

**MINORITY, WOMEN AND SMALL  
BUSINESS ENTERPRISES (MWSBE)  
REGISTRATION FORM**

**NEW YORK CITY HOUSING AUTHORITY  
DEPARTMENT OF EQUAL OPPORTUNITY**  
Office of Business Opportunities  
250 Broadway, 27th Floor, New York, N.Y. 10007

**INSTRUCTIONS:** Information requested on this form will complete your registration. **Please answer all questions and provide all information requested.** Please make sure the form is notarized and returned to Department of Equal Opportunity, Office of Business Opportunities at the address listed above. If there are any changes in your organization after submitting this form, please notify the Department of Equal Opportunity, Office of Business Opportunities at (212) 306-4646, via facsimile at (212) 306-4439 or at Email: [business.opportunity@nycha.nyc.gov](mailto:business.opportunity@nycha.nyc.gov)

**It is the policy of the New York City Housing Authority (NYCHA) to ensure that all businesses have an equal opportunity to participate in all aspects of NYCHA's procurement of goods and services without regard to the race, color, religion, military service, national origin, sex, age, disability, marital status or sexual orientation of the owners, partners or stockholders. Further, NYCHA is committed to achieving maximum participation of Minority, Women, and Small Business Enterprises (MWSBEs) in NYCHA's process of awarding contracts for goods and services.**

**ALL ANSWERS SHOULD BE TYPED OR PRINTED**

**(I) BUSINESS PROFILE**

(A) NAME OF FIRM		(B) FEDERAL TAX ID NUMBER (EIN) OR SOCIAL SECURITY NUMBER	
(C) PERSON TO CONTACT		(D) OFFICIAL POSITION	
(E) STREET ADDRESS		(F) CITY	
(G) STATE	(H) ZIP CODE	(I) COUNTY	
(J) TELEPHONE NUMBER		(K) FAX NUMBER	
(L) E-MAIL ADDRESS			

**(II) CAPACITY PROFILE**

(A) WHAT IS THE DOLLAR AMOUNT OF CONTRACTS FOR WHICH YOU HAVE THE CAPACITY TO BID:

\$1,000.00 - \$25,000.00    
 \$25,000.00 - \$50,000.00    
 \$50,000.00 - \$250,000.00    
 \$250,000.00 - \$500,000.00  
 \$500,000.00 - \$1 MILLION    
 \$1 MILLION - \$5 MILLION    
 \$5 MILLION - \$10 MILLION    
 ABOVE \$10 MILLION

(C) LIST THE THREE (3) LARGEST ACCOUNTS OR CONTRACTS FOR WHICH YOU HAVE PROVIDED GOODS OR SERVICES WITHIN THE LAST THREE (3) YEARS

(1) Name of Account or Contract	(2) Location of Firm, Name & Phone #	(3) Dollar Amount	(4) Date Completed or Current
a)			
b)			
c)			



**(III) MINORITY-OWNED AND/OR WOMAN-OWNED BUSINESS ENTERPRISES/CERTIFICATION**

(A) IS THIS BUSINESS AT LEAST FIFTY-ONE PERCENT (51%) OWNED, CONTROLLED AND OPERATED BY (OR IN THE CASE OF A PUBLICLY OWNED BUSINESS AT LEAST FIFTY-ONE PERCENT (51%) OF THE STOCK IS OWNED BY CITIZENS OR PERMANENT RESIDENT ALIENS WHO ARE (PLEASE CHECK ALL THAT APPLY):

- ASIAN/PACIFIC – ASIAN AND PACIFIC ISLANDER AMERICAN PERSONS HAVING ORIGINS IN ANY OF THE FAR EAST COUNTRIES SOUTH EAST ASIA, THE INDIAN SUBCONTINENT OR THE PACIFIC ISLANDS
- BLACK – BLACK PERSONS HAVING ORIGINS IN ANY OF THE BLACK AFRICAN RACIAL GROUPS
- HASIDIC JEWS

- NATIVE AMERICAN – NATIVE AMERICAN OR ALASKAN NATIVE PERSONS HAVING ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF NORTH AMERICA
- HISPANIC – HISPANIC PERSONS OF MEXICAN, PUERTO RICAN, DOMINICAN, CUBAN, CENTRAL OR SOUTH AMERICAN DESCENT, OF EITHER INDIAN OR HISPANIC ORIGIN, REGARDLESS OF RACE
- WOMEN

(B) IF YOU HAVE INDICATED ABOVE THAT THE FIRM IS MINORITY OR WOMAN OWNED, PLEASED INDICATE THE ETHNICITY OR GENDER OF EACH OWNER: (ASIAN, BLACK, HASIDIC JEWS, HISPANIC, NATIVE AMERICAN, WOMEN, NON-MINORITY) NON-MINORITY – PERSONS WHOSE CULTURE OR ORIGIN IS OTHER THAN THOSE DEFINED ABOVE

(1) NAME OF OWNERS	(2) TITLE	(3) ETHNICITY/GENDER OF OWNERS	(4) PERCENTAGE % OF OWNERSHIP
			% OF OWNERSHIP
			% OF OWNERSHIP

