



**The City of New York  
Department of Small Business Services  
Division of Economic and Financial Opportunity**

# **Emerging Business Enterprise (EBE) Program**

# **CERTIFICATION APPLICATION**

# Application Guidelines

## COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTATION SHOULD BE SUBMITTED TO:

NYC Department of Small Business Services  
Division of Economic and Financial Opportunity  
EBE Certification Program  
110 William Street  
New York, NY 10038

## BEFORE APPLYING FOR EBE CERTIFICATION: Register to do business with the City of New York

All vendors who wish to sell their products/services to the City of New York must first register in the City's central Vendor Source database. There is **no fee** to register. Each registered vendor is assigned a Vendor Number from the Mayor's Office of Contract Services. **You will not be able to apply to the EBE Program without this number.**

To obtain a Vendor Number, complete a **Vendor Enrollment Application**, which is available online at [www.nyc.gov/selltonyc](http://www.nyc.gov/selltonyc). If you prefer, you may obtain the form or get additional information from the Vendor Enrollment Center at (212) 857-1680. Online submission results in quicker turnaround time.

If you have already obtained this number in the past and if any of your original information has changed, including commodity codes, address, or contact person, you should update your record. Contact the Vendor Enrollment Center for instructions.

For further valuable information about selling to the City of New York, visit [www.nyc.gov/selltonyc](http://www.nyc.gov/selltonyc).

## PROGRAM OBJECTIVES

The objective of the Emerging Business Enterprise (EBE) Program is to:

- Promote equal access for socially and economically disadvantaged individuals seeking to participate in the City's business sector;
- Promote the competitive viability of firms owned by socially and economically disadvantaged individuals; and
- Enhance business prospects through access to City contracting and subcontracting opportunities.

## ELIGIBILITY REQUIREMENTS

### Which Companies are Eligible For Certification as an Emerging Business Enterprise (EBE) with the City of New York?

Any ongoing **independent** business **owned, operated, and controlled** by U.S. Citizens or Permanent Resident Aliens who are socially and economically disadvantaged. The ownership of the business must be **real and continuing** and the business must be active for a period of **at least one year prior to the date of application**. Eligible owners must document their authority to control business decisions independently.

**Geographic Requirements:**

A business enterprise must have a **real and substantial** business presence in the **geographic market for the City of New York**.

The **geographic market** for the city of New York is defined as the following counties:

- State of New York: Bronx, Kings (Brooklyn), New York, Queens, Richmond (Staten Island), Nassau, Putnam, Rockland, Suffolk, and Westchester
- State of New Jersey: Bergen, Hudson, and Passaic

A business enterprise which **meets one of the following five conditions** shall be deemed to have a real and substantial business presence in the geographic market for the City of New York:

1. The business enterprise's principal office, place of business or headquarters is located within the city;  
or
2. The business enterprise maintains at least one full-time employee in one or more offices within the city who conducts or solicits business in the city the majority of his/her working time;  
or
3. The business enterprise's principal office or place of business or headquarters is located within the geographic market of the City, and the business enterprise
  - a. Has transacted business more than once in the city within the last three (3) years, or
  - b. Has sought to transact business more than once in the city within the last three (3) years;
- or
4. Twenty-five percent (25%) of the business enterprise's annual gross receipts for each of the last three (3) years was derived from transacting business in the city;  
or
5. The business enterprise's principal office or place of business or headquarters is not located within the geographic market of the City but the business enterprise has demonstrated two or more of the following indicia of having a real and substantial presence in the market for the City of New York:
  - a. The business enterprise has maintained a bank account or engaged in other banking transactions in the city;
  - b. The business enterprise, or at least one of its owners, possesses a license issued by an agency of the City to do business in the city;
  - c. The business enterprise has transacted or sought to transact business in or with the City more than once in the past three (3) years.

**Definitions**

A **socially disadvantaged individual** is a person who has experienced social disadvantage in the United States as a result of causes not common to persons who are not socially disadvantaged.

**Evidence of individual social disadvantage must include each of the following elements:**

(1) At least one objective distinguishing feature that has contributed to social disadvantage, such as physical handicap, long-term residence in an environment isolated from the mainstream of American society, or other similar features not common to individuals who are not socially disadvantaged;

(2) Personal experiences of substantial and chronic social disadvantage in American society, not in other countries; and

(3) Negative impact on entry into or advancement in the business world because of the disadvantage. Any relevant evidence will be considered in assessing this element. In every case, however, education, employment, and business history will be considered, where applicable, to see if the totality of circumstances shows disadvantage in entering into or advancing in the business world.

