



M/WBE

**CERTIFICATION
APPLICATION**

SAVE TIME, REVIEW THESE SIX STEPS

Before you begin to complete the M/WBE Certification Application Questions, take a moment to review these six steps.

STEP 1

Does your Business Enterprise meet M/WBE Eligibility Requirements?

If you are able to answer YES to all M/WBE eligibility requirements, included within this application, then your business is eligible to apply for M/WBE Certification.

You can complete the attached application, download an electronic copy online at:

<http://on.nyc.gov/mwbeapp>, or apply via the NYC Online Certification Portal at:

<http://nyc.gov/certifyonline>

If you are a Sole Proprietor, please inquire about our Sole Proprietor M/WBE Certification Application.

STEP 2

Is your business already M/WBE Certified?

If your business is M/WBE certified with one of the NYC Department of Small Business Services' partner agencies or organizations, your business may be eligible to submit a Fast Track Application.

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

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

Before completing an application, contact the SBS to find out whether your business qualifies for a Fast Track Application.

STEP 3

Is your business registered with the City of New York?

To do business with the City of New York, businesses must be a registered vendor and assigned an FMS Vendor Number. To register your business, you must create a Payee Information Portal (PIP) account. PIP is a service that allows a business, as a vendor for the City of New York, to manage its own account information and view its financial transactions. Once in the PIP portal, set-up an account, select appropriate commodity codes, submit the City's required Substitute W-9 form, used to validate Employer Identification Number (EIN), and follow the online directions.

To activate your new account, visit the PIP Portal at: <http://nyc.gov/pip>

For further assistance, contact the PIP Help Desk at: **212-857-1777**

If your business is already registered and if any of the business' information has changed, contact the Vendor Enrollment Center at: **212-857-1680**

email: vendorenrollment@cityhall.nyc.gov

STEP 4

Do you have the required supporting documents?

Along with a completed application, you will need to submit supporting documents, as listed in the Required Document Checklist.

Please be advised that your business is subject to an onsite visit by the NYC Department of Small Business Services at any time.

STEP 5

Want an opportunity to certify with other agencies?

You may use this application to also certify with one or all of our partnering agencies. Along with your completed NYC M/WBE Certification Application and required documents, you will also need to complete and submit, addendum(s) – additional forms and information requested by our partner(s). You can download the addendum(s) at: <http://on.nyc.gov/mwbecert>

NYC Department of Small Business Services' partner agencies:

- ▶ New York City School Construction Authority
- ▶ Port Authority of New York and New Jersey
- ▶ New York State Department of Economic Development

If your business is certified as an NYC M/WBE, the NYC Department of Small Business Services will submit a copy of your complete package to our certification partner(s) on your behalf.

STEP 6

Complete, sign and submit your M/WBE Certification Application.

- ▶ Sign the Certification Affidavit;
- ▶ Provide the required supporting documents, see Document Checklist;
- ▶ If you are certifying with our partner(s), submit applicable addendum(s) along with any additional requested information.

You may deliver or mail your completed application to:

**NYC Department of Small Business Services (SBS)
Division of Economic and Financial Opportunity
110 William St, 7th Floor
New York, NY 10038**

ELIGIBILITY REQUIREMENTS FOR M/WBE CERTIFICATION

1.

The business has been in operation for at least 1 year.

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

2.

The business is located in New York City or maintains a real and substantial presence in the geographic market of New York City.

Geographic market: The five boroughs of New York City, Nassau, Putnam, Rockland, Suffolk, and Westchester counties in New York; and Bergen, Hudson, and Passaic counties in New Jersey.

Your business must be able to demonstrate and provide documentation by satisfying at least one of the following conditions:

- ▶ Business' principal office, place of business, or headquarters is located within the geographic market New York City, or
- ▶ 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, or
- ▶ Business has transacted, or sought to transact, business more than once in the City within the last three (3) years, or twenty-five percent (25%) of the business' annual gross receipts for each of the last three (3) years was derived from transacting business in the City.

