

Division of Equity Compliance and Social Impact



Last Updated: 09/2023

M/WBE -SDVOB Certification Application

Hello business owner,
Fill out this application to become a certified Minority-, Women- or Service-Disabled Veteran-Owned Business Enterprise with the City of Syracuse.

This application has five sections:

Section 1: General Information

This section covers the basics of your application and business, including your name, business name, contact information and location.

Section 2: Business Profile

This section covers your certification information and history, and business expertise.

Section 3: Ownership

This section is designed to get a better of your ownership structure and demographics.

Section 4: Capacity

This is an optional section, designed to help the City get a better understanding of your business's experience and capabilities, in order to make recommendations for contracting/subcontracting with the City or City-contracted vendors.

Section 5: Signature

In order to successfully complete and submit your application, please sign and notarize the Acknowledgements, Verifications and Attestations page. A notary is available at the Division of Equity Compliance and Social Impact at City Hall.

Submittal Instructions:

Please submit your complete application and checklist via mail or in-person:

Division of Equity Compliance and Social Impact
(located within the Office of Management and Budget)
Room 213, 233 East Washington Street
Syracuse, NY - 13202



To learn more
or apply online



Section 1: General Information



Application #

Application Date

1. *Name of Firm:

Please 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.

1a. *Name of Applicant Owner(s):

Please provide the name and title of the owner(s) upon whose status (i.e., minority group member, woman, service-disabled veteran) the firm is applying for certification.

Full Name

Title

Full Name (if applicable)

Title

2. *Type of Business Ownership

Sole Proprietorship
 Partnership
 Other

3. *Date Business was Established:

Please include the date your firm was originally established.

4. Present Configuration of the Firm has existed since:

If the organization's focus or organization has changed since its original establishment, be sure to include how long the enterprise has been in its present configuration.

5. *Business Address

Address Line 1

Address Line 2

Address Line 3

City

State, Zip

6. Mailing Address (if different)

Address Line 1

Address Line 2

Address Line 3

City

State, Zip





Section 1: General Information

7. *Business Telephone Number:

 Ext

8. *Primary Contact's Email Address:

9. *Owner's Email Address:

10. *Federal EIN number:

If you are a Sole Proprietorship and you DO NOT need an E.I.N., please provide your social security number. Numerics only – no hyphens, lines or spaces.

An Employer Identification Number (EIN) is also known as a Federal Tax Identification Number and is used to identify a business entity. Any business that retains employees requires an EIN, as well as non-employers if they operate as a corporation or partnership. If you are not sure if your business requires an EIN, please visit <https://www.irs.gov/businesses/small-businesses-self-employed/do-you-need-an-ein> for more information. If you do not have a Federal I.D. number, you can call or apply online for free at the Internal Revenue Service Office. Additionally, you can contact your local bank for an application.





Section 2: Business Profile



11. *What is your firm's NAICS Code industry classification?

Select all that apply to your firm - you can have more than one code if applicable.

The North American Industry Classification System (NAICS) is the federal standard for classifying business establishments. The codes you select will be added to your public vendor information enabling prime contractors to find your business when they search the City's directory by the type of vendor or work item needed. To determine the correct NAICS code(s) for your firm, first, visit the page "<https://www.census.gov/naics/>". After self-identifying your primary business activities, select the specific codes that most closely relate to your business. For example: if you own a painting business, and you type in "painting" - the search should provide you with multiple codes including highway, roof, and bridge painting, etc.

*NAICS (code 1)	<input type="text"/>	NAICS (code 2)	<input type="text"/>
	If applicable		If applicable
NAICS (code 3)	<input type="text"/>	Other	<input type="text"/>

12. *Check the categories for which you are applying for certification

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





Section 2: Business Profile

13. If licensing or accreditation is required to conduct your business, identify all currently held:

Not applicable or no licenses/ permits held

License Type	Issued By	Date Issued	Expiration Date	Holder/ Registrant

14. *This business is applying to be certified as:

Please specify if this business is applying for MBE, WBE, and/or SDVOB certification.

(Select all that apply)

- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Service-Disabled Veteran-Owned Businesses (SDVOB)

15. *How many full-time workers do you employ?





Section 2: Business Profile

16. *Have any principal owners of this company previously applied for certifications as a M/WBE or SDVOB with any governmental agency?