- **Education:** Factors to consider include denial of equal access to institutions of higher education, exclusion from social and professional association with students or teachers, denial of educational honors rightfully earned, and social patterns or pressures which discouraged the individual from pursuing a professional or business education.
- **Employment History:** Factors to consider include unequal treatment in hiring, promotions, and other aspects of professional advancement, pay and fringe benefits, and other terms and conditions of employment; retaliatory or discriminatory behavior by an employer; and social patterns or pressures which have channeled the individual into nonprofessional or non-business fields.
- **Business History:** Factors to consider include unequal access to credit or capital, acquisition of credit or capital under commercially unfavorable circumstances, unequal treatment in opportunities for government contracts or other work, unequal treatment by potential customers and business associates, and exclusion from business or professional organizations.

**Economically disadvantaged individuals** are *socially disadvantaged individuals* whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged.

Each individual claiming economic disadvantage must describe it in a narrative statement and must submit personal financial information. When married, an individual claiming economic disadvantage also must submit separate financial information for his or her spouse, unless the individual and the spouse are legally separated. In considering diminished capital and credit opportunities, factors relating to the personal financial condition of any individual claiming disadvantaged status, including personal income for the past two years, will be examined.

To be eligible for the program, net worth must be less than \$1,000,000. In determining such net worth, the ownership interest in the business of the applicant and the equity in the primary personal residence (except any portion of such equity that is attributable to excessive withdrawals from the applicant firm) will be excluded. Exclusions for net worth purposes are not exclusions for asset valuation or access to capital and credit purposes.

## THE CERTIFICATION PROCESS—WHAT TO DO/WHAT TO EXPECT

### What to Do

- Upon receiving a Vendor Number, complete the **EBE Certification Application**. Fill out the application completely, truthfully and in detail.
- **Want help with the process?** Questions can be directed to the Certification Helpline at (212) 513-6311 or via an e-mail to [ebe@sbs.nyc.gov](mailto:ebe@sbs.nyc.gov).
- Return the completed application together with all **supporting documents** listed on pages V and VI of the Application Guidelines to:

NYC Department of Small Business Services  
Division of Economic and Financial Opportunity  
EBE Certification Program  
110 William Street  
New York, NY 10038

### What to Expect

- ALL INFORMATION CONTAINED IN YOUR COMPLETED APPLICATION PACKAGE WILL BE TREATED AS SENSITIVE AND KEPT CONFIDENTIAL. YOUR BUSINESS'S SECURITY AND PRIVACY ARE CAREFULLY GUARDED IN OUR REVIEW PROCESS.
- Once received, your application and documents are assigned to a senior certification analyst for review and a "completeness determination."
- The assigned analyst will notify you if your application is incomplete. You should submit all missing and requested documents within 30 days of notification. If your application is **rejected**, it means that despite requests for additional supporting documentation, the City was unable to process your application due to missing information. Your application and all of the requested documents you submitted will be returned to you. You may not reapply for 120 days.
- Once the application is deemed complete, the applicant can expect to receive an official letter of decision in approximately 20 business days with one of two possible results: **certified** or **denied**.
  - Companies that are **certified** will receive a confirmation letter and will be certified for a period of **five (5) years** from the date of the letter (or until notified of the need to reapply at the director's request, whichever is earlier), so long as the applicant annually submits to the Division a **renewal form** and an **affidavit of no material change** in ownership, operation or control of the business. The renewal form and affidavit will be provided to the applicant prior to each anniversary of certification.
  - If your company is **denied** certification, you are offered the opportunity to appeal the decision within 30 days of the date of the denial letter. All appeals must be directed to the Legal Division of the NYC Department of Small Business Services. **Appeals are not handled by the Division of Economic and Financial Opportunity**. If denied, you may not reapply for two years following the denial or the decision upon appeal to uphold a denial, whichever is later.

**The Certification Process - What to Expect (continued)**

- In addition to a confirmation letter, newly certified companies receive a Welcome Kit with information on valuable professional discounts, free business management classes, and invitations to networking events to meet City purchasing officers and find out about bidding opportunities.
- Each newly certified company is assigned a procurement counselor who will work with the company one-on-one to identify appropriate sales opportunities and to navigate the City of New York bidding and contracting process.
- Applicants may **withdraw** their application at any point during the process prior to the mailing of the letter of decision.

## Application Overview

It is **extremely** important that you answer all questions and provide all requested documentation. Without complete information, we cannot process your application and will return it to you. Please call (212) 513-6311 or email us at [ebe@sbs.nyc.gov](mailto:ebe@sbs.nyc.gov) if you have any questions.

