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.

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. This application is for Test Vendor 17 This application is for a different firm YOUR EMAIL ADDRESS * testvendor17@b2gnowuser.com

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

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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 <u>mandatory</u> 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

<u>Download Form</u> -- 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

<u>Download Form</u> -- Upload a recent EEO-4 Form completed within the last year, <u>OR</u> 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>U.S. Equal Employment Opportunity Commission</u> 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:

- 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

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.

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

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Certification Application: Main Summary





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.

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.

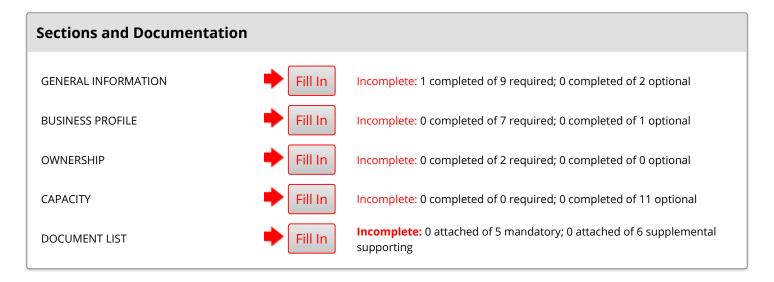
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New M/WBE Application Information TYPE New M/WBE Application CERTIFYING AGENCY City of Syracuse BUSINESS NAME Test Vendor 17 CURRENT STATUS Incomplete APPLICATION NUMBER 0696860 DATE FOR DELETION 4/11/2024 (Extend) **CONTACT PERSON** Test Vendor 17 ▼ (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.





SUBMITTAL



Delete New M/WBE Application

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Certification Application:	General Information	Tielp a Tools
Main Documents Signature Subm	nit Utilities Cert List	
est Vendor 17 pe: New M/WBE Application pp #: 0696860		Status: Incomple Started: 1/12/20
p	10% complete	
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	Save Draft Save & Return to Summary Cancel	
equired entry		
Section Status		
STATUS	- 6 incomplete out of 9 required - 2 incomplete out of 2 optional	
Section Questions		
1.A. Legal Name of Firm *		Required
	legal name of the enterprise. For example, a corporation named ABC Constinution, Inc." not as ABC Construction.	ruction, Inc., should be
Test Vendor 17		
1.B. Name and Title of Applican	t Owner *	Required
Please provide the n	ame and title of the owner upon whose status the firm is applying for certifi	cation.
First Name	Last Name Title	
1.C. Type of Business Ownershi	р	
Sole Proprietorship		
1.D. Date Business was Establis	hed *	Required
Include the date you	r firm was originally established.	

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. Maddress M	1.E. Present Configuration of the Firm has existed since	Optional
1.F. Business Address * Address line 1 Address line 2 Address line 3 City 1.G. Mailling Address (if different) Optional Address line 1 Address line 1 Address line 2 Address line 3 City NY		d since then, be sure to include how long the enterprise has been
Address line 1 Address line 2 Address line 3 City 1.6. Mailing Address (if different) Optional Address line 1 Address line 1 Address line 2 Address line 2 Address line 3 City NY State, Zip, Zip4 1.H. Business Telephone Number Required Ext. 1.I. Primary Contact's Email Address Required testvendor17@b2gnowuser.com 1.J. Owner's Email Address Required 1.K. Federal EIN number: Required	mm/dd/yyyy	
Address line 2 Address line 3 City 1.G. Mailing Address (if different) Address line 1 Address line 2 Address line 2 Address line 2 Address line 2 Address line 3 City NY V State, Zip, Zip4 1.H. Business Telephone Number* Required Ext. 1.I. Primary Contact's Email Address* Required testvendor17@b2gnowuser.com 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	1.F. Business Address *	Required
1.G. Mailing Address (if different) Address line 1 Address line 2 Address line 3 City NY	NV v State Zin Zin/	Address line 2 Address line 3
Address line 1 Address line 2 Address line 3 City 1.H. Business Telephone Number* Ext. 1.I. Primary Contact's Email Address* Required testvendor17@b2gnowuser.com 1.J. Owner's Email Address* Required 1.K. Federal EIN number:* Required		Optional
1.I. Primary Contact's Email Address * Required testvendor17@b2gnowuser.com 1.J. Owner's Email Address * Required 1.K. Federal EIN number: * Required	NY ▼ - State, Zip, Zip4	Address line 2 Address line 3
1.I. Primary Contact's Email Address * Required testvendor17@b2gnowuser.com 1.J. Owner's Email Address * Required 1.K. Federal EIN number: * Required Proprietorship and you DO NOT need an E.I.N., please provide your social security number. Numerics	1.H. Business Telephone Number *	Required
testvendor17@b2gnowuser.com 1.J. Owner's Email Address * Required 1.K. Federal EIN number: * Required Proprietorship and you DO NOT need an E.I.N., please provide your social security number. Numerics	Ext.	
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1.K. Federal EIN number: * Required Proprietorship and you DO NOT need an E.I.N., please provide your social security number. Numerics	testvendor17@b2gnowuser.com	
(2) HELP If you are a Sole Proprietorship and you DO NOT need an E.I.N., please provide your social security number. Numerics	1.J. Owner's Email Address *	Required
(2) HELP If you are a Sole Proprietorship and you DO NOT need an E.I.N., please provide your social security number. Numerics		
	1.K. Federal EIN number: *	Required

