

City of Syracuse  
Ben Walsh, Mayor

**Office of Minority Affairs**



# **M/WBE Certification Application**

**Minority and Women Business Enterprise Certification Application**

**Please return complete application to:  
Youlanda Johnson, Director of Minority Affairs  
City Hall Commons Room 611  
201 E. Washington Street  
Syracuse, NY 13202 (315) 448-8408  
Email: [YJohnson@syr.gov](mailto:YJohnson@syr.gov)**

**MINORITY AND WOMEN BUSINESS ENTERPRISE CERTIFICATION APPLICATION  
CHECKLIST & SUBMITTALS**

**APPLICATION PROCESS TIME (UP TO 90 DAYS) FOR DETERMINATION**

- COMPLETE APPLICATION (pg-1-14)
- SEND PFD/ELECTRONIC COPY OF ENTIRE APPLICATION TO MWBE@SYRGOV.NET
- PROOF OF BUSINESS ORGANIZATION (DBA, LLC. ETC)
- PROOF OF CITIZENSHIP OR PERMANENT RESIDENT ALIEN STATUS OF ALL PRINCIPALS
- NOTORIZED VERICATION FORM (pg 14)
- RESUME OF OWNERS, PRINCIPALS AND SHAREHOLDERS
- COPEES OF STOCK LEDGER, ARTICLES OF INCORORPORATION, BY -LAW
- CERTIFIED COPY OF THE PREVIOUS YEAR'S PROFIT/LOSS STATEMEMENT/BALANCE SHEET
- STOCK CERTIFICATES
- PARTNERSHIP AGREEMENTS AND ALL AMENDMENTS
- FEDERAL INCOME TAX RETURNS WITH ALL APPLICABLE SCHEDULES
- I HAVE FULLY READ AND UNDERSTAND ALL INFORMATION IN THIS PACKET INCLUDING THE ACKNOWLEDGMENT AND VERIFICATIONS (pg1-14)
- I UNDERSTAND THAT I AM RESPONSIBLE FOR MY M/WBE RE- CERTIFICATION EVERY 3 YEARS FROM THE DATE OF ISSUANCE. I WILL COMPLETE APPLICATION AND SEND TO THE OFFICE OF MINORITY AFFAIRS FOR REVIEW.

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## **GENERAL INSTRUCTIONS**

Do not leave any spaces blank on the application. If a question is not applicable to your business, insert "N/A" in the space provided for your answer.

Whenever there is not enough space to answer the questions completely, attach additional sheets and indicate the question number to which the sheets relate.

## **INSTRUCTIONS FOR ANSWERING PARTICULAR QUESTIONS**

### **1. Name, Address and Phone Number of Company:**

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. Date Established:**

Include the date your firm was originally established. If the organization's emphasis or organization has changed since then, be sure to include how long the enterprise has been in its present configuration in question 8c.

### **3. Ethnicity:**

Please use group codes noted on page 5 of the application. The definitions are on pages 3 and 4

### **4. Type of Ownership:**

Specify the type of ownership of the enterprise. If the enterprise does business in New York State under an assumed name, enter the name of the County where the enterprise has filed a Certification of Doing Business under an assumed Name (DBA) with the County Clerk and the date the DBA was recorded. If you do not have a DBA, go to the County Clerk's office at 401 Montgomery Street, Syracuse, NY 13202, or your local clerk's office.

### **5. Federal Employer I.D. Number:**

This number is required for most business activities. For an application and/or additional information, call the Internal Revenue Service Office, or contact your local bank. You are advised to do this as soon as possible, if you do not have a Federal I.D. number.

### **6. New York State Registration Number:**

This number is issued by the New York State Department of Labor.  
For additional information call (315) 428-4057.

If no NYS Registration Number has yet been obtained, enter "none" and apply as soon as possible.

### **7. Corporate and Partnership Information:**

For all partnerships and corporations please complete. Include the name, ethnic category (see page 5) sex, and number of shares or percentage (%) of ownership for each partner or shareholder. For partnerships, list name and position in the first column and the percentage of ownership in the last column. If you are Sole Proprietorship, mark "N/A" and go on to question 8. Also include County and/or City where the Corporation or Partnership was formed and recorded.

### **8. Principals Affiliated With Other Companies:**

List all positions held by the principals with any other company and length of affiliation. Principals mean owners in this application.