<b>Part A: Company Documentation</b>		
<b>SECTION</b>	<b>QUESTIONS</b>	<b>PAGES</b>
I. Main	1-13	1-2
II. Company Ownership	14-25	3-5
III. Company Management	26-28	6
IV. Company Finances	29-32	7
V. Company Operations	33-38	8-9
VI. Company Profile & Job Experience	39-42	10-11
<b>Part B: Individual Documentation</b>		
Social Disadvantage	--	1-3
Economic Disadvantage	--	4-7
Sworn Certification Affidavit	--	--

### Supporting Documentation Checklist, Part A

Please include all documentation with the application and indicate which documents are attached. **PLEASE PROVIDE COPIES OF SUPPORTING DOCUMENTS ONLY. WE DO NOT WANT YOUR ORIGINALS.** The minimum documentation required for certification is listed below, but is not limited to this list. A certification analyst may request additional documents during the application review process, if warranted. Part B requires additional documentation.

	Résumés for each person with ownership interest or who holds any managerial position
	Bank signature card (copy of signature card or letter from bank identifying persons authorized to conduct transaction on each account)
	Current financial statement (statement of cash flows, balance sheet, or profit and loss statement)
	Prior <b>three (3)</b> years of <i>business</i> Federal, State, and City tax returns, including all schedules, as filed with the relevant tax authority
	Prior <b>two (2)</b> years of personal tax returns (1040's) for each person with ownership interest, including all applicable W-2 forms and schedules. W-2s must reflect the amount listed on line 7 of the personal return including spouse's W-2s
	Proof of U.S. Citizenship (passport, birth certificate, naturalization certificate) or Permanent Resident Alien Status (Green Card)
	Copies of licenses, permits, and certifications ( <b>See Question 35</b> )
	Lease agreement or proof of ownership (deed) for business location(s)
	Other agreements showing business activity (equipment leases, purchase agreements, utility bills for three months, management service agreements, accounting or legal agreements, etc.)
	Copy of <b>two (2)</b> or more completed contracts or invoices within the last <b>three (3)</b> years within the <b>five (5)</b> boroughs of New York City*
	Vehicle registration(s) for any vehicle used for business purposes
	Proof of bonding capacity ( <b>if applicable, see Question 36</b> )
	Proof of any certification (including SBA 8(a)), decertification, or denial from another governmental agency, department, or authority ( <b>if applicable, see Question 13</b> )
	Proof of sources of capitalization/investments (purchase receipts, any loan agreements, proof of business expenses, etc.)
	Proof of contributions used to acquire majority ownership for each owner (both sides of cancelled checks)
	Proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
	Schedule of salaries and other compensation/remuneration paid to owners, managers, directors, and /or officers of the firm

\* Only required for firms outside New York City

**Supporting Documentation Checklist, Part A (continued)**

**Additionally, the following is required, based on your type of business:**

	Sole Proprietor	Partnership (incl. LLP)	LLC	Corporation (incl. S-Corp)
Copy of Business Certificate filed with county clerk, including amended certificates*	√	√		
Copy of New York State vendor number (only required of companies outside NY State)**	√	√		
Partnership Agreements		√		
Buy Out Rights		√		
Articles of Organization			√	
Membership Certificates			√	
Organizational Agreement			√	
State filing receipt, including amended receipts			√	√
Articles of Incorporation				√
Corporate Bylaws				√
Minutes of First Board Meeting				√
Copies of all issued stock certificates (front and back), as well as next un-issued certificate				√
Current Stock Ledger				√
Certificate of Authority to conduct business in NY State (only required of companies outside NY State)***				√

\* Only if company name is an assumed name.

\*\* Out-of-state sole proprietorships and partnerships must provide a New York State Vendor Tax Number which can be obtained by contacting the New York State Department of Taxation and Finance at (800) 972-1233.

\*\*\*Out-of-state corporations must obtain a New York State Certificate of Authority. This certificate may be obtained from the New York State Corporation Division at (518) 473-2492, or online through [www.empire-state.ny.us/default.asp](http://www.empire-state.ny.us/default.asp).

**IMPORTANT NOTE:**

Please submit required documents, in the order of the Supporting Documentation Checklist. The submission of a neatly organized application accompanied by the required documents will expedite the processing of your application. Please provide an explanation for any required documentation you cannot provide.

## Part A: Company Documentation

**General Instructions:**

- PLEASE PRINT OR TYPE CLEARLY
- 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 the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet
- You may make photocopies of the completed application as necessary
- For questions, call the Certification Helpline at 212-513-6311 or e-mail [ebe@sbs.nyc.gov](mailto:ebe@sbs.nyc.gov).
- Once you have completed the application, please return it and all required documentation to:  
 NYC Department of Small Business Services  
 Division of Economic and Financial Opportunity  
 EBE Certification Program  
 110 William Street  
 New York, NY 10038
- Has your company submitted a standard M/WBE Application within the last 2 years?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If "Yes", please skip ahead to Part B of this application

