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:____________________________________________________

Send completed application with required documentation to: City Hall Room 307, 24 Eagle St., Albany NY 12207.
This form can also be downloaded from the MWBE page on the City of Albany website: www.albanyny.gov/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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Race/Ethnic Group Code (p.8)</th>
<th>% Owned</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

List Current Board of Directors:

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Race/Ethnic Group Code (p.8)</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name and Title of ALL Officers of applicant business:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name</th>
<th>Business Name/Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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)

<table>
<thead>
<tr>
<th>Name</th>
<th>Race/Ethnic Group Code</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Business Name and Phone</th>
<th>Location</th>
<th>Account Amount</th>
<th>Duration</th>
</tr>
</thead>
<tbody>
<tr>
<td>________________________</td>
<td>_________</td>
<td>________________</td>
<td>_______</td>
</tr>
<tr>
<td>________________________</td>
<td>_________</td>
<td>________________</td>
<td>_______</td>
</tr>
<tr>
<td>________________________</td>
<td>_________</td>
<td>________________</td>
<td>_______</td>
</tr>
</tbody>
</table>
Identify Bank(s) where business accounts are maintained:

<table>
<thead>
<tr>
<th>Bank Name &amp; Address</th>
<th>Type of Account</th>
<th>Account number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have a line of credit?  
☐ Yes  ☐ No  If yes, identify:

<table>
<thead>
<tr>
<th>Source</th>
<th>Limit</th>
<th>Name of Guarantor(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Name of Creditor/lender</th>
<th>Type of Investment/Credit/Loan</th>
<th>Dollar Value</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Business Name</th>
<th>Address</th>
<th>% Ownership</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is your business bonded?  
☐ Yes  ☐ No  If yes, identify:

<table>
<thead>
<tr>
<th>Bonding Company</th>
<th>Address</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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 (1)
- Asphalt/Concrete (2)
- Carpentry (35)
- Cleaning/Janitorial (3)
- Construction Services (4)
- Construction: Bridge, Street, Highway (6)
- Construction: General Residential/Rehab (5)
- Demolition (7)
- Electrical (8)
- Elevator Services (9)
- Engineering (10)
- Environmental (11)
- Estimators (12)
- Excavation (13)
- Fencing/Guard Rail (14)
- Fire Prevention/Sprinklers (34)
- Flooring/Installation (16)
- HVAC (17)
- Insulation (18)
- Land Surveying (19)
- Landscaping (20)
- Masonry (21)
- Painting (22)
- Pavement Marking (23)
- Plumbing (24)
- Roofing (25)
- Sealants/Caulking (26)
- Signs (27)
- Snow Management (28)
- Steel/Iron Work (29)
- Supplies/Equipment (30)
- Trucking/Hauling (31)
- Turf/Erosion Prevention (32)
- Windows/Glazing (15)
- Other Services (33): ___________________

____________________________________
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

________________________________________

Name of Corporation or Partnership

Officer Title

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 EEO Office
City Hall, Room 307
Albany, New York 12207
Phone: (518) 407-0255 Email: mwbe@albanyny.gov