



ONONDAGA COUNTY MWBE CERTIFICATION APPLICATION

Please send applications to the address below:

**Office of Diversity and Inclusion
15th Floor
John H. Mulroy Civic Center
421 Montgomery Street
Syracuse, NY 13202**

If you have any questions, contact Dennis Coleman at Denniscoleman@ongov.net

Onondaga County MWBE Certification Standard Application and Affidavit

Please read before completing this form:

Is this firm "not for profit"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, STOP! If this firm is not-for-profit, then you do NOT qualify for this program and should NOT fill out this application.
Is this firm "publicly owned"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, STOP! If this firm is publicly-traded, then you do NOT qualify for this program and should not fill out this application.
Is this firm "owned wholly or in part by another company"? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, STOP! The other company may need to be certified first before this firm can complete this application. (Contact us for further information)
Does this firm employ more than 300 full time equivalent employees? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, STOP! You do not qualify for our program.
Is this firm incorporated in New York State or does this firm have the Authority to do Business in New York State ? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no to both, STOP! This firm will need to get the Authority to do Business from the New York State Department of State before applying to this program.
Does each minority or woman owner, upon which certification is based for this firm, have a personal net worth which does not exceed 3.5 million dollars? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, STOP! This firm does not qualify for our program.
Has this firm been operational and active for at least one year? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, STOP! Generally, a business has to be established and active for at least one year.

Instructions:

Please type or print clearly. Do not leave any spaces blank on the application. Please sign, notarize, and complete this form, accompanied by the required supporting documents listed in this application.

You should make photocopies of the required supporting documents, do not send originals. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Keep a copy of your entire application package for your records. **For questions contact Dennis Coleman at DennisColeman@ongov.net**

This firm is applying for certification as: *(Please refer to second page 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)

Company Profile:

1a. Name of applicant firm: *(Enter the full legal name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc.", not as "ABC Construction")*

1b. "Doing Business As" (DBA) Name: *(Complete if firm does business under an assumed or trade name that is different from its legal name.)*

1c. Business Address *(must represent a physical location: No PO Box allowed):*

1d. Mailing Address *(Complete if different from physical location):*

2a. Business Phone Number: () --- _____

Alternate Business Number: () --- _____

FAX Number: () --- _____

2b. Email Address: _____

Website: _____

3. Federal Employer Identification Number or Social Security Number *(A Federal Employer Identification Number is required for most business activities. For an application and/or additional information, go to the U.S. Internal Revenue Service website <http://www.irs.gov>. Sole Proprietorships may submit social security number of the owner in lieu of the federal identification number but we strongly advise you to apply for an EIN.)* _____

4a. Name of Company President/Chief Executive Officer/Owner

President

Chief Executive Officer

Owner

Contact Person: _____
Name of officer Title of officer

5a. Type of ownership *(Please specify current ownership)*

☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Partnership (LLP)

☐ Corporation (including S-Corp) ☐ Limited Liability Company (LLC)

Date firm was established / / _____
Month Day Year

If this firm has not been in business for at least one year, contact Dennis Coleman @ Denniscoleman@ongov.net to see if you should complete the application. We generally require that the business have been in operation for at least one year and filed its first tax returns.

5b. Did the business exist under a different type of business ownership prior to the date indicated in question 5a? ☐ No ☐ Yes *If yes, please explain.*

5c. Method of Acquisition *(check all applicable)*

- ☐ Started New Business ☐ Secured Franchise ☐ Bought Existing Business
☐ Secured Concession ☐ Inherited Business ☐ Merger or Consolidation
☐ Other _____

Date of acquisition _____/_____/_____
Month Day Year

5d. Name & Position of all person(s) with ownership interest in this firm.

(If no positions are held, state "none". Check appropriate gender M or F for each person, indicate percentage owned, and check yes or no for US Citizen or Permanent Resident status)

Name	Position	Group Code* (check one)	% Owned	Gender	US Citizen or Permanent Resident Alien
_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____%	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____%	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____%	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3a <input type="checkbox"/> 3b <input type="checkbox"/> 4 <input type="checkbox"/> 5	_____%	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> No <input type="checkbox"/> Yes

* Group Code Key *(Please refer to Race/Gender Definitions on the second page of the application)*

01 Black 02 Hispanic 03a Asian/Pacific 03b Asian /Indian 04 Native American 05 Non-Minority

5e. If this firm 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	% Owned
_____	_____	_____%
_____	_____	_____%
_____	_____	_____%

6. If this firm is a partnership, please complete for all partners.

Partner	Total Amount/ Value of Contributions	Date of Ownership
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

7. If this firm is a corporation, please complete for all shareholders with 20% ownership.

Name	No. of Shares	Common or Preferred	Amount paid when purchased	Date of Ownership
			\$	
			\$	
			\$	

7a. If a Limited Liability Corporation, % of interest for all Members

Name	Position	% Interest
		%
		%
		%

8. Gross Revenue (Sales.) Please provide gross revenue for the last 3 years.

(If this firm has been in business for less than 3 years, complete as applicable but you should have at least one year tax return.)

