

LAURA CURRAN
COUNTY EXECUTIVE



LIONEL CHITTY
EXECUTIVE DIRECTOR

NASSAU COUNTY OFFICE OF MINORITY AFFAIRS
One West Street, Suite 136
Mineola, New York 11501
TEL. (516)-572-2240

Minority and Woman-Owned Business Enterprise Certification Long Form Application

YOU MUST BE REGISTERED IN THE VENDOR PORTAL BEFORE PROCEEDING - Failure to register in the vendor portal may result in a **DENIAL** of your application!!! {Please click on this link to register your business; <https://apex5.nassaucountyny.gov/ords/f?p=CEVM:VREG>}

General Instructions: (Please type or print clearly. Do not leave any spaces blank on the application.) 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. If a question is not applicable to your business, insert "N/A" in the space provided for your answer.

You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer a question completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet. Keep a copy of your entire application package for your records. For questions, call 516-572-2240.

1a. Name of applicant firm (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")

1b. "Doing Business As" (D/B/A) Name

(Complete if firm does business under an assumed or trade name that is different from its legal name.)

1c. Business Address (must represent a physical location: cannot be a Post Office Box)

1d. Mailing Address (Complete if different from physical location.)

2. Business Phone Number: _____

2a. FAX: _____

2b. Email Address: _____

2c. Web site address _____

3. 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, go to the U.S. Internal Revenue Service website <http://www.irs.gov>. Sole Proprietorships may submit social security number of the owner in lieu of the federal identification number.)*

4a. Name of Company President/Chief Executive Officer/Owner

President

Chief Executive Officer

Owner

4b. Name & Title of officer of the firm who can be contacted during the application review process.

Name of officer

Title of officer

5. This firm is applying for certification as: *(Please refer to page 1 of this application to determine the appropriate designation for your company. One or more categories may be designated.)*

Minority Business Enterprise (MBE)

Women-Owned Business Enterprise (WBE)

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

No

Yes. Please identify agency, department or authority.

7a. Type of ownership *(Please specify current ownership)*

Sole Proprietorship

Partnership (including LLP)

Corporation (including S-Corp)

Limited Liability Company (LLC)

Date company was established _____ / _____ / _____
Month Day Year

7b. Did the business exist under a different type of business ownership prior to the date indicated in question 7a?

No Yes. Please explain _____

7c. Method of Acquisition (check all applicable.)

Started New Business Secured Franchise Other _____

Bought Existing Business Secured Concession Inherited Business

Merger or Consolidation

7d. Date of Acquisition _____

7e. Name & Position of all persons (s) with ownership interest. (If no positions are held, state "none". Circle gender M for Male and F for Female and Y for Yes, N for No to US Citizen or Permanent Resident status)

<u>Name</u>	<u>Position</u>	<u>Group Code *</u>	<u>% Owned</u>	<u>Gender</u>		<u>US Citizen or Permanent Resident Alien</u>	
_____	_____	_____	_____	M	F	Y	N
_____	_____	_____	_____	M	F	Y	N
_____	_____	_____	_____	M	F	Y	N

* Group Code Key (Please refer to chart below for Definitions)

* Group Code Key		
01 – Black	02a – Hispanic	03a – Asian - Pacific
03b – Asian – Indian	04 – Native American	05 - Other

8. Please identify the cash and capital contributions to the firm by those identified in 7e. including gifts, equipment, loans, and expertise.

<u>Contributor/Source</u>	<u>Amount/Value</u>	<u>Type/Date of Contribution</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9a. If the firm is a partnership, please complete for all partners.

<u>Name</u>	<u>Total Amount/Value of Contributions</u>	<u>Date of Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9b. If the firm is a corporation, please complete for all shareholders.

<u>Name</u>	<u>No. of Shares</u>	<u>Common or Preferred</u>	<u>Amount paid when purchased</u>	<u>Date of Ownership</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9c. If a corporation, number of shares:

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

9d. If a Limited Liability Corporation, % of interest for all Members

<u>Name</u>	<u>Position</u>	<u>% Interest</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

10. Gross Receipts (Sales.) Please provide gross receipts for the last 3 years. (If in business for less than 3 years, complete as applicable.)

