



# City of New York Minority and Women-owned Business Enterprise Program

## M/WBE Certification Application

Thank you for your interest in certifying as a Minority and Women-owned Business Enterprise (M/WBE) with the City of New York.

Government contracting is an important engine for small businesses that leads to greater growth and employment. If you are looking to grow your small business, we'll help you compete for government contracts – for free.

We'll show you how to register to become a government contractor and what it takes to sell your products and services to all levels of government. Our procurement professionals will provide you with guidance on putting together winning bids and proposals, and help you successfully perform on government contracts.

**Please note:** If your business is M/WBE certified with one of our certification partners, you may be eligible to submit the M/WBE **Fast Track Application**. If you have previously applied for M/WBE Certification or are currently under review with the City of New York, you are not eligible for a Fast Track Application. Before beginning this application, businesses should contact SBS to find out if they qualify for a Fast Track Application.

Our certification partners are:

- New York State Department of Economic Development
- New York City School Construction Authority
- The Port Authority of New York and New Jersey
- Women President's Educational Organization
- New York & New Jersey Minority Supplier Development Council Inc.

### Did You Know?

You may use this application to certify with the New York State Department of Economic Development, Port Authority of New York and New Jersey, and/or the New York City School Construction Authority. Please review the requirements starting on page 22 for additional information.

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

## Getting Started

### **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) 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, contact the PIP Help Desk at (212) 857-1777, the Vendor Enrollment Center at (212) 857-1680 or via email at [vendorenrollment@cityhall.nyc.gov](mailto:vendorenrollment@cityhall.nyc.gov).

### **Step 2: Gather necessary business documents**

See the document checklist starting on page 4. Failure to include all supporting documents may delay the processing of your application or lead to disqualification. You may expect to receive an official letter of decision within eight to ten weeks upon our receipt of a complete application. For help or for information on attending a certification workshop, email [mwbe@sbs.nyc.gov](mailto:mwbe@sbs.nyc.gov) or call the Certification Hotline at (212) 513-6311.

### **Step 3: Submit your application and supporting documents**

Mail to:  
NYC Department of Small Business Services  
Division of Economic and Financial Opportunity  
110 William Street, 7<sup>th</sup> Floor  
New York, NY 10038

## Eligibility Requirements

**Your business must meet the following requirements for applying for 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

If 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 at least 51% owned, controlled, and operated by US citizen(s) or permanent resident(s) that are **women AND/OR member(s) of a designated minority group(s)**. If your business is publicly owned, at least 51% of the shares are owned by US citizen(s) or permanent resident(s) that are women AND/OR member(s) of a designated minority group(s).

Please note: Your application must demonstrate that the persons with ownership interest control the business. The designated minority groups are:

- o Black: having origins in any of the Black African racial groups
- o Hispanic: being of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent, of Indian or Hispanic origin, regardless of race  
Please note: Portuguese and Spanish ethnicities are not considered Hispanic for M/WBE certification with the City of New York.
- o Asian-Pacific: having origins in the Far East, Southeast Asia, or the Pacific Islands
- o Asian-Indian: having origins from the Indian subcontinent

## Document Checklist

### Required Documents for All Businesses

	Document Description
1.	<p>A current, chronological resume 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> Resumes must include person's current position and duties within your business AND display past experience, training, and education. <u>Biographies are not accepted.</u></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 <b>three (3)</b> years of your business' Federal, State, and City <u>signed</u> tax returns, including all schedules, as filed with the relevant tax authority.</p> <p><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>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>

6.	Each license, permit, or certification listed in Question 31.
7.	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 <b>six (6)</b> months after date application is submitted.
8.	<b>Three (3)</b> or more agreements within the past <b>two (2)</b> 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.
9.	<b>Two (2)</b> 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 <b>three (3)</b> years. <u>Please note</u> : Contracts or invoices should reflect services provided by the applicant firm to a client.
10.	Vehicle registration(s) for any vehicle used for business purposes.
11.	Proof of ethnicity for each owner listed in Question 19 or 20 claiming minority group status.  If the firm is applying for MBE or M/WBE Certification, for each minority who has an ownership interest in the applicant firm, you will need to provide proof (e.g. birth certificate – for yourself, or for a parent or grandparent; death certificate – for a parent or grandparent; military records; naturalization papers – for yourself, a parent or grandparent; official court rule specifically recognizing applicant’s minority descent- for yourself, or a parent, or a grandparent; any documentation issued by a Federal, State, or Local government entity) establishing that the applicant, the applicant’s parent or grandparent is a member of a minority group as described on page 4 of the instructions for this application.
12.	Proof of <b>three (3)</b> or more investment sources/capitalization in the business within the past <b>two (2)</b> years (e.g. major purchase receipts, loan agreements, payroll records).
13.	Proof of bonding capacity, if applicable (see Question 32).

## 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 14-16:** Can be acquired from your State's county clerk office or corporation division

**Documents 17-20:** Can be purchased online or at a legal stationery store and can be easily filled by your business owners

**Document 21:** 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.
14.	Business Certificate filed with county clerk, including amended certificates*	√	√				
15.	State filing receipt, including amended receipts			√	√	√	√
16.	LLC Articles of Organization or Articles of Incorporation **					√	√
17.	Partnership Agreements, LLC Organizational Agreement, or Corporate Bylaws **		√	√	√	√	√
18.	Buy Out Rights		√	√	√	√	√
19.	All issued membership or stock certificates (front and back), as well as next un-issued certificate **					√	√
20.	Minutes of first board meeting						√
21.	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.



# City of New York Minority and Women-owned Business Enterprise Program

## M/WBE Certification Application

(Please refer to the M/WBE Certification Application Instructions for completing this application.)

