



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

RE-CERTIFICATION APPLICATION

The Minority and Women-owned Business Enterprise Re-Certification Application requires you to complete the following six steps in order to process your application:

- I. Before re-applying for certification, you will need your vendor number. If you do not have your Vendor Number, please contact the Vendor Enrollment Center at (212) 857-1680. If any of your original information has changed, including NIGP commodity codes and business contact information, you should update your record with the Payee Information Portal at <http://nyc.gov/pip>.
- II. Answer all questions in the M/WBE Re-Certification Application (pages 5-12).
- III. Complete and submit the Certification Affidavit (page 13) by signing the form.
- IV. All businesses must provide prior two (2) years of signed Business Federal, State, and City Tax returns including all schedules as filed with the relevant tax authority. ****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.****
- V. If there has been a change in your business since your last certification and answered 'YES' to questions 12-20, please provide the applicable supporting documentation in accordance with the instructions outlined in the question and Document Tables on (page 4). ****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.****
- VI. Submit via mail or in person the packaged Re-Certification Application with all applicable supporting documentation to:

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

Additional Information:

- If your business was previously certified using the 1,2,3 Fast Track Application, please do not use this form, instead submit a M/WBE Standard Certification Application. To obtain this form, please visit www.nyc.gov/getcertified
- Please keep a copy of this completed application and supporting documents for your records.
- All information and supporting documentation submitted will be kept confidential.
- Please review the Application Guidelines (pages 2-3) for information about the re-certification process.
- For questions, call the Certification Helpline at (212) 513-6311 or email mwbe@sbs.nyc.gov

Requirements to re-apply for the M/WBE program

Please review the eligibility requirements listed below to confirm that your business is eligible to re-apply to the M/WBE program. If you still have concerns about your business' eligibility after reviewing the requirements, you should contact the Certification Helpline (212) 513-6311 or mwbe@sbs.nyc.gov

Requirement 1: 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 by satisfying at least one of the following conditions:

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' 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:
 - i. the business has maintained a bank account for at least six (6) months or engaged in other banking transactions in the City;
 - ii. 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;
 - iii. the business has transacted or sought to transact business in or with the City more than once in the past three years.

Requirement 2: 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 3: Your business is at least 51% owned, controlled, and operated by US citizen(s) or permanent resident(s) that are **women 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 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

For help completing this application, call the Certification Hotline at 212-513-6311

The Re-Certification Process—What to Expect

- 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 days (30) 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 re-apply for certification for one hundred and twenty (120) days.
- Your business is subject to an audit conducted by the NYC Department of Small Business Services at any time.
- You can withdraw your application at any time prior to an audit.
- 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.
- Once the application is deemed complete, the applicant can expect to receive an official letter of decision in approximately eight (8) to ten (10) weeks with one of two possible results: **certified** or **denied**.
 - If your business is **approved**, your re-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.
 - If your business is **denied** re-certification, you will have sixty (60) days from the date on the letter of decision to appeal the decision. Appeals are not handled by the NYC Department of Small Business Services' Division of Economic and Financial Opportunity. 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 re-apply for M/WBE re-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.

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

Supporting Documentation

Please provide only copies of the supporting documents. Originals will not be accepted. A certification analyst may request additional documents during the application review process, if warranted.

ALL BUSINESSES MUST PROVIDE PRIOR TWO (2) YEARS OF SIGNED BUSINESS FEDERAL, STATE, AND CITY TAX RETURNS.

Document Table I: Required Supporting Documentation if you answered 'YES' for Question 12 or Questions 14-20 and there has been a change since your last certification with the City of New York.

If Yes, to Question #	Document Description
12.	Signed lease agreement or proof of ownership/deed for new business location(s), including home office, warehouse(s), and equipment storage (if applicable).
14-19.	A current, chronological résumé for the individuals listed below in the following questions: 14: New Persons with ownership interest in the business 15: New Corporation shareholders 16: New Officers or members of the board of directors of the corporation 18: New Personnel performing key managerial functions 19: New Persons affiliated with another business <u>Please note:</u> Resumes must include person's current position and duties within your business <u>AND</u> display past experience, training, and education. Biographies are not accepted.
14 or 15.	Proof of U.S. Citizenship or Permanent Resident Alien Status (e.g., passport, birth certificate, naturalization certificate or Green Card) required for each new minority or woman owner(s).
14 or 15.	Proof of ethnicity for each owner claiming minority group status. If the firm is applying for MBE or MWBE Certification, for each Minority who has an ownership interest in the applicant firm, you will need to provide proof (i.e. 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 2 of the Instructions for this Application.
14 or 15.	Recently issued membership or stock certificates for new members or shareholders and next un-issued certificate.
17.	Buy-out agreement and proof of payment made to purchase your business.
20.	Document(s) demonstrating relationship to any business with which you share space, equipment, materials, or personnel.
29.	Proof of bonding capacity (if applicable).

Document Table II: Additional Required Supporting Documentation by Business Structure if you answered 'YES' to Question 13. Provide the required documentation (indicated with a check mark) for your new business structure.

If yes to Question 13, Document Description	Sole Proprietor	Partnership	LP	LLP	LLC	Corporation
Business Certificate filed with county clerk, including amended certificates*	✓	✓				
State filing receipt, including amended receipts			✓	✓	✓	✓
LLC Articles of Organization or Articles of Incorporation**					✓	✓
Partnership Agreements, LLC Organizational Agreement, or Corporate Bylaws**		✓	✓	✓	✓	✓
Buy Out Rights		✓	✓	✓	✓	✓
All issued membership or stock certificates (front and back), as well as next un-issued certificate**					✓	✓
Minutes of First Board Meeting						✓
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.

