name	Affiliation	Duration

M/WBE APPLICATION CONTINUED

8B. Control of the Firm:

	Name	Title	Category (code)	Ownership %
Estimating				
Preparing Bids				
Hiring/Firing				
Field Supervisor				
Purchasing				
Management/Payroll				

8C. Present configuration of the firm has existed since: _____

8D. Total number of shares existing and outstanding:

Common _____ Preferred _____

8E. Number of Employees: Full-time _____ Part-Time _____

8F. If your firm is owned in full or part by another company, please complete the following:

Company Name	Interest %	Ownership %

9. List equipment utilized in your business operations:

Type	Value	Indicate Applicable Category	
		Rented	Owned

--	--	--	--

M/WBE APPLICATION CONTINUED

10. List rented or leased facilities:

Facility Type	Rented/Leased Rental Agent	Expiration Date	Present Value Sq. Ft.

11. List all major creditors and types of investments in the applicant company by principals or others. Examples include cash, machinery, equipment, real estate, or other (specify).

Name of Source/Account #	Type of Investment or Credit	Dollar Value of Investment/Credit

12. If your company is owned in full or in part by another firm, identify the firm and percent of ownership interest. Include venture capitalists and other similar investors.

Name of Firm	Address	Ownership %

13. Is your firm bonded? Yes _____ No _____, If yes

Type of bonding _____ Bonding Limit _____

M/WBE APPLICATION CONTINUED

14. Identify applicant's bonding company, bank(s), and sources of Letter of Credit.

Bonding Company _____

Bank(s) _____

Letters of Credit _____

(list sources) _____

15. If licensing or accreditation is required to conduct your business, identify:

License Type	Issued By	Date Issued	Expiration Date	Holder/Registrant

16a. Have you ever been a prime contractor? Yes _____ No _____

b. Have you ever been a subcontractor? Yes _____ No _____

c. If yes to (a) or (b), list the type of work done, using the categories in page 6, question 2.

M/WBE APPLICATION CONTINUED

17. List the three largest contracts that your company has entered into with either government agencies or school districts. If you have not had any government contracts mark "N/A".

Client's Name	Contract Amount	Location of Contract Work	Contract Duration	Circle One
				Prime Sub or Joint Venture
Client's Name	Contract Amount	Location of Contract Work	Contract Duration	Circle One
				Prime Sub or Joint Venture
Client's Name	Contract Amount	Location of Contract Work	Contract Duration	Circle One
				Prime Sub or Joint Venture

18. Attorney for Company

Name: _____ Telephone: _____

Address: _____

19. Certified Public Accountant or Account for Company

Name: _____ Telephone: _____

Address: _____

20. Insurance Company/Agent

Name: _____ Telephone: _____

Address: _____

M/WBE APPLICATION CONTINUED

MBE Application for Certification Submittal

21. Please attach the following:

a. **All Firms**

Proof of US Citizenship or permanent resident alien status of all principals, resume of owner(s), principals and shareholders (page 11).

b. **Corporation**

Attach copies of the Stock Ledger, Articles of Incorporation, By-Laws, a Certified Copy of the Previous Year's Profit and Loss Statement and Balance Sheet, copies of Stock Certificates.

c. **Partnerships**

Attach a copy of Partnership Agreement and all amendments, and a certified copy of the previous year's Profit and Loss Statement and Balance Sheet or Federal income tax returns with all applicable schedules.

d. **Sole Proprietorships**

Attach a certified copy of your DBA Certificate, and a certified copy of the previous year's Profit and Loss Statement and Balance Sheet, or Federal Income tax returns with all applicable schedules.

RESUME OUTLINE

Name _____

Address _____

Trade/Profession _____

Education: _____

From - To

Name & Address (Month & Year Major Date of Degree

High School

College

Technical

Other

Work Experience:

Describe your work experience starting with the most current:

Year Describe Duties

Year Describe Duties

Year Describe Duties

VERIFICATION

(A) STATE OF NEW YORK)
) SS:

COUNTY OF _____

(B) _____, being duly sworn, states he or she is the owner of (or partner) in the enterprise making the foregoing application and that the statements and representations made in the application are true to his or her knowledge.

(C) I the _____ of _____, the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his/her knowledge, and that the Application is made pursuant to the authority of and at the direction of the Board of Directors of the Corporation.

Signature

Sworn to me before this _____

Corporate Seal
(If Necessary)

Day of _____, 20____

Notary Public

ACKNOWLEDGEMENT AND VERIFICATIONS

FIRST, this Application form, the supporting documents, and any other information provided in support of the application is considered part of the Application. In addition to the criminal penalties provided for by law, the making of any false statement or misrepresentations, including omissions, in the application will be grounds for terminating any contracts awarded the applicant by the City of Syracuse (the City) any may result in the applicant 's disqualification from participating in future contracts with the City of Syracuse.