**SECTION I: MAIN COMPANY INFORMATION**

**1. Business Name**

\_\_\_\_\_  
*Legal name of company applying to be certified*

**2. D.B.A.**

\_\_\_\_\_  
*"Doing Business As" - Complete if company does business under a name which is different from its legal name.*

**3. Business Address** *(must represent a physical location; cannot be a Post Office Box)*

\_\_\_\_\_  
*Street Address* \_\_\_\_\_  
*Suite / Apt / Room / Unit*

\_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip/Zip+4*

\_\_\_\_\_  
*County*

**4. Business Mailing Address** *(complete only if different from the address given in Question 3)*

\_\_\_\_\_  
*Street Address* \_\_\_\_\_  
*Suite / Apt / Room / Unit*

\_\_\_\_\_  
*City* \_\_\_\_\_  
*State* \_\_\_\_\_  
*Zip/Zip+4*

**5. Business Phone** ( ) \_\_\_\_\_ ---

**6. Business Fax** ( ) \_\_\_\_\_ ---

**7. Business Website** \_\_\_\_\_

**8. Federal Employer Identification Number** \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ --

or

**Owner's Social Security Number**

*ONLY sole proprietors may submit the owner's SSN in lieu of a Federal EIN*

\_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_ --

**SECTION I: MAIN COMPANY INFORMATION (continued)**

**9. Vendor Number** \_\_\_\_\_

*Refer to page I of the Application Guidelines to learn how your business can obtain a Vendor Number. It is required to complete this application.*

**10. Name/title of an authorized representative to contact during the application review process:**

<i>Mr./Miss/Mrs./Ms.</i>	<i>First Name</i>	<i>Last Name</i>
<i>Title</i>	( ) <i>Phone</i>	<i>Ext.</i>
<i>E-Mail Address</i>		

**11. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department, or authority?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", check the level(s) of government with which you are involved ("X" all that apply)

Federal  State  City

**12. Has your company ever applied for certification as an M/W/LBE, or a DBE (whether SBA 8(a), Transportation, or other) with another governmental agency, department, or authority?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", provide the following details

Name of Governmental Entity	Program <i>(MBE, WBE, LBE, DBE)</i>	Status <i>(Pending, Certified, Denied, Rejected, Revoked, On Appeal)</i>	Date <i>(mm/yy)</i>

**13. How did you first hear about the City of New York's EBE Certification program(s)?**

*(please choose only one)*

Letter/Call/E-mail

NYC Business Solutions Center

www.nyc.gov (the City's website)

Advertisement

Event

*Please specify name or sponsor of event and date*

Other

*Please specify what and when*

**SECTION II: COMPANY OWNERSHIP****14. Business structure**Sole Proprietorship Partnership (including LLP) Limited Liability Company (LLC) Corporation (including S-Corp.) 

**15. Date company was established** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(month) (day) (year)*

**16. Has the business existed under a different type of business structure prior to the Date Established indicated in question 16?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain

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**17. Has your Certificate of Incorporation, Business Certificate, or Certificate of Trade Name been amended?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please explain

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**18. Method of Business Origination or Acquisition** (*check all applicable*)

Started the Company Secured a Franchise Bought an Existing Company Inherited the Company Merger or Consolidation Other 


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*Please specify name or sponsor of event*

**19. Date of origination (or acquisition, if later)** \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*(month) (day) (year)*

**SECTION II: COMPANY OWNERSHIP (continued)**

**20. Please provide the following information for all person(s) with ownership interest in the company. This means all proprietors, partners, and members OR, in the case of a corporation, all shareholders.**

		1.	2.	3.	4.	5.
a.	Full Name (First and Last)					
b.	Position in Company					
c.	Percentage Owned					
d.	Date Ownership Established (mm/yy)					
e.	Socially & Economically Disadvantaged (Y/N)					
f.	US Citizen or Permanent Resident Alien (Y/N)					
g.	Personal Net Worth*					
h.	Has any trust been created for the benefit of this disadvantaged owner? (Y/N)*					

\*Question applies only to those individuals who are identified as socially and economically disadvantaged. Use and attach the PERSONAL FINANCIAL STATEMENT form in part B of this application for each owner claiming social and economic disadvantage. In addition, if you answered yes to question 20 h above, explain the trust in full detail.