*** Only businesses registered outside of New York must obtain a New York Certificate of Authority. This may be obtained from the NYS Corporation Division at (518) 473-2492, or online through <http://www.dos.state.ny.us/corps>

For help completing this application, call the Certification Hotline at 212-513-6311

February 2014

General Instructions:

- Please print or type clearly. **Answer all questions and provide all requested documentation.**
- Wherever the space is insufficient, attach additional sheets as necessary and indicate the question number.
- If there has been a change in your business since your last certification and you answered 'YES' to questions 12-20, please provide the applicable supporting documentation in accordance with the instructions outline in the question and Supporting Document Tables on Page 4

1. Business Legal Name: _____

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

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 (Complete only 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). Please note: 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 M/WBE 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 Last Name Suffix e.g. Jr. Sr. Esq. etc.

Business Title Telephone Number (area code + 7-digit + ext.)

Email Address

Questions 12-21 relate to changes that may have occurred in your business since your **LAST** certification.

12. Has your business relocated? Yes _____ No _____

If YES, please attach a lease agreement or proof of ownership/deed for **new** business location.

13. Has there been any change in your business structure and/or business name? Yes _____ No _____

If YES, please select the new business structure. Attach supporting documentation to explain. (See Document Table II, pg. 4 for more information)

- | | |
|---|--|
| 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) <input type="checkbox"/> |

14. Has there been any change in individuals with ownership interest, such as proprietors, partners or members? Yes _____ No _____

If YES, please complete the table below for **all** owners. Attach resumes, proof of ethnicity **and** US Citizenship/Permanent Resident Alien Status for **new** owners and recently issued membership certificates for **new** members. (See Document Table I, pg. 4 for more information.)

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 codes below)	US Citizen or Permanent Resident Alien

15. CORPORATIONS ONLY: Has there been any change in shareholders? Yes _____ No _____

If YES:

a. Please complete the table below for **all** shareholders. Attach resumes, proof of ethnicity **and** US Citizenship/Permanent Resident Alien Status and recently issued stock certificates for **new** shareholders. (See Document Table I, pg. 4 for more information.)

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 codes below)	US Citizen or Permanent Resident Alien (Y/N)	Number of Shares Owned	Unit Share Price Paid When Purchased

*Ethnicity Codes Table: Please use the following abbreviations listed below to identify the ethnicity of each individual listed above.

B Black	H Hispanic	AP Asian-Pacific	AI Asian-Indian	N Non-Minority
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b. Please provide the number of company shares in each of the following categories:

Common Authorized _____ Common Issued _____
 Preferred Authorized _____ Preferred Issued _____

16. CORPORATIONS ONLY: Has there been any change in Board of Directors and/or Officers?

Yes _____ No _____

If YES, please complete the table below for all board of directors/officers. Attach resumes for new board of directors/officers.

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

17. Has your business been bought in whole or in part by another company? (including venture capitalists and other investors) Yes _____ No _____

If YES, please complete the table below. Attach the buy-out agreement and proof of payment used to purchase your business.

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

18. Has there been any change in personnel performing key managerial functions? Yes _____ No _____

If YES, please complete the table below for all managers, including owners. Attach resumes for new personnel listed below.

Full Name (First and Last)	Title/Position	Functional Role(s)* (See functional role codes table below)	Owner? (Y/N)

*Functional Role Codes Table: Please use the letter codes below to identify all areas of functional responsibility for each individual listed above. Managerial personnel may have multiple roles within a company.

- | | | |
|---|----------------------------------|---|
| 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 | |

19. Have any personnel performing key managerial functions, officers, board members, or individuals with business ownership interest been affiliated with or worked for another business within the past three years? Yes ____ No ____

If YES, please complete the table below for each individual for which the above statement is true. Attach resumes for new individuals affiliated with other business.

Full Name (<i>First and Last</i>)	Name of Affiliated Business	Relationship to Affiliated Business

20. Has your business shared space, equipment, materials, or personnel with any other business? Yes ____ No ____

If YES, please complete the table below for the business with which you share and place a check mark in each applicable item category. Attach supporting documentation to explain this relationship. (See Document Table I, pg. 4 for more information.)

Business Name	Business Phone Number	Space	Equipment	Materials	Personnel

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

Permanent

Temporary (includes seasonal)

Full-Time _____ Full-Time _____

Part-Time _____ Part-Time _____

Questions 22-31

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.

22. 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.

23. 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

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

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

- NAICS Code _____
 NAICS Code _____
 NAICS Code _____

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

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

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

26. 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.

27. 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 below:

First Name	Last Name	Suffix e.g. Jr. Sr. Esq. etc.
Business Title		Telephone Number (area code + 7digit +ext.)
Email address		

28. Is your firm a signatory to a union contract? Yes No If yes, name and Local(s)

Names of Unions _____ **Local Number(s)** _____

29. 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

30. Please provide the three most recent contracts/jobs your business performed within the last two years which will be listed in the Online Directory of Certified Businesses (For examples of job descriptions submitted by other City-certified businesses, please visit the online directory (www.nyc.gov/buycertified)).

Please note: Contact information will not be displayed on the Online Directory for Certified Businesses; it is only used by the NYC Department of Small Business Services for verification purposes. **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
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)				
Name of Project				
Description of Specific Tasks Performed (Provide an accurate and descriptive explanation of the work performed and results -max. 50 words)				
Dollar Value of Contract (This value is required and used to determine your business capacity)	\$	\$	\$	
Percentage of work Self Performed (Provide an accurate percentage of work completed by your business)				

31. 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"/>