SECOND, under the New York Public Officers Law Section 87 (access to agency records) information provided by the applicant, which constitutes a trade secret or the disclosure of which would cause substantial injury to the competitive position of the applicant – will not be released by the City if the applicant, in writing, requests that said information not be released. However, the applicant understands and agrees that the information will be released if a court determines that the information is not exempt from disclosure under the applicable law.

THIRD, the City may require proof of Minority/Women status in addition to the information disclosed in this application. By making this application, the applicant agrees to submit additional proof if it is requested and understands and agrees that the City may decide not to certify the Applicant as a Minority/Women Business Enterprise if the additional proof is not submitted within 14 days after it is requested by the City.

FOURTH, by making this Application, the applicant consents to examination of its books and records and interviews of its principals and employees by the City of Syracuse for the purpose of determining whether the applicant is, or continues to be, an eligible Minority/Women Business Enterprise. The Applicant understands and agrees that its certification may be immediately denied or revoked is such examinations or interviews are refused or if the City of Syracuse determines, as a result of the examinations or interviews, that the applicant does not qualify as a bona-fide Minority/Women Business Enterprise.

FIFTH, by filing this Application, the applicant consents to inquiries by the City of Syracuse to the applicant's bonding companies, banking institutions, credit agencies, contractors, and clients for the purpose of ascertaining the applicant's eligibility for certification. If the applicant fails to permit and/or facilitate such inquiries, such failure shall be grounds for denying or revoking the applicant's certification.

SIXTH, the Applicant agrees to provide information regarding any change in the ownership or operational or managerial control of the Applicant's business after the initial certification application has been filed within 30 days of such change.

ACKNOWLEDGEMENTS AND VERIFICATIONS CONTINUED

SEVENTH, certification is normally granted for a period of three years. However, the City of Syracuse may require the submission of a new application, additional information, and examinations of the Applicant's principals and employees at any time before the expiration of the three year certification period. The Applicant's failure to submit such material may result in revocation of the certification.

EIGHTH, if the applicant is denied certification, a new application shall not be accepted for a period of one year.

NINTH, denial of certification by a government agency might be grounds for denying certification under the City's Minority/Women Business Enterprise Participation Program.



PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of _____, _____

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)
Cash on hand & in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Banks and Others	\$ _____
IRA or Other Retirement Account	\$ _____	(Describe in Section 2)	
Accounts & Notes Receivable	\$ _____	Installment Account (Auto)	\$ _____
Life Insurance-Cash Surrender Value Only	\$ _____	Mo. Payments \$ _____	
(Complete Section 8)		Installment Account (Other)	\$ _____
Stocks and Bonds	\$ _____	Mo. Payments \$ _____	
(Describe in Section 3)		Loan on Life Insurance	\$ _____
Real Estate	\$ _____	Mortgages on Real Estate	\$ _____
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value	\$ _____	Unpaid Taxes	\$ _____
Other Personal Property	\$ _____	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities	\$ _____
Other Assets	\$ _____	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities	\$ _____
Total	\$ _____	Net Worth	\$ _____
		Total	\$ _____

Section 1. Source of Income	Contingent Liabilities
Salary	As Endorser or Co-Maker
Net Investment Income	Legal Claims & Judgments
Real Estate Income	Provision for Federal Income Tax
Other Income (Describe below)*	Other Special Debt

Description of Other Income in Section 1.

*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral

Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).

Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)

	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)

Section 7. Other Liabilities. (Describe in detail.)

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

PLEASE NOTE: The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. **PLEASE DO NOT SEND FORMS TO OMB.**

LCPtracker and B2Gnow Compliance Agreement

The City of Syracuse now requires contractors working on HUD CDBG and/or City of Syracuse funded projects to use diversity compliance software (LCP Tracker/B2Gnow) to track compliance on payments and workforce.

LCPtracker requires electronic input of all certified payroll payments from contractors, sub-contractors and individuals receiving payment from the CDBG/City proceeds involved in the project.

B2Gnow monitors the project's MWBE goals through the payments entered in the system to ensure MWBE compliance.

As a Certified M/WBE contractor I agree to use LCPtracker for certified payroll and B2Gnow to ensure MWBE compliance.

Date: _____ Signature: _____

Company: _____

LCPtracker and B2Gnow Resource Information

The City of Syracuse now requires contractors working on HUD CDBG and/or City of Syracuse funded projects to use diversity compliance software (LCP Tracker/B2Gnow) to track compliance on payments and workforce.