(C) IS THIS BUSINESS CERTIFIED BY A GOVERNMENT AGENCY, AUTHORITY OR PRIVATE ORGANIZATION AS A MINORITY-OWNED AND/OR WOMAN-OWNED BUSINESS ENTERPRISE? **IF YES, ATTACH A COPY OF ALL SUCH CERTIFICATIONS.**

- MINORITY BUSINESS ENTERPRISE  YES  NO
- WOMEN BUSINESS ENTERPRISE  YES  NO
- NOT CERTIFIED

(D) IF CERTIFIED, PLEASE PROVIDE THE NAME OF THE CERTIFYING GOVERNMENT AGENCY, AUTHORITY OR PRIVATE ORGANIZATION THAT HAS CERTIFIED YOUR FIRM AS A MINORITY-OWNED AND/OR WOMEN-OWNED BUSINESS ENTERPRISE.

**(IV) SMALL BUSINESS ENTERPRISE/CERTIFICATION**

(A) **SMALL BUSINESS** REFERS TO A BUSINESS THAT IS AT LEAST 51% OWNED AND CONTROLLED BY ONE OR MORE INDIVIDUALS WHO ARE CITIZENS OR PERMANENT RESIDENT ALIENS IN THE UNITED STATES AND WHOSE ANNUAL GROSS REVENUES DO NOT EXCEED: (1) \$6 MILLION FOR COMMODITIES AND SERVICES OR (2) \$28.5 MILLION FOR CONSTRUCTION SERVICES

- IF YOU ARE A SMALL BUSINESS, PLEASE CHECK THE ANNUAL GROSS REVENUE THAT APPLIES:  NOT APPLICABLE
  - LESS THAN \$1 MILLION
  - LESS THAN \$6 MILLION
  - LESS THAN \$28.5 MILLION FOR CONSTRUCTION SERVICES
  - LESS THAN 500 EMPLOYEES FOR MANUFACTURING

(B) IS THIS BUSINESS CERTIFIED BY A GOVERNMENT AGENCY, AUTHORITY OR PRIVATE ORGANIZATION AS A SMALL BUSINESS ENTERPRISE? **IF YES, ATTACH A COPY OF ALL SUCH CERTIFICATIONS.**  YES  NO

(C) IF CERTIFIED, PLEASE PROVIDE THE NAME OF THE CERTIFYING GOVERNMENT AGENCY, AUTHORITY OR PRIVATE ORGANIZATION THAT HAS CERTIFIED YOUR FIRM AS A SMALL BUSINESS ENTERPRISE.

(D) IF THIS BUSINESS IS CERTIFIED, WOULD YOU PERMIT THE NEW YORK CITY HOUSING AUTHORITY TO REVIEW YOUR FILE WITH THE CERTIFYING GOVERNMENT AGENCY, AUTHORITY OR PRIVATE ORGANIZATION THAT HAS CERTIFIED YOUR FIRM?  YES  NO

**(V) TYPE OF OWNERSHIP/REVENUE/EMPLOYEES/BUSINESS**

(A) DO YOU HOLD ANY LICENSES?  YES  NO

(1) IF YES, PLEASE STATE THE TYPE OF LICENSE AND ISSUING AUTHORITY:

(B) IS THIS COMPANY AUTHORIZED TO DO BUSINESS IN NEW YORK STATE?  YES  NO

(C) TYPE OF OWNERSHIP

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- CORPORATION
- NOT-FOR-PROFIT
- LLC OR LLP

(D) ANNUAL GROSS REVENUE AMOUNT (PLEASE INDICATE YEAR)

(E) NUMBER OF FULL TIME EMPLOYEES

(F) DATE BUSINESS STARTED



**(G) TYPE OF BUSINESS**

- CONTRACTOR (CONSTRUCTION AND CONSTRUCTION RELATED SERVICES) – PLEASE SPECIFY BELOW
- VENDOR (MANUFACTURED PRODUCTS AND SERVICES OTHER THAN CONSTRUCTION OR PROFESSIONAL)
- PROFESSIONAL SERVICES/CONSULTING
- LAW FIRM
- LEGAL SERVICES
- INFORMATION TECHNOLOGY (IT) SERVICES
- MANUFACTURER-PLEASE INDICATE IN SECTION H
- WHOLESALE-PLEASE INDICATE IN SECTION H
- DISTRIBUTOR-PLEASE INDICATE IN SECTION H
- RETAILER
- ARCHITECT SERVICES
- ENGINEERING SERVICES
- OTHER – PLEASE SPECIFY

PLEASE SPECIFY:

**(H) COMMODITIES/GOODS:** THIS REFERS TO PRODUCTS THAT INCLUDE BUT ARE NOT LIMITED TO MATERIALS, CAPITAL EQUIPMENT, SUPPLIES AND INCIDENTAL RELATED SERVICES. PLEASE CHECK ITEMS BELOW THAT APPLY.