\$ _____ \$ _____ \$ _____
Current Year (20____) Last Year (20____) Previous Year (20____)

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

Permanent Temporary/Seasonal
Full Time _____ Full Time _____
Part Time _____ Part Time _____

Please Note: If the business has more than 300 full time equivalent employees, it is not eligible for our program.

Goods and Services:

10. 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

11a. Check all that best describe the business operation.

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Construction-Related | <input type="checkbox"/> Consumer Service | <input type="checkbox"/> Broker | <input type="checkbox"/> Professional Service |
| <input type="checkbox"/> Manufacturer/Supplier | <input type="checkbox"/> Franchise | <input type="checkbox"/> Technical Service | <input type="checkbox"/> Retail |
| <input type="checkbox"/> Financial Services | <input type="checkbox"/> Other (explain) _____ | | |

11b. Describe principal products/commodities sold, specialties or services offered

(Being very specific about what commodities or services your firm currently provides)

11c. Please provide the business's North American Industry Classification System (NAICS) number or Standard Industrial Classification (SIC) (This information can be found online: <http://www.census.gov>)

SIC _____

NAICS _____

12. If this firm shares the following with any other firm, please provide the other firm's name, address & telephone number.

Other Firm Name	Address	Phone
1. Office space		() --
		() --
2. Yard Space/Warehouse		() --
		() --
3. Equipment (include rentals)		() --
		() --

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

Name of Person	Firm name & address	Nature of business	Nature of affiliation

14. At present, or at any time in the past, has your firm been a subsidiary of any other firm?

☐ Yes ☐ No

15. Has any other firm had an ownership interest in your firm at present or at any time in the past?

☐ Yes ☐ No

16. If you answered yes to questions 14 or 15, identify the following for each:

Name	Address	Type of Business	Question#

17. Do any of your immediate family members own or manage another company? ☐ Yes ☐ No

If yes, the list:

Name	Relationship	Company	Type of Business	Own or manage?

Other Certifications:**18.C.P.A. or Accountant for firm.**

Name _____

Street Address _____

City _____ State _____ Zip Code _____ Phone _____

19. Has the firm applied for certification as a M/WBE with another governmental agency, department, or authority?☐ Yes ☐ No *If yes, complete the following:*

Agency	Date	Contact Person	Phone	Specify DBE, MBE or WBE
1. Pending with				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. Certified by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. Registered by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
4. Withdrawn/Closed out				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
5. Rejected by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
6. Denied by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
7. Decertified by				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. Are there appeals pending on any of the above applications or certifications? ☐ Yes ☐ No

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

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 a 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 County of Onondaga 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 the Application is given under oath and that 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 County Of Onondaga. In addition, the Applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the State of New York. ***By signing below I am attesting that I am providing this as part of this application for certification or re-certification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.***

SECOND, Onondaga County Office of Diversity and Inclusion (OCODI) is subject to the Freedom of Information Law, At the time of application, the applicant may request that (OCODI) except all or part of Contractor's proposal, reports or other information submitted to OCODI from public disclosure, pursuant to Section 87(2)(d) of the Public Officers Law, on the ground that said specified item(s) contain trade secrets or that the information, if disclosed, would cause substantial injury to the competitive position of the applicant. The request for an exception must be in writing and must state the reasons why the information should be excepted from disclosure. It must also specify the items or portions thereof for which the exception is requested. OCODI reserves the right to determine whether the information submitted by the applicant may be withheld from disclosure under FOIL. An applicant's submission of the above referenced letter triggers the OCODI's obligation to notify the applicant of any request for disclosure of their information. An applicant will then have the opportunity to write to OCODI and request that the previously identified information continue to be excepted from disclosure. OCODI will then notify the applicant of the OCODI's decision to grant or deny such request for exception from disclosure in accordance with the provisions of Section 89(5) of the Public Officers Law. Any information submitted by the applicant, for which the applicant requests exception from disclosure, shall be temporarily excepted from disclosure until fifteen days after the entitlement to such exception has been finally determined by OCODI. Applicant's rights upon denial or granting of request may be found in Section 89(5) of the Public Officer's Law.

THIRD, OCODI 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 addition proof if it is requested, and acknowledges that OCODI may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within 20 days after it is requested by OCODI.

FOURTH, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by OCODI 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 OCODI 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 OCODI 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 OCODI of any material change in the information contained in the original application within 30 days of such change.

SEVENTH, certification is normally granted for a period of three (3) years. However OCODI may require the submission of a new Application, additional information, and examination of the Applicant's principals and employees at any time before the expiration of the three (3) 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 OCODI 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.

NINETH, I further certify that the personal net worth of each person upon which certification is based does not exceed \$3.5 million and the applicant firm does not employ more than 300 full time equivalent employees.