LCPtracker requires electronic input of all certified payroll payments from contractors, sub-contractors and individuals receiving payment from the CDBG/City proceeds involved in the project.

B2Gnow monitors the project's MWBE goals through the payments entered in the system to ensure MWBE compliance.

Please find the general training documentation attached and contact information below.

Contact information

City of Syracuse MWBE/Department of Neighborhood and Business Development

City Hall Commons, 6th Floor
201 E. Washington Street
Syracuse, NY 13202

Lamont Mitchell: 448-8408; lmittchell@syrgov.net
Mary Margaret O'Hara: 448-8185; mohara@syrgov.net

LCPtracker

Website: <https://www.lcptracker.com/home>
Login: <https://prod.lcptracker.net/Accounts/Accounts/Login>
Customer Support: <https://www.lcptracker.com/contact/contact-support>
Phone:(714) 669-0052, EXT 4

B2Gnow

Website: <http://www.b2gnow.com/#>
Login: <https://www.gob2g.com/>
Customer Support Phone: (602) 325-9277
Customer Support Email: info@b2gnow.com

Guide:

<https://syracuse.diversitycompliance.com/upload/help/B2GnowVendorQuickGuide.pdf?&PID=498&Type=M&Description=Diversity Help Vendor Quick Guide&ID=30000357&Parameter=&DiversityID=30000357>

Subcontractors:

Effective _____ each contractor and every lower-tier subcontractor will be required to submit certified payrolls and labor compliance documentation electronically.

LCP TRACKER ELECTRONIC PAYROLL

Electronic payroll submittals will occur via a web-based system, accessed on the World Wide Web by a web browser. Each contractor and subcontractor will be given a Log On identification and password to access the LCPtracker system. Again, **this requirement will be 'flowed down' to every lower-tier subcontractor** and vendor required to provide labor compliance documentation for this project.

The City of Syracuse holds the licensing agreement with LCP Tracker and the use of their system will be **free and be offered at no expense to our contractors and subcontractors**.

Use of the system will involve data entry of weekly payroll information including; employee identification, labor classification, total hours worked and hours worked on this project, wage and benefit rates paid, etc. LCP Tracker's software can interface with most payroll and accounting software programs that are capable of generating a 'comma delimited file (.csv).' If your program does not have this capability, LCP Tracker can likely build an interface to communicate with your accounting software.

LCP TRACKER VIDEO:

<http://youtu.be/wYbBQaKzqJ0>

WHY LCP TRACKER IS GOOD FOR YOU?

- **Fill in all required fields on payroll...no more missing info!**
- **Crafts/classifications are standardized, much easier to identify**
- **Allows you to avoid inadvertent mathematical errors**
- **Confirms immediately that correct prevailing wage rates are being paid!**

WHY LCP TRACKER IS GOOD FOR The City of Syracuse?

- **Uniformity of Certified Payroll Reports**
- **System performs multiple checks of payroll reports prior to submission.**
- **Back-Up Documents can be stored in the system.**
- **Subcontractor Management is simplified using the reports created by the system.**
- **Internal and Dept. of Labor Audits become easier.**

LCP TRACKER TRAINING

Electronic Certified Payroll Set-up and Training Courses

For this project: Contractor “GO LIVE” training is scheduled for: **TBD**

To get started, attached is a **pdf LCPtracker Enrollment form. Complete the form and return it back to** **_____**.

As a contractor, you will need to forward the form to all your subcontractors and have them return them to your contact in your office, so that they may be set up in the system. Once enrolled you and your lower tier subcontractors will receive a user name and password from a no-reply email address with LCPtracker. Once your account is setup, LCPtracker provides two convenient, standard training options:

NOTE

If you were not able to attend the special “GO LIVE” training class, these are the other options available for you and any Subcontractors you may have, free-of-charge.

Option 1: Web-Based Training Sessions. Online training sessions facilitated by members of LCPtracker’s Customer Support team are available several times per week. All you need to participate is a computer with Internet access, an email address and access to a phone.

- Enter your user name/password
- Select “Book Now” on the Projects tab and register for the Online training sessions. (**NOTE: ALL SUBCONTRACTORS ONLY NEED TO ATTEND A CONTRACTOR TRAINING CLASS.**)

Option 2: Computer-Based Training Courses. Pre-recorded videos can be viewed **at any time** by logging into the LCPtracker website and following these simple steps:

- Enter your user name/password
- Select the “Training Materials” link located at the top of the page.
- Select Contractor Training Videos

Interfacing Questions

- For questions on uploading payroll files into LCPtracker, please contact support at 714-669-0052 option 4 or email support at support@lcptracker.com

We sincerely **THANK YOU** for your support during this transition, we are confident that LCP Tracker will be instrumental in streamlining our certified payroll process.