If your business' principal office, place of business, or headquarters is not located within the geographic market of New York City but your business has demonstrated at least two of the following:

- ▶ The business has maintained a bank account for at least six (6) months or engaged in other banking transactions in the City, and/or
- ▶ 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, and/or
- ▶ The business has transacted or sought to transact business in or with the City more than once in the past three (3) years.

3.

The business' legal structure must be one of the following:

- ▶ Business / General Partnership
- ▶ Limited Partnership (LP)
- ▶ Limited Liability Company (LLC)
- ▶ Limited Liability Partnership (LLP)
- ▶ Corporation

If you are a Sole Proprietor, please inquire about our Sole Proprietor M/WBE Certification Application.

Not-for-profit organizations are not eligible to apply.

4.

The business is at least 51% owned, operated, and controlled by a U.S. citizen(s) or U.S. permanent resident(s) that are women and/or member(s) of a designated minority group(s).

Your application must demonstrate the individual(s) with ownership interest controls the business.

The designated minority groups:

- ▶ 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: European (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

Proof of ethnicity for each individual who has an ownership interest in the business:

- ▶ birth certificate or naturalization papers – for yourself, or for a parent or grandparent
- ▶ death certificate – for a parent or grandparent
- ▶ military records
- ▶ Official documentation issued by a Federal, State, or Local government entity or Court rule establishing and/or recognizing an applicant, or the applicant's parent, or grandparent is a member or descent of a minority group

REQUIRED DOCUMENT CHECKLIST

Along with the M/WBE Application, you will need to provide additional supporting documents.

RESUME

Current, chronological resume for person(s) with ownership interest in the business, including current position and duties within the business, past experience, training, and education — bios are not acceptable

BANK SIGNATURE CARD

Bank signature card or letter from bank identifying all persons, even a sole-signer, currently authorized to sign on each account, any limitations on a signer's authority, including all business account number(s)

TAX RETURNS

Most recently completed year of the business' Federal, State, and City signed tax returns, including all schedules, as filed with the relevant tax authority

U.S. CITIZENSHIP/PERMANENT RESIDENT ALIEN STATUS

Proof of U.S. citizenship or permanent resident alien status (e.g. copy of passport, birth certificate, naturalization certificate, green card) for each minority- or woman-owner listed

LICENSE/PERMITS

Copies and/or documentation of license(s), permit(s), bond(s) and certification(s)

LEASE AGREEMENT

Current lease agreement, proof of ownership or deed for business location(s), including home office(s), warehouse(s), and equipment storage, if applicable

Signed agreement or proof of ownership/deed must be valid for at least six (6) months after date application is submitted

BUSINESS CONTRACTS/INVOICES

One (1) or more completed and signed contracts or invoices, along with proof of payments, for services performed by the business, within the geographic market of New York City during the past year

MINORITY GROUP STATUS

Proof of ethnicity for each owner claiming minority group status, as described in M/WBE eligibility requirements

BUSINESS START/ORIGINATION

Proof of how the business was initially capitalized (e.g. cancelled checks, purchase receipts, any loan agreements or proof of business expenses)

Only submit those documents, checked-off in the grid below, based on your business' structure.

DOCUMENT DESCRIPTION	PARTNERSHIP	LP	LLP	LLC	CORP
Business Certificate As filed with the county clerk, including amended certificates. Only required if your business name is an assumed name	✓				
State filing receipt Include any amended receipts		✓	✓	✓	✓
LLC Articles of Organization or Articles of Incorporation				✓	✓
Partnership Agreements, LLC Organizational Agreement, or Corporate Bylaws	✓	✓	✓	✓	✓
Membership/Stock Certificates All issued membership or stock certificates (front and back), as well as next un-issued certificate				✓	✓

M/WBE Certification Application



careers
businesses
neighborhoods

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" as your response. If the space provided is insufficient to answer a question completely, attach additional sheets. Please label sheets with the question number and title.
- Not-for-profit organizations are not eligible to apply.
- You may choose to complete the attached application, download an electronic copy online at <http://on.nyc.gov/mwbeapp>, or apply via the NYC Online Certification Portal at nyc.gov/certifyonline.
- If you are a Sole Proprietor, please inquire about our Sole Proprietor M/WBE Certification Application.

