

## Certification Application: Start Certification Application

# New M/WBE Application for City of Syracuse

### *New application for MBE and/or WBE certification*

This application is for **NEW Minority and Women Owned Business Enterprises (M/WBE)** certification.

Per Chapter 42 of the Revised General Ordinances of the City of Syracuse, to achieve Minority and/or Women Business Enterprise (WMBE) Certification, firms must satisfy one or both of the following requirements.

A **Minority-owned Business Enterprise (MBE)** shall mean a business that is periodically certified by the City of Syracuse as satisfying the following criteria:

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1. At least fifty-one percent (51%) is owned and controlled by minority group members who are United States citizens or permanent resident aliens; or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of the business is owned by minority group members who are United States citizens or permanent resident aliens.
2. The management and daily operations of the business are controlled by one or more of the minority group members who own it.
3. The business has its principal operations, or has permanently staffed offices located within Onondaga County.

A **Woman-owned Business Enterprise (WBE)** shall mean a business that is periodically certified by the City of Syracuse as satisfying the following criteria:

1. At least fifty-one percent (51%) of the business is owned and controlled by women who are United States citizens or permanent resident aliens, or in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of business is owned by women who are United States citizens or permanent resident aliens.
2. The management and daily operations of the business are controlled by one or more of the women who own it.
3. The business has its principal operations, or has permanently staffed offices, located within Onondaga County.

For the purposes of the City of Syracuse Minority Business Enterprise Participation Program, a Minority/Woman Business Enterprise, 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.

If certified your firm will be required to undergo an eligibility review every three years.

For guidance, please contact Customer Support at [syracuse@diversitycompliance.com](mailto:syracuse@diversitycompliance.com).

Review the information below and complete the eligibility requirements. Click **Continue** to proceed.

Note: By selecting the auto-fill option, your existing account information will be used to auto-fill application form fields. Enabling this option will help speed up the time taken to fill out your application by reducing time spent filling in duplicative information.

### Company & Contact Information

Select a company type and application auto-fill option. Confirm or enter your personal and company email addresses to permit us to contact you quickly for technical support, if needed.

BUSINESS NAME \*

This application is for **Test Vendor 17**

This application is for a different firm

YOUR EMAIL ADDRESS \*

COMPANY EMAIL \*

testvendor17@b2gnowuser.com

COMPANY TYPE \*

Sole Proprietorship ▼

AUTOFILL \*

Use existing account information to auto-fill application

## Eligibility Requirements

The following basic standard(s) is (are) used to evaluate eligibility for certification. However, meeting these basic items does not guarantee that an application will be approved. This is only intended as a general overview to see if your firm should apply for certification.

Is at least fifty-one (51%) of your business owned and controlled by minority group members and/or women?

Yes  No

Is at least fifty-one (51%) of your business owned and controlled United States citizens or permanent resident aliens?

Yes  No

Does your firm have principal operations, or have permanently staffed offices located within Onondaga County?

Yes  No

Continue

Return

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## Certification Application: Document List Preview for Sole Proprietorship



In addition to completing an application form, you will be required to submit supporting documents with your application.

**Mandatory** documents must be submitted with your application; there are no exceptions. **Supplemental Supporting** documents must be submitted, if applicable, to the type of your firm and nature of its work. If you have any questions, please contact the City of Syracuse before starting.

Review the items below **before** beginning the process to ensure you are able to and are comfortable providing the requested information. If you are unable or unwilling to provide the **Mandatory** documents, **do not proceed**. Failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and your firm could ultimately be denied certification.

This document list will continue to be available after you start the application (click the **Documents** tab). You can also download your list as a [PDF file](#) or print.

Check this box and click **Continue** to start the application process.

**ALERT:** to ensure security of your New M/WBE Application, only **YOU** will have access to this record once it is created. By starting the process, it will initially be assigned to you, and no one else can access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List.

**Timeline:** you will have **90 days** to complete and submit this New M/WBE Application. Otherwise, the record will self-delete on **4/11/2024**. Periodic reminders will be sent to you by email up to that point. A deleted New M/WBE Application cannot be recovered; you will need to start again.

Continue

Return

### Mandatory Documents

**All mandatory documents must be provided with the New M/WBE Application. Failure to submit a mandatory document will result in a delay in processing and/or could result in denial.**

#### Verification Affidavit

[Download Form](#) -- Download, sign (by all qualifying owners) **in the presence of a notary**, and upload. You can notarize your affidavit at the Office of Management and Budget at the City of Syracuse.

