



The City of New York
Department of Small Business Services
Division of Economic and Financial Opportunity

(Web)

Minority- and Women-owned Business Enterprise (M/WBE) Program

CERTIFICATION APPLICATION

Application Guidelines

COMPLETED APPLICATIONS AND ALL REQUIRED DOCUMENTATION SHOULD BE SUBMITTED TO:

NYC Department of Small Business Services
Division of Economic and Financial Opportunity
110 William Street
New York, NY 10038

BEFORE APPLYING FOR M/WBE CERTIFICATION: REGISTER TO DO BUSINESS WITH THE CITY OF NEW YORK

All vendors who wish to sell their products/services to the City of New York must first register in the City's central Vendor Source database. There is **no fee** to register. Each registered vendor is assigned a Vendor Number from the Mayor's Office of Contract Services. **You will not be able to apply to the M/WBE Program without this number.**

To obtain a Vendor Number, complete a **Vendor Enrollment Application**, which is available online at www.nyc.gov/selltonyc. If you prefer, you may obtain the form or get additional information from the Vendor Enrollment Center at (212) 857-1680. Online submission results in quicker turnaround time.

If you have already obtained this number in the past and if any of your original information has changed, including commodity codes, address, or contact person, you should update your record. Contact the Vendor Enrollment Center for instructions.

For further valuable information about selling to the City of New York, visit www.nyc.gov/selltonyc.

ELIGIBILITY REQUIREMENTS

Which Companies Are Eligible For Certification as a Minority- or Women-owned Business Enterprise (M/WBE) with the City of New York?

Any ongoing independent business **owned, operated, and controlled** by a U.S. Citizen(s) or Permanent Resident Alien(s) who are minority group members or women. The ownership of the business must be real and continuing and the business must be active for a period of at least one year prior to the date of application. Ownership must document the authority to control business decisions independently.

Geographic Requirements:

A business enterprise must have a **real and substantial** business presence in the **geographic market for the City of New York**.

The **geographic market** for the city of New York is defined as the following counties:

- Within the State of New York: Bronx, Kings (Brooklyn), New York, Queens, Richmond (Staten Island), Nassau, Putnam, Rockland, Suffolk, and Westchester
- Within the State of New Jersey: Bergen, Hudson, and Passaic

Geographic Requirements (continued)

A business enterprise which **meets one of the following conditions** shall be deemed to have a real and substantial business presence in the geographic market for the City of New York:

1. The business enterprise's principal office, place of business or headquarters is located within the city;
or
2. The business enterprise maintains at least one full-time employee in one or more offices within the city who conducts or solicits business in the city the majority of his/her working time;
or
3. The business enterprise's principal office or place of business or headquarters is located within the geographic market of the City, and the business enterprise
 - a. Has transacted business more than once in the city within the last three (3) years, or
 - b. Has sought to transact business more than once in the city within the last three (3) years;or
4. Twenty-five percent (25%) of the business enterprise's annual gross receipts for each of the last three (3) years was derived from transacting business in the city;
or
5. The business enterprise's principal office or place of business or headquarters is not located within the geographic market of the City but the business enterprise has demonstrated two or more of the following indicia of having a real and substantial presence in the market for the City of New York:
 - a. The business enterprise has maintained a bank account or engaged in other banking transactions in the city;
 - b. The business enterprise, or at least one of its owners, possesses a license issued by an agency of the City to do business in the city;
 - c. The business enterprise has transacted or sought to transact business in or with the City more than once in the past three (3) years.

Race/Gender Definitions

Minority-owned Business Enterprise (MBE)

The Business Enterprise 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 shares are owned by citizens or permanent resident aliens who meet the definition of ethnic minority:

- **Black** - having origins in any of the Black African racial groups; or
- **Hispanic** - being of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent, of either Indian or Hispanic origin, regardless of race; or
- **Asian-Pacific** - having origins in the Far East, Southeast Asia, or the Pacific Islands; or
- **Asian-Indian** - having origins from the Indian subcontinent; or
- **Native American or Alaskan Native** - having origins in any of the original peoples of North America.

