NEW YORK STATE OF OPPORTUNITY | Division of Minority and Women's Business Development

ADDENDUM FOR NYS MWBE 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 MWBE. The responses required by this Addendum (including any supporting documentation submitted with said Addendum) are intended to address additional necessary information relating to MWBE certification with DMWBD and which is not required by the New York City Department of Small Business Services ("SBS"), in its SBS New York City MWBE Certification Application.

If eligible, Applicants must simultaneously submit this Addendum and the fully completed MWBE Certification Application to SBS. If your firm is certified as an MWBE with SBS then they will submit this completed Addendum, along with a copy of your completed SBS MWBE 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 MWBE certification with DMWBD or SBS. Please be advised, the supporting documentation provided to SBS will not be provided to NYS DMWBD. 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 MWBE with New York State.

Note:

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

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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 MWBE 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 MWBE 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 MWBE 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 MWBE Certification, as well as providing responses to the following questions.

ELIGIBILITY CHECKLIST FOR USE OF ADDENDUM FOR MWBE CERTIFICATION DMWBD	
Is the firm **"publicly owned"?** Yes ☐ No ☐	**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 ☐ No ☐	**If Yes, STOP!** You do NOT qualify for the NYS MWBE certification program and should not fill out this NYS addendum.
Does this firm employ more than **300** employees? Yes ☐ No ☐	**If Yes, STOP!** You do not qualify for the NYS MWBE certification program and should not fill out this NYS addendum.
Does any individual minority and/or woman owner upon which certification is based for this firm have a personal net worth which exceeds **15 million dollars**? [1] Yes ☐ No ☐	**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 make sure to submit the required supporting documents listed on the last page of this addendum.

[1] The personal net worth of each individual upon which certification is relied upon cannot exceed 15 million dollars, as adjusted annually for inflation according to the consumer price index to reflect the current buying power of 15 million dollars in the year 2020. 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

1. **Name of applicant firm: (Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction")**

2. **"Doing Business As" (DBA) Name: (Complete if firm does business under an assumed or trade name that is different from its legal name.)**

3. **Business Address (must represent a physical location: No PO Box allowed):**
   _____

   Mailing Address (Complete if different from physical location):
   _____

4. **Business Phone Number:** _____
   Alternate Business Number: _____
   FAX Number: _____

5. **Email Address:** _____

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

7. **Federal Employer Identification Number or Social Security Number (A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, go to the U.S. Internal Revenue Service website http://www.irs.gov. Sole Proprietorships may submit social security number of the owner in lieu of the federal identification number but we strongly advise you to apply for an EIN.)** _____

8. Name & Position of all person(s) with ownership interest in this firm (if no positions are held, state "none"). Indicate each owner's gender Female, Male or Gender X. Indicate each owner's Ethnicity Group Code*, percentage owned, US Citizen or Permanent Resident status (yes or no), and primary language spoken at home.

Name	Gender	Position	Ethnicity Group	% Owned	US Citizen or Permanent Resident Alien	Primary Language Spoken at Home

* Group Code Key **01** Black **02** Hispanic **03**Native American **04** Non-Minority **05** Chinese **06** Japanese **07** Filipino **08** Korean **09** Vietnamese **10** Asian Indian **11** Bangladeshi **12** Pakistani **13** Hmong **14** Cambodian **15** Thai **16** Native Hawaiian **17** Guamanian **and** Chamorro **18** Samoan **19** Other Asian Group **20** Other Pacific Island group **21** Egyptian **22** Moroccan **23** Algerian **24** Tunisian **25** Libyan **26** Yemeni **27** Iranian **28** Palestinian **29** Iraqi **30** Lebanese **31** Israeli **32** Syrian **33** Armenian **34** Saudi **35** Amazigh **36** Syriac **37** Other Transnational Indigenous Middle Eastern North African Community **38** Other _____

Disclaimer: Please be advised, not all Group Codes listed are included in the definition of a Minority Group Member pursuant to Article 15-A of the New York Executive Law and the corresponding regulations (Title 5). Please review the criteria as outlined here on our website: https://esd.ny.gov/mwbe-certification-eligibility-requirements.

9. **Data Collection Questions Pursuant to New York Executive Law Section 170-G: Sexual Orientation and Gender Identity (SOGI)**

SOGI Question	Answer
Which of the following best represents how you think of yourself? [Select one] a. Gay or lesbian b. Straight, that is, not gay or lesbian c. Bisexual d. I use a different term: _____ e. I don't know f. Prefer not to answer	
What is your current gender? [Select one] a. Woman b. Man c. Non-binary d. I use a different term: _____ e. I don't know f. Prefer not to answer	
Do you consider yourself to be transgender? a. Yes b. No c. I don't know d. Prefer not to answer	

SOGI Disclaimer: Accurate data is vital for State agencies to make informed decisions and provide high-quality services to New Yorkers. Adding sexual orientation and gender identity items is part of the Department of Economic Development's implementation of Executive Law Section 170-g, which requires New York State agencies, boards, and commissions that directly or by contract collect demographic data as to the ancestry or ethnic origin of residents of the State of New York to use, to the extent practicable, separate collection categories and tabulations for sexual orientation and gender identity or expression.

Collecting sexual orientation and gender identity information will help the Department of Economic Development to better understand the utilization of state programs by LGBTQ+ communities and the disparities that impact LGBTQ+ communities, with the goal to improve service delivery and reduce barriers to access. The sexual orientation and gender identity questions have been designed using the latest research and evidence-based best practices.

The questions are optional, similar to other demographic data collected by the Department of Economic Development. Your decision to provide SOGI data information will not affect your access to services or benefits and will not result in retribution or retaliation.

New York State Human Rights Law prohibits discrimination based on gender identity or expression and sexual orientation. If you believe that you have been discriminated against, you can file a complaint with the New York State Division of Human Rights by visiting here: https://dhr.ny.gov/complaint.

10. **Type of ownership (Please specify current ownership)**
    ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Partnership (LLP)
    ☐ Corporation (including S-Corp & DPC) ☐Limited Liability Company (LLC)

11. **Date firm was established: _____**

If this firm has NOT been in business for at least one year, contact the Division at 212-803-2414 to see if you should complete the application. We generally require that the business has been in operation for at least one year and filed its first tax returns.

12. **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_____)

13. **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) _____

14. **Please provide the business' North American Industry Classification System (NAICs) codes.** The NAICS numbers can be found online at www.census.gov/eos/www/naics

NAICS_____

15. **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.

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16. **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) had immediate family members own or manage other businesses? Yes ☐ No ☐

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?

17. **Does your business rely on any other business for management functions or employee payroll?**
If "Yes", please explain the details. Yes ☐ No ☐

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 15 million dollars, as adjusted annually for inflation according to the consumer price index to reflect the current buying power of 15 million dollars in the year 2020. 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

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; ownership interest in a holding company established for the exclusive and sole purpose of leasing machinery, equipment, or vehicles exclusively to the certified minority or women-owned business enterprise, that is majority owned by the minority group member or women relied upon for certification, and the holding company does not own any other assets of any kind; or up to seven hundred and fifty thousand dollars 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_____

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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	$		
Total Assets	**$**	**Total Liabilities**	**$**

Adjusted Personal Net Worth	**$**

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. ***DO NOT include primary residence.***
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 MWBE 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 15 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 –