

**ADDENDUM FOR M/WBE CERTIFICATION WITH NEW YORK CITY DEPARTMENT
OF SMALL BUSINESS SERVICES**

Instructions: Please review the requirements below regarding the use of this Addendum to apply to the City of New York Department of Small Business Services (“SBS”) for certification as an M/WBE. The responses required by this Addendum (including any supporting documentation submitted with said Addendum) are intended to address additional necessary information relating to M/WBE certification with SBS and which is not required by New York State in its DMWBD Standard Application for M/WBE Certification.

If eligible, Applicants must simultaneously submit this Addendum and the fully completed NYS M/WBE Certification Application to the New York State Department of Economic Development, Division of Minority and Women’s Business Development (“DMWBD”). If your firm is certified as an M/WBE with the State of New York, DMWBD will submit this completed Addendum, along with a copy of your completed NYS Standard M/WBE Certification Application to SBS on your behalf. Please be advised that this service is a one-time courtesy for business enterprises that have never previously applied or are not currently under review for M/WBE certification with SBS or DMWBD. In addition, please note that SBS reserves the right to request additional information from the Applicant to determine the business enterprise’s eligibility for certification as an M/WBE with the City.

Note: Failure to certify with DMWBD may or may not preclude a business entity from eligibility for M/WBE Certification with SBS. An Applicant may choose to separately submit a properly completed SBS Standard M/WBE Certification Application to SBS. However, it is important for Applicants to note that DMWBD ***will not forward*** a completed Addendum for M/WBE Certification with SBS to SBS for review if the Applicant is denied or not granted M/WBE Certification by DMWBD.

**SECTION I: BACKGROUND INFORMATION FOR APPLICANT/BUSINESS ENTERPRISE SEEKING
M/WBE CERTIFICATION WITH THE CITY OF NEW YORK**
SECTION II: ELIGIBILITY CHECKLIST (A-D)

Applicants should print or type clearly and should not leave any spaces blank in the application. If a question is not applicable to your business insert "N/A" in the space provided for your answer. Whenever the space is insufficient to answer the questions completely, Applicant should use and attach additional sheets as necessary. Please label additional sheets with the corresponding section of the Application.

Business Name (Legal Name) and D/B/A (if applicable): _____

- **Business Address:** _____
- **Business Mailing Address (if different from above):** _____
- **Phone: (____) _____**

Primary Contact: _____

- **Phone for Primary Contact: (____) _____**
- **Email for Primary Contact:** _____

Employer Identification Number (EIN) or Social Security Number (SSN)*

- **EIN:** _____
- **SSN: :** _____

** If Applicant is a Sole Proprietorship with no EIN, Applicant may provide a SSN)*

SECTION II: ELIGIBILITY CHECKLIST (A-D)

Is your business 51% owned, operated, and controlled by U.S. Citizen(s) or U.S. permanent resident(s) who are member(s) of a designated minority group(s) including Black, Hispanic, Asian-Pacific, Asian-Indian and/or women? Yes No

If Yes, Woman AND/OR Minority

If Minority, please select the eligible minority group from the list below:

Black Asian-Pacific Hispanic Asian-Indian

A

Has your business been actively in operation for at least 1 year? Yes No

If Yes, please provide date your business started selling products and/or services: ____ / ____ / ____

B

C

Do you have a valid New York City FMS Vendor Number? Yes No

If Yes, please provide the ten (10) digit NYC-FMS Vendor Number for the business enterprise applying for M/WBE Certification with the City of New York in the space below:

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Instructions for Registering as a Vendor with the City of New York and obtain a NYC-FMS Vendor Number:

To register, complete a Vendor Enrollment Application online at www.nyc.gov/selltonyc. When completing the Vendor Enrollment Application, be sure to select and limit your NIGP commodity codes to items that best describe the product or service offered by your business. Also you will be required to complete a Substitute W-9 form, which is also online at www.nyc.gov/selltonyc, and submit the completed form to the Vendor Enrollment Center. The City uses the Substitute W-9 form to validate the Employer Identification Number (EIN) of each vendor. In order to keep your status active with the City of New York, be sure to complete and submit this form. If you are already registered and if any of your information has changed, contact the Vendor Enrollment Center. For additional information, contact the Vendor Enrollment Center at (212) 857-1680.

D

Does your business entity meet the “Business Presence” standard necessary to satisfy the “nexus” eligibility requirement for M/WBE Certification with the City of New York? Yes No

(Note: This “Business Presence” question/requirements ONLY applies to business enterprises located outside the “Geographic Market of the City” which includes: (1) the five boroughs of New York City; (2) Nassau, Putnam, Rockland, Suffolk, and Westchester County in the State of New York; and (3) Bergen, Hudson, or Passaic County in the State of New Jersey.)