In some municipal programs, the following ethnic categories are also considered minorities. However, under Local Law 129 of 2005, they are not eligible for New York City certification:

- **Portuguese** - having culture or origins rooted in Portugal; or
- **Spanish** - having culture or origins rooted in Spain.

Women-owned Business Enterprise (WBE)

The Business Enterprise must show fifty-one percent (51%) ownership by a woman or women. In the case of a publicly-owned business, at least fifty-one percent (51%) of the shares must be owned by citizens or permanent resident aliens who are women.

THE CERTIFICATION PROCESS—WHAT TO DO/WHAT TO EXPECT

What to Do

- Upon receiving a Vendor Number, complete the **Certification Application**. Fill out the application completely, truthfully and in detail.
- **Want help with the process?** The NYC Department of Small Business Services' Division of Economic and Financial Opportunity provides regularly scheduled free **Certification Prep workshops** where certification analysts provide assistance on how to complete the Certification Application. All workshops are conducted by experienced, friendly staff who can help you get your application right the first time. To see the current workshop schedule, please visit www.nyc.gov/getcertified.

ADVANCED REGISTRATION FOR WORKSHOPS IS REQUIRED. Call 311 (outside NYC, call (212) NEW-YORK) and ask for “Department of Small Business Services – Seminars & Workshops” or send an e-mail to businesssolutions@sbs.nyc.gov.

- Questions can also be directed to the Certification Helpline at (212) 513-6311 or via an e-mail to mwbe@sbs.nyc.gov.
- Return the completed application together with all **supporting documents** listed on pages V and VI of the Application Guidelines to:

NYC Department of Small Business Services
Division of Economic and Financial Opportunity
110 William Street
New York, NY 10038

What to Expect

- ALL INFORMATION CONTAINED IN YOUR COMPLETED APPLICATION PACKAGE WILL BE TREATED AS SENSITIVE AND KEPT CONFIDENTIAL. YOUR BUSINESS'S SECURITY AND PRIVACY ARE CAREFULLY GUARDED IN OUR REVIEW PROCESS.
- Once received, your application and documents are assigned to a certification analyst for review and a “completeness determination.”
- A certification analyst will notify you if your application is incomplete. You should submit all missing and requested documents within 30 days of notification. If your application is **rejected**, it means that despite repeated requests for additional supporting information, the City was unable to process your application due to missing information. Your application and all of the requested documents submitted will be returned to you. You may not reapply for 120 days.

The Certification Process - What to Expect (continued)

- Once the application is deemed complete, the applicant can expect to receive an official letter of decision in approximately 20 business days with one of two possible results: **certified** or **denied**.
 - Companies that are **certified** will receive a confirmation letter and will be certified for a period of **five (5) years** from the date of the letter (or until notified of the need to reapply at the director's request, whichever is earlier), so long as the applicant annually submits to the Division a **renewal form** and an **affidavit of no material change** in ownership, operation or control of the business. The renewal form and affidavit will be provided to the applicant prior to each anniversary of certification.
 - If your company is **denied** certification, you are offered the opportunity to appeal the decision within 30 days of the date of the denial letter. All appeals must be directed to the Legal Division of the NYC Department of Small Business Services. **Appeals are not handled by the Division of Economic and Financial Opportunity**. If denied, you may not reapply for two years following the denial or the decision upon appeal to uphold a denial, whichever is later.
- In addition to a confirmation letter, newly certified companies receive a Welcome Kit with information on valuable professional discounts, free business management classes, and invitations to networking events to meet City purchasing officers and find out about bidding opportunities.
- Each newly certified company is assigned a procurement counselor who will work with the company one-on-one to identify appropriate sales opportunities and to navigate the City of New York bidding and contracting process.
- Applicants can **withdraw** their application at any point during the process prior to the mailing of the letter of decision.

