



City of New York

Emerging Business Enterprise Program

EBE Certification Application

www.nyc.gov/getcertified

Thank you for your interest in becoming certified as an Emerging Business Enterprise (EBE) with the City of New York. The EBE Program can help you sell your goods and services to New York City agencies. There is no cost to apply for certification.

The following instructions will help you complete your application. It outlines the eligibility requirements and the business documents you will need to complete your application. Failure to include all supporting documentation may delay the processing of your application or lead to disqualification.

Apply in 3 steps:

Step 1: Register for your city vendor number

In order to do business with or receive payment from City of New York you must obtain an "FMS Vendor Number". To obtain an "FMS Vendor Number" please register with the City's Payee Information Portal (PIP):

New or prospective City vendors should create a PIP account by visiting the PIP webpage at <http://nyc.gov/pip>, clicking on the "Activate" button, then following the online directions. Your contact information and commodity code listings are required to be added to the City's Bidders' Lists. The City uses the Substitute W-9 form to validate the Employer Identification Number (EIN) of each vendor. In order to keep your status active with the City of New York, be sure to complete and submit this form. For further assistance, call the PIP Help Desk at (212) 857-1777.

If you are already registered and if any of your information has changed, contact the Vendor Enrollment Center. For additional information, contact the Vendor Enrollment Center at (212) 857-1680 or via email at vendorenrollment@cityhall.nyc.gov.

Step 2: Complete the NYC EBE application

Section I: Eligibility Checklist

Section II: EBE Certification Application Questions

Section III: Individual Documentations

Section IV: Certification Affidavit

Step 3: Submit the packaged application with supporting documentation via mail or in person to:

NYC Department of Small Business Services
Division of Economic and Financial Opportunity
EBE Certification Program
110 William Street, 7th Floor
New York, NY 10038

Additional Information

- Please keep a copy of the application you submit for your files.
- All information and supporting documentation submitted will be kept confidential.
- For questions, contact the Certification Helpline at 212-513-6311 or email ebe@sbs.nyc.gov.

Your business is subject to an audit by the NYC Department of Small Business Services at any time.

Eligibility Requirements

Your business must meet the following requirements to qualify for EBE certification:

Requirement A: Your business has been selling products or services for a period of at least one year prior to the date of this application.

Requirement B: Your business must document it has real and substantial presence in the geographic market of New York City.

Our geographic market includes the five boroughs of New York City and the following counties: Nassau, Putnam, Rockland, Suffolk, and Westchester counties in New York; and Bergen, Hudson, and Passaic counties in New Jersey.

Your business has a **real and substantial presence** in the geographic market of New York City only if it meets at least one of the following conditions:

- Your business principal office, place of business, or headquarters is located within New York City
- Your business maintains at least one full-time employee in one or more offices located within New York City, who spends the majority of his / her working time conducting or soliciting business in the City
- Your business' principal office, place of business, or headquarters is located within the geographic market of the City, and the business has transacted, or sought to transact, business more than once in the City within the last three years
- Twenty-five percent (25%) of your business' annual gross receipts for each of the last three years was derived from transacting business in the City
- Your business' principal office, place of business, or headquarters is not located within the geographic market of New York City, but your business has demonstrated at least two of the following:
 - the business has maintained a bank account for at least six (6) months or engaged in other banking transactions in the City
 - the business, or at least one of its owners, possesses a license issued by a New York City agency to do business in the City
 - the business has transacted or sought to transact business in or with the City more than once in the past three years

Requirement C: Your business' legal structure is one of the following:

Sole Proprietorship

Business / General Partnership

Limited Partnership (LP)

Limited Liability Partnership (LLP)

Limited Liability Company (LLC)

Corporation

Please note: Not-for-Profit organizations are ineligible.

Requirement D: Your business is ongoing and is owned, controlled, and operated by U.S. citizen(s) or permanent resident(s) who are socially and economically disadvantaged.

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

- 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;
- Personal experiences of substantial and chronic social disadvantage in American society, not in other countries; and
- 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.