<b>A</b>	<b>Has your business been selling its products or services for at least 1 year?</b>	Yes <input type="checkbox"/>
	If yes, please provide date your business started selling products and/or services: _____ / ___ / _____	No <input type="checkbox"/>
<b>B</b>	<b>Is your business located in New York City OR does your business maintain a real and substantial presence in New York City?</b>	Yes <input type="checkbox"/>
	If yes, please review the description of real and substantial presence for New York City on page 3 of the Application Instructions to confirm that you meet this requirement.	No <input type="checkbox"/>
<b>C</b>	<b>Is your business currently structured as one of the following?</b> If yes, please select your current business structure:	Yes <input type="checkbox"/>
	<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)	No <input type="checkbox"/>
<b>D</b>	<b>Is your business 51% owned, operated, and controlled by U.S. citizen(s) or U.S. permanent resident(s) that belongs to one of the following eligible groups?</b>	Yes <input type="checkbox"/>
	If yes, please select the eligible group(s) that apply: <input type="checkbox"/> Woman And/or <input type="checkbox"/> Minority (Eligible groups listed below): Black      Asian-Pacific      Hispanic      Asian-Indian	No <input type="checkbox"/>



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

If so, please carefully review the Eligibility Requirements (page 3 of the *M/WBE Certification Application Instructions*) to confirm that your business is eligible to apply for M/WBE Certification before proceeding with the application.

# M/WBE 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 the questions completely, use and attach additional sheets as necessary. Please label additional sheets with the question number.

## Main Business Information

1. **Business Legal Name:** \_\_\_\_\_

2. **Business' Doing-Business-As (DBA) Name:** (Only complete if your business does business under a name which is different from its legal name. The DBA name must be legally registered.)  
\_\_\_\_\_

3. **Business Address:** (Must represent physical location. Post Office Boxes are not accepted).

\_\_\_\_\_  
Building Number and Street Name

\_\_\_\_\_  
Unit, e.g., Floor Suite (optional)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
County

\_\_\_\_\_  
Country

4. **Business Mailing Address:** (Only complete if the business mailing address is different from the business address given in Question 3).

\_\_\_\_\_  
Building Number and Street Name

\_\_\_\_\_  
Unit, e.g., Floor Suite (optional)

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

\_\_\_\_\_  
County

\_\_\_\_\_  
Country

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

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

7. **Website:** \_\_\_\_\_

8. **Email Address:** \_\_\_\_\_

9. Please provide either your business' Employer Identification Number (EIN) or your Social Security Number (SSN). (Only Sole Proprietorships that do not have an EIN may provide a SSN.)

EIN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ OR SSN \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

10. NYC Vendor Number: \_\_\_\_\_

11. **Authorized Representative Contact Information** (Business owners may designate an individual to coordinate the certification process on their behalf. This representative will also be the point of contact for inquiries from the NYC Department of Small Business Services regarding updates to your business' contact information, selection of appropriate NIGP commodity codes, and more. Please include that individual's contact information here.)

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

12. Are you currently involved in the bidding process or contract/purchase order negotiations with any governmental agency, department, or authority? Yes  No

If yes, place a check mark next to all level(s) of government with which you are involved.

Federal  State  City

13. How did you first hear about the City of New York's certification programs? (Select one.)

Letter/Call/Email from Department of Small Business Services  NYC Business Solutions Center

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

Event \_\_\_\_\_  Other \_\_\_\_\_   
Event name / sponsor and date Name / sponsor and date

## **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' business structure.

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**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.

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**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 _____ If other, name of sponsor or event	<input type="checkbox"/>

**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. This means all proprietors, partners, and members. When you complete the box to indicate your ethnicity, please refer to the definitions on page 4 of the M/WBE Certification Application Instructions.

Please note: If your business is a corporation, please skip Question 19 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)	Gender (M/F)	Ethnicity (See ethnicity table below)	US Citizen or Permanent Resident Alien (Y/N)

Ethnicity table: Please use the following abbreviations listed below to identify the ethnicity of each individual listed in your response.

B	Black	H	Hispanic	AP	Asian-Pacific	AI	Asian-Indian	N	Non-Minority
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**ONLY IF YOUR BUSINESS IS A CORPORATION, COMPLETE QUESTIONS 20-22.**

20. Please provide the following details about all corporation shareholders. (Question for corporations only).

When you complete the box to indicate your ethnicity, please refer to the definitions on page 4 of the M/WBE Certification Application Instructions.

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

Ethnicity table: Please use the following abbreviations listed below to identify the ethnicity of each individual listed in your response.

B	Black	H	Hispanic	AP	Asian-Pacific	AI	Asian-Indian	N	Non-Minority
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**21. Please provide the number of company shares in each of the following categories.**  
(Question for corporations only.)

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. Please provide the following details about all current Officers and/or Board of Directors.** (Question for corporations only.)

Full Name (First and Last)	Title /Position in Business	Position Effective Date (mm/yy)

**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 functional role code 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.

<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	

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

## **Business Operations Information**

- 31. 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)

- 32. 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

- 33. 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 \_\_\_\_\_

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

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

- 35. 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

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

If yes, name and Local(s):

Names of Unions \_\_\_\_\_ Local Number(s) \_\_\_\_\_

**Business Profile & Job Experience**

37. 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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

39. 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.

40. 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/](http://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.