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Certificati	on Appl	ication: Business	Profile				Help & Tools 💥
Main Docum	ents Signa	ature Submit Utilities	Cert List				
Test Vendor 1 Type: New M/N App #: 069686	WBE Appli	cation					Status: Incomplete Started: 1/12/2024
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2.C. If lice	nsing or ac	creditation is required	to conduct you	ır business, identi	fy all currently	held *	Required
	Not	applicable or no licenses	s/permits held				
	_	Type of License/Permit/Certifica	Issued By		Issue Date	Expiration Date	Name of Holder/Registrant
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	is applying to be certifi	ied as: *						Required
M	specify if this business is linority Business Enterpri oman Business Enterpris	ise (MBE)	E, WBE, or M/W	BE certification	on. Select a	ll that app	oly.	
e.E. How many ful	l-time workers do you	employ? *						Required
.F. Have any prin	cipal owners of this cor	mpany previous	ly applied for c	ertification((s) with an	y agency	?*	Required
	rnment Entity" includes clude Active, Decertified,		-	on Type" ca	n include M	1/WBE, DE	BE, SDVOB	B, etc. "Current Status"
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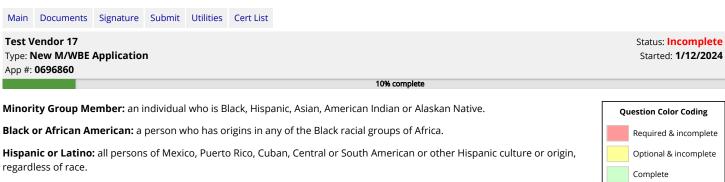
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Certification Application: Ownership





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

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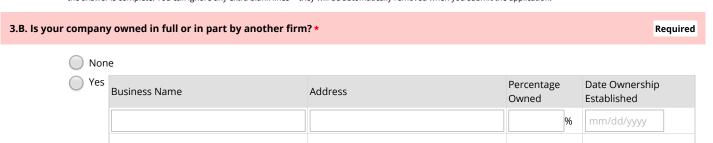
* required entry

Section Status OWNERSHIP SECTION STATUS Incomplete - 2 incomplete out of 2 required

3.A. List and describe the principal shareholders of the firm * 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 % Voting % Personal Net Worth



This table will expand as you save lines. <u>To add more lines</u>, <u>save page</u>. To clear a line, delete data from all fields in the line and <u>save page</u>. 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.



Generated by Test Vendor 17, Test Vendor 17 on 1/12/2024

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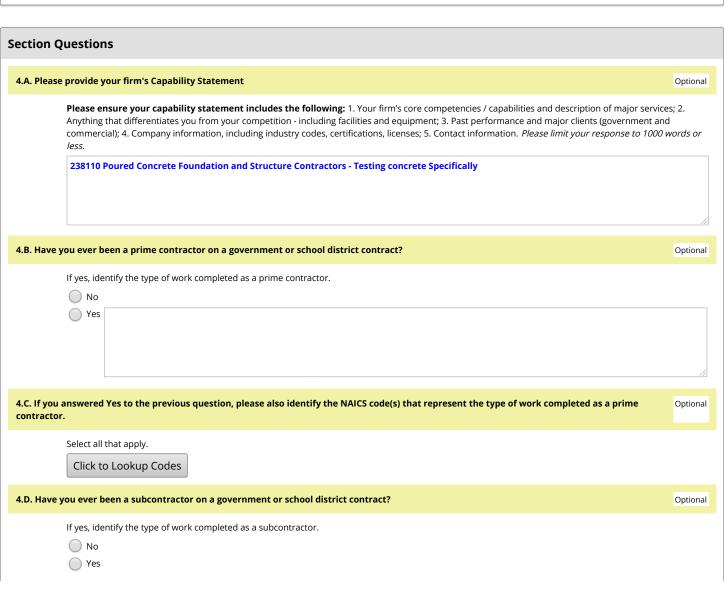
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Generated by Test Vendor 17, Test Vendor 17 on 1/12/2024 Help & Tools **Certification Application: Capacity** Main Documents Signature Submit Utilities Cert List Test Vendor 17 Status: Incomplete Type: New M/WBE Application Started: 1/12/2024 App #: **0696860** Please answer all questions as completely as possible and that are **Question Color Coding** applicable to your business. Questions highlighted in red are required and must be completed in order to submit your application. Questions Required & incomplete highlighted in yellow are optional; please complete all those that apply to your business. Optional & incomplete 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 Complete 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. Save Draft Save & Return to Summary Cancel * 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