\$ _____ \$ _____ \$ _____
 Current Year (20____) Last Year (20____) Previous Year (20____)

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

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

12. If licensing, permits or accreditation is required to conduct the business, please identify:

<u>Type of License/Permit</u>	<u>Issued by</u>	<u>Issue Date</u>	<u>Exp. Date</u>	<u>Holder/Registrant</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

13a. Check all that best describe the business operation.

- Construction-Related
 - Professional Service
 - Technical Service
 - Other (explain) _____
 - Consumer Service
 - Manufacturer/Supplier
 - Retail
- _____

13b. Describe principal products/commodities sold, specialties or services offered *(Being very specific About what the business does could lead to more contracting opportunities when certified.)*

13c. Please provide the business's North American Industry Classification System Code or NAICS *(This number can be found on your corporate federal tax return as your "business code number" or "business activity")*

NAICS _____

14a. Identify those individuals responsible for managerial operations *(State if owner or non-owner.)*

* For Group Codes, see page 3.

<i>Name & Title</i>	<i>Gender</i>		<i>Group* Code</i>	<i>Owner</i>	
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1. Financial Decisions

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

2. Estimating

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

3. Preparing Bids

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

4. Negotiating Bonding

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

5. Negotiating Insurance

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

6. Marketing & Sales

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

7. Hiring & Firing

_____	M	F	_____	Y	N
_____	M	F	_____	Y	N

<u>Name & Title</u>	<u>Gender</u>	<u>Group* Code</u>	<u>Owner</u>
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8. Supervising Field Operations

_____	M F	_____	Y N
_____	M F	_____	Y N

9. Purchasing Equipment/Supplies

_____	M F	_____	Y N
_____	M F	_____	Y N

10. Managing & Signing Payroll

_____	M F	_____	Y N
_____	M F	_____	Y N

11. Negotiating Contracts

_____	M F	_____	Y N
_____	M F	_____	Y N

12. Signatories for Business Accounts

_____	M F	_____	Y N
_____	M F	_____	Y N

14b. Please identify additional staff persons. (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.)

<u>Name & Position</u>	<u>Other firm Name, Address</u>	<u>Phone</u>
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1. Office staff

Y N	_____	_____	() _____
Y N	_____	_____	() _____

2. Field/supervisory staff

Y N	_____	_____	() _____
Y N	_____	_____	() _____

3. Estimator

Y N _____ () _____

Y N _____ () _____

4. Controller

Y N _____ () _____

Y N _____ () _____

5. Consultant *(For firms involved in providing consultant/technical service or advisory service.)*

Y N _____ () _____

Y N _____ () _____

14c. If this firm shares the following with any other firm, please provide the other firm's name, address & telephone number.

Other Firm Name

Address

Phone

1. Office space

_____ () _____

_____ () _____

2. Yard Space

_____ () _____

_____ () _____

3. Equipment *(include rentals)*

_____ () _____

_____ () _____

15a. List rented, leased, or owned warehouse, plant, yard, and office facilities.

<i>Facility Type</i>	<i>Owner or name of Lessor and/or rental agent</i>	<i>If rented or leased, Amount of yearly rent payment</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

15b. List major equipment or machinery that is owned or leased by the firm.