**41. 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? <a href="http://www.sba.gov/content/about-8a-business-development-program">http://www.sba.gov/content/about-8a-business-development-program</a>			
Are you eligible to receive Historically Underutilized Business Zone (HUBZone) contracts? <a href="http://www.sba.gov/category/navigation-structure/contracting/doing-business-with-government/small-business-certifications-audiences/hubzone-certifi">http://www.sba.gov/category/navigation-structure/contracting/doing-business-with-government/small-business-certifications-audiences/hubzone-certifi</a>			
Are you a certified Disadvantaged Business Enterprise (DBE)? <a href="http://osdbuweb.dot.gov/DBEProgram/Whats_DBE_program.cfm">http://osdbuweb.dot.gov/DBEProgram/Whats_DBE_program.cfm</a>			
Are you a service disabled veteran-owned business? <a href="http://www.sba.gov/content/service-disabled-veteran-owned-small-business-concerns-sdvosbc">http://www.sba.gov/content/service-disabled-veteran-owned-small-business-concerns-sdvosbc</a> ) or a veteran-owned business ( <a href="http://www.va.gov/osdbu/programs/index.asp">http://www.va.gov/osdbu/programs/index.asp</a> ?)			

**42. 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	

**43. 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 at [www.nyc.gov/buycertified](http://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. **If your business has a client confidentiality policy and you are not able to provide this information, please submit a notarized letter on your business letterhead explaining such policy.**

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

**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"/>

## Certification Affidavit

This affidavit must be signed by an eligible minority or woman owner of the applicant firm.

The undersigned, \_\_\_\_\_, being the  
Name  
\_\_\_\_\_ of \_\_\_\_\_, requests  
Title Firm Name

**Certification as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) 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 MBE, a WBE, or as both, 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 M/WBE 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 inquiries 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 a Minority and Women-owned Business Enterprise (M/WBE) 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 M/WBE Certification Application –**

**NOTE:** Please make sure to compile and submit the supporting documentation listed in the M/WBE Certification Instructions with this application. Otherwise, your submission is incomplete. Please proceed to the Addendum on the next page, in order to apply for M/WBE certification with New York State.

## ADDENDUM FOR NYS M/WBE CERTIFICATION FOR NEWLY CERTIFIED FIRMS BY NEW YORK CITY DEPARTMENT OF SMALL BUSINESS SERVICES

### **Instructions:**

Please review the requirements below regarding the use of this Addendum to apply to the New York State Department of Economic Development, Division of Minority and Women's Business Development ("DMWBD") for certification as an M/WBE. The responses required by this Addendum (including any supporting documentation submitted with said Addendum) are intended to address additional necessary information relating to M/WBE certification with DMWBD and which is not required by the New York City Department of Small Business Services ("SBS"), in its SBS NYC M/WBE Certification Application.

If eligible, Applicants must simultaneously submit this Addendum and the fully completed M/WBE Certification Application to SBS. If your firm is certified as an M/WBE with SBS then they will submit this completed Addendum, along with a copy of your completed SBS M/WBE Certification Application to DMWBD on your behalf. Please be advised that this service is a one-time courtesy for business enterprises that have never previously applied or are not currently under review for M/WBE certification with DMWBD or SBS. In addition, please note that DMWBD reserves the right to request additional information from the Applicant to determine the business enterprise's eligibility for certification as an M/WBE with NYS.

### **Note:**

*Failure to certify with SBS may or may not preclude a business entity from eligibility for M/WBE Certification with DMWBD. An Applicant may choose to separately submit a properly completed NYS Standard M/WBE Certification Application to DMWBD. However, it is important for Applicants to note that SBS **will not forward** a completed Addendum for M/WBE Certification with DMWBD to DMWBD for review if the Applicant is denied NYC M/WBE Certification by SBS.*

## SECTION I: ELIGIBILITY CHECKLIST

### Preliminary Eligibility Checklist for Use of DMWBD Addendum:

Please read before completing this Addendum. The checklist below will help you determine if you are eligible to apply for M/WBE certification with New York State. If you respond “yes” to any of the questions listed in the left column below, then your business enterprise is not eligible to apply for New York State M/WBE Certification using this Addendum. If you have answered “no” to each of the questions listed below and determined that your business is eligible to apply for New York State M/WBE Certification, please proceed with completion of the Addendum by providing accurate and complete responses to the Addendum questions, including the provision of all applicable supporting documentation that is required by New York State for M/WBE Certification, as well as providing responses to the following questions.

<b>ELIGIBILITY CHECKLIST FOR USE OF ADDENDUM FOR M/WBE CERTIFICATION DMWBD</b>	
Is the firm “publicly owned”?      Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, STOP!</b> If this firm is publicly traded, then you do NOT qualify for the NYS MWBE certification program and should not fill out this NYS addendum.
Is this firm “owned wholly or in part by another business”?      Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, STOP!</b> If this firm is publicly traded, then you do NOT qualify for the NYS MWBE certification program and should not fill out this NYS addendum.
Does this firm employ more than <b>300</b> employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, STOP!</b> You do not qualify for the NYS MWBE certification program.
Does any individual minority and/or woman owner upon which certification is based for this firm have a personal net worth which <u>exceeds 3.79 million dollars</u> ? <sup>1</sup> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If Yes, STOP!</b> The business does not qualify for the NYS MWBE certification program.

**Instructions:** Please type or print 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. Please sign, complete, notarize this form, and make sure to submit the required supporting documents listed on the last page of this addendum.

<sup>1</sup> The personal net worth of each individual upon which certification is relied upon cannot exceed 3.5 million dollars, as adjusted annually for inflation according to the consumer price index to reflect the current buying power of 3.5 million dollars in the year 2010. To determine the current net worth threshold, applicants should refer to the consumer price index maintained by the United States Department of Labor, Bureau of Labor Statistics.

