



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

M/WBE Certification Application Instructions

www.nyc.gov/getcertified

Thank you for your interest in becoming certified as a Minority and Women-owned Business Enterprise (M/WBE) with the City of New York. The M/WBE Program connects certified businesses with opportunities to sell their products and services to New York City agencies. There is no cost for applying for certification.

The **M/WBE Certification Application Instructions** document outlines the steps and eligibility requirements for applying for certification, supporting documentation your business is required to submit with the application and important information and frequently asked questions about the application process. ****Failure to include all supporting documentation with your application will result in delayed processing of your application and may lead to disqualification.**** Please use this instructions document as a guide for completing the **M/WBE Certification Application form**.

Please note: Eligible applicants may apply for certification with New York State Department of Economic Development, please review the requirement in the FAQ and the addendum located in the back of this application. Also if your business is M/WBE certified with one of the NYC Department of Small Business Services' partner organizations, your business may be eligible to submit an M/WBE Fast Track application. Please refer to the FAQ for more information on the Fast Track application.

Application Process: The M/WBE Certification Application process requires you to complete 5 steps.

Step 1: Register as a vendor with the City of New York and obtain a NYC-FMS vendor number.

To register, complete a Vendor Enrollment Application online at www.nyc.gov/selltonyc. When completing the Vendor Enrollment Application, be sure to select and limit your NIGP commodity codes to items that best describe the product or service offered by your business. Also you will be required to complete a Substitute W-9 form, which is also online at www.nyc.gov/selltonyc, and submit the completed form to the Vendor Enrollment Center. 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. 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.

Step 2: Complete the NYC MWBE Application (Includes four sections and an addendum)

Section I: Eligibility Checklist The Eligibility Checklist will help you determine if you are eligible to apply for M/WBE certification before investing time in the remainder of the application. For the certification eligibility requirements, please review Page 3 of this document.

Section II: M/WBE Certification Application Questions

Section III: Hispanic Owner Affidavit (if applicable)

Section IV: Certification Affidavit

Addendum for M/WBE Certification with New York State (if applicable)

If you are interested in applying for certification with New York State Department of Economic Development, please review the requirements in FAQ, complete the addendum (Pages 14-18) and submit the supporting documents listed on Page 18. If M/WBE certified with the City of New York, we will submit your business' completed addendum and supporting documents on your behalf to NYS.

Step 3: Compile Required Supporting Documentation listed in this document

Failure to include all supporting documentation with your application will result in delayed processing of your application and may lead to disqualification. Your application will be returned via mail if it is incomplete.

Step 4: Package your completed application in the following order:

- a. Eligibility Checklist ([Section I](#))
- b. M/WBE Certification Application Questions ([Section II](#))
- c. Certification Affidavits ([Section III & IV](#))
- d. Addendum for MWBE certification with NYS (if applicable)
- e. Required Supporting Documentation (numbered and assembled in order)

Step 5: 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
110 William Street
New York, NY 10038

Important 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 Assistance with your application

- For questions, contact the Certification Helpline (212-513-6311 or mwbe@sbs.nyc.gov). SBS offers one-session M/WBE Certification Workshops where trained certification analysts will guide you through the certification application process. You are strongly encouraged to attend and advanced registration is required. To register, visit www.nyc.gov/helpmecertify, or call 311 and ask for the SBS – Seminars & Workshops.

Eligibility Requirements for the M/WBE Program

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 be able to demonstrate with documentation that it has a real and substantial presence in the geographic market of New York City.

The geographic market of New York City consists of the five boroughs of New York City, and the following counties: Nassau, Putnam, Rockland, Suffolk, and Westchester counties in New York, or Bergen, Hudson, or 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 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:

- Black: having origins in any of the Black African racial groups
- 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.
- Asian-Pacific: having origins in the Far East, Southeast Asia, or the Pacific Islands
- Asian-Indian: having origins from the Indian subcontinent

- **Required Supporting Documentation**

Please note: Failure to include all supporting documentation with your application will result in delayed processing and may lead to disqualification.

