**DANIEL P. MCCOY**
**COUNTY EXECUTIVE**

# COUNTY OF ALBANY
# MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE CERTIFICATION APPLICATION

**General Instructions: *(PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY SPACES ON THE APPLICATION.*) If a question is not applicable to your business insert "N/A" in the space provided for your answer. Attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet.**

1. Name of Applicant Firm _____
2. Doing Business As" (D/B/A) Name *(Complete if firm does business under an assumed or trade name that is different from its legal name.)*_____
3. Business Address: _____

_____

4. Mailing Address *(Complete if different from street address.)*

   _____

   _____

5. Business Phone Number: (  ) _____ FAX: (  ) _____
6. Company Website/Email Address: _____
7. Federal Identification or Social Security Number: _____
8. Principal Owner: _____ Ethnicity: _____
9. This Firm is applying for certification as: *(Please refer to page 16 of this application to determine the appropriate designation for your company. One or more categories may be designated.)*

   ☐ Minority Business Enterprise (MBE)
   ☐ Women-Owned Business Enterprise (WBE)

10. Does this firm have current Small Business Administration (SBA) 8 (a) status? ☐Yes ☐No
    If yes, please attach a copy of the SBA letter of approval.

11. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority? ☐Yes ☐No .

    If yes, please explain _____

_____

12. Type of ownership:

☐ Sole Proprietorship _____ Certificate of Trade Name on file in _____
Date Established County

☐ Partnership _____ Business Certificate for Partners on file in _____
Date Established County

☐ Corporation _____ Certificate of Incorporation on file in _____
Date Established State

13. Did the business exist under a different type of ownership prior to the date indicated above?
☐ Yes ☐ No If Yes, please explain:

_____

_____

_____

14. Has your Certificate of Incorporation or business certificate been amended? ☐ Yes ☐ No
If Yes, please explain:

_____

_____

_____

15. Method of Acquisition *(Check all applicable)*:

☐ Started New Business
☐ Inherited Business
☐ Secured Concession
☐ Other
☐ Bought Existing Business
☐ Secured Franchise
☐ Merger or Consolidation
☐ Date of Acquisition _____

16. Name & Position of all person(s) with ownership interest. *(Check all that are applicable. If no positions are held, state 'none'.)*

| Name | Position | Group Code | * % Owned | Sex |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | M or F |
| _____ | _____ | _____ | _____ | M or F |
| _____ | _____ | _____ | _____ | M or F |

17. Please identify cash and capital contributions to the firm. Include equipment, loans, and expertise.

| Contributor/Source | Amount/Value | Type/Date of Contribution |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

18. If the firm is a partnership, please complete for all partners.

| Name | Value of Contributions | Date of Ownership |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

19. If the firm is a corporation, please complete for all shareholders.

| Name | No. of Shares | Common /Preferred | Purchase Price | Ownership Date |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

20. If the firm is a corporation, please complete for the Board of Directors.

| Name | Position | Group Code | Sex | Date Appointed |
|---|---|---|---|---|
| _____ | _____ | _____ | M or F | _____ |
| _____ | _____ | _____ | M or F | _____ |
| _____ | _____ | _____ | M or F | _____ |

21. If a corporation, please detail the number of shares:

Common Authorized _____ Common Issued _____

Preferred Authorized _____ Preferred Issued _____

22. Gross Receipts (*Sales*). Please provide gross receipts for the last 3 years. *(If in business for less than 3 years complete as applicable.)*

| $_____ | $_____ | $_____ |
|---|---|---|
| Current Year (20_____) | Last Year (20_____) | Previous Year (20_____) |

23. Number of employees *(Please average over the past year.)*

| Permanent | Temporary |
|---|---|
| Full-Time _____ | Full-Time _____ |
| Part-Time _____ | Part-Time _____ |

24. If licensing, permits or accreditation is required to conduct the business, please identify:

| Type of License/Permit | Issued by | Issue Date | Exp. Date | Holder/Registrant |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |

_____ _____ _____ _____ _____

_____ _____ _____ _____ _____

25. Check all that best describe the business operation.

☐ Construction-Related ☐ Professional Service ☐ Technical Service
☐ Consumer Service ☐ Manufacturer/ Supplier ☐ Retail
☐ Other _____

26. Describe principal products/commodities sold, specialties or services offered *(Please explain*).

_____

_____

27. Identify those individuals responsible for managerial operations *(State if owner or non-owner*.)

Name & Title Sex Group Code Owner or Non-Owner

a) Financial Decisions

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

b) Estimating & Preparing Bids

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

c) Negotiating Bonding and Insurance

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

d) Negotiating Contracts

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

e) Marketing & Sales

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

f) Supervising Field Operations

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

g) Purchasing Equipment/Supplies

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

h) Personnel Management

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

i) Signators for Business Accounts

_____ Male or Female _____ Owner or Non-Owner

_____ Male or Female _____ Owner or Non-Owner

28. Please identify additional staff persons. *If any individual also works for another firm provide their name, position, other firm's name, address, and telephone number*.