[http://www.bls.gov/data/inflation\\_calculator.htm](http://www.bls.gov/data/inflation_calculator.htm)

## SECTION II: COMPANY PROFILE

1. Please provide the business' web and social media links (Website, Twitter, Facebook, etc.). (If applicable).

\_\_\_\_\_

2. Please provide gross receipts for the last 3 years (If your business is in operation for less than 3 years, complete as applicable).

\$ \_\_\_\_\_      \$ \_\_\_\_\_      \$ \_\_\_\_\_  
 Current Year (20\_\_\_\_)      Last Year (20\_\_\_\_)      Previous Year (20\_\_\_\_)

3. Check all that best describes the business operation.

- Construction-Related    Consumer Service    Broker    Professional Service    Franchise
- Manufacturer/Supplier    Technical service    Retail    Financial Services
- Other (explain) \_\_\_\_\_

4. Please provide the business' United Nations Standard Products and Service codes(s) (UNSPSC) or North American Industry Classification System (NAICS). The UNSPCS number can be found online at [www.unspsc.org](http://www.unspsc.org), the NAICS number at [www.census.gov/eos/www/naics](http://www.census.gov/eos/www/naics)

UNSPSC \_\_\_\_\_ NAICS \_\_\_\_\_

5. Are any of the owners of this business related to other owners or principals of this business?

Yes  No

If "Yes", please explain the nature of the family relationship.

6. At present, or at any time in the past has your business:

- |   |  |
|---|--|
| a) been a subsidiary of any other business?   | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| b) consisted of a partnership in which one or more of the partners are other firms? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c) owned any percentage of any other business?                                      | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| d) had any subsidiaries?  | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| e) had immediate family members own or manage other businesses?                     | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If Yes, please provide the following details for each family member below.

Full Name (First and Last)	Relationship	Business	Type of Business	Own or Manage?

7. Does your business rely on any other business for management functions or employee payroll?

If "Yes", please explain the details.      Yes  No

## ATTACHMENT A: NYS M/WBE CERTIFICATION INDIVIDUAL PERSONAL NET WORTH AFFIDAVIT

**This affidavit must be signed by each owner of the firm upon which certification is based.**

Each individual owner relied upon for certification as a minority or women-owned business enterprise (hereinafter "MWBE") must complete this form and provide the applicable supplemental documentation as referenced below as part of the application for certification or recertification.

The personal net worth of each individual upon which certification is relied upon cannot exceed 3.5 million dollars, as adjusted annually for inflation according to the consumer price index to reflect the current buying power of 3.5 million dollars in the year 2010. To determine the current net worth threshold, applicants should refer to the consumer price index maintained by the United States Department of Labor, Bureau of Labor Statistics. [http://www.bls.gov/data/inflation\\_calculator.htm](http://www.bls.gov/data/inflation_calculator.htm)

For certification purposes, personal net worth shall mean the aggregate adjusted net value of the assets of an individual remaining after total liabilities are deducted. Personal net worth includes the individual's share of assets held jointly with said individual's spouse but does not include the individual's ownership interest in the certified minority and women-owned business enterprise, the individual's equity in his or her primary residence, or up to five hundred thousand dollars (\$500,000) of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal.

I, \_\_\_\_\_, being duly sworn state that my social security number is \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and am a woman or a member of a minority group as defined in Article 15-A of the Executive Law.

I own \_\_\_\_\_% of the equity in \_\_\_\_\_, the business applying for certification or re-certification as an MBE or WBE with New York State. I have read the definition of net worth set forth in the statement above, and have calculated my net worth to be \$\_\_\_\_\_.

Further, I understand that I am required to provide, with this affidavit, a true, executed copy of my submitted federal and state personal tax returns, including all statements and schedules as filed for the prior taxable year. I also understand that in the event my personal net worth *exceeds* 1.3 million dollars at the time of the application, I am also required to submit a complete **Attachment B: Personal Financial Statement Worksheet** in the form supplied below.

I understand the tax returns I have submitted to the Division of Minority and Women's Business Development as part of the certification or re-certification process must be true and correct copies of my personal tax returns and include all schedules, statements and amendments which I have submitted to the IRS and the state or, in the event that I have paid taxes in multiple jurisdictions, states where I have filed my most recent state income taxes. By signing below I am attesting that I am providing this as part of the application for certification or re-certification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.

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

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 \_\_\_\_\_

## ATTACHMENT B: PERSONAL FINANCIAL STATEMENT WORKSHEET

Complete this worksheet to determine the individual personal net worth as part of the application for MWBE Certification with the Division of Minority and Women’s Business Development.

Name of Applicant Business:	Business Phone:
-----------------------------	-----------------

Check One:  Single Individual  Married Individual

Name:			
Residence Address:		Residence Phone:	
Assets		Liabilities	
Cash on hand in Banks	\$	Accounts Payable (Describe in Section 7)	\$
Savings Accounts	\$	Notes Payable to Bank and Others (Describe in Section 2)	\$
IRA & Other Retirement Account (Complete Section 9)	\$	Installment Account (Auto)	\$
Accounts & Notes Receivable	\$	Installment Account (Other)	\$
Life Insurance – Cash Surrender Value Only	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgage on Real Estate (Describe in Section 4)	\$
Real Estate (do not include primary residence from Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property	\$	Other Liabilities (Describe in Section 7)	\$
Other Assets	\$		
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

<b>Adjusted Personal Net Worth</b>	\$
------------------------------------	----

Section 1: Source of Income (Prior Year)		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Gross Investment Income	\$	Legal Claims & Judgments	\$
Gross Real Estate Income	\$	Provisions for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1.