**\*\*\* QUESTIONS 21-23 APPLY ONLY TO CORPORATIONS. \*\*\***  
**\*\*\* IF YOUR COMPANY IS NOT A CORPORATION, SKIP TO QUESTION 24 \*\*\***

**21. If the company is a corporation, please provide the following information for all shareholders identified in Question 20.**

Full Name (First and Last)	Position In Company	Number of Shares Owned	Unit Share Price Paid When Purchased	Date Shares were purchased

**SECTION II: COMPANY OWNERSHIP (continued)**

22. State the number of company shares in each of the following.

Common Authorized \_\_\_\_\_ Common Issued \_\_\_\_\_  
 Preferred Authorized \_\_\_\_\_ Preferred Issued \_\_\_\_\_

23. Name and position of current Officers and/or Board of Directors.

Full Name <i>(First and Last)</i>	Position	Position Effective Date <i>(mm/yy)</i>	Socially & Economically Disadvantaged (Y/N)

**\*\* ALL APPLICANTS SHOULD RESUME COMPLETING THE APPLICATION HERE \*\***

24. Please identify the capital contributions to the company by each person identified in Question 21, including cash, equipment, property, and expertise.

Full Name <i>(First and Last)</i>	Type of Contribution	Total Dollar Value	Date of Contribution <i>(mm/yy)</i>

25. If your company is owned in whole or in part by another company, please identify the company and the percentage of ownership interest. Include venture capitalists and other similar investors.

Company Name	Percentage Owned	Date Ownership Established <i>(mm/yy)</i>

**SECTION III: COMPANY MANAGEMENT**

**26. Identify all managerial personnel and provide the following details about each.**

Full Name <i>(First and Last)</i>	Title	Functional Role(s)*	Owner? (Y/N) <i>(as identified in Q.20 or Q.21)</i>

**\* Managerial personnel may have multiple roles within a company. For the purpose of Question 26, please list all areas of functional responsibility that each individual has, using the following letter codes:**

- |   |                                  |   |
|---|----------------------------------|---|
| <b>A =</b> Hiring and Firing            | <b>E =</b> Negotiating Bonding   | <b>I =</b> Purchasing                   |
| <b>B =</b> Making Financial Decisions   | <b>F =</b> Negotiating Contracts | <b>J =</b> Signing Business Accounts    |
| <b>C =</b> Managing and Signing Payroll | <b>G =</b> Estimating Jobs       | <b>K =</b> Supervising Field Operations |
| <b>D =</b> Marketing                    | <b>H =</b> Preparing Bids        |   |

**27. Does any person named in questions 20, 23, or 26 above either work for or have an affiliation with any other company, either at the present time OR at any time in the past three years?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please provide the following details for each individual for which the above statement is true.

Full Name <i>(First and Last)</i>	Name of Affiliated Company	Nature of Affiliation

**28. Number of Employees *(if necessary, average over the past year)***

<u>Permanent</u>	<u>Temporary</u>
Full-Time _____	Full-Time _____
Part-Time _____	Part-Time _____

**SECTION IV: COMPANY FINANCES**

**29. Does your company have a Line of Credit?**

Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", please provide details:

\_\_\_\_\_ \$ \_\_\_\_\_  
*Bank Dollar Limit Name of Source/Guarantor(s), if different from Bank*

**30. Please list all major current lenders to the company.**

Name of Lender	Dollar Value of Loan	Terms of Repayment

**31. Identify bank(s) where company accounts are maintained.**

Bank Name	Address	Contact Name	Contact Type/Title	Type of Account	Account Number

**32. Please provide gross receipts for each of the last 3 fiscal years, excluding the current fiscal year.**  
*(If in business for less than 3 years, complete as applicable).*

Fiscal Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

Fiscal Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

Fiscal Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION V: COMPANY OPERATIONS**

**33. Check the industry which best describes your PRIMARY line of business.**

This table is organized to mirror City purchasing. Please read through the categories carefully before answering. Applicants may choose multiple specializations, but **only within ONE** of the five major industries listed across the top.

CONSTRUCTION	ARCHITECTURE/ ENGINEERING	PROFESSIONAL SERVICES	STANDARD SERVICES	GOODS
Carpentry & floors	Architectural services	Accounting /financial	Equipment maint & repair	Apparel
Concrete work	Engineering services	Advertising & design	Equipment rental	Cars/automotive equipment
Electrical	Other	Construction Mgrs. / Resident Engineers	Janitorial & maint services	Chemicals & lab supplies
General building contractors		Consulting services	Landfill services	Computer & telecom equip & supplies
Heating & air conditioning		Environmental services	Landscaping services	Construction materials
Heavy construction other than building construction		Laboratory testing services	Laundry & dry cleaning	Fuels & lubricants
Masonry, stonework, tile setting & plastering		Land surveying	Messenger & delivery	Furniture
Painting & paper hanging		Legal services	Printing	Janitorial & cleaning supplies
Plumbing		Technology	Real property management	Medical supplies & equipment
Roofing, siding, & sheet metal		Training	Real property transaction services	Office equipment
Other		Other	Security services	Office supplies
			Telecom maint & repair	Radio equipment
			Temporary employment	Other
			Transportation	
			Trucking	
			Other	