Required Supporting Documentation Instructions:

- Please submit only copies of all required supporting documentation listed under Document Tables I and II with your application submission. Originals are not accepted.
- Please submit the required supporting documents in the order listed in the document tables below. Place the document number included in the tables below on the top right corner of the corresponding document that you are submitting.
- Please provide an explanation for any required documents that you cannot provide.
- A certification analyst may request additional documents during the application review process.

Document Table I: Required Supporting Documentation for All Businesses

	Document Description
1.	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 <u>Please note:</u> Resumes must include person’s current position and duties within your business AND display past experience, training, and education. Biographies are not accepted.
2.	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.
3.	Financial statement for the most recently completed fiscal year (e.g. statement of cash flows, balance sheet, or profit and loss statement).
4.	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.
5.	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.
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 six (6) months after date application is submitted.

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

8.	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.
9.	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.
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. <ul style="list-style-type: none">▪ For Black persons– Each owner’s Certificate of Live Birth (or its equivalent) with the race information of the owner, or owner’s parent, or owner’s grandparent.▪ For Asian-Indian or Asian-Pacific persons- Each owner’s, or owner’s parent’s, or owner’s grandparent’s birth certificate, passport or other legal document stating his/her place of birth or nationality originating from the Indian subcontinent, any of the Far East countries, South Asia, or the Pacific Islands.▪ For Hispanic persons– Each owner’s, or owner’s parent’s, or owner’s grandparent’s birth certificate, passport or other legal document stating his/her place of birth or nationality as Mexican, Puerto Rican, Dominican, Cuban or Central or South American to prove Hispanic descent. AND Completed Hispanic Owner Affidavit self-certifying owner to be of Hispanic origin (Section III of the application form).
12.	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).
13.	Proof of bonding capacity (if applicable). See Question 32.

Required Supporting Documentation (Continued)

Document Table II: Additional Required Supporting Documentation by Business Structure Including Businesses with Only One Owner

Please acquire and provide the required documentation (indicated with a check mark) for your business structure to demonstrate that your business is 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 stationary 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.

Frequently Asked Questions

1. How do I qualify and apply for M/WBE certification with New York State Department of Economic Development, Division of Minority and Women's Business Development (DMWBD) via the New York State Addendum found on pages 14-18 of this New York City M/WBE Certification Application?

In order to qualify for New York State certification, the applicant firm must be at least 51% owned, operated and controlled by a minority or by a woman (please refer to requirement D on the MWBE Certification Application Instructions, page 3); be actively in operation for at least one year; be a resident of New York State; employ no more than 300 full time employees; have each minority or woman upon which certification for this firm is based with a personal net worth which does not exceed 3.5 million dollars. If your business has never certified with the State of New York, you may apply for New York State M/WBE certification by completing Addendum: NYS M/WBE Certification Application (pages 14-18) of this New York City M/WBE Certification Application and the supporting documents (page 18). If your business becomes MWBE certified with New York City, we will submit the completed Addendum along with any required documentation listed on page 18 to the State of New York for processing.

2. How do I determine if my business is eligible to apply via the Fast Track application?

If your business is M/WBE certified with one of the below-listed NYC Department of Small Business Services' partner organizations, your business may be eligible to submit a M/WBE Fast Track Application. However, if your business has previously applied for M/WBE Certification or is currently under review with the City of New York, your business is not eligible to submit a Fast Track Application. If your business' certification is pending with any of the below-listed entities you can either opt to (a) Not Complete this Application and file a Fast Track Application subsequent to such entity's certification of your company; or (b) Continue to file this M/WBE Application. Please note that if you complete this application your company will not be allowed to file a Fast Track Application. Before beginning this application, you should contact the organization with which you are certified or the NYC Department of Small Business Services Certification Helpline (212-513-6311 or mwbe@sbs.nyc.gov) to find out if you are qualified for the Fast Track Application.