NEED ASSISTANCE, CALL THE CERTIFICATION HOTLINE AT (212) 513-6311

MAIN BUSINESS INFORMATION

1. Business Legal Name								
2. Doing-Business-As (DBA) Name (Complete if the business operates under a different name. The DBA must be legally registered.)								
3. Current Business structure: (check one) <table border="0" style="width: 100%;"> <tr> <td style="width: 33%;">Business / General Partnership</td> <td style="width: 33%;">Limited Partnership (LP)</td> <td style="width: 33%;">Corporation</td> </tr> <tr> <td>Limited Liability Partnership (LLP)</td> <td>Limited Liability Company (LLC)</td> <td></td> </tr> </table>			Business / General Partnership	Limited Partnership (LP)	Corporation	Limited Liability Partnership (LLP)	Limited Liability Company (LLC)	
Business / General Partnership	Limited Partnership (LP)	Corporation						
Limited Liability Partnership (LLP)	Limited Liability Company (LLC)							
4. Date business was established under its current business structure (dd/mm/yy)								
5. Business Address: (Must represent physical location. Post Office Boxes are not accepted.)								
Address								
City	State	ZIP Code						
6. Business Mailing Address (Only complete if the business mailing address is different from the address provided.)								
Address								
City	State	ZIP Code						
7. Main Telephone Number	8. Fax Number							
9. Business Website	10. Business email address: (Required)							
11. Business' Employer Identification Number (EIN):	12. NYC Vendor Number:							
13. Authorized Representative (Please provide the details of designated individual to be the contact for the NYC Department of Small Business Services.)								
First Name	Middle Name	Last Name	Suffix e.g., Jr., Sr., Esq., etc.					
Business Title	Telephone Number	Email Address						

BUSINESS OWNERSHIP INFORMATION

14. Please select how business originated or was acquired from the list below:

Started the company Inherited the company Secured a franchise

Bought an existing company Acquired the business via a merger or consolidation

Other _____

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

16. Did the business exist under a different type of business structure, prior to the date its current business structure was established? YES NO If YES, please explain the history of your business' structure.

17. Has the business' Certificate of Incorporation, Business Certificate, or Certificate of Trade Name ever been amended? YES NO If YES, please identify each time your business' document was amended and explain why.

For questions 18 & 19 Please use the following codes 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

18. Please provide the details about all individuals with ownership interest in the business. (If business is a corporation, please skip to Q. 19.)

Full Name (First and Last)	Title / Position In Business	Percentage Owned (Must = 100%)	Date Ownership Established (dd/mm/yy)	Gender	Ethnicity (code)	U.S. Citizen or Permanent Resident Alien
				F M		Y N
				F M		Y N
				F M		Y N

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

Full Name (First and Last)	Title / Position In Business	Percentage Owned (Must = 100%)	Date Ownership Established (dd/mm/yy)	Gender	Ethnicity (code)	U.S. Citizen or Permanent Resident Alien	Number of Shares Owned	Unit Share Price Paid When Purchase
				F M		Y N		
				F M		Y N		
				F M		Y N		
				F M		Y N		

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

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

BUSINESS MANAGEMENT INFORMATION

21. Please provide the following details about all personnel performing key managerial functions, including owners.
(Use Codes to identify functional roles for each individual listed. Managerial personnel may have multiple roles within a business.)

Full Name (First and Last)	Title / Position In Business	Owner		Functional Role(s) (Enter code)	Functional Role Code	
		Y	N		Hiring and Firing	A
					Making Financial Decisions	B
					Managing & Signing Payroll	C
					Marketing	D
		Y	N		Negotiating Bonding	E
					Negotiating Contracts	F
		Y	N		Estimating Jobs	G
					Preparing Bids	H
					Purchasing	I
		Y	N		Signing Business Accounts	J
					Supervising Field Operations	K

22. Number of employees, excluding owners (If an exact number is not available, provide an average number of employees over the past year.)

