

Small Business Advisory Commission Other Small Business Owner with less than 10 employees	Application No: No: 20210830152151_11681
INTRODUCTORY LANGUAGE	
The Small Business Advisory Commission was established to solicit feedback and input across all small business community sectors in order to review upcoming policies, regulations and issues affecting small businesses, outside of the SBEDA Ordinance, and provide recommendations to City staff, Mayor and City Council.	
If you need assistance with completing this application, please contact the Small Business Office at 210.207.8080 or Samantha.Diaz@sanantonio.gov	
PROFILE	
Prefix	Mr
Last Name	WOODS
First Name	HENRY
Middle Name	M
Suffix	Jr
Preferred Name	Henry Woods
Title	Owner
Are you a City of San Antonio resident?	Yes
San Antonio Resident Length - Years	28
In which City Council District do you reside?	02
How many years have you lived in the City Council District where you reside?	27
Address Type?	Residence
Address	
City	San Antonio
State	TX
Zip	78220
Phone Type?	Cell
Phone number	
Phone 2 Type?	
Phone 2 number	
Are you a City of San Antonio business owner?	Yes
Duration you've conducted business in San Antonio - Years	03
In which City Council District does your business or organization operate?	02
How many years has your business or organization operated in this City Council District?	03
Address 2 Type?	Business
Address 2	
City 2	San Antonio
State 2	TX
Zip 2	78220
eMail	
Employer	
Job Title	Owner
Occupation	Electrician
What type of entity do you represent? Please select all that apply:	Small Business Owner
Name of Small Business/Organization	
If you are a small business owner, what is your current total employee count?	Less than 10 employees

If you are a small business owner, what type of industry is your business in?	Electrical and Janitorial
Board/Commission/Committee Name	Small Business Advisory Commission~Other~Small Business Owner with less than 10 employees~17
DEMOGRAPHIC INFORMATION	
The City of San Antonio strives for boards and commissions to be representative of our diverse community. Providing the following demographic information is voluntary, and will only be used for statistical and reporting purposes.	
Race/Ethnicity (Please select all that apply):	Black or African American
Gender:	Male
Age:	45 to 54
Do you identify as a sexual minority (such as lesbian, gay, bisexual, queer, etc.)?	
QUESTIONS	
Do you or any of your immediate family members or any businesses that you or they own currently have any direct or indirect financial interest in any contract(s) with the City, including subcontracts?	No
Will you or any of your immediate family members or any businesses that you or they own seek a contract(s) with the City in the foreseeable future?	No
Do you or any of your immediate family members or any businesses that you or they own have any financial interest, direct or indirect, in any sale to the City of any land, materials, supplies, or service?	No
Will you or any of your immediate family members or any businesses that you or they own seek or take part, either directly or indirectly, in any sale of land, materials, supplies, or service to the City in the foreseeable future?	No
Does your employer or an employer of your immediate family members have a contract with the City?	No
Do you or any of your family members currently serve or in the past year served as an administrative aide to a Councilmember?	No
Do you currently serve in any elected or appointed public government office?	No
Are you a member and/or officer and/or employee of any boards, commissions, corporations, non-profit entities, agencies, or other entities?	No
Do you intend to seek election or appointment to any public office or board or commission in the foreseeable future?	No
Have you ever been hired for a position with the City of San Antonio?	No
Please provide a brief summary of your expertise and/or perspectives.	Master Electrician that has a small business and knows how hard it is to develop a business and then sustain one. Trying to grow by different means can be beneficial and also very costly and detrimental to your business. I have several small business and I am constantly learning better and efficient ways to do business differently than when I started.
Please provide a description of your professional, educational and community/volunteer experience.	Business Owner Master Electrician IBEW Local 60 Apprentice of the Year OSHA approved trainer Associate Degrees in Business Administration and Liberal Arts
Please share your interest and commitment to racial and economic justice and other social equity issues.	The playing field needs to be leveled, too many have been left behind. There is such a wide division when it comes to generational wealth, that families will still be left behind for generations to come.
Please explain why you would like to serve on this committee.	Learn how things work within the City pertaining to small businesses.

	Influencing change and progress for smaller businesses.
What potential barrier(s) may affect your participation in this committee?	Meeting times Time commitment
COMMITTEE MEMBER EXPECTATIONS	
Assist the Director of EDD, the City Manager, Mayor and City Council in reviewing upcoming policies, regulations and issues affecting small businesses, outside of the SBEDA Ordinance, and provide direct feedback and recommendations to City staff and City Council.	
Coordinate activities and actions with the Economic and Workforce Development Council Committee (EWDC) or corresponding board/committee designated by the Mayor and/or City Council.	
Make recommendations concerning the modification of such policies or programs that may affect small businesses.	
Engage the community, in particular, marginalized communities and commission member networks, and promote awareness of EDD's small business programs and initiatives.	
Advise staff in preparation of programs and initiatives related to policies affecting small businesses and/or EDD's small business programs, which may include participating in presentations to the City Council and/or EWDC during the year.	
Work collaboratively with other City Boards and Commissions on matters that may affect small business.	
I have read and agree to adhere to the above-referenced expectations for committee member participation.	Acknowledged
SUPPORTING DOCUMENTATION	
Submit the following documentation needed to establish your eligibility. Be aware that the information you submit may be subject to verification during the application process. The information is also subject to the Texas Public Information Act and may be disclosed to the public unless otherwise protected by law. Attach scanned copies of your documentation using the Attachments panel at the bottom of this page.	
Copy of your current driver's license or other official documentation listing your Last Name, First Name, and Date of Birth.	
APPLICATION SIGN-OFF	
As a board, commission, or committee member, you will be asked to adhere to: Code of Ordinances, City of San Antonio, Part II, Chapter 2, Article IX, Sec.2-534. All board and commission members must file a Financial Disclosure Report with the Office of the City Clerk upon appointment, and annually thereafter, throughout the member's term. Failure to file a Financial Disclosure Report within the time required by the City's Ethics Code will be considered an automatic removal.	
I understand that if any member of the public makes a request for information included in this Application for Appointment, most of the information must be disclosed under the Public Information Act. I understand that the City of San Antonio will attempt to maintain the confidentiality of highly private matters by seeking an Attorney General's opinion in accordance with the Public Information Act. I understand that it may not be legally possible to maintain the confidentiality of such information, and I hereby release the City of San Antonio, and its agents, employees and officers, from any and all liability whatsoever if the information must be released pursuant to the Public Information Act or any other law requiring its release.	Acknowledged
OATH: I have read and understand the guidelines set out in this application. The foregoing statements are true, accurate, and complete. I agree that any misrepresentation or omission of facts may result in my disqualification for appointment.	Acknowledged
Enter Your Name	HENRY M WOODS
Date of submission.	8/30/2021
The Texas Public Information Act provides that each government official may choose whether to allow the public access to the information in the custody of the City that contains your home address, home telephone number, or reveals whether you have family members. Please note that this does not apply to business addresses, which are subject to public disclosure. If an open records request is filed requesting to view or obtain records that contain your personal information, the City will take steps to protect your personal information as authorized by the Texas Public Information Act, but only if you have elected to protect personal information.	
I want the public to have access to my Home Address.	No
I want the public to have access to my Home Telephone Number.	No

I want the public to have access to my Social Security Number.	No
I want the public to have access to my Emergency Contact Information.	No
I want the public to have access to my Family Information.	No
Please attach any additional information, such as a current resume, using the Attachments panel at the bottom of this page.	