

COUNTY OF SUFFOLK



COUNTY EXECUTIVE'S OFFICE OF MINORITY AFFAIRS

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COUNTY EXECUTIVE

MINORITY AND WOMEN-OWNED BUSINESS ENTERPRISE (M/WBE)

CERTIFICATION APPLICATION

General Instructions and Notes:

- This application consists of sixteen (16) pages, including Appendices A and B, and the Uniform Certification Affidavit. If you did not receive the entire application, please contact the Office of Minority Services at: (631) 853 – 4738.
- Please type or print **clearly** and to **answer all questions**. Illegible and/or incomplete applications will be returned to you for clarification and/or completion which will delay certification approval. **If a question is not applicable to your business, insert “N/A” in the space provided for your answer. Do not leave any questions blank.**
- In order to ensure an expeditious certification process, where questions ask for company telephone numbers and contact persons, be sure to list the contact persons *directly responsible and/or possessing the most knowledge of your firm’s account* for the applicable question. *Please do not provide general/operator phone numbers, unless there are no available direct telephone numbers.*
- Whenever the space allotted is insufficient to answer a question completely, you may attach additional sheets as necessary. **Additional sheets must be clearly labeled, using the question number to identify any answer continued by writing “Question #, continued” in the top right corner of the page.** For example, if there is additional information that could not be included for question 1, label the attached sheet of paper “Question 1, continued” in the *top right corner* of the paper.
- You may make photocopies of the completed application as necessary.
- Be sure to reference the Appendices in order to accurately answer each question. **Inaccurate applications may be returned, rejected or revoked at the discretion of the Office of Minority Affairs.**
- Mail completed application to:

Suffolk County Office of Minority Affairs
100 Veterans Memorial Highway, 3rd Floor
P.O. Box 6100
Hauppauge, New York 11788-0099

10. Type of Ownership (*Please specify current ownership*):

- Sole Proprietorship established on _____, with a Certificate of
Date Established
 Trade Name on file in _____.
County

- Partnership established on _____, with a Business Certificate
Date Established
 for Partners on file in _____.
County

- Corporation established on _____, with a Certificate of
Date Established
 Incorporation on file in _____.
State

- Limited Liability Partnership, LLC established on _____, with
Date Established
 a certificate of Incorporation on file in _____.
County

11. Did the business exist under a different type of ownership prior to the date indicated in question 10? Yes No

If Yes, Explain: _____

12. Has your Certificate of Incorporation or business certificate been amended?

- Yes No

If Yes, Explain: _____

13. Name, position, group code (*see Appendix B for group code definitions*), percentage owned, sex and citizenship status 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	US CITIZEN OR PERMANENT RESIDENT ALIEN; Y OR N

14. Please identify the cash and capital contributions to the firm by those identified in question 14. Identify type of contribution as: gifts, equipment, loans and/or expertise.

NAME	AMOUNT/VALUE	TYPE/DATE OF CONTRIBUTION

15. If the firm is a partnership, please complete for all partners. Identify type of contribution as: gifts, equipment, loans and/or expertise.

NAME	TOTAL AMOUNT/VALUE OF CONTRIBUTION	TYPE/DATE OF CONTRIBUTION

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

NAME	No. OF SHARES	COMMON OR PREFERRED	AMOUNT PAID WHEN PURCHASED	DATE OF OWNERSHIP

17. If the firm is a corporation, please indicate the number of shares:

Common Authorized _____ Common Issued _____
 Preferred Authorized _____ Preferred Issued _____

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

\$ _____ \$ _____ \$ _____
 Current Year Last Year Previous Year

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

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

20. 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

21. Check all that best describe the business operation:

- Construction (or construction related)
- Professional Service
- Technical Service
- Consumer Service
- Manufacturer/Supplier
- Retail
- Other (explain) _____

22. Describe principal products/commodities sold, specialties or services (*Please explain in detail*). _____

23. Identify those individuals responsible for managerial operations (*State if owner or non-owner. For Group Codes, see Appendix B*).