#### Most recent EEO-4 Form

[Download Form](#) -- Upload a recent EEO-4 Form completed within the last year, **OR** you can download, complete and upload this file. We're collecting workforce demographics data to understand the broader impact of the MWBE Participation Program in the City of Syracuse. This data will not be used to determine your certification status.

If you need additional guidance on finding your job or trade categories, refer to the [U.S. Equal Employment Opportunity Commission](#) to search the OPM/Federal Sector Job Group/SOC/EEO Tabulation Crosswalk to find the appropriate EEO code.

#### Demonstration of Business Residence or Operations in Onondaga County

Choose **ONE** of the options from the list below to provide that your business satisfies the criteria:

- The Firm's previous year's Federal Income Tax Returns, with all applicable schedules **OR**;
- Contracts of rented or leased facilities, or a list of the rented/leased facilities that includes the following details: facility type, rental agent, expiration date, present value sq. ft. **OR**;
- Active or completed contracts demonstrating your business' primary operations are in Onondaga County

**Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status**

Acceptable forms include: copy of certified birth certificate from applicable county, state or federal registrar; **OR**, copy of U.S. passport; **OR** copy of voter's registration card; **OR**, copy of U.S. military record (Form DD214); **OR**, copy of front and back of INS permanent resident visa card; **OR**, INS certificate of naturalization; **OR**, INS certificate of U.S. citizenship.

**Detailed resume of all principal owners, with management duties for firm listed**

Document must include the following information: name, address, trade/profession, education and degree, work experience, and any relevant certifications or trainings.  
Each document must detail the title and related management duties and responsibilities (i.e. hiring/firing, purchasing, management/payroll) performed for the applicant firm.

**Supplemental Supporting Documents**

**Supplemental Supporting documents must be provided when applicable to your firm. Failure to submit a supplemental supporting document without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.**

**Proof of 3 largest contracts completed as a Prime Contractor with governments or school districts**

Proof of the 3 largest relevant contracts that the firm has entered into with either Government agencies or school districts, etc as a Prime Contractor. Ensure contract contains the cover page and scope of services.

**Proof of 3 largest contracts completed as a Subcontractor with governments or school districts**

Proof of the 3 largest relevant contracts that the firm has entered into with either Government agencies or school districts, etc as a Subcontractor. Ensure contract contains the cover page and scope of services.

**Proof of bonding capacity and insurance certificate**

**Proof of MBE/DBE/WBE or SBA 8a certification(s)**

Please provide letters or other documentation regarding any certifications held with other certifying entities.

**Proof of MBE/DBE/WBE or SBA 8a denials or non-approvals**

Please provide letters or other documentation regarding any denials or non-approvals with other certifying entities.

**Additional supporting documents not listed**

## Certification Application: Main Summary

- Main
- Documents
- Signature
- Submit
- Utilities
- Cert List

<b>Test Vendor 17</b>	Status: <b>Incomplete</b>
Type: <b>New M/WBE Application</b>	Started: <b>1/12/2024</b>
App #: <b>0696860</b>	
0% complete	

Fill in each of the sections noted below by clicking the **Fill In** buttons. You can complete the sections in any order, and the system will save your information as you go. Once all sections have been completed, the application will be complete and you will be able to sign and submit.

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The Contact Person noted below is the only user authorized to access this application. If someone else needs access, change the contact by clicking the drop down menu or grant them access on the Utilities tab.

### New M/WBE Application Information

TYPE	<b>New M/WBE Application</b>
CERTIFYING AGENCY	<b>City of Syracuse</b>
BUSINESS NAME	<b>Test Vendor 17</b>
CURRENT STATUS	<b>Incomplete</b>
APPLICATION NUMBER	<b>0696860</b>
DATE FOR DELETION	<b>4/11/2024 (Extend)</b>
CONTACT PERSON	<div style="border: 1px solid #ccc; display: inline-block; padding: 2px 5px;">Test Vendor 17 ▾</div> (Add user not on list)

This is the assigned user for this New M/WBE Application. To ensure security of the record, only YOU have access unless you reassign it to another user for completion or explicitly grant access by clicking the Utilities tab and adding a user to the Access List.