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

Section 2: Notes Payable to Banks and Others					
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency	How Secured
	\$	\$	\$		

Section 3: Stocks and Bonds					
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.					
No. of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	\$		\$

Section 4: Real Estate Owned. List each parcel separately. <b>DO NOT include primary residence.</b>				
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.				
	Primary Residence*	Property B	Property C	Property D
Type of Property				
Address				
Date Purchased				
Original Cost	\$	\$	\$	\$
Present Market Value	\$	\$	\$	\$
Name & Address of Mortgage Holder				
Mortgage Account No.				
Mortgage Balance	\$	\$	\$	\$
Amount of Payment per Year	\$	\$	\$	\$
State of Mortgage				

***\*Do not include primary residence in calculations on first page of the Personal Net Worth Worksheet***

**Section 5: Other Personal Property and Other Assets.**

Describe in detail any pledged security, state name and address of lien holder, amount of lien, terms of payment. State any ownership interests in affiliate firms must be included. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

--

**Section 6: Unpaid Taxes.**

Describe in detail any unpaid taxes. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

--

**Section 7: Other Liabilities.**

Describe in detail other liabilities. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

--

**Section 8: Life Insurance Hold.**

Describe in detail life insurance holds. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

--

**Section 9: Other Assets.**

Describe in detail other assets. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Type of Account	Current Face Value	Minus Any Penalties	Current Value if Withdrawn Today
	\$	\$	\$

**Authorization:**

Signature:	Date:	Social Security Number:
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# ATTACHMENT C: NYS M/WBE CERTIFICATION ADDENDUM AFFIDAVIT

This affidavit must be signed by the majority owner of the firm upon which certification is based.

The undersigned, \_\_\_\_\_, being the \_\_\_\_\_  
Name Title  
of \_\_\_\_\_  
Firm Name

Hereby attest to the following:

By signing this Application, Applicant understands that DMWBD 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 DMWBD and acknowledges that DMWBD may determine not to certify that Applicant as an MBE or as a WBE if the additional proof is not submitted within 20 business days after the date such information is requested by DMWBD, or the application may be rejected by the DMWBD.

By signing this Application, Applicant also consents to (i) inquiries by DMWBD 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; (ii) inspection by DMWBD of Applicant's place of business, books and records; (iii) interviews of Applicant's principals and employees; and (iv) access to all documents submitted in support of the firm's certification with another agency (the "original certifying entity"). The Applicant acknowledges that refusal to permit such inquires shall be grounds for denial or revocation of certification.

Certification of the Applicant as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) with the New York State Division of Minority and Women's Business Development ("DMWBD"), and for that purpose does hereby verify, under penalties of perjury:

1. He or she has read this Application and knows its contents;
2. The information and representations contained in this Application are true to the best of his or her knowledge;
3. The information and representations contained in the Applicant's application submitted to the certifying partner of certification is true to the best of his or her knowledge;
4. The Applicant shall provide notice to DMWBD of any material change in the information contained in this Application or the Applicant's application submitted to the certifying partner for certification status within 30 days of such change;
5. The minority and/or women owner upon which certification is based verify that their net worth does not exceed \$3.79 million dollars and the applicant business does not employ more than 300 employees; and
6. **By signing below, I am attesting that I am providing this Addendum Affidavit as part of the application for certification and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.5 of the Penal Law.**

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

## – Please submit copies of the following supporting documents for NYS MWBE Certification Application –

1. Most recent personal federal and state tax returns including all schedules and statements.
2. Completed, signed, and notarized Attachment A: NYS MWBE Personal Net Worth Affidavit for each minority and/or woman owner upon which certification is based.
3. Attachment B: Personal Financial Statement Worksheet (if applicable)
4. Attachment C: Certification Addendum Affidavit

– End of NYS MWBE Certification Addendum –

## ADDENDUM FOR M/WBE CERTIFICATION WITH THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY

**Instructions:** Please review the requirements below regarding the use of this Addendum to apply for M/WBE certification with The Port Authority of New York and New Jersey (PANYNJ). Please be advised that this service is a one-time courtesy for businesses that have never previously applied or are not currently under review for certification with PANYNJ but are certified with the City of New York Department of Small Business Services (SBS). In addition, please note that PANYNJ reserves the right to request additional information from the applicant to determine the business' eligibility for certification as an M/WBE with PANYNJ.

If eligible, applicants must simultaneously submit this Addendum and the fully completed SBS M/WBE Certification Application and all requested supporting documentation. The Addendum is intended to address additional required information relating to M/WBE certification with PANYNJ, which is not required by SBS for M/WBE Certification. If your business is granted certification as an M/WBE with SBS, **SBS will submit these documents to the PANYNJ on your behalf.**

*Note: Failure to certify with SBS may or may not preclude a business entity from eligibility for M/WBE Certification with PANYNJ. An applicant may choose to separately submit a properly completed PANYNJ M/WBE Certification Application to PANYNJ. However, it is important for applicants to note that SBS **will not forward** a completed SBS Addendum for PANYNJ M/WBE Certification to PANYNJ for review if the applicant is denied M/WBE Certification by SBS.*

### **Your business must meet the following requirements when applying for M/WBE certification with PANYNJ:**

1. **Minority Business Enterprise (MBE)** — Your business must be at least 51 percent owned by, or, in the case of a publicly owned business, at least 51 percent of the stock must be owned by citizens or permanent resident aliens, and the management and daily business operations must be controlled by one or more of such individuals who meet the following ethnic definitions: Black, Hispanic, Asian-Pacific, Asian-Indian, or Native American; AND/OR
2. **Women-owned Business Enterprise (WBE)** — If your business is at least 51 percent owned by citizens or permanent resident aliens who are women and whose management and daily business operations are controlled by women, your firm may qualify for this certification. In the case of a publicly owned business, the requirement is that at least 51 percent of the stock must be women-owned.
3. You must be in business for at least 1 year.