<i>Type</i>	<i>Depreciated dollar value</i>	<i>Acquisition date</i>	<i>Payment terms</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

16. 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, complete the following:*

<i>Name of Person</i>	<i>Firm name & address</i>	<i>Nature of business</i>	<i>Nature of affiliation</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

17. Attorney for firm.

Name

Street Address

City *State* *Zip Code* *Phone Number* ()

18. C.P.A. or Accountant for firm.

Name

Street Address

City *State* *Zip Code* *()*
Phone Number

19a. Has the firm applied for certification as an M/WBE with another governmental agency, department or authority. Yes No *If yes, complete the following:*

<u><i>Agency</i></u>	<u><i>Date</i></u>	<u><i>Contact Person</i></u>	<u><i>Phone</i></u>	<u><i>Specify MBE or WBE</i></u>
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1. Pending with

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

2. Certified by

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. Registered by

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Withdrawn/Closed out

_____	_____	_____	_____	_____
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<u><i>Specify Agency</i></u>	<u><i>Date</i></u>	<u><i>Contact Person</i></u>	<u><i>Phone</i></u>	<u><i>MBE or WBE</i></u>
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5. Rejected by

_____	_____	_____	_____	_____
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6. Denied by

7. Decertified by

19b. Are there appeals pending on any of the above applications or certifications?

Yes No

<u>Agency</u>	<u>Date of Appeal</u>	<u>Contact Person</u>	<u>Phone</u>
_____	_____	_____	() _____
_____	_____	_____	() _____
_____	_____	_____	() _____

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

<u>Firm Name & Phone</u>	<u>Account Dollar Amount</u>	<u>Location of Performance</u>	<u>Duration</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

<u>Bank Name</u>	<u>Address</u>	<u>Contact</u>	<u>Type of Account</u>	<u>Account No.</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

22. Do you have a line of credit? Yes No *If yes, identify.*

<u>Source</u>	<u>Limit</u>	<u>Name of Guarantor(s)</u>
_____	_____	_____
_____	_____	_____

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

<u>Name of Creditor/lendor</u>	<u>Type of investment credit/loan</u>	<u>Dollar value of investment/ terms/credit/loan</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

24. If your company is owned in full or in part by another firm, please identify the firm and the Percentage of ownership interest. Include venture capitalists and other similar investors.

<u>Firm Name</u>	<u>Address</u>	<u>Percentage Ownership</u>
_____	_____	_____
_____	_____	_____

25. Is the firm bonded? Yes No *If yes, specify type and limit:*

Bonding Company: _____

Address: _____

Telephone () _____ **Contact Person** _____

Type: _____ **Limit:** _____

26. Are you a Union Shop? Yes No *(If yes, name and local)*

_____ *Name of Union*

_____ *Local Number*

SUPPORTING DOCUMENTS

A. REQUIRED FOR ALL APPLICANTS. 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.

NOTE: If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.

- 1. Resumes of all principals, partners, officers and/or key employees of the firm as per 7 (e), 9 (a), 9 (b), 9d and 14 (a). Show home address and telephone number, education, training and employment dates.
- 2. Bank signature card or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any, on all business accounts.
- 3. Current year Financial Statements – Balance Sheet and Profit & Loss Statement.
- 4. Most recent three years’ Federal, State and City tax returns including all schedules as filed with the relevant tax authority
- 5. Proof of sources of capitalization / investments as per question 8 (Cancelled checks, bank statements, purchase receipts, any loan agreements, etc.)
- 6. Proof of ethnicity (i.e. Birth Certificate, Baptismal Certificate, U.S. Passport, any document that indicates your ethnicity)
- 7. Proof of US Citizenship (i.e. Birth Certificate, U.S. Passport, Naturalization Certificate, etc.)
- 8. Proof of permanent resident alien status (i.e. permanent resident “green” card.)
- 9. Lease Agreements or proof of ownership per 15(a)
- 10. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc. as per questions 14 (c) and 15 (b)
- 11. Any employment agreements
- 12. Vehicle registration(s) for all vehicles used for business purposes
- 13. Any certification, decertification or denial of certification documentation. Out-of-State firms should attach copy of their home state certification, if similar process exists.
- 14. Copies of all licenses, permits and/or accreditations, as per question 12
- 15. Copies of the three (3) signed contracts/agreements with scope of work and compensation for that work, as per question 20
- 16. If out-of-state firm - Corporations need the Authority to Do Business in New York State and sole proprietorships and partnerships, must provide New York State Vendor Tax Number

17. Written request for exemption from disclosure regarding trade secrets, if applicable.

OTHER SUPPORTING DOCUMENTS

B. REQUIRED FOR A SOLE PROPRIETORSHIP –

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Copy of Certificate of Trade Name or Business Trade Name filed with County Clerk, including amended certificates *(If doing business under an assumed name.)*
- 2. If out-of-state business, 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

C. REQUIRED FOR A PARTNERSHIP AND A JOINT VENTURE PARTNERSHIP –

(Attach copies of the following: Please indicate documents submitted by a check mark.)