Operation	Name and Title	Sex; M or F	Group Code	Owner or Non-Owner
Financial Decisions				
Estimating				
Preparing Bids				
Negotiating Bonding				
Negotiating Insurance				
Marketing & Sales				
Hiring & Firing				
Supervising Field Operations				
Purchasing Equipment/Supplies				
Managing & Signing Payroll				

Negotiating Contracts				
Signators for Business Accounts				

24. Please identify additional staff persons (*Print each staff person's name on the line above the title. If any individual also works for another firm, please circle yes and provide the person's name, his/her position, other firm's name, address, and telephone number. **Do not write more than one name in each provided space.** If there is more than one staff member assigned to a particular position, indicate this and any additional relevant information on a separate sheet of paper. **Be sure to follow instructions** regarding additional sheets of paper as provided in "General Instructions and Notes" on page 1.*):

Name and Position	Sex; M or F	Group Code	Owner or Non-Owner
Office Staff			
Field/Supervisory Staff			
Estimator			
Controller			
Consultant*			

25. If this firm shares the following with any other firm, please provide the other firm's name, address and telephone number:

Sharing:	FIRM NAME, PHONE NUMBER, AND ADDRESS	
Office Space		()
Yard Space		()
Equipment		()

* For firms involved in providing consultant/technical service or advisory service

(include rentals)	
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26. List rented, leased, or owned warehouse, plant, yard, and office facilities:

FACILITY TYPE	OWNER OR NAME OF LESSOR AND/OR RENTAL AGENT	IF RENTED OR LEASED, OF YEARLY RENT PAYMENT

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

TYPE	DEPRICATED DOLLAR VALUE	ACQUISITION DATE	PAYMENT TERMS

28. 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, please complete the following:

NAME OF PERSON	FIRM NAME AND ADDRESS	PHONE NUMBER	NATURE OF BUSINESS	NATURE OF AFFILIATION

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29. Attorney for the firm:

Name

Street Address

City State Zip Code Phone Number

30. C.P.A. or Accountant for the firm:

Name

Street Address

City State Zip Code Phone Number

31. Has the firm applied for certification as an M/WBE with another governmental agency, department or authority? Yes No

If yes, please complete the following:

Application *Pending* with:

AGENCY	DATE	CONTACT PERSON	PHONE	MBE OR WBE

Application *Certified* by:

AGENCY	DATE	CONTACT PERSON	PHONE	MBE OR WBE

Application *Registered* by:

AGENCY	DATE	CONTACT PERSON	PHONE	MBE OR WBE

Application *Withdrawn/closed out* with:

AGENCY	DATE	MBE OR WBE

Application *Denied* by:

AGENCY	DATE	MBE OR WBE

Application *Rejected/Returned* (incomplete application, etc.) by:

AGENCY	DATE	MBE OR WBE

Application *Revoked/Decertified* by:

AGENCY	DATE	MBE OR WBE

32. If your firm’s certification has ever been denied or revoked, please provide an explanation (be sure to distinguish whether there was a denial or revocation, and the Agency involved). *Please note that the Suffolk County Office of Minority Affairs reviews each application without bias. Past certification denial or revocation from other Agencies does not necessarily preclude a firm’s eligibility for certification in Suffolk County.*

33. If there are any appeals pending on any of the applications or certifications identified in question 32, please indicate below:

AGENCY	DATE OF APPEAL	CONTACT PERSON	PHONE

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

FIRM NAME AND PHONE	ACCOUNT DOLLAR AMOUNT	LOCATION OF PERFORMANCE	DURATION

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

BANK NAME	ADDRESS	CONTACT	TYPE OF ACCOUNT	ACCOUNT NO.

