



Kathy M. Sheehan
Mayor

City of Albany

Minority & Women Owned Business Enterprise Certification Application

The function of this application is to demonstrate that the business is construction-related and the applicant:

- owns at least 51% of the business
- is a woman or member of a recognized "minority"
- has the authority to independently direct daily business operations and enforce the policies of the business
- devotes time on an ongoing basis to the routine management responsibilities of the business
- shares in all benefits and liabilities in proportion to ownership
- has contributed money, equipment, property, or expertise in proportion to ownership
- has adequate technical expertise or managerial experience to run the business

Please fill out the following form for certification in the Minority and Women Owned Business Enterprise (MWBE) Program. Complete all information and provide all requested documentation. Attach additional sheets if necessary. If a question is not applicable to your business, insert "N/A" in the space provided for your answer. The form on page 9 must be signed, dated and notarized before submitting. Additional documentation may be required. Missing documentation may result in delay or denial of certification.

Name of Business: _____

Business Street Address: _____

City, State, Zip: _____

Business Telephone:_(_____)_____ Fax or Cell:_(_____)_____

Email:_____ Website:_____

Principal Owner:_____ Federal ID Number:_____

This business is applying for certification as a:

Minority-Owned Business Enterprise (MBE)

Women-Owned Business Enterprise (WBE)

Primary Business Activity:_____

This form can also be downloaded from the MWBE page on the City of Albany website.
Go to www.albanyny.gov; scroll down the home page to "Find" and click on "MWBE."

Is this business certified as an M/WBE by another Governmental Agency? Yes No

If Yes, complete the following: (attach copies of certification letters)

Agency: _____ Date of Certification: _____

Contact Person: _____ Telephone: (_____) _____

Has MWBE certification been rejected or denied by another Governmental Agency? Yes No

If yes, complete the following:

Agency: _____ Date of Rejection/Denial: _____

Contact Person: _____ Telephone: (_____) _____

Is this business currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

Yes No If yes, please identify agency, department or authority.

Type of Business:

Corporation Date Established: _____

Sole Proprietorship Date Established: _____

Partnership Date Established: _____

Did the Business exist under a different type of ownership prior to the date indicated above?

Yes No If yes, Explain: _____

Has the Certification of Incorporation or business certificate been amended?

Yes No If yes, Explain: _____

Method of Acquisition (check all applicable)

Started New Business

Bought Existing Business

Inherited Business

Secured Franchise

Secured Concession

Merger or Consolidation

Date of Acquisition: _____

Name and Position of ALL Persons with ownership interest in the business:

Name: Position: Race/Ethnic Group Code (p.8) % Owned Sex

Three horizontal lines for data entry.

Are all owners of the business United States citizens or have legal authorization to work in the U.S.?

[] Yes [] No If no, please identify individuals:

Two horizontal lines for data entry.

List Current Board of Directors:

Name: Position: Race/Ethnic Group Code (p.8) Sex

Four horizontal lines for data entry.

Name and Title of ALL Officers of applicant business:

Name: Title: Race/Ethnic Group Code (p.8) Sex

Four horizontal lines for data entry.

Identify all individuals (Officers and/or Owners) who have an affiliation with any other business.

Name Business Name/Address Telephone

Four horizontal lines for data entry.

If applicant business is a Corporation, Identify Number of Shares:

Common Authorized _____ Common Issued _____

Preferred Authorized _____ Preferred Issued _____

Gross Income of Applicant Business: \$ _____

Annual Payroll: \$ _____

Total Number of Employees _____ # Full Time _____ # Part Time _____

Total Number of Minorities _____ Total Number of Women _____

Identify Individual(s) responsible for the following: (include sex and group code for each; see p. 8)

Name	Race/Ethnic Group Code	Sex
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Financial Decisions: _____

Preparation of Bids: _____

Purchase of Materials: _____

Negotiating Bonding: _____

Negotiating Insurance: _____

Marketing & Sales: _____

Negotiating Contracts: _____

Managing & Signing Payroll: _____

Supervision of Field Operations: _____

Signatories for Business Accounts: _____

Please identify additional staff persons. If any individual works for another business, please provide detailed information on business name, address and telephone:

Office Staff _____

Field/Supervisory Staff: _____

Estimator: _____

Controller: _____

Consultant: _____

Please list all major business-related equipment owned by business:

Please list all equipment rented or leased by business: (also include renter/lessor)

If this business shares any space with any other business, please provide the following:

Name of Business:

Address:

Telephone:

Warehouse: _____

Office: _____

Storage: _____

Garage: _____

Attorney for business:

Name: _____

Address: _____ Telephone: _____

Accountant for business:

Name: _____

Address: _____ Telephone: _____

List three largest accounts for which the business has provided goods or services within the last two years:

Business Name and Phone	Location	Account Amount	Duration
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Identify Bank(s) where business accounts are maintained:

Bank Name & Address

Type of Account Account number

Do you have a line of credit?
Source

Yes No

If yes, identify:

Limit

Name of Guarantor(s)

List major current creditors and/or lenders and types of investments and/or loans to the business:

Name of Creditor/lender

Type of Investment/Credit/Loan

Dollar Value

If your company is owned in full or in part by another business, please identify the business and the percentage of ownership interest.