**SECTION I : BUSINESS PROFILE**

1. Company Name: \_\_\_\_\_

2. Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

3. EIN: \_\_\_\_\_

4. Your Cell Phone Number ( ) \_\_\_\_\_

5. This business is applying for certification as a (check one or both if applicable):

Minority-owned Business Enterprise (MBE)

Women-owned Business Enterprise (WBE)

6. Is this a Veteran owned business?

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

If “Yes”, please provide a copy of the verification letter from the U.S. Department of Veteran Affairs, Center for Veteran Enterprise and check applicable status below:

Veteran Owned Business (VOB)

Service Disabled Veteran Owned Business (SDVOB)

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

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

If “Yes”, please provide the following details:

Name of Governmental Entity	Program (MBE, WBE, SBE, DBE)	Status (Pending, Certified, Decertified, Denied, On Appeal)	Date (mm/yy)

For the remaining questions which ask for ethnic identification of owners, shareholders, officers, board members, and managers, please use the following group codes to identify the ethnicity of each individual where required.

01 Black	02c Spanish	04 Native American
02a Hispanic	03a Asian-Pacific	05 White (Non-Minority)
02b Portuguese	03b Asian-Indian	06 Other (Please specify)

8. Identify individuals responsible for managerial operations (state if owner or non-owner).  
 Refer to group code definitions on prior page.

Name & Title	Gender (M/F)	Group Code	Owner (Y/N)
a) Financial Decisions			
b) Estimating			
c) Preparing Bids			
d) Negotiating Bonding			
e) Marketing & Sales			
f) Hiring & Firing			
g) Supervising Field Operations			
h) Purchasing Equipment/Supplies			

Name & Title	Gender (M/F)	Group Code	Owner (Y/N)
i) Managing & Signing Payroll			
j) Negotiating Contracts			
k) Signatures for Business Accounts			

9. If applicable, please enter number of Field Employees (if necessary, average over the past year)

Field

Full-Time \_\_\_\_\_

Part-Time \_\_\_\_\_

10. Identify bank(s) where company accounts are maintained

Bank Name	Address	Contact Name	Contact Title	Type of Account

11. Please provide gross receipts (sales) for each of the last three fiscal years. (If in business for less than three years, complete as applicable)

Current Year \_\_\_\_\_ \$ \_\_\_\_\_

Last Year \_\_\_\_\_ \$ \_\_\_\_\_

Previous Year \_\_\_\_\_ \$ \_\_\_\_\_

**SECTION II: BUSINESS OPERATIONS**

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

- |  |   |
|--|---|
| <input type="checkbox"/> Construction-related  | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Consultants           | <input type="checkbox"/> Technical Service    |
| <input type="checkbox"/> Consumer Service      | <input type="checkbox"/> Other                |
| <input type="checkbox"/> Manufacturer/Supplier |   |

Describe principal products / commodities sold, specialties or services offered:

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---



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13. List the major equipment or machinery that your business have. Please attach separate sheets if necessary.

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

The following forms, grouped by category, must be downloaded from the PANYNJ Web site, completed, and submitted with any of the certification applications.

All Applications	<u>Marketing Data Form</u> <a href="http://www.panynj.gov/business-opportunities/pdf/marketing-data-form.pdf">http://www.panynj.gov/business-opportunities/pdf/marketing-data-form.pdf</a>
Architectural and Engineering Firms	<u>Architectural &amp; Engineering Specialty Form</u> <a href="http://www.panynj.gov/business-opportunities/pdf/ae-specialty-form.pdf">http://www.panynj.gov/business-opportunities/pdf/ae-specialty-form.pdf</a>
Construction Firms	<u>Construction Reference Sheet</u> <a href="http://www.panynj.gov/business-opportunities/pdf/construction-reference-sheet.pdf">http://www.panynj.gov/business-opportunities/pdf/construction-reference-sheet.pdf</a>

For more information about the PANYNJ M/WBE certification program, please visit our Web site <http://www.panynj.gov/business-opportunities/sd-become-certified.html>

**Business Registration:** Please be advised that even if you apply for certification with PANYNJ through the Addendum process, if you wish to be included in PANYNJ’s vendor database, you would have to register your business separately at <https://paprocure.com/savvi.asp>.

## ACKNOWLEDGEMENTS AND VERIFICATION

FIRST, this certification application form, the supporting documents, and any other information provided in support of the application is considered part of the application. Any false statements or misrepresentations in the application may result in the applicant's disqualification from certification as Minority and/or Woman-owned Business Enterprise (M/WBE) by The Port Authority of New York and New Jersey for him/herself and its subsidiaries, which are included in the term "Port Authority".

SECOND, the information contained herein is subject to the Port Authority's Freedom of Information policy amended in May 2008.

THIRD, the Port Authority may require further proof of eligibility for certification in addition to the information disclosed in this application and the applicant shall cooperate with the Port Authority in supplying the additional information. By completing this application, the applicant agrees to submit the additional proof required and acknowledges that the Port Authority may decide to deny the application if the additional proof is not submitted within 30 days after it is requested.

FOURTH, by filing this application, the applicant consents to examination of its books and records and interviews of its principals and employees by the Port Authority for the purpose of determining whether the applicant is, or continues to be, an eligible M/WBE. The applicant acknowledges that its certification may be denied if such examinations or interviews are refused or if the Port Authority determines, as a result of the examinations or interviews, that the applicant does not qualify for certification as a M/WBE.