4.E. If you subcontra		Yes to the previ	ious question, please	also identify the	NAICS code(s) that represo	ent the type of work completed	as a Optional
	Select all	that apply.					
	Click to	Lookup Code	es				
4.F. List th	e three lai	gest relevant c	ontracts that your co	mpany has entere	ed into with either Govern	ment agencies or school distric	ts, etc. Option
			files to the Document L				
	Contract Amount	\$ Scope	e of Work	Completion Date	Name/Address of Job	Name of Prime Contractor	Contact Person
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4.G. Is you	r firm bon	ded?					Optional
	of theft a	nd fraud. The Cit		that Prime Vendor	s for construction projects h	ness against claims of shoddy, inco nave a performance bond equal to	
	Yes:	Agent	-				
		Address					
		Telephone No.					
		Contact Person					
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4.H. Please	e list the s	ources of any Le	etters of Credit				Optional
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	credit gua	arantees the ben	eficiary will be paid one	ce the conditions o	f the letter of credit have be	een met.	
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4.l. State s	aies tax i.i	D. number					Optional
	Numerics	only – no hyphe	ens, lines or spaces.				
4.J. What is	s your firm	n's D.B.A. name?	?				Optional
	If your fir	m conducts busi	ness under a name oth	er than the legal n	ame, please provide the D.E	3.A. ("doing business as") name.	
				-			
A IV SAILs and	i		wation date in On 1	ana Causti 2			0
4.K. What	is your fire	n s D.B.A. regist	tration date in Onond	aga County?			Optional

mm/dd/yyyy

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Certification Application: Document List



Main Documents Signature Submit Utilities Cert List

Test Vendor 17

Type: New M/WBE Application
App #: 0696860

Status: Incomplete
Started: 1/12/2024

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	Electronic documents only.
	This document checklist is used to securely and confidentially attach electronic files to the application.

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andato	ory Documents			Refres
	<u>ry</u> documents listed below must be at iial of your New M/WBE Application ar			
Attach	Document	Download Form	Document Description	Status
Attach	Verification Affidavit	<u>Download</u>	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.	① NOT attached
Attach	Most recent EEO-4 Form	<u>Download</u>	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	① 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. **Demonstration of Business Residence or** Choose **ONE** of the options MOT attached Attach **Operations in Onondaga County** from the list below to provide that your business satisfies the criteria: a. The Firm's previous year's Federal Income Tax Returns, with all applicable schedules 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 Proof of qualifying owner(s) U.S. Acceptable forms include: copy MOT attached Attach citizenship or legal, permanent U.S. of certified birth certificate resident alien status 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. Detailed resume of all principal owners, Document must include the NOT attached Attach with management duties for firm listed 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.

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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. Mark as Download Attach Not **Document Document Description** Status Form Applicable Attach each document below or check the box to indicate it is not applicable to your business; then click the Lock In Lock In button. Proof of the 3 largest relevant Proof of 3 largest contracts completed as NOT attached Attach a Prime Contractor with governments or contracts that the firm has school districts 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 Proof of the 3 largest relevant MOT attached Attach a Subcontractor with governments or contracts that the firm has school districts 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 MOT attached Attach certificate Proof of MBE/DBE/WBE or SBA 8a Please provide letters or other MOT attached Attach certification(s) documentation regarding any certifications held with other certifying entities. Proof of MBE/DBE/WBE or SBA 8a denials Please provide letters or other NOT attached Attach or non-approvals documentation regarding any denials or non-approvals with other certifying entities. Additional supporting documents not MOT attached Attach listed Attach each document above or check the box to indicate it is not applicable to your business; then click the Lock In Lock In button.

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