Business Name

Address

% Ownership

Is your business bonded?

Yes No

If yes, identify:

Bonding Company

Address

Telephone

Primary services offered by your business. Check a maximum of **FOUR** options from the list below.

Include documentation of licensing/certification where needed (e.g. electrical, plumbing, engineering, lead abatement)

Asbestos/Lead Abatement
Asphalt/Concrete
Carpentry
Cleaning/Janitorial
Construction Services
Construction: Bridge, Street,
Highway
Construction: General
Residential/Rehab
Demolition
Electrical
Elevator Services
Engineering

Environmental
Estimators
Excavation
Fencing/Guard Rail
Fire Prevention/Sprinklers
Flooring/Installation
Glazing
HVAC
Insulation
Land Surveying
Landscaping
Masonry
Painting

Pavement Marking
Plumbing
Roofing
Sealants/Caulking
Signs
Snow Management
Steel/Iron Work
Supplies/Equipment
Trucking/Hauling
Turf/Erosion Prevention
Other Services: _____

Supporting Documentation

A. Required for ALL APPLICANTS.

Attach copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes. *Note:* If appropriate documents are not submitted AND no written explanation is given, applications will be delayed or denied.

- Resumes of all principals, partners, officers and/or key employees of the business. Show the home address and telephone number, education, training and employment with dates.
- Bank signature card, bank resolution, or letter from bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- Current financial statement
- Most recent two years Federal and State tax returns, including all schedules, where applicable.
- Proof of sources of capitalization/investments
- Proof of minority status (i.e. Birth Certificate, Baptismal Certificate, U.S. Passport etc.)
- Proof of United States Citizenship (i.e. Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate, etc.) OR Proof of Permanent Resident Alien status
- Lease agreements for office, storage and/or garage space
- All third party agreements including equipment rental, purchase agreements, management service agreements, etc.
- Any employment agreements
- Vehicle registration(s)
- Any MWBE certification, decertification or denial of certification documentation
- Written request for exemption from disclosure regarding trade secrets.

B. Required for a Sole Proprietorship:

Attach copies of the following. Please indicate documents submitted by checking appropriate boxes.

- Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk (if doing business under an assumed name)

C. Required for a Partnership and a Joint Venture Partnership:

Attach copies of the following. Please indicate documents submitted by checking appropriate boxes.

- Business Certificate
- Partnership Agreement
- Buy Out Rights

D. Required for a Corporation:

Attach copies of the following. Please indicate documents submitted by checking appropriate boxes.

- Articles of Incorporation, including date approved by State
- Corporation By-Laws
- Minutes of First Corporate organization meeting and amendments
- Copies of all issued stock certificates, front and back, as well as next, un- issued certificate.
- Copy of stock ledger

- If applicable; furnish copies of agreements relating to:
 - a. Stock options
 - b. Shareholder agreements
 - c. Shareholder voting rights
 - d. Restrictions on the disposal of stock loan agreements
 - e. Facts pertaining to the value of shares
 - f. Buy out rights
 - g. Restrictions on the control of the corporation

DEFINITIONS

The following definitions are consistent with both the New York State Regulations and Albany Code for Certification of Minority and Women Owned Businesses:

Minority-Owned Business Enterprise (MBE)

A business enterprise which is at least 51% owned by, or in the case of a publicly owned business, at least 51% of the stock is owned by citizens or permanent resident aliens meeting the ethnic definitions of Black, Hispanic, Asian, Hawaiian or Pacific Islander, Native American or Alaskan Native.

Women-Owned Business Enterprise (WBE)

A business enterprise which is at least 51% owned by, or in the case of a publicly owned business, at least 51% of the stock of which is owned by citizens or permanent resident aliens who are women.

Group Codes:

01 Black or African American: Persons having origins in any of the Black racial groups of Africa.*

02 Hispanic/Latino: Persons of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

03 Asian or Pacific Islander: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, the Pacific islands, Hawaii or Samoa.*

04 Native American or Alaskan Native: Persons having origins in any of the original peoples of North, Central and South America, who maintain cultural identification through tribal affiliation or community recognition.*

05 Two or More Races: persons who identify with two or more racial categories listed above*

06 White*

* not Hispanic/Latino

Verification

State of _____)
) ss:
County of _____)

(A) Sole Proprietorship

_____, being duly sworn, states he or she is the owner of the enterprise making the foregoing Application and that the statement and representations made in the Application are true to his or her own knowledge.

(B) Corporation/Partnership

_____, being duly sworn that he or she is the
Name of Officer

Officer Title of _____
Name of Corporation or Partnership

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 or her knowledge, and that the Application is made at the direction of the Partners, or of the Board of Directors of the Corporation.

Signature Date

Sworn to before me this _____ day of _____, 20_____

Notary Public

Person assisting in completing the Application: _____
Print Full Name

Signature Telephone

Please return completed application to the following address:
City of Albany M/WBE Office
City Hall, Room 307
Albany, New York 12207
(518) 407-0255