No Yes. If you indicated yes, please fill in the information below:

Certification Type	Certifying Agency	Certification Date	Current Status	Expiration Date	Holder/ Registrant

17. *Have you ever appealed a certification denial?

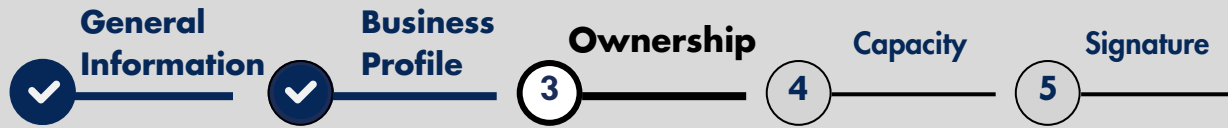
No Yes. If you indicated yes, please fill in the table below:

Certification Type	Certifying Agency and Contact	Date of Action	Final Determination	Additional details you would like to provide (not mandatory)





Section 3: Ownership



Please read the ownership definitions before beginning this section.

Ownership Definitions for City of Syracuse M/WBE and SDVOB Certifications:

For the purposes of the City of Syracuse M/WBE-SDVOB Participation Program, the following definitions will apply:

Minority Group Member:

An individual who is Black, Hispanic, Asian, American Indian or Alaskan Native.

Black or African American:

A person who has origins in any of the Black racial groups of Africa.

Hispanic or Latino:

All persons of Mexico, Puerto Rico, Cuban, Central or South American or other Hispanic culture or origin, regardless of race.

American Indian or Alaskan Native:

A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition

Asian and Pacific Islander:

A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, Japan, Korea, Samoa, Cambodia, India, Malaysia, Pakistan, Thailand, Vietnam, and the Philippine Islands.

White:

All persons (not of Hispanic origin) having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Service-Disabled Veteran:

A person with a service-connected disability determined as equal to or greater to a compensation rating of ten percent (10%), by the United States Department of Veteran Affairs (VA) or Department of Defense (DoD), or the New York State Division of Veteran Services.





Section 3: Ownership

18. *Please list and describe the principal shareholders of the Firm:

All firms are required to fully complete the table. If the Firm is a Sole Proprietorship, please describe the sole owner. For partnerships and corporations, please identify all partners and shareholders. For each person, please include the name, title or position at the firm, their ethnic/racial identity, gender, the number of shares or percentage (%) of ownership and voting power.

Name	Title/ Position	Race/ Ethnicity	Gender	Service - Disabled Veteran (if applicable)	Ownership %	Voting %





Section 3: Ownership

19. *Is your company owned in full or in part by another firm?

SDVOB Applicants must have direct ownership by Veterans.

If your firm is owned in full or part by another company, please complete the table if not Choose 'N/A':

Company Name	Interest %	Ownership %

N/A

20. *Total number of shares existing and outstanding

Ownership-corporation for a small business refers to the legal structure where the business is owned by one or more individuals who have formed a separate legal entity to operate and manage the business. This structure provides personal liability protection to the owners while allowing the business to exist as a distinct entity with its own rights and responsibilities.

	Authorized Shares	Issued Shares
Common Stock		
Preferred Stock		
Total Shares		





Section 4: Capacity

Per Chapter 42 of the Revised General Ordinances of the City of Syracuse, in support of the Minority and Women Business Enterprise Participation Program, the Equity Impact office may make recommendations for contracting/subcontracting with the City or City-contracted vendors, based on a MWBE's known capacities. The questions below are optional but will provide us with insights to facilitate opportunities for your City-Certified MWBE- SDVOB in the future.



21. Please provide your firm's Capability Statement:

Consider including in your firm's Capability Statement: 1) Your firm's core competencies / capabilities and description of major services; 2) Anything that differentiates you from your competition - including facilities and equipment; 3) Past performance and major clients (government and commercial); 4) Company information, including industry codes, certifications, licenses; 5) Contact information.