FIFTH, by filing this application, the applicant consents to inquiries being directed by the Port Authority to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility for certification. If the applicant fails to permit such inquiring to be made, such failure may be grounds for denying or revoking the applicant's certification.

SIXTH, the applicant agrees that it will advise the Port Authority of any change in the ownership or operational and managerial control of applicant's business after the certification application has been filed within 30 days of such change.

SEVENTH, certification is normally granted for a period of five (5) years. However, the Port Authority may require submission of a new application, additional information, examinations of the applicant's principals and employees at any time before the expiration of the five-year certification period. The applicant's failure to submit such material or to consent to such examinations and interviews will be grounds for revocation of certification.

EIGHT, the filing of this application, its acceptance by the Port Authority, and any subsequent certification of the applicant by the Port Authority, is not intended to and does not create any procedural or substantive rights enforceable at law by the applicant against the Port Authority, its Commissioners, officers, agents or employees and any such certification is only intended to facilitate the identification of qualified and bona fide M/WBEs.

NINTH, the Code of Ethics certification attached hereto shall be considered part of this certification application and the applicant is advised to familiarize him/herself with the terms of the certification prior to submitting this application.

TENTH, in submitting this application the applicant and each person signing on behalf of the applicant certifies that, to the best of their knowledge and belief, the following statements are true and correct:

- A) No individual who is current or former employee of the Port Authority or its subsidiaries (i.e., Port Authority Trans-Hudson Corporation (PATH), Newark Legal and Communications Center Urban Renewal Corporation) other than those individuals identified in the space immediately below (1) owns an interest in; or (2) has involvement in a relationship with the applicant firm (a) from or as a result of which the individual has received within the past year, or is entitled to receive in any future year, more than \$1,000 or its equivalent; or (b) which has a market value in excess of \$1,000. \*(List here any such current or former Port Authority Employee (s))

- B) No individual who is a current or former employee of the Port Authority or its subsidiaries other than those individuals identified in the space immediately below (1) holds a position in the applicant firm such as an officer, director, trustee, partner, employee, or a position of management; or (2) acts as a consultant, agent or representative of the firm in any capacity. \*(List here any current or former Port Authority Employee (s))

\*Included within the scope of this certification are the individuals identified by the applicant as "Officers, Owners or Partners".

**Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

ELEVENTH, the criteria for certification by the Port Authority as a Small Business Enterprise are outlined in the documentation entitled "Small Business Enterprise Program (SBE) Administered by The Port Authority of New York and New Jersey" which accompanies this application. If the applicant believes that he/she is eligible for SBE certification, he/she may request that this application also be treated as an SBE certification application by signing below. If signature is provided, all acknowledgments and provisions of this M/WBE certification shall also apply.

SBE Applicant \_\_\_\_\_ Date \_\_\_\_\_

VERIFICATION

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

(A) For Sole Proprietorships, Partnerships, and Limited Liability Partnerships

\_\_\_\_\_, being duly sworn, states that he or she is the owner of (or a Partner in) the entity making the foregoing application and that the statements and representations made in the application are true to his/her own knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

(B) For Corporations and Limited Liability Companies

\_\_\_\_\_, being duly sworn, states that he/she is the  
Name of Corporate Officer

\_\_\_\_\_ of \_\_\_\_\_,  
Title of Corporate Officer Name of Corporation

the entity making the foregoing application, that he/she has read the application and knows its contents, that the statements and representations made in the application are true to his/her knowledge, and that the application is made at the direction of the Board of Directors of the Corporation.

Corporate Seal

\_\_\_\_\_  
Signature Date

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

**Mail to: The Port Authority of New York and New Jersey  
Office of Business Diversity and Civil Rights – Certification Unit  
233 Park Avenue South, 4<sup>th</sup> Floor  
New York, NY 10003**

### **CODE OF ETHICS CERTIFICATION**

In signing and submitting the annexed Certification Application, each applicant and each person signing on behalf of any applicant certifies that they have not made any offers or agreements or given or agreed to give anything of value or taken any other action with respect to any employee or former employee of The Port Authority of New York and New Jersey or any of its subsidiaries (hereinafter referred to as the “Authority”) or any immediate family member of either which would constitute a breach of ethical standards under the Code of Ethics and Financial Disclosure revised April 11, 1996 (a copy of which is available upon request to the Office of Business Diversity and Civil Rights), nor do they have any knowledge of any act on the part of such employee or former employee relating either directly or indirectly to the applicant which constitutes a breach of the ethical standards set forth in said Code.

As used herein, “anything of value” shall include but not be limited to any (a) favors, such as meals, entertainment, transportation (other than that contemplated by an Authority contract), etc., which might tend to obligate the Authority employee to the Contractor and (b) gift, gratuity, money, goods, equipment, services, lodging, discounts not available to the general public, offers or promises of employment, loans or the cancellation thereof, preferential treatment or business opportunity. Such term shall not include compensation contemplated by any Authority contract.

The foregoing certification shall be deemed to have been made by the applicant as follows: If the applicant is a corporation, such certification shall be deemed to have been made not only with respect to the application itself, but also with respect to each director and officer, as well as, to the best of the certifier’s knowledge and belief, each stockholder with an ownership interest in excess of 10%; if the applicant is a partnership, such certification shall be deemed to have been made not only with respect to the applicant itself, but also with respect to each partner. Moreover, the foregoing certification, if made by a corporate applicant, shall be deemed to have been authorized by the Board of Directors of the applicant, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of such certification as the act and deed of the corporation.

In any case where the applicant cannot make the foregoing certification, the applicant shall so state and shall furnish with the application, a signed statement that sets forth in detail the reasons thereof.