To satisfy this eligibility requirement, Applicant must be able to respond affirmatively to at least one (1) of the three “Business Presence” questions set forth below and support such response(s) through appropriate documentation or other evidentiary support.

1. Does your business maintain at least one (1) full-time employee in one (1) or more offices located within New York City, who spends the majority of his / her working time conducting or soliciting business in the City?

- If Yes, please provide a copy of signed lease agreement, or proof of ownership/deed for the business/office location **AND** a current, chronological résumé for at least one full-time employee who is said to be working or soliciting business in the City.

2. During each of the last three (3) years, was at least twenty-five percent (25%) of your business’ annual gross receipts derived from transacting business in New York City?

- If Yes, please copy of contracts or invoices derived from transacting business in New York City.

D

3. If your business' principal office, place of business, or headquarters is not located within the geographic market of the City, can you demonstrate that the business entity satisfies at least two (2) of standards set forth directly below?

Standard No. 1: Does your business maintain a bank account in New York City or has it engaged in other banking transactions in New York City.

- If Yes, please provide copy of a letter or document from bank stating the account has been active for at least 6 months.

Standard No. 2: Does your business, or at least one of its owners, possesses a license issued by a New York City agency to do business in the City.

- If Yes, please provide copy of license issued by NYC agency.

Standard No. 3: Has your business transacted or sought to transact business in or with New York City more than once in the past three (3) years.

- If Yes, please provide a copy of each documented transaction or attempt to transact business in New York City.



Did you answer "Yes" to all the questions above?

If so, please carefully review the Eligibility Requirements A-D to confirm that your business is eligible to apply for MWBE Certification before proceeding with the application.

SECTION III: M/WBE CERTIFICATION APPLICATION QUESTIONS (A)

A

Insurance: Does your business have commercial or professional liability insurance?

Yes No

If Yes, please provide the following details:

Commercial

Carrier Name: _____

Dollar Amount of Liability: \$ _____

Professional

Carrier Name: _____

Dollar Amount of Liability: \$ _____

Please indicate all of the following credit cards accepted by your business. Please note: This information will not be used to evaluate your application. However, providing this information about your business may increase contracting opportunities with purchasing agents.

American Express

Discover

Master Card

Visa

None

CITY OF NEW YORK M/WBE CERTIFICATION AFFIDAVIT

This affidavit must be signed by an eligible minority or woman owner of the applicant firm.

The undersigned, _____, being the

Name

_____ of _____, requests

Title

Firm Name

Certification as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) with the New York City Department of Small Business Services (SBS), and for that purpose does hereby verify, under penalties of perjury:

1. The application form, supporting documents, audit reports and any other information provided in support of the firm's Application are considered part of this certification request. It is recognized and acknowledged that the information contained in the Application is given under oath, that the Application is being submitted as an inducement to SBS to certify the Applicant as an MBE, a WBE, or as both, and that SBS will rely on the information supplied therein in order to determine the eligibility of the Applicant for such certification. Certification by SBS is subject to all applicable laws and rules of the SBS M/WBE Certification Program. The Applicant acknowledges that in order to maintain SBS certification, the Applicant must comply with the SBS re-certification process.
2. The Applicant agrees to provide notice to SBS of any material change in the information contained in the Application within 45 days of such change.
3. The Applicant understands that SBS may require proof of eligibility in addition to the information disclosed in the Application. The Applicant agrees to submit additional proof if it is requested by SBS and acknowledges that SBS may determine not to certify the Applicant as an MBE or as a WBE if the additional proof is not submitted within 30 days after the date it is requested by SBS, or if the additional proof is not submitted as noticed to the applicant in an SBS letter of request for additional information.
4. The Applicant understands that a material false statement or omission made in connection with the Application is sufficient cause for the denial of certification or revocation of prior certification and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable law.
5. The Applicant consents to inquiries by SBS of the Applicant's bonding companies, banking institutions, credit agencies, contractors, affiliates, clients, and other certifying agencies to ascertain the Applicant's eligibility for certification. The Applicant also consents to the inspection by SBS of its place of business, books and records, and to permit interviews of its principals and employees. The Applicant acknowledges that refusal to permit such inquiries shall be grounds for denial or revocation of certification.
6. The Applicant further acknowledges that he or she has read the Application, knows its contents, and that the statements and representations made in the Application are true to his or her knowledge. If the application is on behalf of a corporation, it is made at the direction of the Board of Directors.

Signature: _____ **Date:** _____

This affidavit declares said firm to be a Minority and Women-owned Business Enterprise (M/WBE) and said affidavit shall become a matter of public record, unless withdrawn by the applicant or rejected by SBS prior to any other decision being made as to eligibility for certification under the Program.