

COUNTY OF SUFFOLK



COUNTY EXECUTIVE'S OFFICE OF MULTICULTURAL AFFAIRS AND  
COMMUNITY ENGAGEMENT

Edward P. Romaine  
COUNTY EXECUTIVE

Minority & Women-Owned Business Enterprise (M/WBE)

**Certification Application**

**General Instructions and Notes:**

- **This application consists of sixteen (16) pages** including **Appendices A, B, C and D** and the **Uniform Certification Affidavit**. *If you did not receive the entire application, please contact the Office of Cultural Affairs and Community Engagement at (631)853-4738.*
- **Please type or print clearly and to answer all questions.** Illegible and/or incomplete applications must be returned to you for clarification and/or completion. This will delay certification approval. Insert "N/A" into the answer space provided if a question is not applicable to your business. **Do not leave any questions blank.**
- **When answering questions that ask for company telephone numbers and contact persons, your answer should** list the contact persons directly responsible and/or possessing the most knowledge of your firm's or related to the applicable question. Unless there are no available direct telephone numbers, **please do not provide general/operator phone numbers.**
- **You may attach additional sheets of paper as necessary** when the space allotted on the application is insufficient to answer a question completely. **Additional sheets must be clearly labeled by writing "Question [#], continued" in the top right corner of the page.** (*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.
- **Reference the Appendices to accurately answer each question.** Incomplete applications may be returned or rejected at the discretion of the Office of Cultural Affairs and Community Engagement.
- **Email or Mail completed application to:**  
*Email address:* MWBEinfo@suffolkcountyny.gov  
*Mailing address:* Suffolk County OFFICE OF MULTICULTURAL AFFAIRS AND COMMUNITY ENGAGEMENT  
100 Veterans Memorial Highway, 3<sup>rd</sup> Floor  
P.O. Box 6100, Hauppauge, New York 11788-0099

1. **Name and Street Address of Applicant Firm** Enter the full legal name of Entity. For example, a corporation named Miles of Tiles, Inc. should be identified as “Miles of Tiles, Inc.”, not as “Miles of Tiles”:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. **“Doing Business As” (D/B/A) Name** Complete if Entity does business under an assumed or trade name that is different from its legal name:

\_\_\_\_\_

3. **Mailing address** complete if different from street address:

\_\_\_\_\_ E-mail Address: \_\_\_\_\_

4. **Business Phone Number:** ( ) \_\_\_\_\_ **Fax:** ( ) \_\_\_\_\_

5. **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, contact the U.S. Internal Revenue Service at (631) 851-4726. Sole proprietorships may submit social security number of the owner in lieu of the federal identification number:

\_\_\_\_\_

6. **Name of Entity’s President/Chief Executive Officer/Owner:**

_____	_____	_____
President	Chief Executive Officer	Owner

7. **Name and title of officer of the Entity who can be contacted during the application review process:** \_\_\_\_\_

Name Title

8. **This Entity is applying for certification as:** (Refer to Appendix A of this application to determine the appropriate designation for the entity. One or more categories may be designated.)

- Minority Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)

**9. Is Entity 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:

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

10a. Sole Proprietorship established on \_\_\_\_\_,  
Date Established  
with a Certificate of Trade Name on file in \_\_\_\_\_.  
County

10b. Partnership established on \_\_\_\_\_,  
Date Established  
with a Business Certificate for Partners on file in \_\_\_\_\_.  
County

10c. Corporation established on \_\_\_\_\_,  
Date Established  
with a Certificate of Incorporation on file in \_\_\_\_\_.  
State

10d. Limited Liability Partnership, LLC established on \_\_\_\_\_,  
Date Established  
with a certificate of Incorporation on file in \_\_\_\_\_.  
County

**11. Did the Entity exist under a different type of ownership prior to the date indicated in question 10?**

Yes     No

If Yes, Explain: \_\_\_\_\_

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**12. Has Entity's Certificate of Incorporation or business certificate been amended?**

Yes     No

If Yes, Explain: \_\_\_\_\_

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**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 <i>M or F</i>	US CITIZEN OR PERMANENT RESIDENT ALIEN ( <i>Y or N</i> )

**14. Please identify the cash and capital contributions made to Entity by those identified in question 13. Identify type of contribution as: gifts, equipment, loans and/or expertise.**

NAME	AMOUNT/VALUE	TYPE & DATE OF CONTRIBUTION

**15. If Entity 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 Entity is a corporation, please complete for all shareholders:**

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

**17. If Entity 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 type of business conducted by the Entity, please identify:**

TYPE OF LICENSE/PERMIT	LICENSE No. (if applicable)	ISSUED BY (agency/entity)	ISSUING STATE (if applicable)	ISSUE DATE	EXP. DATE	LICENSE 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, in detail:**

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**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 <i>M or F</i>	Group Code	Owner or Non-Owner
Financial Decisions				
Estimating				
Preparing Bids				
Negotiating Bonding				
Negotiating Insurance				
Marketing & Sales				
Hiring & Firing				

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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 works for an additional firm, circle ‘yes’ and provide that person’s name, position, the 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 information on a separate sheet of paper, per instructions on page 1 under “General Instructions and Notes.”