| Name & Position | Other Firm Name, Address | Phone |
|---|---|---|
| a) Office staff | | |
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |
| b) Field/supervisory staff | | |
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |
| c) Estimator | | |
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |
| d) Controller | | |
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |
| e) Consultant *(For firms involved in providing consultant/technical service or advisory service*:) | | |
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |

29. If this firm shares office space, yard space and/or equipment with any other firm, please provide the other firm's name, address & telephone number.

| Firm Name | Address | Phone |
|---|---|---|
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |
| _____ | _____ | ( )_____ |

30. List rented, leased, or owned warehouse, plant, yard, and office facilities.

| Facility type | Lessor and/or rental agent | Total Annual rent |
|---|---|---|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

31. List major equipment or machinery that is owned or leased by the firm.

| Type | Current Value | Acquisition date | Payment terms |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

32. Do any principals, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with another firm? ☐Yes ☐No If Yes, please complete the following:

| Name | Firm Name | Phone No. | Nature of affiliation |
|---|---|---|---|
| | | (__)_____ | |
| | | (__)_____ | |
| | | (__)_____ | |

33. Attorney for firm.

_____ _____
Name Address

_____ _____ _____ (  )_____
City State Zip Code Phone Number

34. C.P.A. or Accountant for firm.

_____ _____
Name Address

_____ _____ _____ (  )_____
City State Zip Code Phone Number

35. Has the firm applied for, been denied or received M/W/DBE certification by another agency?
☐ No ☐Yes If yes, complete below.

| Agency | Specify M/W/DBE | Certification Date | Contact Person | Phone |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

36. Are there appeals pending on any of the above applications or certifications? ☐Yes ☐No If yes, complete below.

| Agency | Date of Appeal | Contact Person | Phone |
|---|---|---|---|
| | | | (  )_____ |
| | | | (  )_____ |
| | | | (  )_____ |

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

| Firm/Customer Name | Contact Person | Contract Amount | Performance Dates |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

38. Identify Bank(s) where firm's accounts are maintained.

| Bank Name | Address | Type of Account | Account No. |
|---|---|---|---|
| | | | |
| | | | |

39. Do you have a line of Credit? ☐Yes ☐No If yes, please identify.

| Source | Limit | Name of Guarantor(s) |
|---|---|---|
| | | |
| | | |

40. List major current creditors and/or lendors and types of investments and/or loans in the firm.

| Creditor/Lendor | Type of investment/credit/loan | Value of investment/ credit/loan |
|---|---|---|
| | | |
| | | |

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

| Firm Name | Address | %Ownership |
|---|---|---|
| | | |
| | | |

42. Is the firm bonded? ☐Yes ☐No If yes, specify type and limit.

Bonding Company _____ Address _____

Telephone (  )_____ Contact Person _____

Type _____ Limit _____

43. Is the firm interested in bidding County Contracts? ☐Yes ☐No

**For assistance please contact:**
**County of Albany Division of Affirmative Action**
**112 State Street, Room 900, Albany, NY 12207**
**(518) 447-7010**

# SUPPORTING DOCUMENTS

## A. REQUIRED FOR ALL APPLICANTS

Attached 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, application will be returned to you.

☐ 1. Resumes of all principals, partners, officers and/or key employees of the firm as per 8(e), 10(a) and 15(a). Show home address and telephone number, education, training and employment with dates.

☐ 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.

☐ 3. Current financial statement.

☐ 4. Most recent three years' Federal, State and City tax returns including all schedules, where applicable.

☐ 5. Proof of sources of capitalization/investments.

☐ 6. Proof of ethnicity (*e.g.*, Birth Certificate, Baptismal Certificate, U.S. Passport)

☐ 7. Proof of U.S. citizenship (*e.g.*, Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate, etc.)

☐ 8. Proof of permanent resident alien status (*i.e.*, green card)

☐ 9. Lease Agreements per 30 and 31

☐ 10. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.

☐ 11. Any employment agreements.

☐ 12. Vehicle registration(s).

☐ 13. Any certification, de-certification or denial or certification documentation.

☐ 14. Proof of Small Business Administration 8(a) Certification (copy of all approval letters).

☐ 15. Written request for exemption from disclosure regarding trade secrets.

## SUPPORTING DOCUMENTS (cont.)

**B.** REQUIRED FOR A SOLE PROPRIETORSHIP-
(*Attach copies of the following: Please indicate documents submitted by checking appropriate boxes)*
☐1. 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 boxe*s)
☐1. Business Certificate.
☐2. Partnership agreement.
☐3. Buy-out Rights.

**D.** REQUIRED FOR A CORPORATION-
(*Attach copies of the following: Please indicate documents submitted by checking appropriate boxe*s)
☐1. Articles of incorporation, including date approved by State.
☐2. Corporation By-Laws.
☐3. Minutes of first corporate organizational meeting and amendments.
☐4. Copies of all issued stock certificates, front and back, as well as next, unissued certificate.
☐5. Copy of stock ledger.
☐6. If applicable, furnish copies of agreements relating to:
a. Stock options
b. Shareholder agreements
c. Shareholder voting rights
d. Restriction 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.