### **9. Managerial Owners/Employees:**

List all Management personnel, both owners and non-owners. If areas of responsibilities are not covered, attach explanation of duties. Please specify whether individual is owner or non-owner.

### **10. Lease and Rental Agreements:**

List all leases or rental agreements which are used in the operation of the business

**Other Information:**

Name/ title of person completing this application is required. In addition to the information requested, if the person s completing this form is not the principal employee of the applicant’s firm, please state your name, the name of your company and its relationship to the applicant’s firm on a separate sheet.

**Verifications (page 14):**

The application must be verified under oath, notarized in the following manner:

- A. If the enterprise is a sole proprietorship, by the owner
- B. If the enterprise is a partnership, by the partner: or
- C. If the enterprise is a corporation, by an officer authorized and designated by the Board of Directors.

All applicants must complete part (A) of the Verification. Sole proprietorship or partnership must also complete part (B). Corporation must complete part (C).

All applicants **MUST** read and review all the items in the application before signing it. Especially important is the **Acknowledgements** on page 15, which contain rights held by the City of Syracuse. Penalties may be applied for false statements.

**RESUME:**

Include all work experience related to the construction industry. Also include resumes for partners and principals of a corporation. You can copy page 13 for additional resumes.

To obtain MBE Certification with the City of Syracuse, all firms are required to have been in business and currently organized for at least (9) months prior to the date of application.

**DEFINITIONS:**

- A. For the purposes of the City of Syracuse Minority Business Enterprise Participation Program, a Minority/Woman Business Enterprise shall mean a small business enterprise that is owned and controlled by one or more minority persons who is a United States citizen, or permanent resident ali

**Further the following definitions will apply within this general category:**

**Minority Person:** an individual who is Black, Hispanic, Asian, American Indian or Alaskan Native.

**Black Person:** an individual having origins in any of the Black racial groups of Africa.

**Hispanic:** a person of Spanish culture whose place of birth was in Mexico, South or Central America, Cuba, Puerto Rico, regardless of race.

**American Indian:** a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

**Asian/Pacific Islander:** a person having origins in any of the original peoples of the Far East, Southeast, Asia, the Indian Sub-Continent, or the Pacific Islands. This area includes for example, China, Japan, Korea, Samoa and the Philippine Islands.

- B. Women Owned and Controlled shall mean a business that is periodically certified by the City of Syracuse Division of Contract Compliance and Minority Affairs as satisfying the following criteria:

- 1. at least fifty-one percent (51%) of the business is owned and controlled by women who are United States citizens or permanent resident aliens, or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of business is owned by women who are United States citizens or permanent resident aliens.
- 2. the management and daily operations of the business are controlled by one or more of the women who own it; and
- 3. the business has its principal operations, or has permanently staffed offices, located within Onondaga County.

## MINORITY AND WOMEN BUSINESS ENTERPRISE CERTIFICATION APPLICATION

Application Date: \_\_\_\_\_

Name of Firm: \_\_\_\_\_

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

Mailing Address: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Principal Owner(s):  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_

Social Security Number (s):  
 1. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 2. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax Number: ( ) \_\_\_\_\_

1. Indicate ethnic category of principal owners using the following codes:  
 (See pages 3 and 4 for definitions of categories)

- (A) Black                      (B) Hispanic    (C) American Indian    (D) Asian or Pacific Islander  
 (E) Women                    (F) Non-Minority

Name	Category	Sex	Ownership %	Voting %

**M/WBE APPLICATION CONTINUED**

2. Check categories for which you are applying for certification:

- |   |  |
|---|--|
| <input type="checkbox"/> Bridges                      | <input type="checkbox"/> HVAC              |
| <input type="checkbox"/> Commercial/Residential Rehab | <input type="checkbox"/> Landscaping       |
| <input type="checkbox"/> Concrete Work                | <input type="checkbox"/> Painting          |
| <input type="checkbox"/> Curbing Work                 | <input type="checkbox"/> Paving            |
| <input type="checkbox"/> Demolition                   | <input type="checkbox"/> Plumbing          |
| <input type="checkbox"/> Electrical                   | <input type="checkbox"/> Reinforcing       |
| <input type="checkbox"/> Excavating                   | <input type="checkbox"/> Sewer/Water Lines |
| <input type="checkbox"/> General Construction         | <input type="checkbox"/> Trucking          |
| <input type="checkbox"/> Other: _____                 |  |
| _____   |  |

