



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:**\_\_\_\_\_

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](http://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:

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:

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

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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

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Do you have a line of credit?  Yes  No If yes, identify:  
Source Limit Name of Guarantor(s)

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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

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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

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

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