Document Checklist

Required Documents for All Businesses

Document Description	
1.	<p>A current, chronological résumé for each person listed in the following questions: Question 19: Persons with ownership interest in the business Question 20: Corporation shareholders Question 22: Officers or members of the board of directors of the corporation Question 25: Personnel performing key managerial functions</p> <p><u>Please note:</u> résumés must include person’s current position and duties within your business AND display past experience, training, and education. Biographies are not accepted.</p>
2.	<p>Bank signature card or letter from bank identifying all persons currently authorized to sign on each account (listed in Question 30) and any limitations on a signer’s authority. Document must include all business account number(s). <u>Please note:</u> If you are the sole signer on the business account, the letter from the bank must indicate that information.</p>
3.	<p>Financial statement for the most recently completed fiscal year (e.g., statement of cash flows, balance sheet, or profit and loss statement).</p>
4.	<p>Prior three (3) years of your business’ Federal, State, and City signed tax returns, including all schedules, as filed with the relevant tax authority. <u>Please note:</u> If your business has not been in operation for three years, then you must submit the business tax return for the most recent year and may submit the personal tax return(s) of each owner (listed in Question 19 or 20) for the two remaining years, including all applicable W-2 forms and schedules. All W-2s, including spouse’s W-2s, if applicable, must total to the amount listed on Line 7 of the IRS form 1040.</p>
5.	<p>Prior two (2) years of your personal Federal, State, and City signed tax returns 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</p>
6.	<p>Proof of U.S. Citizenship or Permanent Resident Alien Status (e.g. passport, birth certificate, naturalization certificate, green card) for each minority or woman owner listed in Question 19 or 20.</p>
7.	<p>Each license, permit, or certification listed in Question 32.</p>
8.	<p>Lease agreement, proof of ownership or deed for business location(s), including home office(s), warehouse(s), and equipment storage (if applicable). <u>Please note:</u> Signed Agreement or proof of ownership/deed must be valid for at least six (6) months after date application is submitted.</p>

Document Table I: Required Supporting Documentation for Businesses (Cont.)**Document Description**

9.	Three (3) or more agreements within the past two (2) years that show business activity and display the company name and address (e.g. equipment leases, purchase agreements, management service agreements, accounting or legal agreements). <u>Please note:</u> Agreements should reflect services received by the applicant firm from a third party vendor.
10.	Two (2) or more completed and signed contracts or invoices (and proof of payments) for services performed within the five boroughs of New York City during the past three (3) years. <u>Please note:</u> Contracts or invoices should reflect services provided by the applicant firm to a client.
11.	Vehicle registration(s) for any vehicle used for business purposes.
12.	Proof of bonding capacity (if applicable). See Question 33.
13.	Proof of any certification, including SBA 8(a), decertification, or denial from another governmental agency, department, or authority (if applicable, see Question 13)
14.	Proof of three (3) or more investment sources/capitalization in the business within the past two (2) years (e.g. major purchase receipts, loan agreements, payroll records).
15.	Proof of contributions used to acquire majority ownership for each owner (both sides of cancelled checks)
16.	Proof of any transfers of assets to/from your firm and/or to/from any of its owners over the past two years
17.	Schedule of salaries and other compensation/remuneration paid to owners, managers, directors, and /or officers of the firm

Additional Business Documents

Please provide additional documentation (indicated with a check mark) that demonstrates you are authorized to conduct business in New York State.

Documents 18-20: Can be acquired from your State's county clerk office or corporation division

Documents 21-24: Can be purchased online or at a legal stationery store and can be easily filled by your business owners

Document 25: Only businesses registered outside of New York must obtain a New York State Certificate of Authority from the New York State Corporation Division at (518) 473-2492, or online through <http://www.dos.state.ny.us/corps/index.html>

	Document Description	Sole Proprietor	Partnership	LP	LLP	LLC	Corp.
18.	Business Certificate filed with county clerk, including amended certificates*	✓	✓				
19.	State filing receipt, including amended receipts			✓	✓	✓	✓
20.	LLC Articles of Organization or Articles of Incorporation **					✓	✓
21.	Partnership Agreements, LLC Organizational Agreement, or Corporate Bylaws **		✓	✓	✓	✓	✓
22.	Buy Out Rights		✓	✓	✓	✓	✓
23.	All issued membership or stock certificates (front and back), as well as next un-issued certificate **					✓	✓
24.	Minutes of first board meeting						✓
25.	Certificate of Authority to conduct business in NY State			✓	✓	✓	✓

*Only required if business name is an assumed name.

**Please only submit the documents that apply to your business structure.

Frequently Asked Questions

1. When will I find out about the status of my application?

You may expect to receive an official letter of decision within eight (8) to ten (10) weeks from the date of receipt of a completed application with all supporting documentation.