### Sections and Documentation

GENERAL INFORMATION	 <span style="border: 1px solid red; padding: 2px 5px; background-color: #f0f0f0;">Fill In</span>	Incomplete: 1 completed of 9 required; 0 completed of 2 optional
BUSINESS PROFILE	 <span style="border: 1px solid red; padding: 2px 5px; background-color: #f0f0f0;">Fill In</span>	Incomplete: 0 completed of 7 required; 0 completed of 1 optional
OWNERSHIP	 <span style="border: 1px solid red; padding: 2px 5px; background-color: #f0f0f0;">Fill In</span>	Incomplete: 0 completed of 2 required; 0 completed of 0 optional
CAPACITY	 <span style="border: 1px solid red; padding: 2px 5px; background-color: #f0f0f0;">Fill In</span>	Incomplete: 0 completed of 0 required; 0 completed of 11 optional
DOCUMENT LIST	 <span style="border: 1px solid red; padding: 2px 5px; background-color: #f0f0f0;">Fill In</span>	Incomplete: 0 attached of 5 mandatory; 0 attached of 6 supplemental supporting

### Signature and Submittal

SIGNATURE	 <span style="border: 1px solid #ccc; padding: 5px 15px; margin-left: 10px;">Sign</span>
-----------	---

SUBMITTAL



Submit

Delete New M/WBE Application

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# Certification Application: General Information

- Main
- Documents
- Signature
- Submit
- Utilities
- Cert List

Test Vendor 17

Type: **New M/WBE Application**

App #: **0696860**

Status: **Incomplete**

Started: **1/12/2024**

10% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. Questions highlighted in yellow are optional; please complete all those that apply to your business.

**Question Color Coding**

- Required & incomplete
- Optional & incomplete
- Complete

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

- Save Draft
- Save & Return to Summary
- Cancel

\* required entry

## Section Status

GENERAL INFORMATION SECTION STATUS **Incomplete**  
 - 6 incomplete out of 9 required  
 - 2 incomplete out of 2 optional

## Section Questions

### 1.A. Legal Name of Firm \* Required

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.

### 1.B. Name and Title of Applicant Owner \* Required

Please provide the name and title of the owner upon whose status the firm is applying for certification.

First Name	Last Name	Title
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 1.C. Type of Business Ownership

Sole Proprietorship

### 1.D. Date Business was Established \* Required

Include the date your firm was originally established.

1.E. Present Configuration of the Firm has existed since

Optional

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

1.F. Business Address \*

Required

<input type="text"/>	Address line 1
<input type="text"/>	Address line 2
<input type="text"/>	Address line 3
<input type="text"/>	City
NY ▾ <input type="text"/> - <input type="text"/>	State, Zip, Zip4

1.G. Mailing Address (if different)

Optional

<input type="text"/>	Address line 1
<input type="text"/>	Address line 2
<input type="text"/>	Address line 3
<input type="text"/>	City
NY ▾ <input type="text"/> - <input type="text"/>	State, Zip, Zip4

1.H. Business Telephone Number \*

Required

  Ext. 

1.I. Primary Contact's Email Address \*

Required

1.J. Owner's Email Address \*

Required

1.K. Federal EIN number: \*

Required



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. *Click 'HELP' button on the left for more information.*

- 
- 
-





# Certification Application: Business Profile

Main Documents Signature Submit Utilities Cert List

**Test Vendor 17** Status: **Incomplete**  
 Type: **New M/WBE Application** Started: **1/12/2024**  
 App #: **0696860**

10% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. Questions highlighted in yellow are optional; please complete all those that apply to your business.

**Question Color Coding**

- Required & incomplete
- Optional & incomplete
- Complete

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.


\* required entry

**Section Status**

BUSINESS PROFILE SECTION STATUS Incomplete  
- 7 incomplete out of 7 required  
- 1 incomplete out of 1 optional

**Section Questions**

**2.A. What is your firm's NAICS Code industry classification? \*** Required

 HELP Select all that apply. *Click 'HELP' button on the left for more information.*

Click to Lookup Codes

**2.B. Select the categories for which you are applying for certification \*** Required

Check all that apply to your firm. If your business category option is not available, please choose other and describe.

