



**COUNTY OF ERIE/CITY OF BUFFALO  
JOINT CERTIFICATION COMMITTEE**

**CERTIFICATION APPLICATION**

**General Instructions: Please type or print 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.** 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. Retain a copy of your entire application.

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**Name and Street Address 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.")*

Name: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**"Doing Business As" (DBA) Name (Complete if firm does business under an assumed or trade name that is different from its legal name)**

\_\_\_\_\_

**Mailing Address (if different from above)**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_ **ext** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Web Address:** \_\_\_\_\_

**Federal Employer Identification Number (EIN) or Social Security Number (A Federal EIN is required for most business activities. For an application and/or additional information, contact the United States Internal Revenue Service website <http://www.irs.gov>. Sole Proprietorships may submit social security number of the owner in lieu of the federal EIN.**

\_\_\_\_\_

**Name of Company's President, Chief Executive Officer, and Owner**

\_\_\_\_\_

**Name & Title of Officer of the Firm who can be contacted during application review process:**

\_\_\_\_\_

**DEFINITIONS & GROUP CODE OF MBE AND WBE**

**UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE**

**WOMEN OWNED BUSINESS ENTERPRISE (WBE)**

A business enterprise in which at least fifty-one percent (51%) is owned by citizens or permanent resident aliens who are women.

**MINORITY BUSINESS ENTERPRISE (MBE)**

A business enterprise in which at least fifty-one percent (51%) is owned by citizens or permanent resident aliens who meet the following definitions:

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the Black, African racial groups
02	Hispanic	Persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American descent of either Indian or Hispanic origin, regardless of race
03	Asian-Pacific	Persons having origins from the Far East, Southeast Asia or the Pacific Islands
04	Asian-Indian	Persons having origins from the Indian subcontinent
05	Native American	Persons having origins in any of the original peoples of North America
06	Non-Minority	Persons whose culture or origin is other than those defined above

**1. Firm is applying for certification as:**

Minority Business Enterprise (MBE)

Women-Owned Business Enterprise

**2. Name & Position of all person(s) with ownership interest. (Check all applicable. If no positions are held, state "none.")**  
**\*\*For Group Codes, above.)**

Name	Position	Group Code	% Owned	Gender	US Citizen/Permanent Resident Alien
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No

3. 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, please identify the agency, department, or authority.

\_\_\_\_\_

4. Specify Type of Current Ownership

Sole Proprietorship \_\_\_\_\_ Date Established \_\_\_\_\_ Certificate of Trade Name on file in \_\_\_\_\_ County

Partnership \_\_\_\_\_ Date Established \_\_\_\_\_ Business Certificate for Partners on file in \_\_\_\_\_ County

Corporation \_\_\_\_\_ Date Established \_\_\_\_\_ Certificate of Incorporation on file in \_\_\_\_\_ County

LLC/LLP \_\_\_\_\_ Date Established \_\_\_\_\_ Certificate of Incorporation on file in \_\_\_\_\_ County

5. Did the business exist under a different type of business ownership prior to the date indicated in question 4?

No  If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

6. Has your Certification of Incorporation been amended?

No  If Yes, please explain \_\_\_\_\_

\_\_\_\_\_

7. Method of Acquisition (Check all applicable):

Started New Business  Bought Existing Business  Secured Franchise

Secured Concession  Inherited Business  Merger or Consolidation

Other: \_\_\_\_\_

Date of Acquisition: \_\_\_\_\_

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

Contributor/Source	Amount/Value	Type of Contribution	Date of Contribution
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

Name	Total Amount/Value of Contribution	Date of Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____

**10. If the firm is a corporation, please complete for all shareholders.**

Name/Contributor	No. of Shares	Common or Preferred	Amount Paid when Purchased	Date of Contribution
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**11. If a corporation, number of shares:**

Common Authorized: \_\_\_\_\_ Common Issued: \_\_\_\_\_  
 Preferred Authorized: \_\_\_\_\_ Preferred Issued: \_\_\_\_\_

**12. Gross Sales/Tax Returns.** *Please provide tax returns for the last 3 years. (If in business for less than 3 years complete as applicable.)*