Also, you can create an account for your business on NYC Business Express (www.nyc.gov/BusinessExpress) to view your application status and manage your interactions with the City of New York.

2. Can I withdraw my application?

You can withdraw your application at any point prior to an audit by the NYC Department of Small Business Services.

3. What happens if I am certified for the EBE Program?

Your certification is effective for five (5) years from the date on the confirmation letter. To recertify, you will have to submit this standard EBE certification application.

4. How do I update my business information, if I am certified?

It is important to keep your business information accurate and up-to-date at all times. For corrections to data entry omissions or errors in your vendor information, updates to the business contact information, business address, business ownership, business description, and/or job experience listed on your business profile, send a signed request on your company's letterhead along with any appropriate supporting documentation via email to ebe@sbs.nyc.gov or mail to:

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

5. What happens if I am denied EBE certification?

If your business is denied certification, you will have sixty (60) days from the date on the letter of decision to appeal the decision. All appeals must be directed to:

NYC Department of Small Business Services
Office of the General Counsel
110 William Street, 7th Floor
New York, NY 10038

You may not reapply for EBE certification for two (2) years from the date of receiving a letter of denial or decision from the NYC Department of Small Business Services' Office of the General Counsel upholding a denial upon appeal.

EBE Certification Application

(Please refer to the EBE Certification Application Instructions for completing this application.)

Section I: Eligibility Checklist

A	<p>Has your business been selling its products or services for at least 1 year?</p> <p>If yes, please provide date your business started selling products and/or services: _____ / ___ / _____</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>						
B	<p>Is your business located in New York City OR does your business maintain a real and substantial presence in New York City?</p> <p>If yes, please review the description of real and substantial presence for New York City on Page 2 of the Application Instructions to confirm that you meet this requirement.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>						
C	<p>Is your business currently structured as one of the following?</p> <p>If yes, please select your current business structure:</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Sole Proprietorship</td> <td><input type="checkbox"/> Business / General Partnership</td> </tr> <tr> <td><input type="checkbox"/> Limited Partnership (LP)</td> <td><input type="checkbox"/> Limited Liability Partnership (LLP)</td> </tr> <tr> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Limited Liability Company (LLC)</td> </tr> </table>	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Business / General Partnership	<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Limited Liability Partnership (LLP)	<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Business / General Partnership							
<input type="checkbox"/> Limited Partnership (LP)	<input type="checkbox"/> Limited Liability Partnership (LLP)							
<input type="checkbox"/> Corporation	<input type="checkbox"/> Limited Liability Company (LLC)							
D	<p>Is your business owned, operated, and controlled by U.S. citizen(s) or U.S. permanent resident(s) who are socially and economically disadvantaged?</p> <p>If yes, please review the description of socially and economically disadvantaged individuals on Page 3 of the Application Instructions to confirm that you meet this requirement.</p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>						



Did you answer "Yes" to all the questions above?

If so, please carefully review the Eligibility Requirements outlined on pages 2 and 3 of the EBE Certification Application to confirm that your business qualifies before proceeding with the application.

Section II: EBE Certification Application Questions

General Application Instructions:

- Please print or type clearly.
- Do not leave any spaces blank in 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 any of the questions completely, attach sheets as necessary and label additional sheets with the question number.

Main Business Information

1. **Business Legal Name:** _____

2. **Doing-Business-As (DBA) Name:** (only required if your business does business under a name that is legally registered and different from its legal name)

3. **Business Address:** (must represent a physical location, Post Office Boxes are not acceptable)

Unit, e.g. Floor Suite (optional)

State

ZIP Code (5 digit zip + 4-digit extension)

Country

4. **Business Mailing Address:** (complete only if different from the business address above)

Unit, e.g. Floor Suite (optional)

State

ZIP Code (5 digit zip + 4-digit extension)

Country

5. **Telephone Number:** (area code + 7-digit extension) (___ ___ ___) ___ ___ ___ - ___ ___ ___

6. **Fax Number:** (area code + 7-digit + extension) (___ ___ ___) ___ ___ ___ - ___ ___ ___

7. **Website:** _____

8. **Email Address:** (required) _____

Business Ownership Information

14. When was your business established under its current business structure?

____ / ____ / ____
(mm) (dd) (yy)

15. Did your business exist under a different type of business structure prior to the date its current business structure was established? Yes No

If yes, please explain the history of your business structure.