3. Have any principals of this company previously applied for certifications as a M/WBE with any governmental agency?  Yes  No

(If yes, answer the following questions):

Agency \_\_\_\_\_ Date \_\_\_\_\_

Agency \_\_\_\_\_ Date \_\_\_\_\_

Certified by: \_\_\_\_\_

Registered with: \_\_\_\_\_

Denied by: \_\_\_\_\_

Decertified by: \_\_\_\_\_

A. Have you ever appealed a certification denial?  Yes  No

If yes, provide the following information:

Name of Agency: \_\_\_\_\_

Date of Appeal \_\_\_\_\_ Final Determination \_\_\_\_\_

Address \_\_\_\_\_

Contact Person: \_\_\_\_\_

**M/WBE APPLICATION CONTINUED**

4. Legal Structure:

\_\_\_\_ Corporation    \_\_\_\_ Partnership    \_\_\_\_ Sole Proprietorship    \_\_\_\_ Other

5. D.B.A. \_\_\_\_\_ Date Recorded \_\_\_\_\_  
 (County)

A. Corporation of Partnership \_\_\_\_\_  
 (County)

Date Recorded \_\_\_\_\_

6. A. Employer's IRS Number \_\_\_\_\_

B. State Employer's Registration Number \_\_\_\_\_

C. State Sales Tax I.D. Number \_\_\_\_\_

D. State Unemployment Insurance ID Number \_\_\_\_\_

7. For corporations and partnerships, complete for all shareholders or partners:

Name	Position (If no position: N/A)	Circle One	Categor y (code)	Ownersh p %	Duration
		M / F			
		M / F			
		M / F			

8. A. Are any principals affiliated with any other company? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 If yes list below:

Name	Affiliation	Duration

**M/WBE APPLICATION CONTINUED**

8B. Control of the Firm:

	<b>Name</b>	<b>Title</b>	<b>Category (code)</b>	<b>Ownership %</b>
<b>Estimating</b>				
<b>Preparing Bids</b>				
<b>Hiring/Firing</b>				
<b>Field Supervisor</b>				
<b>Purchasing</b>				
<b>Management/Payroll</b>				

8C. Present configuration of the firm has existed since: \_\_\_\_\_

8D. Total number of shares existing and outstanding:

Common \_\_\_\_\_ Preferred \_\_\_\_\_

8E. Number of Employees: Full-time \_\_\_\_\_ Part-Time \_\_\_\_\_

8F. If your firm is owned in full or part by another company, please complete the following:

<b>Company Name</b>	<b>Interest %</b>	<b>Ownership %</b>

9. List equipment utilized in your business operations:

<b>Type</b>	<b>Value</b>	<b>Indicate Applicable Category</b>	
		<b>Rented</b>	<b>Owned</b>



**M/WBE APPLICATION CONTINUED**

10. List rented or leased facilities:

Facility Type	Rented/Leased Rental Agent	Expiration Date	Present Value Sq. Ft.

11. List all major creditors and types of investments in the applicant company by principals or others. Examples include cash, machinery, equipment, real estate, or other (specify).

Name of Source/Account #	Type of Investment or Credit	Dollar Value of Investment/Credit

12. If your company is owned in full or in part by another firm, identify the firm and percent of ownership interest. Include venture capitalists and other similar investors.

Name of Firm	Address	Ownership %

13. Is your firm bonded? Yes \_\_\_\_\_ No\_\_\_\_\_, If yes

Type of bonding \_\_\_\_\_ Bonding Limit \_\_\_\_\_

**M/WBE APPLICATION CONTINUED**

14. Identify applicant's bonding company, bank(s), and sources of Letter of Credit.

Bonding Company \_\_\_\_\_

Bank(s) \_\_\_\_\_

Letters of Credit \_\_\_\_\_

(List sources) \_\_\_\_\_

\_\_\_\_\_

15. If licensing or accreditation is required to conduct your business, identify:

License Type	Issued By	Date Issued	Expiration Date	Holder/Registrant

16a. Have you ever been a prime contractor? Yes \_\_\_\_ No \_\_\_\_

b. Have you ever been a subcontractor? Yes \_\_\_\_ No \_\_\_\_

c. If yes to (a) or (b), list the type of work done, using the categories in page 6, question 2.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**M/WBE APPLICATION CONTINUED**