Amount	Amount	Amount
_____	_____	_____
Current Year 20____	Last Year 20____	Previous Year 20____

**13. Number of Employees** *(Provide average over the past year).*

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

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

Type of License/Permit	Issued By	Issue Date	Exp. Date	Holder/Registrant
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**15. Check all that best describes the business operation. (\*\*For definition see application instructions)**

- Construction-Related       Customer Service       Broker  
 Professional Service       Manufacturer       Supplier\*\*  
 Retail       Technical Service  
 Other (Explain): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**16. Describe principle products/commodities sold, specialties or services offered. (Please explain.)**

\_\_\_\_\_

\_\_\_\_\_

**17. Identify those individuals responsible for managerial operations (State if owner or non-owner).  
\*For Group Codes, see 2 Page.**

Name & Title	Gender	Group Code	Owner
<b>1. Financial Decisions</b>			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. Estimating</b>			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3. Preparing Bids</b>			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4. Negotiating Bonding</b>			
Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

5. Negotiating Insurance  
Name & Title

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

Gender  
 M  F  
 M  F  
 M  F

Group Code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner  
 Yes  No  
 Yes  No  
 Yes  No

6. Marketing & Sales  
Name & Title

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

Gender  
 M  F  
 M  F  
 M  F

Group Code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner  
 Yes  No  
 Yes  No  
 Yes  No

7. Hiring & Firing  
Name & Title

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

Gender  
 M  F  
 M  F  
 M  F

Group Code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner  
 Yes  No  
 Yes  No  
 Yes  No

8. Supervising Field Operations  
Name & Title

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

Gender  
 M  F  
 M  F  
 M  F

Group Code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner  
 Yes  No  
 Yes  No  
 Yes  No

9. Purchasing Equipment/Supplies  
Name & Title

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

Gender  
 M  F  
 M  F  
 M  F

Group Code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner  
 Yes  No  
 Yes  No  
 Yes  No

10. Managing & Signing Payroll  
Name & Title

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

Gender  
 M  F  
 M  F  
 M  F

Group Code  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner  
 Yes  No  
 Yes  No  
 Yes  No

11. Negotiating Contracts

Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

12. Signatories for Business Accounts

Name & Title	Gender	Group Code	Owner
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> M <input type="checkbox"/> F	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. **Please identify additional staff persons.** (If any individual also works for another firm, please check yes and provide the person's name, his/her position, other firm's name, address, and phone number.)

1. Office Staff

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

2. Field/Supervisory Staff

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

3. Estimator

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

4. Controller

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

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

Name & Position	Other Firm Name & Address	Phone
_____	_____	_____
_____	_____	_____

**19. Does this firm share the following with any other firm? If yes, please provide the other firm's name, address, and phone number.**

1.	Office Space Other Firm Name	Address	Phone
	_____	_____	_____
	_____	_____	_____
2.	Yard Space Other Firm Name	Address	Phone
	_____	_____	_____
	_____	_____	_____
3.	Equipment (include rentals) Other Firm Name	Address	Phone
	_____	_____	_____
	_____	_____	_____

**20. 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 Amount of yearly payment
_____	_____	_____
_____	_____	_____

**21. List major equipment or machinery that is owned or leased by the firm.**

Type	Depreciated \$ Value	Acquisition Date	Payment Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**22. Do any principles, officers and/or owners of the firm have an affiliation (i.e. business interest or employment) with any other firm?  Yes  No If Yes, please complete the following.**

Name of Person	Firm Name & Address	Phone Number	Nature of Business	Nature of Affiliation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



**23. Attorney for Firm**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

**24. CPA/Accountant for Firm**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

**25. Has the firm applied for certification as an M/WBE with another governmental agency, department or authority?**

Yes  No *If Yes, please complete the following.*

Agency	Date	Contact Person	Phone	Specify MBE or WBE
1. Pending With				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
2. Certified By				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
3. Registered By				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Firm Name	Phone	Account Dollar Amount	Location of Performance	Duration
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

Bank Name	Address	Contact	Account Type	Account Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**28. Do you have a Line of Credit?**  Yes  No *If Yes, please identify.*