<input type="checkbox"/> Construction Related	<input type="checkbox"/> Retail
<input type="checkbox"/> Manufacturer/Supply	<input type="checkbox"/> Consumer Service
<input type="checkbox"/> Professional Service	<input type="checkbox"/> Financial Services
<input type="checkbox"/> Broker	<input type="checkbox"/> Franchise
<input type="checkbox"/> Technical Service	<input type="checkbox"/> Other - explain: <input style="width: 150px;" type="text"/>

**2.C. If licensing or accreditation is required to conduct your business, identify all currently held \*** Required

Not applicable or no licenses/permits held

Yes

Type of License/Permit/Certification	Issued By	Issue Date	Expiration Date	Name of Holder/Registrant
		mm/dd/yyyy	mm/dd/yyyy	
		mm/dd/yyyy	mm/dd/yyyy	

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines – they will be automatically removed when you submit the application.

**2.D. This business is applying to be certified as: \***

**Required**

Please specify if this business is applying for MBE, WBE, or M/WBE certification. Select all that apply.

- Minority Business Enterprise (MBE)
- Woman Business Enterprise (WBE)

**2.E. How many full-time workers do you employ? \***

**Required**

**2.F. Have any principal owners of this company previously applied for certification(s) with any agency? \***

**Required**

**"Government Entity"** includes any certifying body. **"Certification Type"** can include M/WBE, DBE, SDVOB, etc. **"Current Status"** can include Active, Decertified, Denied, Expired, In Process, etc.

- No previous applications
- Yes

Government Entity	Entity Contact	Certification Type	Application Date(s)	Ever Certified?	Current Status
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	<input type="text" value="▼"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines – they will be automatically removed when you submit the application.

**2.G. Have you ever appealed a certification denial? \***

**Required**

**"Agency"** includes any certifying body.

- Yes
- No

Agency & Contact	Type of Action	Certification Type	Date of Action	Pending Appeal? (& Date)
<input type="text"/> Agency <input type="text"/> Person <input type="text"/> - <input type="text"/> Phone	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	(Optional field, enter only if applicable) <input type="checkbox"/> <input type="text" value="mm/dd/yyyy"/>
<input type="text"/> Agency <input type="text"/> Person <input type="text"/> - <input type="text"/> Phone	<input type="text"/>	<input type="text"/>	<input type="text" value="mm/dd/yyyy"/>	(Optional field, enter only if applicable) <input type="checkbox"/> <input type="text" value="mm/dd/yyyy"/>

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines – they will be automatically removed when you submit the application.

**2.H. If you answered Yes to the previous question, please provide the final determination for each appeal made.**

**Optional**

Save Draft


Save & Return to Summary

Cancel

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# Certification Application: Ownership

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Test Vendor 17

Type: **New M/WBE Application**

App #: **0696860**

Status: **Incomplete**

Started: **1/12/2024**

10% complete

**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

**Question Color Coding**

- Required & incomplete
- Optional & incomplete
- Complete

- Save Draft
- Save & Return to Summary
- Cancel

\* required entry

**Section Status**

OWNERSHIP SECTION STATUS Incomplete  
- 2 incomplete out of 2 required

## Section Questions

**3.A. List and describe the principal shareholders of the firm \*** Required

**HELP** Please complete the information in each column. Ownership % and Voting % must total 100% each. Refer above for ethnicity definitions. Click 'HELP' button on the left for more information.

Name	Position	Gender & Ethnic Group	Citizen	Date of Ownership	Ownership %	Voting %	Personal Net Worth
<input type="text"/>	<input type="text"/>	Gender <input type="text"/>	<input type="text"/>	mm/dd/yyyy	<input type="text"/> %	<input type="text"/> %	\$ <input type="text"/>
		Ethnic Group <input type="text"/>					
<input type="text"/>	<input type="text"/>	Gender <input type="text"/>	<input type="text"/>	mm/dd/yyyy	<input type="text"/> %	<input type="text"/> %	\$ <input type="text"/>
		Ethnic Group <input type="text"/>					

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**3.B. Is your company owned in full or in part by another firm? \*** Required

- None
- Yes

Business Name	Address	Percentage Owned	Date Ownership Established
<input type="text"/>	<input type="text"/>	<input type="text"/> %	mm/dd/yyyy

			%	mm/dd/yyyy
--	--	--	---	------------

This table will expand as you save lines. [To add more lines, save page.](#) To clear a line, delete data from all fields in the line and [save page.](#) If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

Save Draft

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Cancel

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# Certification Application: Capacity

Main Documents Signature Submit Utilities Cert List

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Type: **New M/WBE Application**

App #: **0696860**

Status: **Incomplete**

Started: **1/12/2024**

10% complete

Please answer all questions as completely as possible and that are applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. Questions highlighted in yellow are optional; please complete all those that apply to your business.

