





## NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

ONE WEST STREET  
MINEOLA, NEW YORK 11501-4895  
TEL. (516)-571-6174  
FAX: (516)-571-3909

Dear Applicant:

Thank you for your interest in the Minority and Women-Owned Business Enterprise (M/WBE) Certification Program.

The M/WBE Certification Program seeks to ensure the greater participation of minority and women-owned businesses in Nassau County's procurement.

In order for us to completely process your application, please take the following steps:

- Step 1: Register with Nassau County as a Vendor prior to completing the certification application. You may complete a Vendor Application Form, which is available on-line at [www.nassaucountyny.gov](http://www.nassaucountyny.gov).
- Step 2: Complete the Minority/Women-Owned Business Enterprise Certification Short Form.
- Step 3: Check that you have answered all questions and have signed the application and have notarized the accompanying Affidavit.
- Step 4: Provide **all** of the requested documents as listed:
1. Certification Short Form Application
  2. Copy of current certificate and/or current letter validating minority and/or woman status
  3. Copy of application submitted to Certifying Agency.
  4. Affidavit of Certification – Signed and Notarized (Submit Original)
- Step 5: Submit the application and all supporting documents as listed and mail to the following address:

Nassau County Office of Minority Affairs  
One West Street, Room 323  
Mineola, New York 11501

It is extremely important that you answer all questions and provide all requested documentation. Without all of this information, we cannot process your application and will return it to you for completion. Please call (516) 571-6174 and ask for the M/WBE Certification Program, if you have any questions or if we can be of further assistance.



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**MBE/WBE  
Minority/ Women Business Enterprise**

**CERTIFICATION SHORT FORM APPLICATION**

To qualify for M/WBE status, 51% of the company must be owned and operated by minority groups or women. For the purpose of this definition, minority group members are Black, Hispanic, Native American/Alaskan, Asian/ Pacific Islander, Women. The phrase "owned and operated" as used in this definition means a business which is (1) a sole proprietorship legitimately owned by an individual who is a minority or female, (2) a partnership or joint venture controlled by minorities and/or females, and in which at least 51% of the beneficial ownership interests legitimately are held by minorities or females, or (3) a corporation or other entity controlled by minorities or females, and in which at least 51% of voting interest and 51% of the beneficial ownership interests are legitimately held by minorities or females. In addition, these persons must control the management and operation of the business on a day-to-day basis.

The following information is submitted for consideration in determining the status of the firm named below as a Minority/Women Business Enterprise.

1. Name of Firm \_\_\_\_\_
2. Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_
4. Name of Owner(s) of Firm \_\_\_\_\_
5. This firm is a (check all that apply) \_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ Joint Venture  
\_\_\_ Corporation \_\_\_ Other (specify) \_\_\_\_\_
6. This firm is seeking a certification as a (check all that apply) \_\_\_ Minority Business Enterprise  
\_\_\_ African American \_\_\_ Hispanic American \_\_\_ Native American \_\_\_ Asian Pacific American  
\_\_\_ Women Business Enterprise

**COMPARABLE JURISDICTIONS:**

- The Port Authority of New York and New Jersey
- Metropolitan Transportation Authority
- New York State Empire Development Corporation
- New York City Department of Small Business Services
- New York City School Construction Authority

7. Does one or more of these comparable jurisdictions currently certify you?  Yes  No

If yes, please list:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8a. If certified by a comparable jurisdiction, what is your Certification expiration date?

Agency	Expiration Date
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8b. **Required with application:** Please provide copies of current letter of certification or certificate.  
**Required with application:** Please provide a copy of your application submitted to the certifying agency.

9. The type of business of this firm is (check all that apply)  Manufacturing  Distributorship  
 Construction  Professional Service  Service  Other \_\_\_\_\_

10. Federal Employee ID No. \_\_\_\_\_ Social Security No. \_\_\_\_\_ DUNS \_\_\_\_\_

### **Condition of Certification Short Form Application**

Your signature on the **Affidavit of Certification** indicates your acceptance and understanding of the conditions to qualify as a certified M/WBE firm with the County of Nassau.

- Omission of information may be cause for this application not receiving timely and complete consideration.
- Applicant agrees to allow Nassau County's M/WBE Analyst/Coordinator the right to inspect the applicant's place of business.
- Nassau County reserves the right to request further information from applicant prior to certification.
- The applicant has received and reviewed the M/WBE criteria established by the Office of Minority Affairs.
- Any information submitted which is determined to be false shall be grounds for denial of certification and if certification has been granted shall be grounds for decertification.
- The applicant agrees to notify the M/WBE Program Director of any change in ownership, management control or business status.
- All information and documents submitted with this application shall become the property of Nassau County.

THOMAS R. SUOZZI  
County Executive



JOHN H. MOYE  
Executive Director

COUNTY OF NASSAU  
OFFICE OF MINORITY AFFAIRS  
MINORITY AND WOMEN OWNED BUSINESS ENTERPRISE PROGRAM

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AFFIDAVIT OF CERTIFICATION

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*This form must be signed and notarized for each owner upon which minority or women status is relied.*

**A materially false statement or omission made in connection with this application is sufficient cause for denial of certification, revocation of prior approval, initiation of suspension and debarment and may subject the person(s) and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable federal, state and local law.**

I, \_\_\_\_\_, swear and affirm under penalty of law that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application, its attachments and supporting documents are true and correct to the best of my knowledge, information and belief and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the below referenced firm, as well as, the ownership, control and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truthfulness of the statements in this application, and I authorize such agency to contact any entity named in this application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, references and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

I agree to provide written notice to Nassau County Office of Minority Affairs of any material change in the information contained in the original application submitted to Nassau County within thirty (30) calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application will be grounds for terminating any contract or subcontract obtained with Nassau County which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under any and all laws concerning false statement, fraud or other applicable offenses.

I certify that I am a minority and/or woman who is an owner of the below referenced firm seeking certification as a Minority and/or Woman-Owned Business Enterprise. In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the following (check all that apply)

Black  Hispanic  Native American/Alaskan  Asian/Pacific Islander  Woman