Source	Limit	Name of Guarantor(s)
_____	_____	_____
_____	_____	_____

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

Name of Creditor/Lender	Type of Investment Credit/Loan	Dollar Value of Investment Terms/Credit/Loans
_____	_____	_____
_____	_____	_____

**30. 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.**

Firm Name	Address	% Ownership
_____	_____	_____
_____	_____	_____

**31. Is the firm bonded?**  Yes  No

Bonding Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Person \_\_\_\_\_

Type \_\_\_\_\_ Limit \_\_\_\_\_

## SUPPORTING DOCUMENTS

### A. REQUIRED FOR ALL APPLICANTS

Attach copies of the following, if applicable. Please indicate documents submitted by checking appropriate boxes. Applicant must provide copies of the completed application to all five members of the JCC Committee

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

- 1. Resumes of all principles, partners, officers, and/or key employees of the firm as per questions 2, 13, and 17. Show home address and phone number, education, training, and employment dates.
- 2. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any.
- 3. Current Financial Statement. (Balance Sheet and Profit & Loss Statement.)
- 4. Most recent two years' Federal, State, and City tax returns including all schedules (e.g. Schedule K-1), where applicable.
- 5. Proof of sources of capitalization/investments.
- 6. Proof of ethnicity (i.e. Birth Certificate, Baptismal Certificate, Picture ID, etc.)
- 7. Proof of US Citizenship (i.e. Birth Certificate, US Passport, Naturalization Certificate, etc.)
- 8. Proof of permanent resident alien status (i.e. permanent resident "green" card).
- 9. Lease Agreements per questions 20 and 21.
- 10. All third party agreements including, equipment rental, purchase agreements, management service agreements, etc.
- 11. Any employment agreements.
- 12. Vehicle registration(s).
- 13. Any certification, decertification or denial of certification documentation. Out-of-state firms should attach a copy of their home state certification, if similar process exists.
- 14. Written request for exemption from disclosure regarding trade secrets.
- 15. If Out-of-state firm, the Authority to Do Business In New York State.

### B. REQUIRED FOR SOLE PROPRIETORSHIP

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

- 1. Copy of Certificate Trade Name or Business Trade Name filed with County Clerk (If doing business under an assumed name)

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

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

- 1. Business Certificate
- 2. Partnership Agreement
- 3. Buy-out Rights

## SUPPORTING DOCUMENTS

### D. REQUIRED FOR A CORPORATION

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

- 1. Articles of Incorporation, including date approved by State
- 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 applicable, furnish copies of agreements relating to:
  - Stock Options
  - Shareholder Agreements
  - Shareholder voter rights
  - Restriction on the disposal of stock loan agreements
  - Facts pertaining to the value of shares
  - Buy-out rights
  - Restriction on the control of the corporation

### E. REQUIRED FOR ALL LLC/LLPs

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

- 1. Certificate of Registration
- 2. Articles of Organization
- 3. Operating Agreement

**VERIFICATION**

STATE OF \_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) SS:

A)

\_\_\_\_\_, being duly sworn, states he or she is the owner of (or a partner in) the enterprise making the foregoing Application and that the statements and representations made in the Application are true to his or her own knowledge.

B)

\_\_\_\_\_, being duly sworn, states that he or she is the  
Name of Corporate Officer

\_\_\_\_\_, of \_\_\_\_\_,  
Title of Corporate Officer Name of Corporation

the enterprise making the foregoing Application, that he or she has read the Application and knows its contents, that the statements and representations made in the Application are true to his or her own knowledge, and that the Application is made at the direction of the Board of Directors of the Corporation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn to before me this \_\_\_\_\_

Day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Notary Public

Person assisting in completing the Application

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone Number

**ATTACHMENT A: JCC - MWBE CERTIFICATION INDIVIDUAL PERSONAL NET WORTH AFFIDAVIT**

County of Erie and City of Buffalo – Joint Certification Committee

Each individual owner relied upon for certification as a minority or women-owned business enterprise (hereinafter “MWBE”) must complete this form and provide the applicable supplemental documentation as referenced below as part of the application for certification or recertification.