- |  |   |
|--|---|
| <input type="checkbox"/> APPLIANCES            | <input type="checkbox"/> JANITORIAL SUPPLIES          |
| <input type="checkbox"/> AUTOMOTIVE            | <input type="checkbox"/> MACHINERY                    |
| <input type="checkbox"/> COMPUTERS             | <input type="checkbox"/> OFFICE EQUIPMENT & FURNITURE |
| <input type="checkbox"/> CONTROL INSTRUMENTS   | <input type="checkbox"/> OFFICE SUPPLIES              |
| <input type="checkbox"/> CONSTRUCTION SUPPLIES | <input type="checkbox"/> PAINT/FLOORS                 |
| <input type="checkbox"/> PRINTING/DUPLICATING  | <input type="checkbox"/> PLUMBING & HEATING           |
| <input type="checkbox"/> ELECTRICAL            | <input type="checkbox"/> STRUCTURAL SUPPLIES          |
| <input type="checkbox"/> ELEVATOR PARTS        | <input type="checkbox"/> TEXTILES                     |
| <input type="checkbox"/> FUELS & LUBRICANTS    | <input type="checkbox"/> TOOLS                        |
| <input type="checkbox"/> GROUNDS MAINTENANCE   | <input type="checkbox"/> INFORMATION TECHNOLOGY (IT)  |
| <input type="checkbox"/> HARDWARE              | <input type="checkbox"/> OTHER-PLEASE SPECIFY         |

PLEASE SPECIFY:

**(I) PLEASE DESCRIBE YOUR PRIMARY SERVICES:**

**(VI) BONDING**

(A) IS THIS BUSINESS CURRENTLY BONDED:  YES  NO  NOT APPLICABLE

(B) IF BONDED, PLEASE STATE:

SINGLE PROJECT BONDED AMOUNT: \$ \_\_\_\_\_ AGGREGATED PROJECT BONDED AMOUNT: \$ \_\_\_\_\_

(C) NAME OF BONDING COMPANY

(D) TELEPHONE #



**(VII) CONTRACTING EXPERIENCE WITH THE NEW YORK CITY HOUSING AUTHORITY**

(A) DOES THIS COMPANY CURRENTLY HAVE A CONTRACT DIRECTLY WITH THE NEW YORK CITY HOUSING AUTHORITY?  YES  NO

(1) IF YES, STATE NATURE OF THE PRODUCTS OR SERVICES YOU ARE PROVIDING AND LIST CONTRACT NUMBER(S) OR PURCHASE ORDER NUMBER(S) OR AWARD DATE:

(B) IS THIS COMPANY CURRENTLY A SUBCONTRACTOR OF A CONTRACTOR THAT CONTRACTS DIRECTLY WITH THE NEW YORK CITY HOUSING AUTHORITY?  YES  NO

(1) IF YES, PLEASE PROVIDE THE NAME OF PRIME CONTRACTOR AND STATE NATURE OF THE PRODUCTS OR SERVICES YOU ARE PROVIDING AND LIST CONTRACT NUMBER(S) OR PURCHASE ORDER NUMBER(S):

(C) IF THIS COMPANY IS NOT PRESENTLY DOING BUSINESS DIRECTLY WITH THE NEW YORK CITY HOUSING AUTHORITY, HAS THIS COMPANY PERFORMED WORK FOR THE NEW YORK CITY HOUSING AUTHORITY IN THE LAST 5 YEARS?  YES  NO

(1) IF YES, STATE NATURE OF PRODUCTS OR SERVICES PROVIDED AND CONTRACT NUMBER(S), START DATE OR COMPLETED DATE:

**(VIII) CERTIFICATION AND SIGNATURE**

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ ) ss.:

A. \_\_\_\_\_, being duly sworn, states:  
(print name)

I am the [circle one or fill in] owner of/partner in/principal of /other title \_\_\_\_\_ of \_\_\_\_\_  
\_\_\_\_\_, the enterprise submitting the foregoing MWSBE registration form.  
(print name of business entity)

I have read this registration form and know and understand its contents. I hereby certify that the statements and representations made in this form are true and complete to the best of my knowledge, and that I am registering at the direction of the [circle one or fill in] Board of Directors of the Corporation/ partnership / owners / other \_\_\_\_\_. I further certify that I have not knowingly or willfully made a false statement, given false information, or omitted any information in connection with this registration. I agree that I will promptly provide true and complete updated information to NYCHA's Department of Equal Opportunity regarding the business entity that is the subject of this registration. I understand that a material false statement or omission made in connection with this registration is sufficient cause for the denial of registration as a MWSBE, revocation of prior registration as a MWSBE, denial of the award of a contract, or other consequences, and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable law.

B. Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the above named, to me known, and known to me to be the individual described in and who executed the foregoing instrument, and he (she) acknowledged to me that he (she) executed the same, and that the statements contained therein are true.

(C) Signature of Notary Public or Commissioner of Deeds: \_\_\_\_\_  
If you have an Official seal, Affix it \_\_\_\_\_  
Official Title \_\_\_\_\_ Expiration date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

DATE RECEIVED



**PLEASE NOTE: Please answer all questions and provide all information requested. Incomplete forms will delay registration. If Section VIII – Certification and Signature is not completed or notarized, the Form will be returned.**