**Question Color Coding**

- Required & incomplete
- Optional & incomplete
- Complete

Click **Save Draft** frequently while filling out the form to ensure that your information is saved. Once saved, you can return to the section at any time to continue. Some questions may not be shown in this section due to your company type.

We require that you fill this in this section for information purposes. We're collecting data to understand the broader impact of the MWBE Participation Program in the City of Syracuse. This data will not be used to determine your certification status.

\* required entry

**Section Status**

CAPACITY SECTION STATUS **Complete**  
**- 11 incomplete out of 11 optional**

**Section Questions**

**4.A. Please provide your firm's Capability Statement** Optional

**Please ensure your capability statement includes the following:** 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. *Please limit your response to 1000 words or less.*

**238110 Poured Concrete Foundation and Structure Contractors - Testing concrete Specifically**

---

**4.B. Have you ever been a prime contractor on a government or school district contract?** Optional

If yes, identify the type of work completed as a prime contractor.

No  
 Yes

---

**4.C. If you answered Yes to the previous question, please also identify the NAICS code(s) that represent the type of work completed as a prime contractor.** Optional

Select all that apply.

---

**4.D. Have you ever been a subcontractor on a government or school district contract?** Optional

If yes, identify the type of work completed as a subcontractor.

No  
 Yes

**4.E. If you answered Yes to the previous question, please also identify the NAICS code(s) that represent the type of work completed as a subcontractor.**

Optional

Select all that apply.

[Click to Lookup Codes](#)

**4.F. List the three largest relevant contracts that your company has entered into with either Government agencies or school districts, etc.**

Optional

Please attach supporting files to the Document List.

Contract \$ Amount	Scope of Work	Completion Date	Name/Address of Job	Name of Prime Contractor	Contact Person
\$ <input type="text"/>	<input type="text"/>	mm/dd/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>
\$ <input type="text"/>	<input type="text"/>	mm/dd/yyyy	<input type="text"/>	<input type="text"/>	<input type="text"/>

This table will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

**4.G. Is your firm bonded?**

Optional

"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.

Yes: Agent

Address

Telephone No.  -

Contact Person

Type of Bonding	Coverage Limits
<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>

This table will expand as you save lines. [To add more lines, save page](#). To clear a line, delete data from all fields in the line and [save page](#). If the question shading turns green, the answer is complete. You can ignore any extra blank lines -- they will be automatically removed when you submit the application.

No

**4.H. Please list the sources of any Letters of Credit**

Optional

A letter of credit is essentially 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.

**4.I. State sales tax I.D. number**

Optional

Numerics only - no hyphens, lines or spaces.

**4.J. What is your firm's D.B.A. name?**

Optional

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

**4.K. What is your firm's D.B.A. registration date in Onondaga County?**

Optional



mm/dd/yyyy

Save Draft

Save & Return to Summary

Cancel

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## Certification Application: Document List

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<b>Test Vendor 17</b>	Status: <b>Incomplete</b>
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10% complete	

Note that some documents are required due to the nature of your firm. Failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.

**Instructions for attaching files** » [click here to show](#)

Please note that as a condition of your application for certification, you are required to maintain in your office the original documents provided. The City of Syracuse will review these original documents, including the signed and notarized certification affidavit, during the site visit, if applicable. Furthermore, the City of Syracuse reserves the right to inspect in person and/or request original documents by mail of any supporting document at any time during the term of certification.