The personal net worth of each individual upon which certification is relied upon cannot exceed 3.5 million dollars. For certification purposes, personal net worth shall mean the aggregate adjusted net value of the assets of an individual remaining after total liabilities are deducted. Personal net worth includes the individual's share of assets held jointly with said individual's spouse but does not include the individual's ownership interest in the certified minority and women-owned business enterprise, the individual's equity in his or her primary residence, or up to five hundred thousand dollars of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal.

I, \_\_\_\_\_, being duly sworn state that my social security number is: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ and I am a woman or a member of a minority group as defined in Article 15-A of the Executive Law. I own \_\_\_\_\_ percent of the equity in \_\_\_\_\_, the business applying for certification or re-certification as an M or WBE with the JCC. I have read the definition of net worth set forth in the statement above, and have calculated my net worth to be \$\_\_\_\_\_.

Further, I understand that I am required to provide, with this affidavit, a true, executed copy of my submitted federal and state personal tax returns including all statements and schedules as filed for the prior taxable year. I also understand that in the event my personal net worth exceeds 3.5 million dollars at the time of this application, I am also required to submit a complete Personal Financial Statement or Worksheet. I understand the tax returns I have submitted to the Joint Certification Committee as part of the certification or re-certification process must be true and correct copies of my personal tax returns and include all schedules, statements and amendments which I have submitted to the IRS and the state or, in the event that I have paid taxes in multiple jurisdictions, states where I have filed my most recent state income taxes. By signing below I am attesting that I am providing this as part of the application for certification or re-certification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.

\_\_\_\_\_  
(Signature)  
(Print) State of New York, 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 \_\_\_\_\_

**Attachment B: JCC MWBE CERTIFICATION SMALL BUSINESS AFFIDAVIT**

County of Erie and City of Buffalo – Joint Certification Committee

Each applicant firm applying for certification as a minority or women-owned business enterprise (hereinafter “MWBE”) must complete this form and provide supporting documentation upon request as part of the application for certification or recertification. All applicant firms must be a business which has a significant business presence in the State, be independently owned and operated, and not dominant in its field, and in no event employs more than three hundred people.

I, \_\_\_\_\_, being a duly sworn authorized representative and owner of the applicant firm \_\_\_\_\_ state that my firm employs \_\_\_\_\_ full time equivalent employees and in no event exceed three hundred people. I attest my firm is not dominant in its field, and has a significant business presence in the state of New York as required under Article 15-A of the Executive Law. I understand that I may be required to provide, with this affidavit, a true, executed copy of the applicant firms federal and state tax returns including all statements and schedules as filed for the prior taxable year, payroll records, W2s and other related documentation to support the claims set forth in this affidavit.

By signing below I am attesting that I am providing this as part of the application for certification or recertification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.

\_\_\_\_\_

(Signature) (Print)

State of New York, 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 \_\_\_\_\_

**ATTACHMENT B: PERSONAL FINANCIAL STATEMENT  
WORKSHEET**

Complete this worksheet to determine the individual personal net worth as part of the application for MWBE Certification with the division of minority and women business development.

Name of Applicant Business:	Business Phone:
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Check One:       Single Individual       Married Individual

Name:	
Residence Address:	Residence Phone:

Assets		Liabilities	
Cash on hand in Banks	\$	Accounts Payable (Describe in Section 7)	\$
Savings Accounts	\$	Notes Payable to Bank and Others (Describe in Section 2)	\$
IRA & Other Retirement Account (Complete Section 9)	\$	Installment Account (Auto)	\$
Accounts & Notes Receivable	\$	Installment Account (Other)	\$
Life Insurance – Cash Surrender Value Only	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Section 3)	\$	Mortgage on Real Estate (Describe in Section 4)	\$
Real Estate (do not include primary residence from Section 4)	\$	Unpaid Taxes (Describe in Section 6)	\$
Automobile – Present Value	\$	Other Liabilities (Describe in Section 7)	\$
Other Personal Property	\$	Other Liabilities (Describe in Section 7)	\$
Other Assets	\$		
<b>Total Assets</b>	<b>\$</b>	<b>Total Liabilities</b>	<b>\$</b>