16. Has your business' Certificate of Incorporation, Business Certificate, or Certificate of Trade Name ever been amended? Yes No

If yes, please identify each time your business' document was amended and explain why your business' document was amended.

17. Please select your method of originating or acquiring your business from the list below:

Started the company	<input type="checkbox"/>	Inherited the company	<input type="checkbox"/>
Bought an existing company	<input type="checkbox"/>	Secured a franchise	<input type="checkbox"/>
Acquired the business via a merger or consolidation	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
		<small>If other, name of sponsor or event</small>	

18. What is your business' date of origination? (If acquired after origination, provide date of acquisition by current owner.)

____ / ____ / ____
(mm) (dd) (yy)

19. Please provide the following details about all individuals with ownership interest in your business, including all proprietors, partners and members, then proceed to Question 23.

Please note: If your business is a corporation, please skip this question and complete all remaining questions beginning with Question 20.

Full Name (First and Last)	Title / Position In Business	Percentage Owned (Must total 100%)	Date Ownership Established (mm/yy)	Socially & Economically Disadvantaged (Y/N)	US Citizen or Permanent Resident Alien (Y/N)	Personal Net Worth*	Has any trust been created 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 Section III: Part Two of this application for each owner claiming social and economic disadvantage. In addition, if you had a trust created for the disadvantaged owner, please explain the trust in full detail.

COMPLETE QUESTIONS 20-22 ONLY IF YOUR BUSINESS IS A CORPORATION.

20. CORPORATIONS ONLY: Please provide the following details about all corporation shareholders.

Full Name (First and Last)	Title / Position In Business	Percentage Owned (Must total 100%)	Date Ownership Established (mm/yy)	Gender (M/F)	US Citizen or Permanent Resident Alien (Y/N)	Number of Shares Owned	Unit Share Price Paid When Purchased

21. CORPORATIONS ONLY: Please provide the number of company shares in each of the following categories.

Please note: Common shares typically carry voting rights that can be exercised in corporate decisions. Preferred shares do not carry voting rights.

Common Authorized _____ Common Issued _____

Preferred Authorized _____ Preferred Issued _____

22. CORPORATIONS ONLY: Please provide the following details about all current Officers and/or Board of Directors.

Full Name (First and Last)	Title /Position in Business	Position Effective Date (mm/yy)	Socially & Economically Disadvantaged (Y/N)

23. Please provide the capital contributions to your business by each individual identified in Question 19 or 20, including cash, equipment, property, and expertise.

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

24. If your business is owned in whole or in part by another business, please provide the name of the business and the percentage of ownership interest. Include venture capitalists and other similar investors.

Business Name	Percentage Owned	Date Ownership Established (mm/yy)

Business Management Information

25. Please provide the following details about all personnel performing key managerial functions, including owners.

Full Name (First and Last)	Title / Position in Business	Owner (Y/N) (Owners from Q19 or Q20)	Functional Role(s)* (See table below)

***Functional Role code table:** Please use the letter codes below to identify all areas of functional responsibility for each individual listed. Note: Managerial personnel may have multiple roles within a business.

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

26. Have any personnel performing managerial functions, officers, board members, or individuals with business ownership interest listed in Questions 19, 20, 22, or 25 been affiliated with or worked for another business within 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 (First and Last)	Name of Affiliated Business	Relationship to Affiliated Business

27. Number of Employees excluding owners (include average number of employees over the past year if exact number is not available)

Permanent

Full-Time _____

Part-Time _____

Temporary (includes seasonal)

Full-Time _____

Part-Time _____

Business Finance Information

28. Does your business have a Line of Credit? Yes No

Please note: Do not provide your personal credit card information. Line of credit is any credit source extended to your business by a bank or financial institution.

If yes, please provide the following details:

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

29. Please provide the following details about all major loans held by your business.

Please note: Do not provide your personal card information.

Name of Lender	Dollar Value of Loan	Terms of Repayment	Guarantor of Loan

30. Please provide the following details about all banks where your business accounts are maintained.

Bank Name	Address	Contact Name	Contact Type/Title	Type of Account	Last Four Digits of the Account Number

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

Fiscal Year Ending _____ \$ _____

Fiscal Year Ending _____ \$ _____

Fiscal Year Ending _____ \$ _____

Business Operations Information

- 32. If a license, permit or certification is required to operate any part of your business (e.g., PE for engineers, CDL for truck drivers, etc.), please provide the following details about the holder of the license, permit or certification.** (If the license belongs to your business, please list your business as the holder.)