Application Overview

It is extremely important that you answer all questions and provide all requested documentation. Without complete information, we cannot process your application and will return it to you. Please call (212) 513-6311 or email us at mwbe@sbs.nyc.gov if you have any questions.

SECTION	QUESTIONS	PAGES
I. Main	1-14	1-2
II. Company Ownership	15-26	3-5
III. Company Management	27-29	6
IV. Company Finances	30-33	7
V. Company Operations	34-39	8-9
VI. Company Profile & Job Experience	40-43	10-11
VII. Sworn Certification Affidavit		12

Supporting Documentation Checklist

Please include all documentation with the application and indicate which documents are attached. PLEASE PROVIDE COPIES OF SUPPORTING DOCUMENTS ONLY. WE DO NOT WANT YOUR ORIGINALS. The minimum documentation required for certification is listed below, but is not limited to this list. A certification analyst may request additional documents during the application review process, if warranted.

	Résumés for each person with ownership interest or who holds any managerial position
	Bank signature card (copy of signature card or letter from bank identifying persons authorized to conduct transaction on each account)
	Current financial statement (statement of cash flows, balance sheet, or profit and loss statement)
	Prior three (3) years of <i>business</i> Federal, State, and City tax returns, including all schedules, as filed with the relevant tax authority
	Prior two (2) years of personal tax returns (1040's) for each person with ownership interest, including all applicable W-2 forms and schedules. W-2s must reflect the amount listed on line 7 of the personal return including spouse's W-2s
	Proof of U.S. Citizenship (passport, birth certificate, naturalization certificate) or Permanent Resident Alien Status (Green Card)
	Copies of licenses, permits, and certifications (See Question 35)
	Lease agreement or proof of ownership (deed) for business location(s)
	Other agreements showing business activity (equipment leases, purchase agreements, utility bills for three months, management service agreements, accounting or legal agreements, etc.)
	Copy of two (2) or more completed contracts or invoices within the last three (3) years within the five (5) boroughs of New York City
	Vehicle registration(s) for any vehicle used for business purposes
	Proof of bonding capacity (if applicable, see Question 36)
	Proof of any certification (including SBA 8(a)), decertification, or denial from another governmental agency, department, or authority (if applicable, see Question 13)
	Proof of ethnicity for each person with ownership interest (passport, birth certificate, naturalization certificate or Permanent Resident Alien Status (Green Card)
	Proof of sources of capitalization/investments (purchase receipts, any loan agreements, proof of business expenses, etc.)

Supporting Documentation Checklist (continued)

Additionally, the following is required, based on your type of business:

	Sole Proprietor	Partnership (incl. LLP)	LLC	Corporation (incl. S-Corp)
Copy of Business Certificate filed with county clerk, including amended certificates*	√	√		
Copy of New York State vendor number (only required of companies outside NY State)**	√	√		
Partnership Agreements		√		
Buy Out Rights		√		
Articles of Organization			√	
Membership Certificates			√	
Organizational Agreement			√	
State filing receipt, including amended receipts			√	√
Articles of Incorporation				√
Corporate Bylaws				√
Minutes of First Board Meeting				√
Copies of all issued stock certificates (front and back), as well as next un-issued certificate				√
Current Stock Ledger				√
Certificate of Authority to conduct business in NY State (only required of companies outside NY State)***				√

* Only if company name is an assumed name.

** Out-of-state sole proprietorships and partnerships must provide a New York State Vendor Tax Number which can be obtained by contacting the New York State Department of Taxation and Finance at (800) 972-1233.

***Out-of-state corporations must obtain a New York State Certificate of Authority. This certificate may be obtained from the New York State Corporation Division at (518) 473-2492, or online through www.empire-state.ny.us/default.asp.