The NYC Department of Small Business Services' partner organizations are:

- New York City School Construction Authority
- The Port Authority of New York and New Jersey
- Women Presidents' Educational Organization
- New York & New Jersey Minority Supplier Development Council Inc.
- New York State Department of Economic Development, Division of Minority & Women's Business Development (DMWBD)

3. How does the application review process work?

Once your application is received by the NYC Department of Small Business Services, a certification analyst will determine the completeness of the application. You will be notified via mail if your application is incomplete. You will have thirty (30) days to submit missing information or supporting documentation from the time you are notified. If you do not submit the missing documentation, you will receive a Notice of Rejection and your application will be returned to you with all documentation. You may not reapply for one hundred and twenty (120) days.

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

Frequently Asked Questions (Continued)

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

You can track the status of your business' application on NYC Business Express (www.nyc.gov/BusinessExpress). Create an account for your business on NYC Business Express to view your application status and to manage your interactions with the City of New York.

Also, you may expect to receive an official letter of decision within eight (8) to ten (10) weeks from the date of receipt of a complete application.

5. 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.

6. What happens if I am certified for the M/WBE Program?

Your certification is effective for five (5) years from the date on the confirmation letter.

To maintain M/WBE status during the certification period, certified businesses must annually submit an affirmation form of no material change in ownership, operation or control of your business. The affirmation form is provided to certified businesses via mail prior to each anniversary of certification.

To re-certify, you will have the opportunity to complete and submit an abbreviated version of the certification application. Businesses that have previously applied for MWBE Certification through the fast track application process will have to complete and submit this standard MWBE certification application in order to re-certify.

7. 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 mwbe@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

8. What happens if I am denied M/WBE 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 M/WBE 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.

M/WBE Certification Application

(Please refer to the M/WBE 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 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>
C	<p>Is your business currently structured as one of the following?</p> <p>If Yes, please select your current business structure:</p> <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) </p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
D	<p>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?</p> <p>If Yes, please select the eligible group(s) that apply:</p> <p> <input type="checkbox"/> Woman And/or <input type="checkbox"/> Minority (Eligible groups listed below): Black Asian-Pacific Hispanic Asian-Indian </p>	<p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p>
<div style="display: flex; align-items: center;">  <div> <p>Did you answer "Yes" to all the questions above?</p> <p>If so, please carefully review the Eligibility Requirements (Page 3 of the <i>M/WBE Certification Application Instructions</i>) to confirm that your business is eligible to apply for MWBE Certification <u>before proceeding with the application.</u></p> </div> </div>		

Section II: 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 + ext.) (____) _____ - _____

6. **Fax Number:** (area code + 7-digit + ext.) (____) _____ - _____

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-FMS 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 + ext.)	
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	<input type="checkbox"/>	NYC Business Solutions Center	<input type="checkbox"/>
www.nyc.gov (the City's website)	<input type="checkbox"/>	Advertisement	<input type="checkbox"/>
Event _____	<input type="checkbox"/>	Other _____	<input type="checkbox"/>
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.

16. Has your business' Certificate of Incorporation, Business Certificate, or Certificate of Trade Name 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

Inherited the company

Bought an existing company

Secured a franchise

Acquired the business via a merger or consolidation

Other _____
If other, name of sponsor or event

18. What is your business' date of origination? (If later, 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. 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).

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.

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 (Please 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 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 credit 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

Business Profile & Job Experience

Answers to the following question are required and may be used for certification purposes. If your business becomes certified, your responses to the following questions and your business contact information will be made publicly available on the City of New York's Online Directory for Certified Businesses (www.nyc.gov/buycertified), a searchable database that will help you to promote your business at no cost and makes it easier for public and private purchasing agents to find and do business with you. Purchasing agents can search for businesses in the directory by business name, keywords, certification type, ethnicity, or commodity code. Also, please refer to the FAQ for information on how to maintain an accurate business profile.

36. Which of the following represents the widest geographic region to which your business provides products or services? (Please select only one).

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

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)

Sample business description: Full service interactive agency specializing in digital business solutions. Our services include marketing, website design, web application design, interface design, information architecture and development.

39. 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 + ext.) Email Address

40. Please provide up to three (3) of your business' largest contracts/jobs performed within the last two (2) years that you would like to have 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)).