Name of the Holder/Registrant	Title / Position in business	Type of License/ Permit/Certification	Issued by	License Number	Exp. Date (mm/yy)

- 33. Is your business bonded?** Yes No

If yes, please provide the following details:

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

- 34. Does your business have commercial or professional liability insurance?** Yes No

If yes, please provide the following details:

Carrier Name _____

Dollar Amount of Liability Insurance _____

- 35. Please list your business' basic operating equipment and provide the following details.**

Type of Equipment	Acquisition Date (mm/yy)	Owned or Leased

- 36. Does your business share space, equipment, materials, or personnel with another business?** Yes No

If yes, please provide the following details about the business with which you share. Place a check mark in each applicable item category.

Business Name	Business contact person and Phone Number	Space	Equipment	Materials	Personnel

37. Is your firm a signatory to a union contract? Yes No

If yes, name and Local(s)

Names of Union(s) _____ Local Number(s) _____

Business Profile & Job Experience

38. Please indicate all of the following credit cards accepted by your business.

Please note: This information will not be used to evaluate your application. However, providing this information about your business may increase contracting opportunities with purchasing agents.

American Express Discover None
MasterCard Visa

39. Please provide a brief description of your business including the products or services it sells using appropriate **keywords**. (max 50 words)

40. Which of the following represents the **widest** geographic region where your business can provide services? (Please select only one.)

New York State New York City
Tri-State Metro Area Nationally, across the U.S.

41. Please identify your business market sector by selecting appropriate code(s) from the North American Industry Classification System (NAICS).

NAICS can be found online at www.census.gov/eos/www/naics/. List one primary code and up to two additional codes. Please be as specific as possible (6-digit codes are preferred).

NAICS Code _____
NAICS Code _____
NAICS Code _____

Please note: your selected codes should correspond to the contracts / jobs you list for this application.

42. Below are certification programs used by Federal government and other government entities. Please check "Yes" or "No" and provide the expiration date, if applicable. For information on each certification program requirements and/or eligibility, please visit the corresponding online web address.

Certification Type	Yes	No	Expiration Date
Are you an 8(a) Business Development program participant? http://www.sba.gov/content/about-8a-business-development-program			
Are you eligible to receive Historically Underutilized Business Zone (HUBZone) contracts? http://www.sba.gov/category/navigation-structure/contracting/doing-business-with-government/small-business-certifications-audiences/hubzone-certifi			
Are you a certified Disadvantaged Business Enterprise (DBE)? http://osdbuweb.dot.gov/DBEProgram/Whats DBE program.cfm			
Are you a service veteran-owned business? http://www.sba.gov/content/service-disabled-veteran-owned-small-business-concerns-sdvosbc) or a veteran-owned business (http://www.va.gov/osdbu/programs/index.asp ?)			

43. Please provide the business contact that you would like to have listed in the Online Directory of Certified Businesses. The contact listed will receive all inquiries about your business' products or services from interested purchasing agent.

Place a check mark in this box if the contact is the same as the "Authorized Representative" identified in Question 11:

OR, if different, list here:

First Name	Last Name	Suffix, e.g., Jr., Sr., Esq., etc.
Business Title		Telephone Number (area code + 7-digit extension)
Email Address (required)		

44. For construction or construction-related businesses, please answer the following:

- a. Are you solely a supplier of construction goods and/or materials, not including installation?
Yes No
- b. Please indicate the kinds of construction projects your business performed within the last two (2) years:

Building Construction (Non-Residential) <input type="checkbox"/>	Bridge and/or Roadways <input type="checkbox"/>
Residential Building Construction <input type="checkbox"/>	Sewer and/or Water Mains <input type="checkbox"/>
Other Heavy Civil Construction Work, i.e. Plants, Tunnels <input type="checkbox"/>	Site work, i.e. Parks <input type="checkbox"/>

45. Please provide the three most recent contracts/jobs your business performed which will be listed in the Online Directory of Certified Businesses as representations of your business' work. If applicable, please include your business' largest City contract/job. For examples of job descriptions submitted by other City-certified businesses, please visit the online directory (www.nyc.gov/buycertified).