IMPORTANT NOTE:

Please submit required documents, in the order of the Supporting Documentation Checklist. The submission of a neatly organized application accompanied by the required documents will expedite the processing of your application. Please provide an explanation for any required documentation you cannot provide.

Incomplete applications will be returned promptly.

**City of New York
 Certification Application for the
 Minority- and Women-owned Business Enterprise Program**

(Web)

General Instructions:

- PLEASE PRINT OR TYPE CLEARLY
- DO NOT LEAVE ANY SPACES BLANK ON 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, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet
- You may make photocopies of the completed application as necessary
- For questions, call the Certification Helpline at 212-513-6311 or e-mail mwbe@sbs.nyc.gov.
- Once you have completed the application, please return it and all required documentation to:
 NYC Department of Small Business Services
 Division of Economic and Financial Opportunity
 110 William Street
 New York, NY 10038

SECTION I: MAIN COMPANY INFORMATION

1. Business Name

_____ *Legal name of company applying to be certified*

2. D.B.A.

_____ *"Doing Business As" - Complete if company does business under a name which is different from its legal name.*

3. Business Address *(must represent a physical location; cannot be a Post Office Box)*

_____ *Street Address* _____ *Suite / Apt / Room / Unit*
 _____ *City* _____ *State* _____ *Zip/Zip+4*
 _____ *County*

4. Business Mailing Address *(complete only if different from the address given in Question 3)*

_____ *Street Address* _____ *Suite / Apt / Room / Unit*
 _____ *City* _____ *State* _____ *Zip/Zip+4*

5. Business Phone (____) _____ --- _____

6. Business Fax (____) _____ --- _____

7. Business Website _____

8. Federal Employer Identification Number ____ -- ____ -- ____ -- ____ -- ____

or

Owner's Social Security Number ____ -- ____ -- ____ -- ____ -- ____
ONLY sole proprietors may submit the owner's SSN in lieu of a Federal EIN

SECTION I: MAIN COMPANY INFORMATION (continued)

9. Vendor Number _____

Refer to page I of the Application Guidelines to learn how your business can obtain a Vendor Number. It is required to complete this application.

10. Name/title of an authorized representative to contact during the application review process:

Mr./Miss/Mrs./Ms.	First Name	Last Name
Title	() Phone	Ext.
E-Mail Address		

11. This company is applying for certification as ("X" all that apply)

- Minority-owned Business Enterprise (MBE) *Refer to page II of the Application Guidelines to determine the appropriate designation for your company.*
- Women-owned Business Enterprise (WBE)

12. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department, or authority?

Yes _____ No _____

If "Yes", check the level(s) of government with which you are involved ("X" all that apply)

Federal State City

13. Has your company ever applied for certification as an M/W/LBE, or a DBE (whether SBA 8(a), Transportation, or other) with another governmental agency, department, or authority?

Yes _____ No _____

If "Yes", provide the following details

Name of Governmental Entity	Program (MBE, WBE, LBE, DBE)	Status (Pending, Certified, Denied, Rejected, Revoked, On Appeal)	Date (mm/yy)

14. How did you first hear about the City of New York's M/W/L/EBE Certification program(s)?

(please choose only one)

Letter/Call/E-mail NYC Business Solutions Center

www.nyc.gov (the City's website) Advertisement

Event _____
Please specify name or sponsor of event and date

Other _____
Please specify what and when

SECTION II: COMPANY OWNERSHIP

15. Business structure

Sole Proprietorship

Partnership (including LLP)

Limited Liability Company (LLC)

Corporation (including S-Corp.)

16. Date company was established _____/_____/_____
(month) (day) (year)

17. Has the business existed under a different type of business structure prior to the Date Established indicated in question 16?

Yes____ No____

If "Yes", please explain

Three horizontal lines for explanation.

18. Has your Certificate of Incorporation, Business Certificate, or Certificate of Trade Name been amended?

Yes____ No____

If "Yes", please explain

Three horizontal lines for explanation.

