



**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.

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
1. Financial Decisions			
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
2. Estimating			
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
3. Preparing Bids			
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
4. Negotiating Bonding			
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