The foregoing certification or signed statement shall be deemed to have been made by the applicant with full knowledge that it would become part of the records of the Authority and that the Authority will rely on its truth and accuracy in granting certification.

Applicants are advised that knowingly providing a false certification or statement pursuant hereto may be the basis for prosecution for offering a false instrument for filing (see e.g., New York Penal Law, Section 175.30 et. Seq.). Applicants are also advised that the inability to make such certification will not, in and of itself disqualify an applicant, and that in each instance the Authority will evaluate the reasons therefore provided by the applicant.

**- End of the Port Authority of NY & NJ Addendum -**

**NOTE: Please make sure to read all requirements and provide requested information.**

## ADDENDUM FOR M/WBE CERTIFICATION WITH THE SCHOOL CONSTRUCTION AUTHORITY

**Instructions:** Please review the requirements below regarding the use of this Addendum to apply for M/WBE certification with The School Construction Authority (SCA). Please be advised that this service is a one-time courtesy for businesses that have never previously applied or are not currently under review for certification with SCA but are certified with the City of New York Department of Small Business Services (SBS). In addition, SCA reserves the right to request additional information from the applicant to determine the business' eligibility for certification as an M/WBE with SCA.

SCA requires all applicants to first be approved through the SCA Prequalification Process. To begin the prequalification process, firms are strongly encouraged to submit the SCA [online prequalification application](#). Once you are officially notified that your firm has been prequalified, you are eligible to begin the M/WBE Certification Process.

If eligible, applicants must simultaneously submit this Addendum and the fully completed SBS M/WBE Certification Application and all requested supporting documentation. If your business is granted certification as an M/WBE with SBS, **SBS will submit these documents to the SCA on your behalf.**

***Note:** Failure to certify with SBS may or may not preclude a business entity from eligibility for M/WBE Certification with SCA. An applicant may choose to separately submit a properly completed SCA M/WBE Certification Application to SCA. However, it is important for applicants to note that SBS **will not forward** a completed SBS Addendum for SCA M/WBE Certification to SCA for review if the applicant is denied M/WBE Certification by SBS.*

**SCA-SBS M/WBE CERTIFICATION APPLICATION  
AUTHORIZATION TO RELEASE FORM**

**Firm Name:** \_\_\_\_\_ **EIN:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone:** (        ) \_\_\_\_\_ - \_\_\_\_\_ **Email:** \_\_\_\_\_

**Certifying as:**  MBE and/or  WBE (check all that apply)

**AUTHORIZATION TO RELEASE FORM**

*This Authorization to Release Form must be signed by an eligible minority or woman-owner of the SBS-certified firm.*

The undersigned, \_\_\_\_\_, being the  
Name  
\_\_\_\_\_ of \_\_\_\_\_, certifies that  
Title Firm Name

I/my firm is currently certified by the New York City Small Business Services (SCA) as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) (collectively, "M/WBE").

*Please check box below to indicate your authorization for SBS to release your information to SCA.*

I hereby authorize the SBS to release to the New York City School Construction Authority (SCA) any information and documentation concerning my SBS M/WBE Certification Application in order for SCA to determine my eligibility for M/WBE Certification. This information/documentation may include, but is not limited to, my submitted SBS M/WBE Certification Application and any documentation or evidentiary support submitted with said Application.

Furthermore, I understand that this authorization is voluntary and that by returning this signed Authorization to Release Form my firm is not guaranteed M/WBE Certification by SBS. I also understand that SBS reserves the right to request additional information to evaluate my firm's eligibility for certification pursuant to the SBS Rules.

**Signature:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

## SCA CERTIFICATION AFFIDAVIT

*This affidavit must be signed by an eligible minority or woman-owner of the SBS-certified firm.*

The undersigned, \_\_\_\_\_, being the

Name

\_\_\_\_\_ of \_\_\_\_\_, requests

Title

Firm Name

**Certification as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) with the New York City Department of Small Business Services (SBS), and for that purpose does hereby verify, under penalties of perjury:**

1. The SCA application form, supporting documents, audit reports and any other information provided to the New York City Small Business Services (SBS) or SCA 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 was given under oath, that the Application was submitted as an inducement to the SBS to certify the Applicant as an MBE, a WBE, or as both, and that SCA will rely on the information supplied therein in order to determine the eligibility of the Applicant for such certification. Certification by SCA is subject to all applicable laws and rules of the SCA M/WBE Certification Program. The Applicant acknowledges that in order to maintain SCA certification, the Applicant must comply with the SCA re-certification process.

2. The Applicant agrees to provide notice to the SCA and SBS of any material change in the information contained in the Application within 45 days of such change.

3. The Applicant understands that SCA may require proof of eligibility in addition to the information disclosed in the SBS Application. The Applicant agrees to submit additional proof if it is requested by SCA and acknowledges that SCA 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 SCA, or if the additional proof is not submitted as noticed to the applicant in an SCA letter of request for additional information.

4. The Applicant understands that a material false statement or omission made in connection with the SBS Application or related to any additional information submitted to SCA is sufficient cause for the denial of certification by or revocation of prior certification by the SCA and SBS 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 SCA 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 inquiries shall be grounds for denial or revocation of SBS certification.

6. The Applicant further acknowledges that he or she has read the SBS Application, knows its contents, and that the statements and representations made in the Application or in any additional documentation to be provided to SCA 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This affidavit declares said firm to be a Minority and Women-owned Business Enterprise (M/WBE) 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 the NYC SCHOOL CONSTRUCTION AUTHORITY Addendum –**

**NOTE: Please make sure to read all requirements.**