19. Method of Business Origination or Acquisition (check all applicable)

Started the Company

Secured a Franchise

Bought an Existing Company

Inherited the Company

Merger or Consolidation

Other

Please specify name or sponsor of event

20. Date of origination (or acquisition, if later) _____/_____/_____
(month) (day) (year)

For the remaining questions in Section II which ask for ethnic identification of owners, shareholders, officers, board members, and managers, please use the following group codes to identify the ethnicity of each individual listed in your responses. Note that as stated in the application guidelines, under Local Law 129 of 2005, a company with owners of Portuguese or Spanish ethnicity will not be eligible for certification as a Minority-owned Business Enterprises.

Table with 3 columns and 3 rows of ethnicity codes: 01 Black, 02a Hispanic, 02b Portuguese, 02c Spanish, 03a Asian-Pacific, 03b Asian-Indian, 04 Native American, 05 Non-Minority, 06 Other.

SECTION II: COMPANY OWNERSHIP (continued)

21. Please provide the following information for all person(s) with ownership interest in the company. This means all proprietors, partners, and members OR, in the case of a corporation, all shareholders.

Full Name <i>(First and Last)</i>	Position In Company	Perce- tage Owned	Date Ownership Established <i>(mm/yy)</i>	Gender <i>(M/F)</i>	Ethnicity <i>(See group code table, pg. 3)</i>	US Citizen or Permanent Resident Alien <i>(Y/N)</i>

***** QUESTIONS 22-24 APPLY ONLY TO CORPORATIONS. *****
***** IF YOUR COMPANY IS NOT A CORPORATION, SKIP TO QUESTION 25 *****

22. If the company is a corporation, please provide the following information for all shareholders identified in Question 21.

Full Name <i>(First and Last)</i>	Position In Company	Number of Shares Owned	Unit Share Price Paid When Purchased

23. State the number of company shares in each of the following.

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

SECTION II: COMPANY OWNERSHIP (continued)

24. Name and position of current Officers and/or Board of Directors.

Full Name <i>(First and Last)</i>	Position	Position Effective Date <i>(mm/yy)</i>	Gender <i>(M/F)</i>	Ethnicity <i>(See group code table, pg. 3)</i>

**** ALL APPLICANTS SHOULD RESUME COMPLETING THE APPLICATION HERE ****

25. Please identify the capital contributions to the company by each person identified in Question 21, including cash, equipment, property, and expertise.

Full Name <i>(First and Last)</i>	Type of Contribution	Total Dollar Value	Date of Contribution <i>(mm/yy)</i>

26. If your company is owned in whole or in part by another company, please identify the company and the percentage of ownership interest. Include venture capitalists and other similar investors.

Company Name	Percentage Owned	Date Ownership Established <i>(mm/yy)</i>

SECTION III: COMPANY MANAGEMENT

27. Identify all managerial personnel and provide the following details about each.

Full Name <i>(First and Last)</i>	Title	Gender <i>(M/F)</i>	Ethnicity <i>(See group code table, pg. 3)</i>	Functional Role(s)*	Owner? <i>(Y/N)</i> <i>(as identified in Q.21 or Q.22)</i>

*** Managerial personnel may have multiple roles within a company. For the purpose of Question 27, please list all areas of functional responsibility that each individual has, using the following letter codes:**

A = Hiring and Firing	E = Negotiating Bonding	I = Purchasing
B = Making Financial Decisions	F = Negotiating Contracts	J = Signing Business Accounts
C = Managing and Signing Payroll	G = Estimating Jobs	K = Supervising Field Operations
D = Marketing	H = Preparing Bids	

28. Does any person named in questions 21, 24, or 27 above either work for or have an affiliation with any other company, either at the present time OR at any time in the past three years?

Yes _____ No _____

If “Yes”, please provide the following detail for each individual for which the above statement is true.