22. Have you ever been a prime contractor on a government or school district contract?

If you checked no, skip question 24

- No
- Yes. If you indicated yes, If you indicated yes, describe below the type of work and provide NAICS codes for the completed as a subcontractor, and identify with whom and when:





Section 4: Capacity

23. Have you ever been a subcontractor on a government or school district contract?

No

Yes. If you indicated yes, describe below the type of work and provide NAICS codes for the completed as a subcontractor, and identify with whom and when:

24. Is your firm bonded?

"Bonded" means that you have purchased a bond from a bonding agency to protect your business against claims of shoddy, incomplete work, or allegations of theft and fraud. The City of Syracuse requires that Prime Vendors for construction projects have a performance bond equal to the amount of the award before the execution of the contract, as a guarantee for high-quality results.

No

Yes. If yes, answer the questions below:

Agent:

Address:

Contact:

Type of Bonding:

Coverage Limits:





Section 4: Capacity

25. Please list the sources of any Letters of Credit:

A letter of credit is a financial contract between a bank, a bank's customer and a beneficiary. Generally issued by an importer's bank, the letter of credit guarantees the beneficiary will be paid once the conditions of the letter of credit have been met.

26. What is your firm's State sales tax I.D. number?

27 a. What is your firm's D.B.A. name?

If your firm conducts business under a name other than the legal name, please provide the D.B.A. ("doing business as") name.

27 b. What is your firm's D.B.A. registration date in Onondaga County?





Section 5: Signature

You have reached the end of the MWBE-SDVOB Certification Application.
Please sign and notarize the document below in order to complete your application.



ACKNOWLEDGEMENT, VERIFICATIONS, AND ATTESTATIONS

FIRST, the making of any false statement or misrepresentations, including omissions, in this application will be grounds for terminating any contracts awarded the applicant by the City of Syracuse (the City), in addition to rejection of your application, de-certification, and/or removal from the City’s MWBE directory, and may result in the applicant’s disqualification from participating in future contracts with the City of Syracuse.

SECOND, under the New York Public Officers Law Section 87 (access to agency records) information provided by the applicant, which constitutes a trade secret or the disclosure of which would cause substantial injury to the competitive position of the applicant – will not be released by the City if the applicant, in writing, requests that said information not be released. However, the applicant understands and agrees that the information will be released if a court determines that the information is not exempt from disclosure under the applicable law.

THIRD, denial of certification by a government agency might be grounds for denying certification under the City’s Minority/Women/Service-Disabled Veteran Business Enterprise Participation Program.

FOURTH, for the purpose of determining whether the Applicant is, or continues to be, an eligible Minority/Woman/Service-Disabled Veteran Business Enterprise, the City reserves the right to, at any time prior to or during the three-year certification period:

- Request additional information or proof, to be provided to the City within 14 days of the request
- Conduct additional examinations of the business’s books and/or records, and/or interviews with its principals and employees
- Make inquires to the applicant’s bonding companies, banking institutions, credit agencies, contractors, and clients for the purpose of ascertaining the applicant’s eligibility for certification
- Require the submission of a new application



ACKNOWLEDGEMENT, VERIFICATIONS, AND ATTESTATIONS

By submitting this application, the Applicant understands and agrees that the City may deny or revoke certification status if the Applicant fails to comply with or consent to additional requests for information, or if the City of Syracuse determines, as a result of the additional information, that the applicant does not qualify as a bona-fide Minority/Women/Service-Disabled Veteran Business Enterprise. ACKNOWLEDGEMENT, VERIFICATIONS, AND ATTESTATIONS

FIFTH, if denied certification, the Applicant can appeal to the Director of Management and Budget within 30 days of receiving the denial.

SIXTH, following this application's submission, the Applicant agrees to provide information regarding any change in the ownership, operational, or managerial control of the Applicant's business within 30 days of such change to the Division of Equity Compliance and Social Impact mwbe@syr.gov

I, the undersigned, hereby agree to the above conditions and verifications.

Applicant Signature: _____

IN ADDITION, I do hereby attest to the following:

1. I have read and understand the definition of "minority group member," as that term is defined pursuant to § 310(8) of the New York State Executive Law, and the rules and regulations promulgated thereunder.
2. I am a member of and have held myself out as a member of, the racial/ethnic group identified within this application.
3. To the best of my knowledge, the principal owners are members of, and hold themselves out as members of, the corresponding racial/ethnic groups identified within this application.

PLEASE NOTE, this is a legal document, so if you have any concerns or questions, you may want to consult an attorney before signing as the City cannot provide you with legal advice regarding this application.

Applicant Signature: _____ **Date:** _____

Notary: _____ **Date:** _____

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