Permanent Full-Time _____ Part-Time _____
Temporary (includes seasonal) Full-Time _____ Part-Time _____

BUSINESS FINANCE INFORMATION

23. Does the business have a Line of Credit? (Do NOT provide your personal credit card information.
Line of credit is any credit source extended to your business by a bank or financial institution.) YES NO If YES,
please provide the following details:

Bank	Dollar Amount	Name of Source /Guarantor(s), if different from bank

BUSINESS OPERATIONS INFORMATION

24. Is a license, permit or certification required to operate any part of your business? YES NO
If YES, please provide the following details. If the license belongs to your business, list the business as the holder.

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

25. Please list the business' basic operating equipment.

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

26. Does the 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; check all items that apply.

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

BUSINESS PROFILE & JOB EXPERIENCE

27. How did you first hear about the City of New York's M/WBE certification program? (Select one)				
Letter/Call/Email from Department of Small Business Services	Leadership Association	Social Media		
NYC Business Solutions Center	SBS website, NYC.gov	Advertisement, Publication		
Event _____				
Other _____				
28. Is the business involved in the bidding process or contract/purchase order negotiations with any governmental agency, department, or authority? YES NO If YES, check all that apply. Federal State City				
29. Is the 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. Does the business have commercial or professional liability insurance? YES NO If YES, please provide the details:				
Carrier Name		Dollar Amount of Liability Insurance		
31. Is the business a signatory to a union contract? YES NO If YES, please provide the details.				
Union Name		Local Number		
32. Please select all of the following credit cards accepted by your business. (This information will NOT be used to evaluate your application.) American Express Visa Mastercard Discover None				
33. Please provide a brief description of your business including the products or services it sells using appropriate keywords. (Maximum of 50 words)				

34. Which of the following represents the widest geographic region where your business can provide services? (Only select one)				
New York City	New York State	Tri-State Metro Area	Nationally, across the U.S	
35. Please identify your business market sector by selecting appropriate code(s) from the North American Industry Classification System (NAICS). (List one primary code and up to two additional codes. Please be as specific as possible, 6-digit codes are preferred. Your selected codes should correspond to the contracts / jobs you list for this application. NAICS can be found online at www.census.gov/eos/www/naics/)				
NAICS Code _____	NAICS Code _____	NAICS Code _____		

36. Please identify your business products and services by selecting appropriate code(s) from the National Institute of Government Purchasing (NIGP). (List one primary code and up to two additional codes. Please be as specific as possible, 5-digit codes are preferred. Your selected codes should correspond to the contracts / jobs you list for this application. NIGP can be found online at http://on.nyc.gov/nigp_commodity_codes

NIGP Code _____ NIGP Code _____ NIGP Code _____

37. Is the business already certified by a Federal Government program or other government entities?
 YES NO If yes, please complete the details:

Certification Type (For more information, see Helpful Tips on page 13)	Yes or No	Exp. Date
Are you an 8(a) Business Development program participant?	Y N	
Are you eligible to receive Historically Underutilized Business Zone (HUBZone)?	Y N	
Are you a certified Disadvantaged Business Enterprise (DBE)?	Y N	
Are you a service disabled veteran-owned business or a veteran-owned business?	Y N	

38. Please provide the business contact that you would like to have listed in the Online Directory of Certified Businesses. (The contact will receive all inquiries about your business' products or services from interested purchasing agents.) Is the contact the same as the "Authorized Representative" listed in Question 13? YES NO If NO, please provide the contact information.

First Name	Middle Name	Last Name	Suffix e.g., Jr., Sr., Esq., etc.
Business Title		Telephone Number	Email Address

39. Please provide the three (3) most recent contracts/jobs your business has performed within the last two (2) years. (The jobs you list will be posted on our Online Directory of Certified Businesses as representation of your business' work.)
 View examples of posted job descriptions, at www.nyc.gov/buycertified
 Your client's contact information will not be displayed on the Online Directory of Certified Businesses; it is only used for verification purposes.
 If your business has a client confidentiality policy and you are not able to disclose this information, please submit a notarized letter on your business' letterhead explaining such policy. However, please be advised that the applicant firm must still provide this information.