Full Name <i>(First and Last)</i>	Name of Affiliated Company	Nature of Affiliation

29. Number of Employees *(if necessary, average over the past year)*

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

SECTION IV: COMPANY FINANCES

30. Does your company have a Line of Credit?

Yes _____ No _____

If "Yes", please provide details:

_____ \$ _____
Bank Dollar Limit Name of Source/Guarantor(s), if different from Bank

31. Please list all major current lenders to the company.

Name of Lender	Dollar Value of Loan	Terms of Repayment

32. Identify bank(s) where company accounts are maintained.

Bank Name	Address	Contact Name	Contact Type/Title	Type of Account	Account Number

33. Please provide gross receipts for each of the last 3 fiscal years, excluding the current fiscal year.
(If in business for less than 3 years, complete as applicable).

Fiscal Year Ending _____ \$ _____

Fiscal Year Ending _____ \$ _____

Fiscal Year Ending _____ \$ _____

SECTION V: COMPANY OPERATIONS

34. Check the industry which best describes your PRIMARY line of business.

This table is organized to mirror City purchasing. Please read through the categories carefully before answering. Applicants may choose multiple specializations, but **only within ONE** of the five major industries listed across the top.

CONSTRUCTION	ARCHITECTURE/ ENGINEERING	PROFESSIONAL SERVICES	STANDARD SERVICES	GOODS
Carpentry & floors	Architectural services	Accounting /financial	Equipment maint & repair	Apparel
Concrete work	Engineering services	Advertising & design	Equipment rental	Cars/automotive equipment
Electrical	Other	Construction Mgrs. / Resident Engineers	Janitorial & maint services	Chemicals & lab supplies
General building contractors		Consulting services	Landfill services	Computer & telecom equip & supplies
Heating & air conditioning		Environmental services	Landscaping services	Construction materials
Heavy construction other than building construction		Laboratory testing services	Laundry & dry cleaning	Fuels & lubricants
Masonry, stonework, tile setting & plastering		Land surveying	Messenger & delivery	Furniture
Painting & paper hanging		Legal services	Printing	Janitorial & cleaning supplies
Plumbing		Technology	Real property management	Medical supplies & equipment
Roofing, siding, & sheet metal		Training	Real property transaction services	Office equipment
Other		Other	Security services	Office supplies
			Telecom maint & repair	Radio equipment
			Temporary employment	Other
			Transportation	
			Trucking	
			Other	

If you selected "Other" as a specialization choice, please specify:

SECTION VI: COMPANY PROFILE & JOB EXPERIENCE (continued)

43. Please provide up to three contracts/jobs performed within the last two years that you would like to have listed in the Online Directory of Certified Companies to best represent your company's work. If you are unsure of what to write, please view the online directory at www.nyc.gov/getcertified and browse what other City-certified companies have submitted. Note that all information related to these jobs will be displayed in your profile, other than the related contact and their title and phone number.

	JOB #1	JOB #2	JOB #3
Name of Client Organization			
Organization Contact <i>(for internal use only, will not be displayed in online directory)</i>			
Contact Title <i>(for internal use only, will not be displayed in online directory)</i>			
Contact Phone <i>(for internal use only, will not be displayed in online directory)</i>			
Date of Job <i>(mm/yy)</i>			
Brief Description of Work <i>(max 1,000 chars.)</i>			
Name of Project			
Total Dollar Value of Project, if known	\$	\$	\$
Dollar Value of your Company's Job	\$	\$	\$

SECTION VII: CERTIFICATION AFFIDAVIT

(This affidavit must be signed by a member of the certifiable class)

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 a 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 inquires 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) _____

NOTARY PUBLIC

State of _____, County of _____. On this _____ day of _____ 20____, before me appeared
(Name) _____ to me personally known, who being duly
sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by (Name of Firm)
_____ to execute the affidavit and did so as his or her free
act and deed.

Notary Public _____

Commission Expires _____

This affidavit declares said firm to be a Minority- or 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.