17. List the three largest contracts that your company has entered into with either Government agencies or school districts, etc

<b>Client's Name</b>	<b>Contract Amount</b>	<b>Location of Contract Work</b>	<b>Contract Duration</b>	<b>Circle One</b>
				Prime Sub or Joint Venture
Client's Name	Contract Amount	Location of Contract Work	Contract Duration	Circle One
				Prime Sub or Joint Venture
Client's Name	Contract Amount	Location of Contract Work	Contract Duration	Circle One
				Prime Sub or Joint Venture

18. Attorney for Company

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

19. Certified Public Accountant or Account for Company

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

20. Insurance Company/Agent

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

**M/WBE APPLICATION CONTINUED**

**RESUME OUTLINE ( or attach original)**

Name \_\_\_\_\_

Address \_\_\_\_\_

Trade/Profession \_\_\_\_\_

Education: \_\_\_\_\_

From - To

Name & Address (Month & Year Major Date of Degree

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

High School

\_\_\_\_\_

College

\_\_\_\_\_

Technical

\_\_\_\_\_

Other

\_\_\_\_\_

Work Experience:

Describe your work experience starting with the most current:

Year Describe Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Describe Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Year Describe Duties

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## ACKNOWLEDGEMENT AND VERIFICATIONS

**FIRST**, this Application form, the supporting documents, and any other information provided in support of the application is considered part of the Application. In addition to the criminal penalties provided for by law, the making of any false statement or misrepresentations, including omissions, in the application will be grounds for terminating any contracts awarded the applicant by the City of Syracuse (the City) any may result in the applicant 's disqualification from participating in future contracts with the City of Syracuse.

**SECOND**, under the New York Public Officers Law Section 87 (access to agency records) information provided by the applicant, which constitutes a trade secret or the disclosure of which would cause substantial injury to the competitive position of the applicant - will not be released by the City if the applicant, in writing, requests that said information not be released. However, the applicant understands and agrees that the information will be released if a court determines that the information is not exempt from disclosure under the applicable law.

**THIRD**, the City may require proof of Minority/Women status in addition to the information disclosed in this application. By making this application, the applicant agrees to submit additional proof if it is requested and understands and agrees that the City may decide not to certify the Applicant as a Minority/Women Business Enterprise if the additional proof is not submitted within 14 days after it is requested by the City.

**FOURTH**, by making this Application, the applicant consents to examination of its books and records and interviews of its principals and employees by the City of Syracuse for the purpose of determining whether the applicant is, or continues to be, an eligible Minority/Women Business Enterprise. The Applicant understands and agrees that its certification may be immediately denied or revoked is such examinations or interviews are refused or if the City of Syracuse determines, as a result of the examinations or interviews, that the applicant does not qualify as a bona-fide Minority/Women Business Enterprise.

**FIFTH**, by filing this Application, the applicant consents to inquiries by the City of Syracuse to the applicant's bonding companies, banking institutions, credit agencies, contractors, and clients for the purpose of ascertaining the applicant's eligibility for certification. If the applicant fails to permit and/or facilitate such inquiries, such failure shall be grounds for denying or revoking the applicant's certification.

**SIXTH**, the Applicant agrees to provide information regarding any change in the ownership or operational or managerial control of the Applicant's business after the initial certification application has been filed within 30 days of such change.

## ACKNOWLEDGEMENTS AND VERIFICATIONS CONTINUED

**SEVENTH**, certification is normally granted for a period of three years. However, the City of Syracuse may require the submission of a new application, additional information, and examinations of the Applicant's principals and employees at any time before the expiration of the three year certification period. The Applicant's failure to submit such material may result in revocation of the certification.

**EIGHTH**, if the applicant is denied certification, a new application shall not be accepted for a period of one year.

**NINTH**, denial of certification by a government agency might be grounds for denying certification under the City's Minority/Women Business Enterprise Participation Program.

**VERIFICATION**

(A) STATE OF NEW YORK )  
 ) SS:

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

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

(C) I the \_\_\_\_\_ of \_\_\_\_\_, the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his/her knowledge, and that the Application is made pursuant to the authority of and at the direction of the Board of Directors of the Corporation.

\_\_\_\_\_  
Signature

Sworn to me before this \_\_\_\_\_

Corporate Seal  
(If Necessary)

Day of \_\_\_\_\_, 20\_\_\_\_

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