I have read and acknowledge the foregoing.

Signature of Owner/Applicant

VERIFICATION

STATE OF _____)
COUNTY OF _____)

(A)

_____ being duly sworn, states he or she is the owner of (or partner in) the enterprise making the foregoing Application and that the statements and representations 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 number

Organization

Onondaga County MWBE Certification STANDARD APPLICATION

SUPPORTING DOCUMENTS CHECKLIST

PLEASE PROVIDE COPIES OF SUPPORTING DOCUMENTS ONLY

DO NOT SEND IN YOUR ORIGINALS

The minimum documentation required for certification is listed below but is not limited to this list. The Office of Diversity and Inclusion may request additional documents during the application review process.

Each minority or woman upon whom certification is based cannot have a personal net worth that exceeds \$3.5 million after allowable deductions.

All firms are ***required*** to include for each person upon whom certification is based:

- ☐ Attachment A
- ☐ Tax ID Statement
- ☐ Proof of Business

A. REQUIRED FOR ALL APPLICANTS.

PLEASE NOTE: If appropriate documents are not submitted and no written explanation is given, application will not be processed.

(Attach copies of the following):
Indicate submitted documents with a check mark:

- ☐ 1. Current year business Financial Statements: including Year-To-Date Balance Sheet and Profit & Loss Statement. ***Taxes cannot be used for this requirement.***
- ☐ 2. Documented proof of sources of capitalization and investments as per Questions 6, 7a, 7b in the application (Cancelled Checks-sides, bank statements, purchase receipts, any loan agreements, etc.)
- ☐ 3. If the firm is applying for MBE, or MWBE Certification, for each Minority who has an ownership interest in the applicant firm, you will need to provide proof of ethnicity (i.e. Birth Certificate - yours or parent, or grandparent; Death Certificate – parent or grandparent; Tribal Card/Records; Military Records; Naturalization Papers – yours, parent or grandparent; official court rule specifically recognizing applicant’s minority decent – yours, parent, or grandparent; any documentation issued by a Federal, State,

or Local Government entity establishing that the applicant, the applicant's parent or grandparent is a member of a minority group as recognized under Article 15-A).

- ☐ 4. Proof of US Citizenship (i.e. Birth Certificate, U.S. Passport, Naturalization Certificate, etc.) or Proof of permanent resident alien status (i.e. permanent resident "green" card.) for each Minority or Woman who has an ownership interest in the applicant firm.
- ☐ 5. Any certification, decertification or denial of certification documentation.
- ☐ 6. Copies of all licenses, permits and/or accreditations utilized by this firm to conduct business, including those held by individual.
- ☐ 7. For all sole proprietorships and partnerships, a copy of the New York State Vendor Tax Registration.
- ☐ 8. Written request for exemption from disclosure regarding trade secrets, if applicable.

Please Note: The Office of Diversity and Inclusion is subject to the Freedom of Information Law, which governs the process for the public disclosure of certain records maintained by the program. **The request for exception must be in writing and state why the information should be excepted, specifying the items or portions for which the exemption is requested.** Please refer to the second item on the signed Uniform Certification Application of this application for further details about submitting an exemption request.

B. REQUIRED FOR ALL SOLE PROPRIETORS

PLEASE NOTE: The application will not be processed if appropriate documents are not submitted and no written explanation is given.

(Attach copies of the following):

Indicate submitted documents with a check mark:

- ☐ 1. Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk, including amended certificates *(If doing business under an assumed name.)*

C. REQUIRED FOR ALL PARTNERSHIPS

PLEASE NOTE: The application will not be processed if appropriate documents are not submitted and no written explanation is given.

(Attach copies of the following):

Indicate submitted documents with a check mark:

- ☐ 1. Business Certificate, including any amendments
- ☐ 2. Partnership Agreement
- ☐ 3. Buy-out Rights

D. REQUIRED FOR ALL CORPORATIONS

PLEASE NOTE: The application will not be processed if appropriate documents are not submitted and no written explanation is given.

(Attach copies of the following):

Indicate submitted documents with a check mark:

- ☐ 1. State filing receipt, including amended receipts
- ☐ 2. Articles of incorporation
- ☐ 3. Minutes of first corporate organizational meeting and amendments.
- ☐ 4. Copy of completed, up-to-date stock ledger.
- ☐ 5. If out-of-state corporation, Certificate of Authority to conduct business in New York State, and any amendments.

E. REQUIRED FOR ALL LLC/LLPs

PLEASE NOTE: The application will not be processed if appropriate documents are not submitted and no written explanation is given.

(Attach copies of the following):

Indicate submitted documents with a check mark:

- ☐ 1. Certificate of Registration or Articles of Organization
- ☐ 2. Operating Agreement and any amendments if LLC or Partnership Agreement and any amendments if LLP
- ☐ 3. Certificate of Publication, with the Affidavits of Publication

