



M/WBE

**RECERTIFICATION
APPLICATION**

SAVE TIME, REVIEW THESE FIVE 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 Recertification. You can complete the attached application, download an electronic copy online at:

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

STEP 2

Has your business information changed?

If your business' information has changed, since your last M/WBE Certification, access your Payee Information Portal (PIP) account and update the records at: <http://nyc.gov/pip>

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

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

You will need your FMS Vendor number. If you do not know it or have it, please contact the Vendor Enrollment Center at: **212-857-1680**
email: vendorenrollment@cityhall.nyc.gov

STEP 4

Did your business certify using a Fast Track Application?

If your business previously certified using a Fast Track Application, you will need to complete an M/WBE Certification Application, available online at: <http://on.nyc.gov/mwbeapp>, M/WBE Certification Application for Sole Proprietor online at: <http://on.nyc.gov/mwbesoleprop> or apply via the NYC Online Certification Portal at: nyc.gov/certifyonline

For more details, please call the Certification Hotline at: **212-513-6311** or email mwbe@sbs.nyc.gov

STEP 5

Do you have the required supporting documents?

Along with a completed application, businesses must provide its most recently completed year of tax returns, as filed with the relevant tax authority. In addition, if the business' information has changed, since its last certification, you may need to provide additional supporting documents. Review 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 6

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

- ▶ Sign the Certification Affidavit;
- ▶ Provide the required supporting documents, see Document Checklist;

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 RECERTIFICATION

1.

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 is NOT located within the geographic market of New York City, you must be able to demonstrate and provide documentation by satisfying at least two of the following conditions:

- ▶ 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.

2.

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

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

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

3.

The business, privately- or publicly-held, 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

DOCUMENT CHECKLIST

Along with the M/WBE Re-Certification Application, you will need to provide your business' tax returns and other additional supporting documents, if applicable. A certification analyst may request additional documents during the application review process, if needed.

TAX RETURNS: **Required**

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

New Business Information

ONLY submit those documents if there has been a change of information, since your last certification.

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 AGREEMENTS

Document(s) demonstrating relationship to any business with which you share space, equipment, materials, or personnel

LICENSE/PERMITS/BONDS

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

MINORITY GROUP STATUS

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

RESUME

Current, chronological resume for new 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

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 new minority- or woman-owner listed

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

DOCUMENT DESCRIPTION	SOLE PROPRIETOR	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 Recertification 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/mwberecert>, or apply via the NYC Online Certification Portal at nyc.gov/certifyonline.
- If your business previously certified using a Fast Track Application, you will need to complete an 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. Business Address (Must represent physical location. Post Office Boxes are not accepted.)			
Address			
City	State	ZIP Code	
4. Business Mailing Address (Only complete if the business mailing address is different from the address provided.)			
Address			
City	State	ZIP Code	
5. Main Telephone Number		6. Fax Number	
7. Business Website		8. Business email address (required)	
9. Business' Employer Identification Number (EIN or your Social Security Number (SSN))		10. NYC Vendor Number	
11. 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 MANAGEMENT INFORMATION

17. Has there been any change in personnel performing key managerial functions, including owners? YES NO
 If YES, please provide the details and use the codes to identify functional roles for each individual listed. Also provide supporting documents, see Document Checklist.

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

18. 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 OPERATIONS INFORMATION

19. Has your business shared space, equipment, materials, or personnel with another business? YES NO
 If YES, please provide the following details about the business with which you share and check all items that apply. Also, provide all supporting documents, see Document Checklist.

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

20. Is the business bonded? YES NO If YES, please provide the following details about the business with which you share and check all items that apply. Also, provide all supporting documents, see Document Checklist.

Surety Business	Name of Agent/Broker	Binder or Policy Number	Bonding Limit	
			Aggregate Dollar Amount	Single Job Dollar Amount

21. Is the business a signatory to a union contract? YES NO If YES, please provide the following details:

Union Name	Local Number

22. 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

23. Please provide a brief description of your business including the products or services it sells using appropriate keywords. (Maximum of 50 words)

24. 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

25. 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 _____

26. 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 _____

27. 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, visit its listed web address)	Yes or No	Exp. Date (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	

28. 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 12 ? 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

29. 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	
Client's Title	
Client's Phone Number	
Date of Job	
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 #1	
Name of Client	
Client Contact	
Client's Title	
Client's Phone Number	
Date of Job	
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 #3	
Name of Client	
Client Contact	
Client's Title	
Client's Phone Number	
Date of Job	
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)	

List your business' largest City contract, if any	
Name of Client	
Client Contact	
Client's Title	
Client's Phone Number	
Date of Job	
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)	

30a. CONSTRUCTION OR CONSTRUCTION RELATED BUSINESS ONLY: Are you solely a supplier of construction goods and/or materials, not including installation? YES NO	
30b. What type of construction projects has your business performed within the last two (2) years? (Select all that apply)	
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

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.

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

HAVE QUESTIONS? GET ANSWERS.

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