36. Do you have a line of credit? Yes No

If yes, Identify:

SOURCE	CREDIT LIMIT	NAME OF GUARANTOR(S)

37. List major current creditors and/or lenders and types of investments and/or loans in the firm:

NAME OF CREDITOR/LENDOR	TYPE OF INVESTMENT/CREDIT/LOAN	DOLLAR VALUE OF INVESTMENT/TERMS/CREDIT/LOAN

38. Is the firm bonded? Yes No

If yes, Identify:

Bonding Company: _____

Address: _____

Telephone: (____) _____ Contact Person _____

Type _____ Limit _____

APPENDIX A: DEFINITIONS OF MBE AND WBE

MINORITY BUSINESS ENTERPRISE (MBE) - A business enterprise which is at least fifty-one percent (51%) owned by, or in the case of a publicly owned business at least fifty-one percent (51%) of the stock of which is owned by, citizens or permanent resident aliens meeting the ethnic definitions of:

- 01 African-American/Black
- 02a Latin American/Hispanic
- 03a Asian-Pacific Islander
- 03b Asian-Indian
- 04 Native American

WOMEN-OWNED BUSINESS ENTERPRISE (WBE) - A business enterprise which is at least fifty-one percent (51%) owned by, or in the case of a publicly owned business at least fifty-one percent (51%) of the stock of which is owned by, citizens or permanent resident aliens who are women.

APPENDIX B: DEFINITIONS OF GROUP CODES

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

DEFINITIONS OF GROUP CODES

GROUP CODE	GROUP NAME	GROUP DEFINITION
01	African-American/Black	Persons having origins from any of the Black African racial groups.
02a	Latin American/Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin, regardless of race.
03a	Asian-Pacific Islander	Persons having origins from the Far East, Southeast Asia or the Pacific Islands.
03b	Asian-Indian	Persons having origins from the Indian subcontinent.
04	Native American	Persons having origins in any of the original peoples of North America.
05	Non-Minority	Persons not in a racial and/or ethnic category above

CERTIFICATION APPLICATION AFFIDAVIT

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 Suffolk County Department of Minority Affairs (hereafter “Minority Services”) 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 that any misrepresentation may be grounds for denial of certification, revocation of certification or, not awarding or terminating any contracts which may be awarded the Applicant by the County of Suffolk. In addition, the applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the County of Suffolk and State of New York.

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 requests (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, Minority Affairs 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 Minority Affairs may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within twenty (20) days after it is requested by Minority Affairs.

FOURTH, by filing this Application, the Applicant consents to periodic examination of its books, records and an interview of its principals and employees by Minority Affairs 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 Minority Services determines as a

[†] For corporations with 5 or less owners, the designated principal officer must be all shareholders.

For corporations with 6 to 25 shareholders, the designated principal officer must hold a top managerial position (possessing authority to make major decisions in their respective department) in either the legal or accounting department (or a department with functionally equivalent responsibilities);

For corporations that have shares traded over the counter or on a national or regional stock exchange, the designated principal officer must be Vice President, President, CEO, CFO, or COO (or a title with functionally equivalent duties) of the corporation.

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 Minority Services 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 Minority Affairs of any material change in the information contained in the original application within thirty (30) days of such change. Material changes include but are not limited to: replacement of those holding ownership or top managerial positions, significant changes in the number of shareholders, or change in the legal status of the business. **Certification is granted to the business entity as described in the application and cannot be assigned or transferred should the legal status of the business be modified. Should the legal status of the business change, the business must apply for certification as a new applicant.**

SEVENTH, certification is normally granted for a period of two (2) years. However Minority Affairs may require the submission of a New Application, additional information, and/or examinations of the Applicant's principals and employees at any time before the expiration of the two (2) 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 Minority Services' 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.

Owner/Applicant's Name and Title (please print)

Signature of Owner/Applicant

Date

The undersigned does hereby swear that the foregoing statements are true and correct and including the ownership and operations of said company. Further, it is recognized and acknowledged that statements contained herein are being given under oath and any material misrepresentation will be grounds for revoking certification and termination any contract which may be awarded in reliance herein.

Sworn to me this ___ day of _____ 20__.

Notary Signature