Please note: Contact information will not be displayed on the Online Directory for Certified Businesses; it is only used by the NYC Department of Small Business Services for verification purposes. Also, if your business has a client confidentiality policy and you are unable to provide this information, please insert an explanation in the job experience section below.

	JOB #1	JOB #2	JOB #3	Largest Job
Name of Client Organization				
Organization Contact (for internal use only, will not be displayed in online directory)				
Contact Title (for internal use only, will not be displayed in online directory)				
Contact Phone (for internal use only, will not be displayed in online directory)				
Date of Job (mm/yy)				
Name of Project				
Description of Specific Tasks Performed (Provide an accurate and descriptive explanation of the work performed and results -max. 50 words)				
Dollar Value of Contract (This value is required and used to determine your business capacity)	\$	\$	\$	\$
Percentage of work Self Performed (Provide an accurate percentage of work completed by your business)				

Section III: 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, but at least one must be selected.)

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, but at least one must be selected.)

Education

a. Denial of access to institution

b. Exclusion from social and professional association with students or teachers residence

c. Denial of educational honors rightfully deserved

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

e. Other (please specify)

Employment

- a. Unequal treatment in hiring, promotions and other aspects of professional advancement
unequal treatment
 - b. Unequal receipt of pay and fringe benefits, and other terms and conditions of employment
 - c. Retaliatory or discriminatory behavior by an employer
 - d. Social patterns or pressures which have channeled the individual into nonprofessional or non-business fields
 - e. Other (please specify)
-

Business History

- a. Unequal access to credit or capital
 - b. Acquisition of credit or capital under commercially unfavorable circumstances
 - c. Unequal treatment by potential customers or business associates
 - d. Exclusion from business or professional organizations
 - e. Other (Please specify)
-

4. Supporting Documents Please attach sufficient proof to support your Statement of Personal 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
1.	Court or administrative findings of discrimination	
2.	Statements made under oath in a court, administrative proceeding, or to an investigator	
3.	Sworn affidavits or statements from independent third parties, supporting statements made by the applicant*	
4.	Personal records	
5.	Payroll records	
6.	Rejection letter on job applications	
7.	Denials of credit applications	
8.	Documents relating to rejected contract offers, i.e. bid abstracts, solicitations, etc.	
9.	Contemporaneous records documenting meetings, conversations, negotiations, telephone calls, etc.	
10.	Documents setting forth company policy(ies) which are alleged to be discriminatory	
11.	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.

Business Name:

Name of Applicant:

Business Phone:

Residence Address:

Residence Phone:

City, State & Zip Code:

PERSONAL FINANCIAL STATEMENT 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.

ASSETS (Omit Cents)

LIABILITIES (Omit Cents)

Cash on hand and in Banks \$ _____

Accounts Payable \$ _____

Savings Accounts \$ _____

Notes Payable to Bank and Others \$ _____
(Describe in Section 1)

IRA or Other Retirement Accounts \$ _____

Installment Account (Auto) \$ _____

Accounts and Notes Receivable \$ _____
(Complete Section 7)

Installment Account (Other) \$ _____

Life Insurance – Cash Surrender Value Only \$ _____

Loan on Life Insurance \$ _____

Stocks and Bonds \$ _____
(Describe in Section 2)

Mortgages on Real Estate \$ _____
[Except for personal residence]
(Describe in Section 3)

Real Estate \$ _____
[Except for personal residence]
(Describe in Section 3)

Unpaid Taxes \$ _____
(Describe in Section 5)

Automobile(s)- Present Value \$ _____

Other Liabilities \$ _____

Other Personal Property \$ _____
(Describe in Section 4)

Total Liabilities \$ _____

Other Assets \$ _____
(Describe in Section 4)

Net Worth \$ _____
(Total Assets minus Liabilities)

Total Assets \$ _____

Section 1. Source of Income

Contingent Liabilities

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

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 information 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.)

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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.)

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

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

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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 that 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 economic disadvantage for this business enterprise must be attached.*

Signature:	Title:	SSN:	Date:

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.

Section IV: Certification Affidavit

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 a 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 EBE 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 _____

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.

– End of NYC EBE Certification Application –

NOTE: Please make sure to compile and submit the supporting documentation listed in the EBE Certification Instructions with this application. Otherwise, your submission is incomplete.