**If you selected "Other" as a specialization choice, please specify:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION V: COMPANY OPERATIONS (continued)**

**34. If a license, permit or certification (e.g. PE for engineers, CDL for truck drivers, etc.) is required to conduct any part of your company's business, please identify the staff member(s) holding the license and provide related details.**

Name of the Holder/Registrant	Type of License/ Permit/Certification	Issued by	License number	Exp. Date (mm/yy)

**35. Is your company bonded?                      Yes\_\_\_\_\_      No\_\_\_\_\_**

**If "Yes", please provide details:**

Surety Company	Name of Agent/Broker	Phone Binder or Policy Number	Bonding Limit	
			Aggregate Dollar Amount	Single Job Dollar Amount

**36. Is your company insured?                      Yes\_\_\_\_\_      No\_\_\_\_\_**

**If "Yes", please provide details:**

\_\_\_\_\_

*Carrier Name* *Dollar Amount of Liability Insurance*

**37. Please list the company's basic operating equipment:**

Type	Depreciated Dollar Value	Acquisition Date (mm/yy)	Owned or Leased

**38. Does your company share space, facilities, equipment or materials with any other company?**

**Yes\_\_\_\_\_      No\_\_\_\_\_**

**If "Yes", please provide the following details about these company(s):**

Company Name	Phone	Space / Facilities ("X")	Equipment ("X")

**SECTION VI: COMPANY PROFILE & JOB EXPERIENCE**

Your answers to the following questions will be used in the **Online Directory of Certified Businesses**, a searchable database made publicly available on the City of New York’s official website, making it easy for public and private sector purchasing agents to find City-certified businesses. Users can search for vendors by the commodity codes selected during the City vendor enrollment process, by company name, by keywords, or by the owner’s certification type or ethnicity.

The directory listing, free to all City-certified companies, is an excellent vehicle for promoting your business to purchasers.

To view the directory, visit: [www.nyc.gov/getcertified](http://www.nyc.gov/getcertified)

**39. Which of the following represents the widest geographic region to which your company provides products or services? (please check only one)**

New York City

Tri-State Metro Area

New York State

Nationally, across the U.S.

**40. Please provide a brief description of your company (max 500 chars.) including the products or services it sells.** If you are unsure of what to write, please view the online directory at the web address above and browse what other City-certified companies have submitted.

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**41. Please provide a company contact for the Online Directory of Certified Businesses. This will be the person purchasing managers will call if they want to know more about your company’s products or services.**

“X” this box if contact is same as “Authorized Representative” listed in Question 10:

OR, if different, list here:

---

*Mr./Miss/Mrs./Ms.* *First Name* *Last Name*

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( ) *Phone* *Ext.* ( ) *Fax* *E-Mail Address*

**SECTION VI: COMPANY PROFILE & JOB EXPERIENCE (continued)**

**42. Please provide up to three contracts/jobs performed within the last two years that you would like to have listed in the Online Directory of Certified Companies to best represent your company's work.** If you are unsure of what to write, please view the online directory at [www.nyc.gov/getcertified](http://www.nyc.gov/getcertified) and browse what other City-certified companies have submitted. Note that all information related to these jobs will be displayed in your profile, other than the related contact and their title and phone number.

	JOB #1	JOB #2	JOB #3
Name of Client Organization			
Organization Contact <i>(for internal use only, will not be displayed in online directory)</i>			
Contact Title <i>(for internal use only, will not be displayed in online directory)</i>			
Contact Phone <i>(for internal use only, will not be displayed in online directory)</i>			
Date of Job <i>(mm/yy)</i>			
Brief Description of Work <i>(max 1,000 chars.)</i>			
Name of Project			
Total Dollar Value of Project, if known	\$	\$	\$
Dollar Value of your Company's Job	\$	\$	\$

## Part B: Individual Documentation

There are two parts in this section of the application: (1) the Individual Documentation for Social Disadvantage and (2) the Individual Documentation for Economic Disadvantage. Each individual owner, director or officer who claims to be socially and economically disadvantaged must complete both parts.

### Part One: Social Disadvantage

Please complete this form for: (1) each socially and economically disadvantaged proprietor, or (2) each socially and economically disadvantaged limited and general partner whose combined ownership interest totals 51% or more, or (3) each socially and economically disadvantaged stockholder making up 51% or more of voting stock.