<b>Adjusted Personal Net Worth</b>	\$ 0
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Section 1. Source of Income (Prior Year)		Contingent Liabilities	
Salary	\$	As Endorser or Co-Maker	\$
Gross Investment Income	\$	Legal Claims & Judgments	\$
Gross Real Estate Income	\$	Provisions for Federal Income Tax	\$
Other Income (Describe below)*	\$	Other Special Debt	\$

Description of Other Income in Section 1

*\*Alimony or child support payments need not be disclosed in "Other Income" unless is desired to have such payments counted toward total income.*

Section 2. Notes Payable to Banks and Others					
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.					
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amt	Frequency	How Secured
	\$	\$	\$		

Section 3. Stocks and Bonds					
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.					
No. of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
		\$	\$		\$

Section 4. Real Estate Owned. List each parcel separately. <b>DO NOT include primary residence.</b>				
Use attachments if necessary. Each attachment must be identified as part of this statement and signed.				
	Primary Residence*	Property B	Property C	Property D
Type of Property				
Address				
Date Purchased				
Original Cost	\$	\$	\$	\$
Present Market Value	\$	\$	\$	\$
Name & Address of Mortgage Holder				
Mortgage Account No.				
Mortgage Balance	\$	\$	\$	\$
Amount of Payment per Year	\$	\$	\$	\$
State of Mortgage				

**\*Do not include primary residence in calculations on first page of the Personal Net Worth Worksheet**

**Section 5. Other Personal Property and Other Assets.**

Describe, and if any is pledged security, state name and address of lien holder, amount of lien, terms of payment and if delinquency. Ownership interest in affiliate firms must be included. Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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**Section 6. Unpaid Taxes.**

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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**Section 7. Other Liabilities.**

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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**Section 8. Life Insurance Held.**

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

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**Section 9. Other Assets.**

Describe in detail Use attachments if necessary. Each attachment must be identified as part of this statement and signed.

Type of Account	Current Face Value	Minus Any Penalties	Current Value if Withdrawn Today
	\$	\$	\$

**Authorization.**

Signature:	Date:	Social Security Number:
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Print Form

## County of Erie and City of Buffalo Joint Certification Committee

### MBE/WBE/Dual Disclosure Affidavit

The Following Agencies are voting Members of the Committee:

Please return completed application and documents to the following voting members of the Joint MBE/WBE Certification Committee.

EMAILS WILL NOT BE ACCEPTED.

#### **Timothy Hogues**

Acting Director  
County of Erie, Division of Equal Employment Opportunity  
95 Franklin Street, Room 625  
Buffalo, New York 14202  
(716) 858-7542  
E-Mail: [timothy.hogues@erie.gov](mailto:timothy.hogues@erie.gov)

#### **Fatima Morrell, Ed.D.**

Assistant Superintendent of Curriculum, Assessment, and Instruction  
Buffalo City School District  
City Hall Room 2008 65 Niagara Square  
Buffalo, New York 14202  
(716)-816-3584  
Fax (716) 851-3746  
E-Mail: [fmorrell@buffaloschools.org](mailto:fmorrell@buffaloschools.org)

#### **Shatorah Donovan**

Chief Diversity Officer  
203 City Hall  
65 Niagara Street  
Buffalo, New York 14202  
(716) 851-4920  
E-Mail: [sdonovan@city-buffalo.com](mailto:sdonovan@city-buffalo.com)

#### **Ron Brown**

Secretary to General Manager  
Buffalo Sewer Authority  
1038 City Hall  
Buffalo, New York 14202  
(716) 851-4664 ext. 4224  
E-Mail: [rbrown@buffalosewer.org](mailto:rbrown@buffalosewer.org)

#### **Willie Morris**

Contract Compliance Officer  
Buffalo Municipal Housing Authority  
320 Perry Street  
Buffalo, New York 14204  
(716) 855-7580 ext. 308  
E-Mail: [wmorris@bimahousing.com](mailto:wmorris@bimahousing.com)