Contract/Job #1	
Name of Client	
Client Contact (For internal use only)	
Client's Title (For internal use only)	
Client's Phone Number (For internal use only)	
Date of Job (dd/mm/yy)	
Name of Project	
Description of Specific Tasks Performed (Explanation of the work performed and results max. 50 words)	
Dollar Value of Job received as payment by your business (Required and used to determine your business capacity)	

Contract/Job #2	
Name of Client	
Client Contact (For internal use only)	
Client's Title (For internal use only)	
Client's Phone Number (For internal use only)	
Date of Job (dd/mm/yy)	
Name of Project	
Description of Specific Tasks Performed (Explanation of the work performed and results max. 50 words)	
Dollar Value of Job received as payment by your business (Required and used to determine your business capacity)	
Percentage of work Self Performed (The percentage of the work performed by your business)	

Contract/Job #3	
Name of Client	
Client Contact (For internal use only)	
Client's Title (For internal use only)	
Client's Phone Number (For internal use only)	
Date of Job (dd/mm/yy)	
Name of Project	
Description of Specific Tasks Performed (Explanation of the work performed and results max. 50 words)	
Dollar Value of Job received as payment by your business (Required and used to determine your business capacity)	
Percentage of work Self Performed (The percentage of the work performed by your business)	

List your business' largest City contract, if any	
Name of Client	
Client Contact (For internal use only)	
Client's Title (For internal use only)	
Client's Phone Number (For internal use only)	
Date of Job (dd/mm/yy)	
Name of Project	
Description of Specific Tasks Performed (Explanation of the work performed and results max. 50 words)	
Dollar Value of Job received as payment by your business (Required and used to determine your business capacity)	
Percentage of work Self Performed (The percentage of the work performed by your business)	

<p>40a. CONSTRUCTION OR CONSTRUCTION RELATED BUSINESS ONLY: Are you solely a supplier of construction goods and/or materials, not including installation? YES NO</p>
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<p>40b. What type of construction projects has your business performed within the last two (2) years? (Select all that apply)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Building Construction (non-Residential)</td> <td style="width: 50%;">Bridge and/or Roadways</td> </tr> <tr> <td>Residential Building Construction</td> <td>Sewer and/or Water mains</td> </tr> <tr> <td>Other Heavy Civil Construction work, i.e. Plants, Tunnels</td> <td>Site work, i.e. Parks</td> </tr> </table>	Building Construction (non-Residential)	Bridge and/or Roadways	Residential Building Construction	Sewer and/or Water mains	Other Heavy Civil Construction work, i.e. Plants, Tunnels	Site work, i.e. Parks
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Residential Building Construction	Sewer and/or Water mains					
Other Heavy Civil Construction work, i.e. Plants, Tunnels	Site work, i.e. Parks					

Helpful TIP: Learn more about Federal Government Certification programs	
8(a) Business Development	http://www.sba.gov/content/about-8a-business-development-program
Historically Underutilized Business Zone (HUBZone)	http://www.sba.gov/category/navigation-structure/contracting/doing-business-with-government/small-business-certifications-audiences/hubzone-certifi
Disadvantaged Business Enterprise (DBE)	http://osdbuweb.dot.gov/DBEProgram/Whats_DBE_program.cfm
Disabled Veteran-Owned Business	http://www.sba.gov/content/service-disabled-veteran-owned-small-business-concerns-sdvosbc
Veteran-Owned Business	http://www.va.gov/osdbu/programs/index.asp

CERTIFICATION AFFIDAVIT

This affidavit must be signed by an eligible minority or woman owner of the applicant firm. The undersigned (name) _____

being the (title) _____

of (firm name) _____, requests

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 supplemental information 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.

HAVE QUESTIONS? GET ANSWERS.

Certification Hotline: 212-513-6311
email: mwbe@sbs.nyc.gov
Visit nyc.gov/getcertified