#### (1) OBJECTIVE DISTINGUISHING FEATURE (Check all that apply- minimum of one)

Long term residence in an environment isolated from mainstream American society

Location of Residence: \_\_\_\_\_

Physical handicap (Please specify): \_\_\_\_\_

Race/ Ethnicity (Please specify): \_\_\_\_\_

Gender (Please specify): \_\_\_\_\_

OTHER (Please specify): \_\_\_\_\_

#### (2) NEGATIVE IMPACT ON ENTRY INTO OR ADVANCEMENT IN THE BUSINESS WORLD, WITHIN THE UNITED STATES (Check all that apply- minimum of one)

##### EDUCATION

Denial of access to institutions of higher education

Exclusion from social and professional association with students or teachers

Denial of educational honors rightfully deserved

Social patterns or pressures which discourage the individual from pursuing a professional or business education

Other (please specify) \_\_\_\_\_

##### EMPLOYMENT

Unequal treatment in hiring, promotions and other aspects of professional advancement

Unequal receipt of pay and fringe benefits, and other terms and conditions of employment

Retaliatory or discriminatory behavior by an employer

Social patterns or pressures which have channeled the individual into nonprofessional or non-business fields

Other (please specify) \_\_\_\_\_

##### BUSINESS HISTORY

Unequal access to credit or capital

Acquisition of credit or capital under commercially unfavorable circumstances

Unequal treatment by potential customers or business associates

Exclusion from business or professional organizations

Other (please specify) \_\_\_\_\_



Experience. Examples of adequate documentation include, but are not limited to, the list shown below. In meeting this burden of proof, you are strongly encouraged to submit these forms of documentation.

√	Documents	Number Attached
	Court or administrative findings of discrimination	
	Statements made under oath in a court, administrative proceeding, or to an investigator	
	Sworn affidavits or statements from independent third parties, supporting statements made by the applicant*	
	Personal records	
	Payroll records	
	Rejection letter on job applications	
	Denials of credit applications	
	Documents relating to rejected contract offers, i.e. bid abstracts, solicitations, etc.	
	Contemporaneous records documenting meetings, conversations, negotiations, telephone calls, etc.	
	Documents setting forth company policy(ies) which are alleged to be discriminatory	
	Evidence or statistical data documenting under-representation of a non-designated group within an industry**	

\*Statements by relatives or friends of the individual will have less weight than statements by other independent third parties

\*\*Statistics and generalized patterns are not sufficient by themselves to establish a case of individual social disadvantage. However, an individual's statement of personal experiences in combination with generalized evidence may be sufficient to demonstrate social disadvantage.

### Part Two: Economic Disadvantage

Please complete this form for each socially and economically disadvantaged owner, director, and/or stockholder whose combined interest totals 51% or more ownership of the firm. When married, an individual claiming economic disadvantage also must submit separate financial information for his or her spouse, unless the individual and the spouse are legally separated.

<b>Business Name:</b>			
<b>Name of Applicant:</b>		<b>Business Phone:</b>	
<b>Residence Address:</b>		<b>Residence Phone:</b>	
<b>City, State &amp; Zip Code:</b>			
<b>PERSONAL FINANCIAL STATEMENT</b> as of _____ (mm/dd/yy)			
In determining net worth, the individual's ownership interest in the applicant business enterprise and his or her equity in the primary residence should not be included.			
<b>ASSETS</b>		<b>LIABILITIES</b>	
(Omit Cents)		(Omit Cents)	
Cash on hand and in Banks	\$ _____	Accounts Payable	\$ _____
Savings Accounts	\$ _____	Notes Payable to Bank and Others <i>(Describe in Section 1)</i>	\$ _____
IRA or Other Retirement Accounts \$ _____		Installment Account (Auto)	\$ _____
Accounts and Notes Receivable <i>(Complete Section 7)</i>	\$ _____	Installment Account (Other)	\$ _____
Life Insurance - Cash Surrender Value Only	\$ _____	Loan on Life Insurance	\$ _____
Stocks and Bonds <i>(Describe in Section 2)</i>	\$ _____	Mortgages on Real Estate [Except for personal residence] <i>(Describe in Section 3)</i>	\$ _____
Real Estate [Except for personal residence] <i>(Describe in Section 3)</i>	\$ _____	Unpaid Taxes <i>(Describe in Section 5)</i>	\$ _____
Automobile(s)- Present Value	\$ _____	Other Liabilities	\$ _____
Other Personal Property <i>(Describe in Section 4)</i>	\$ _____	<b>Total Liabilities</b>	<b>\$ _____</b>
Other Assets <i>(Describe in Section 4)</i>	\$ _____		
<b>Total Assets</b>	<b>\$ _____</b>	<b>Net Worth</b> <i>(Total Assets minus Liabilities)</i>	<b>\$ _____</b>
<b>Section 1. Source of Income</b>		<b>Contingent Liabilities</b>	
Salary/Commissions	\$ _____	As Endorser or Co-Maker	\$ _____
Net Investment Income	\$ _____	Legal Claims & Judgments	\$ _____
Real Estate Income	\$ _____	Provisions of 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 Bank 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 (i.e. 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. Note that info given must be within five (5) days of statement date)*

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

**Section 4. Real Estate Owned.** *(List each parcel separately. Use attachments 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			
Present Market Value			
Name and Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month			
Status of Mortgage			

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

**Section 9. Transfer of Assets.**

Have you, the individual claiming disadvantaged status, transferred any assets within two (2) years, in full or in part, to a spouse or any other person or entity, including a trust? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, provide the following information as an attachment: the date of transfer, to whom the assets were transferred, amount paid for the assets, the market value of the assets at the time of transfer.