Name and Position	Sex <i>M or F</i>	Group Code	Owner or Non-Owner
<i>Office Staff</i>			
<i>Field/Supervisory Staff</i>			
<i>Estimator</i>			
<i>Controller</i>			
<i>Consultant <sup>1</sup></i>			

<sup>1</sup> For entities involved in providing consultant/technical service or advisory service

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

Sharing	Firm Name, Telephone Number and Mailing Address	
Office Space		(      )
Yard Space		(      )
Equipment <i>(include rentals)</i>		(      )

**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, yearly rent payment

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

Type	Depreciated Dollar Value	Acquisition Date	Payment Terms



**28. Do any principals, officers and/or owners of the Entity have an affiliation (i.e. business interest or employment) with any other firm?**

Yes     No

If yes, complete the following:

Person's name	Entity's name and address	Phone number	Nature of business	Nature of affiliation

**29. Attorney for the Entity:**

\_\_\_\_\_ *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 Entity applied for certification as an M/WBE with another municipal, state or federal agency, department or authority?**

Yes     No

If yes, please complete the following (continued on page 10) :

**Continuation of Question 31 - *“If yes, please complete the following”***

Application ***Pending*** with:

Agency	Date	Contact Person	Phone Number	MBE and/or WBE

Application ***Certified*** by:

Agency	Date	Contact Person	Phone Number	MBE and/or WBE

Application ***Registered*** by:

Agency	Date	Contact Person	Phone Number	MBE and/or WBE

Application ***Withdrawn/closed out*** with:

Agency	Date	MBE and/or WBE

Application ***Denied*** by:

Agency	Date	MBE and/or WBE

**Continuation of Question 31 - "If yes, please complete the following"**

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

Agency	Date	MBE and/or WBE

Application **Revoked/Decertified** by:

Agency	Date	MBE and/or WBE

**32. If the Entity’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 Multicultural Affairs and Community Engagement 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.*

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**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	Contact’s Phone Number

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

Entity Name & Phone number	Account Dollar Amount	Location of performance	Duration
( )			
( )			
( )			

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

Bank Name	Address	Contact	Account Type	Account No.

**36. Does the Entity have a line of credit?**

Yes     No

*If yes, Identify:*

Source	Credit Limit	Name of Guarantor(s)

**37. List the Entity’s major current creditors and/or lenders and types of investments and/or loans in the Entity:**

Name of Creditor / Lendor	Type of investment / credit / loan	Dollar value of investment / terms / credit / loan

**38. Is the Entity bonded?**

Yes     No

*If yes, Identify:*

**Bonding Company:** \_\_\_\_\_

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

**Telephone: (\_\_\_\_) \_\_\_\_\_ Contact Person:** \_\_\_\_\_

**Type:** \_\_\_\_\_ **Limit:** \_\_\_\_\_

***This concludes the application.***

***See pages 14 – 20 for the Appendices referenced throughout this document:***

Appendix A: Definitions of MBE and WBE ..... page 14

Appendix B: Definitions of Group Codes ..... page 15

Appendix C: Required Supporting Documents ..... page 16

Appendix D: Frequently Asked Questions ..... page 17

Certification Application Affidavit ..... pages 18 - 20

**APPENDIX A: DEFINITIONS OF MBE AND WBE**

***Minority-Owned 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:** *Ownership must be real, substantial, and continuing under each certification category. The applicant must have & exercise authority to independently control enterprise business decisions.*

**Group Code Definitions**

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

## **APPENDIX C: REQUIRED SUPPORTING DOCUMENTS**

### **Requisite Documents**

- a. Incorporation Documents \*\*
- b. Resumes of all Principals, (self), Partners, Officers, and/or key employees of the corporation who with duties and job responsibilities within the entity.  
***Documents must include** home address, telephone number, education, training and employment dates. \*\**
- c. Verification of Bank Signature Card Letter, a letter from the bank identifying the persons authorized to conduct transactions, their level of authority, and limitations (if any) on all business accounts \*\*
- d. Copies of all licenses, permits, and/or accreditations \*\*
- e. Proof of U.S. Citizenship or Legal Residency  
*INS or Green Card, U.S. Passport, and birth certificate acceptable\*\**
- f. Lease Agreements for any space occupied, or proof of ownership, if home address is used. \*\*

### **Additional Documents** *(All third-party agreements including; equipment rental, purchase agreements, management service agreements, etc.)*

- g. All employment agreements specific to the entity or contracts.
- h. Vehicle registration(s) for all vehicles used for business purposes.
- i. Current year Financial Statements – Balance Sheet and Profit & Loss Statement.
- j. Proof of sources of capitalization [canceled checks – three (3); recent bank statements; purchase receipts; any loan agreements, etc.]



## **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<sup>2</sup> 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.

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<sup>2</sup> 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.

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, due to 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.

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

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**Signature of Owner/Applicant**

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**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\_\_\_\_\_.

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**Notary Signature**