## DEFINTIONS

**Minority Business Enterprise (MBE)** shall be any business enterprise which is at least fifty-one percent (51%) owned or in that case of a publicly-owned business, at least fifty-one percent (51%) of the common stock of which is owned, by a minority person(s), and such ownership interest is real, substantial and continuing. The minority ownership must have and exercise the authority to independently control the business decisions of the entity. (Minority as defined below.)

**Woman Business Enterprise (WBE)** shall be any business enterprise which is at least fifty-one percent (51%) owned or in the case of a publicly-owned business, at least fifty-one percent (51%) of the common stock of which is owned, by a woman (women), and such ownership interest is real, substantial and continuing. The woman ownership must have and exercise the authority to independently control the business decisions of the entity. WBEs shall not be considered as MBEs unless 51% of the assets of the company is held by a minority person(s). (Women as defined below.)

**Disadvantaged Business Enterprise (DBE)** shall be any business enterprise controlled by one or more socially or economically disadvantaged individuals and whose management and daily business operations are controlled by one or more socially and economically disadvantaged individuals who own it. Such disadvantaged may arise from cultural, racial, chronic economic circumstances or background or other similar cause. Such persons include, but are not limited to citizens of the United States (or lawfully admitted permanent residents) and who are African Americans, Puerto Ricans, Hispanic Americans, Asian-Pacific Americans, American Indians, Eskimos, Aleuts, Asian Indians and Women.

## GROUP CODES

01 - **Black** (not of Hispanic origin) – a person having origins in any of the Black racial group of Africa.

02 - **Hispanic** -- a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

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

04 - **Native American or Alaskan Natives** – a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

05 - **Non-Minority**

**UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL, SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXCERCISE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE.**

## UNIFORM CERTIFICATION APPLICATION

This application must be verified under oath in the following manner:

(A) if the enterprise is a sole proprietorship, by owner; or if the enterprise is a partnership, by partner; or

(B) if the enterprise is a corporation, by the principal officer designated by the Board of Directors. All applicants MUST read and review all items preceding the verification before signing. These items contain responsibilities of the applicant, rights retained by the State of New York and penalties that may be applied for false statements.

FIRST, this Application form, the supporting documents, and any other information provided in support of the Application are considered part of the Application. It is recognized and acknowledged that the information contained in this Application is given under oath and the any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the State of New York. In addition, the applicant further understands that any misrepresentation made in this Application is subject to penalties.

SECOND, pursuant to the provisions of the Personal Privacy Protection and Freedom of Information Laws, an agency may not disclose information submitted in an Application, unless such disclosure is made pursuant to applicable federal and state laws. Except as provided in paragraph eight below, information, which an applicant request (in writing) to be held exempt, will be exempt from disclosure under the New York State Freedom of Information Law, if it qualifies as a trade secret or confidential information.

THIRD, Division of Affirmative Action may require proof of minority or women status, in addition to the information disclosed in this Application. By filing this Application, the applicant agrees to submit additional proof if it is requested, and acknowledges that Division of Affirmative Action may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within by the deadline established by the Division of Affirmative Action.

FOURTH, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by the Division of Affirmative Action for the purpose of determining whether the Applicant is, or continues to be, an eligible Minority or Women-Owned Business. The applicant acknowledges that its certification may be immediately denied or revoked, if such examinations or interviews are refused; or if the Division of Affirmative Action determines as a result of the examinations or interviews, that the Applicant does not qualify or continues to qualify as a Minority or Women-Owned Business Enterprise.

FIFTH, by filing this Application, the Applicant consents to inquiries that may be directed by the Division of Affirmative Action to the Applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification. If the Applicant fails to permit such inquiries to be made, such failure may be grounds for denying or revoking the Applicant's certification.

SIXTH, the Applicant agrees to provide notice to Division of Affirmative Action of any material change in the information contained in the original application within 60 days of such change.

SEVENTH, certification is normally granted for a period of one (1) year. However, the Division of Affirmative Action may require the submission of a New Application, additional information, examinations of the Applicant's principals and employees at any time before the expiration of the one (1) year certification period. The Applicant's Failure to submit such material, or to consent to such examinations and interviews, shall be grounds for immediate revocation of certification.

EIGHTH, by filing this Application, the Applicant consents to the Division of Affirmative Action's sharing reports, summaries, reviews, analyses, recommendations and determinations related to this Application with other certifying agencies, which may request such information as a result of the Applicant submitting this application for Certification to those agencies.

I have read and acknowledge the foregoing.

_____

**Signature of Owner/Applicant.**

## VERIFICATION

**STATE OF** )
) **SS.:**
**COUNTY OF** )

(A)
_____, being duly sworn, states he or she is the owner of (or a partner in) the enterprise making the foregoing Application and that the statements and re-presentations made in the Application are true to his or her own knowledge.

(B)
_____, being duly sworn, states that he or she is the
Name of Corporate Officer
_____, of _____,
Title of Corporate Officer Name of Corporation
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 or her knowledge, and that the Application is made at the direction 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 Name

_____ _____
Signature Telephone No.