NOTE: Individuals may exclude assets transferred to an immediate family member that are consistent with the customary recognition of special occasions such as birthdays, graduations, anniversaries, and retirements; and may also exclude any transfers to an immediate family member for educational, medical or essential support purposes.

**Section 10. Provide Narrative Statement of Economic Disadvantage, using form included on the next page.**

**I affirm that my net worth does not exceed \$1,000,000 and that I am socially and economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged. I authorize the Department of Small Business Services (SBS) of the City of New York to verify the accuracy of the statements made, in order to determine whether I meet the standards of economic disadvantage for participation in the EBE Program. I recognize that the City of New York reserves the option to require either a Full Audited Financial Statement, a Reviewed Financial Statement, or a Compiled Financial Statement. (Reminder: copies of complete, signed, personal income tax returns, including all schedules for all individuals claiming social and economical disadvantage for this business enterprise must be attached)**

<b>Signature:</b>	<b>Title:</b>	<b>SSN:</b>	<b>Date:</b>
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**NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_ On this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, before me appeared (Name) \_\_\_\_\_ to me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by (Name of Firm) \_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

This affidavit declares said firm to be an Emerging Business Enterprise and said affidavit shall become a matter of public record, unless withdrawn by the applicant or rejected by SBS prior to any other decision being made as to eligibility for certification under the Program.



Individual's Full Name \_\_\_\_\_

**CERTIFICATION AFFIDAVIT**

(This affidavit must be signed by a member of the socially and economically disadvantaged owner)

The undersigned, \_\_\_\_\_, being the  
(name)  
\_\_\_\_\_ of \_\_\_\_\_, requests  
(title) (firm name)

Certification as an Emerging Business Enterprise (EBE) with the New York City Department of Small Business Services (SBS), and for that purpose does hereby verify, under penalties of perjury:

1. The application form, supporting documents, audit reports and any other information provided in support of the firm's Application are considered part of this certification request. It is recognized and acknowledged that the information contained in the Application is given under oath, that the Application is being submitted as an inducement to SBS to certify the Applicant as an EBE and that SBS will rely on the information supplied therein, in order to determine the eligibility of the Applicant for such certification. Certification by SBS is subject to all applicable laws and rules of the SBS EBE Certification Program. The Applicant acknowledges that in order to maintain SBS certification, the Applicant must comply with the SBS re-certification process.
2. The Applicant agrees to provide notice to SBS of any material change in the information contained in the Application within 45 days of such change.
3. The Applicant understands that SBS may require proof of eligibility in addition to the information disclosed in the Application. The Applicant agrees to submit additional proof if it is requested by SBS and acknowledges that SBS may determine not to certify the Applicant as an MBE or as a WBE if the additional proof is not submitted within 30 days after the date it is requested by SBS, or if the additional proof is not submitted as noticed to the applicant in an SBS letter of request for additional information.
4. The Applicant understands that a material false statement or omission made in connection with the Application is sufficient cause for the denial of certification or revocation of prior certification 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.
5. The Applicant consents to inquiries by SBS of the Applicant's bonding companies, banking institutions, credit agencies, contractors, affiliates, clients, and other certifying agencies to ascertain the Applicant's eligibility for certification. The Applicant also consents to the inspection by SBS of its place of business, books and records, and to permit interviews of its principals and employees. The Applicant acknowledges that refusal to permit such inquires shall be grounds for denial or revocation of certification.
6. The Applicant further acknowledges that he or she has read the Application, knows its contents, and that the statements and representations made in the Application are true to his or her knowledge. If the application is on behalf of a corporation, it is made at the direction of the Board of Directors.

(Signature) \_\_\_\_\_

**NOTARY PUBLIC**

State of \_\_\_\_\_, County of \_\_\_\_\_. On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me appeared (Name) \_\_\_\_\_ to me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by (Name of Firm) \_\_\_\_\_ to execute the affidavit and did so as his or her free act and deed.

Notary Public \_\_\_\_\_

Commission Expires \_\_\_\_\_

This affidavit declares said firm to be an Emerging Business Enterprise (EBE) and said affidavit shall become a matter of public record, unless withdrawn by the applicant or rejected by SBS prior to any other decision being made as to eligibility for certification under the Program.