Status	
DOCUMENT LIST STATUS	Incomplete: 0 attached of 5 mandatory; 0 attached of 6 supplemental supporting
DOCUMENT FORMAT	<p><b>Electronic documents only.</b></p> <p>This document checklist is used to securely and confidentially attach electronic files to the application.</p>

- Refresh List

Return

Mandatory Documents <span style="float: right; border: 1px solid #ccc; padding: 2px 5px; border-radius: 3px;">Refresh</span>				
All <u>mandatory</u> documents listed below must be attached. Do not attach other files in lieu of the requested documents; doing so may result in denial of your New M/WBE Application and/or delay in processing. If unsure how to proceed, please contact Customer Support.				
Attach	Document	Download Form	Document Description	Status
<a href="#">Attach</a>	<b>Verification Affidavit</b>	<a href="#">Download</a>	Download, sign (by all qualifying owners) <b>in the presence of a notary</b> , and upload. You can notarize your affidavit at the Office of Management and Budget at the City of Syracuse.	❗ NOT attached
<a href="#">Attach</a>	<b>Most recent EEO-4 Form</b>	<a href="#">Download</a>	Upload a recent EEO-4 Form completed within the last year, <b>OR</b> you can download, complete and upload this file. We're collecting workforce demographics data to understand the broader impact of the MWBE Participation Program in the City of Syracuse. This data will	❗ NOT attached

not be used to determine your certification status.

If you need additional guidance on finding your job or trade categories, refer to the [U.S. Equal Employment Opportunity Commission](#) to search the OPM/Federal Sector Job Group/SOC/EEO Tabulation Crosswalk to find the appropriate EEO code.

Attach

**Demonstration of Business Residence or Operations in Onondaga County**

Choose **ONE** of the options from the list below to provide that your business satisfies the criteria:

 **NOT attached**

- a. The Firm's previous year's Federal Income Tax Returns, with all applicable schedules **OR;**
- b. Contracts of rented or leased facilities, or a list of the rented/leased facilities that includes the following details: facility type, rental agent, expiration date, present value sq. ft. **OR;**
- c. Active or completed contracts demonstrating your business' primary operations are in Onondaga County

Attach

**Proof of qualifying owner(s) U.S. citizenship or legal, permanent U.S. resident alien status**

Acceptable forms include: copy of certified birth certificate from applicable county, state or federal registrar; **OR**, copy of U.S. passport; **OR** copy of voter's registration card; **OR**, copy of U.S. military record (Form DD214); **OR**, copy of front and back of INS permanent resident visa card; **OR**, INS certificate or naturalization; **OR**, INS certificate of U.S. citizenship.

 **NOT attached**

Attach

**Detailed resume of all principal owners, with management duties for firm listed**

Document must include the following information: name, address, trade/profession, education and degree, work experience, and any relevant certifications or trainings. Each document must detail the title and related management duties and responsibilities (i.e. hiring/firing, purchasing, management/payroll) performed for the applicant firm.

 **NOT attached**

Refresh List

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## Supplemental Supporting Documents

Refresh

Supplemental Supporting documents that are not relevant to your firm can be marked as not applicable. Please use caution when reviewing the document list as failure to submit the attachments without an explanation as to why any such attachment was not provided will result in a delay in processing and/or could result in denial.

Attach	Mark as Not Applicable	Document	Download Form	Document Description	Status
<p>Lock In Attach each document below or check the box to indicate it is not applicable to your business; then click the <b>Lock In</b> button.</p>					
Attach	<input type="checkbox"/>	<b>Proof of 3 largest contracts completed as a Prime Contractor with governments or school districts</b>		Proof of the 3 largest relevant contracts that the firm has entered into with either Government agencies or school districts, etc as a Prime Contractor. Ensure contract contains the cover page and scope of services.	❗ NOT attached
Attach	<input type="checkbox"/>	<b>Proof of 3 largest contracts completed as a Subcontractor with governments or school districts</b>		Proof of the 3 largest relevant contracts that the firm has entered into with either Government agencies or school districts, etc as a Subcontractor. Ensure contract contains the cover page and scope of services.	❗ NOT attached
Attach	<input type="checkbox"/>	<b>Proof of bonding capacity and insurance certificate</b>		-	❗ NOT attached
Attach	<input type="checkbox"/>	<b>Proof of MBE/DBE/WBE or SBA 8a certification(s)</b>		Please provide letters or other documentation regarding any certifications held with other certifying entities.	❗ NOT attached
Attach	<input type="checkbox"/>	<b>Proof of MBE/DBE/WBE or SBA 8a denials or non-approvals</b>		Please provide letters or other documentation regarding any denials or non-approvals with other certifying entities.	❗ NOT attached
Attach	<input type="checkbox"/>	<b>Additional supporting documents not listed</b>		-	❗ NOT attached
<p>Lock In Attach each document above or check the box to indicate it is not applicable to your business; then click the <b>Lock In</b> button.</p>					

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