- 1. Business Certificate, including any amendments
- 2. Partnership Agreement
- 3. Buy-out Rights

D. REQUIRED FOR A CORPORATION

(Attach copies of the following)

- 1. State filing receipt, including amended receipts
- 2. Articles of incorporation
- 2. Corporation By-Laws
- 3. Minutes of first corporate organizational meeting and amendments.
- 4. Copies of all issued stock certificates, front and back, as well as, next unissued certificate.
- 5. Copy of stock ledger.
- 6. If out-of-state corporation, Certificate of Authority to conduct business in NY State, and any Amendments
- 7. **If applicable**, furnish copies of agreements relating to:
 - a. stock options
 - b. shareholders agreements
 - c. shareholder voting rights
 - d. restriction on the disposal of stock loan agreements
 - e. facts pertaining to the value of shares
 - f. buy-out rights
 - g. restrictions on the control of the corporation

8. List of current Board of Directors including group code, sex and effective dates.

<i>Name</i>	<i>Position</i>	<i>Group Code(pg.)</i>	<i>Gender</i>	<i>Date</i>
_____			M F	_____
_____			M F	_____
_____			M F	_____

E. REQUIRED FOR ALL LLC/LLPs. (*Attach copies of the following.*)

- 1. Certificate of Registration or Articles of Organization
- 2. Operating Agreement and any amendments

NOTE: If appropriate documents are not submitted and no written explanation is given, application will not be processed.

NASSAU COUNTY OFFICE OF MINORITY AFFAIRS
Minority/Woman-Owned Business Enterprise
Certification Long Application

UNIFORM CERTIFICATION APPLICATION

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 State of New York 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 the any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the Applicant by the County of Nassau. In addition, the applicant further understands that any misrepresentation made in this Application is subject to both the civil and criminal laws of the 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 request (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, the Nassau County Office of Minority Affairs (NCOMA) 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 NCOMA may decide not to certify the Applicant as a Minority or Women-Owned Business, if the additional proof is not submitted within 20 days after it is requested by the Nassau County Office of 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 NCOMA 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 NCOMA determines as a 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 NCOMA 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 NCOMA of any material change in the information contained in the original application within 30 days of such change.

SEVENTH, certification is normally granted for a period of two (2) years. However NCOMA may require the submission of a New Application, additional information, 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 NCOMA's 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.

Signature of Owner/Applicant

Date

LAURA CURRAN
COUNTY EXECUTIVE



LIONEL CHITTY
EXECUTIVE DIRECTOR

NASSAU COUNTY OFFICE OF MINORITY AFFAIRS

One West Street, Suite 136
Mineola, New York 11501
TEL. (516)-572-2240

AFFIDAVIT

The undersigned certifies that the foregoing statements are true and correct and include all material information necessary to identify and explain the operations of _____

As well as the ownership thereof. Any material misrepresented will be grounds for terminating any contract, which may be awarded, and for initiating action under federal or state laws concerning false statements.

Signature _____

(Signature affirms said business is a minority or women owned business enterprise and that all information is true and accurate.)

Name of Firm: _____

Title: _____ Date: _____

CORPORATE SEAL (Where Appropriate)

THIS APPLICATION MUST BE NOTARIZED BY ALL BUSINESSES SEEKING CERTIFICATION.

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

Notary Public: _____

My Commission Expires: _____

**** Please include a copy of your letter of certification (letter and/or certificate with this application)****

Revised – 4/10/2020