Directory Opt-Out: If you do not want the information in Question 40 to be displayed on the Online Directory for Certified Businesses, please place a check mark in this box.

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
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 & Email (for internal use only, will not be displayed in online directory)			
Date of Job (mm/yy)			
Description of Job (Provide an accurate and descriptive explanation of the work performed and results-max. 50 words)			
Name of Project			
Total Dollar Value of Project, if known	\$	\$	\$
Dollar Value of your Business' Job (Strongly encouraged to submit this value as it is used to determine your business' capacity)	\$	\$	\$

Section III: Hispanic Owner Affidavit

This affidavit must be signed by each owner of the applicant firm claiming minority status as Hispanic.

I, the undersigned, _____, **being the**
Name
_____ **of** _____,
Title Firm Name

hereby certifies under the penalty of perjury that I am of Hispanic origin. This means I trace my heritage, culture, language, nationality group, lineage or ancestors to Mexico, Puerto Rico, Dominican Republic, Cuba, Central or South America. SBS reserves the right to request additional verifying documentation and is not required to accept the claim if it determines to be invalid.

Signature _____

This affidavit certifies said owner to be of Hispanic origin 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

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 M/WBE CERTIFICATION WITH NEW YORK STATE DEPARTMENT OF ECONOMIC DEVELOPMENT, DIVISION OF MINORITY AND WOMEN'S BUSINESS DEVELOPMENT

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

If eligible, Applicants must simultaneously submit this Addendum and the fully completed NYC M/WBE Certification Application to SBS. If your firm is granted certification as an M/WBE with SBS, SBS will submit this completed Addendum, along with a copy of your completed SBS Standard M/WBE Certification Application to the 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 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.

ELIGIBILITY CHECKLIST FOR USE OF ADDENDUM FOR M/WBE CERTIFICATION WITH NEW YORK STATE	
Is the firm “publicly owned”? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! 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"/>	If Yes, STOP! The other business may need to be certified first before this firm can complete this NYS addendum.
Does this firm employ more than 300 full time equivalent employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! You do not qualify for the NYS MWBE certification program.
Does each minority or woman owner upon which certification is based for this firm have a personal net worth which <u>exceeds 3.5 million dollars</u> ? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! 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 submit the required supporting documents listed on the last page of this addendum.

SECTION II: COMPANY PROFILE

1. Please provide the business’ twitter/face book link (if applicable)?

2. Please provide gross receipts for the last 3 years (If this firm has been in business for less than 3 years, complete as applicable but you should have at least one year tax return.)

\$ _____ \$ _____ \$ _____
 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). This number can be found online at www.unspsc.org or on the NAICS website at www.census.gov

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 No
- b) consisted of a partnership in which one or more of the partners are other firms? Yes No
- c) owned any percentage of any other business? Yes No
- d) had any subsidiaries? Yes No
- e) does any of your immediate family members own or manage other businesses? Yes No

If Yes to any of the question 6 a-e, please provide the following details 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? Yes No

If Yes, please explain the details below.

NYS M/WBE CERTIFICATION AFFIDAVIT

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

The undersigned, _____, being the
Name
_____ of _____, requests
Title Firm Name

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 date it is requested by DMWBD, or the application may be rejected by the DMWBD.

By signing this Application, Applicant also consent to (i) inquires 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; and (iii) interviews of Applicant's principals and employees (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 may 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 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. He or she is duly authorized by the Applicant to act the behalf of the Applicant;
3. The information and representations contained in this Application are true to the best of his or her knowledge;
4. 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.
5. 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;
6. The minority and/or women owner upon which certification is based verify that their new worth does not exceed \$3.5 million and the applicant business does not employ more than 300 employees; and
7. **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 175.5 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 two (2) years of personal federal and state tax returns including all schedules, statements, and amendments.
2. Completed, signed, and notarized (page 17) Attachment A: NYS MWBE Personal Net Worth Affidavit for each minority and woman owner upon which certification is based.

- End of NYS MWBE Certification Addendum -