



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

Opportunity Programs Group
One Penn Plaza, 52nd Floor
New York, New York 10119-0098 Phone: 212-273-5115 Fax: 212-273-5121

GENERAL INFORMATION

- A. Registration with the DASNY is independent of and not related to any other registration, classification or other similar term that may be provided to Minority, Women and Small Business Enterprises by other Local, State or Federal government departments.
- B. Registration may only be granted to businesses that have been in existence for at least one year and which are owned and controlled by American citizens, Eskimos and/or Aleuts.
- C. Registrations are provided for three business classifications, namely, Minority Business Enterprise, Women Business Enterprise and Small Business Enterprise.

1. **Minority Business Enterprise** means a socially and economically disadvantaged applicant concern, which is owned and controlled by one or more persons who have been deprived of the opportunity to develop and maintain a competitive position in the economy because of social or economic disadvantages. Such persons include:

- | | |
|----------------------|--|
| a. Black Americans | b. American Indians |
| c. Spanish Americans | d. Oriental Americans |
| e. Asian Indians | f. Eskimos |
| g. Aleuts | h. Servicemen in the armed forces during the Vietnam era |

Classification item (h), only applies to Bronx Community College, Hostos Community College, Medgar Evers College and York College of the City University of New York in accordance with New York Public Authorities Law, Sections 1695-1699r.

- 2. **Women Business Enterprise** means a business, which is independently owned and operated by non-minority women.
- 3. **Small Business Enterprise** means a business which is independently owned and operated and which is not dominant in the field of operation and which conforms to other eligibility requirements in accordance with Section 1695 et. seq. of the Public Authorities Law of the State of New York.

D. Registration is limited to applicant firms whose business may be classified under at least one of the general business categories listed below:

- | | |
|---|--|
| Accounting Firm | Architectural Firm |
| Banking and/or Financial Service Firm | Construction and Building Material/Equipment Firm |
| Construction Contractor: General Conditions | Construction Contractor: Site Work |
| Construction Contractor: Concrete | Construction Contractor: Masonry |
| Construction Contractor: Metals | Construction Contractor: Wood and Plastics |
| Construction Contractor: Thermal and Moisture Protection | Construction Contractor: Doors, Windows and Glass |
| Construction Contractor: Interior Finishes | Construction Contractor: Architectural Specialties |
| Construction Contractor: Architectural Equipment | Construction Contractor: Architectural Furnishings |
| Construction Contractor: Special Architectural Construction | Construction Contractor: Conveying Systems |



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Construction Contractor: Mechanical, Plumbing
Construction Contractor: Electrical
Construction Contractor: General, Engineering
Construction Manager
Engineering Firm
Machinery and Equipment Firm
Photographic and/or Sign Firm
Stationery Firm

Construction Contractor: Mechanical, HVAC
Construction Contractor: General, Architectural
Construction Contractor and Construction Manager
Construction Support Service Firm
Furniture and Equipment Firm
Investment Banking
Legal Firm
Surveying Firm

- E. Registration covers a period of two years commencing with the date of acceptance by the Authority. At or before the end of the Registration period, the Minority, Women or Small Business Concern should apply for Registration Renewal.

REGISTRATION INSTRUCTIONS

- A. Complete the attached **Minority, Women and Small Business Registration Application** in accordance with these instructions and the supplementary instructions that appear in the **Application**. Respond to each and every information request article or item by providing the appropriate answer or the data specified. If, at any information request article or item where provision has been made to indicate “YES” or “NO” and the information requested is not applicable to your Company, enter “N/A” in the space(s) provided.
- B. Attach copies of the following items to the completed **Minority, Women and Small Business Registration Application**. If applicable, also attach any forms or explanation that result from information provided in the **Application**.

Business Legal Structure Submittals.

Submit the information requested based on the Firm’s Legal structure.

1. If a **corporation, corporation LLC**, submit the following:
 - a. Copy of the Certificate of Incorporation that contains markings or other information that may have been impressed by the Secretary of State.
 - b. Copy of the Organizational Minutes and Amendments.
 - c. Copy of the front and back of each issued Stock Certificate, and a copy of the next unissued (blank) Stock Certificate.
 - d. Copy of all pages in the Stock Transfer Register.
2. If a **partnership, partnership LLP**, submit the following:
 - a. Copy of the Partnership Agreement, Limited Liability Agreement.
 - b. Copy of the Business Certificate or copy of the Certificate of Trade Name as filed with the county clerk.



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- 3. If a sole proprietorship, submit the following:
 - a. Copy of the Business Certificate or copy of the Certificate of Trade Name as filed with the county clerk.

General Submittals.

Submit with completed application.

- 4. Submit a resume for each shareholder and officer, partner, owner and for each person employed in a position of responsibility.
- 5. Submit proof of U. S. citizenship.
- 6. Submit proof of ethnicity.

Submit as separate attachment only if requested.

- 7. Submit copies of financial statements, audited preferred, for the last two years.
- 8. Submit copies of the US Department of Treasury Tax Returns together with all supporting schedules for the last two years.
- 9. Submit for each bank account a copy of the bank signature cards as accepted by the bank. If a corporation, also submit a copy of the corporate Resolution authorizing the establishment of each bank account.

C. Registration Abbreviations and Definitions

<u>Symbol</u>	<u>Symbol Meaning/Definition</u>	<u>Symbol</u>	<u>Symbol Meaning/Definition</u>
BLK	Black American	NAT	American Indian
SPN	Spanish American	ORN	Oriental American
ASN	Asian Indian	ESK	Eskimo
ALU	Aleut	VV	Vietnam Veteran
MBC	Minority Business Concern	WBE	Women Business Concern
SBE	Small Business Concern	SDVOB	Service Disable Veteran
Y/N	Yes or No	N/A	Not Applicable

- D. If this is a **New Registration**, submit the completed **Application** and all applicable information requested in Items(A) and (B), above, to DASNY via email at Registry@dasny.org.
- E. If this is a **Renewal Registration** and the **Minority, Women or Small Business Ownership and/or Legal Structure** has changed, submit the completed **Application** and all applicable information requested in Items (A)and (B), above, to DASNY via email at Registry@dasny.org.

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MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

A. BUSINESS IDENTIFICATION

Name of Company _____
Street Address _____
City, State Zip _____
Contact Person _____
Title _____
Telephone Number _____ Fax Number _____
Federal ID Number _____ E-Mail Address _____
NYS DOL Number _____ Web Address _____

B. GENERAL BUSINESS CLASSIFICATION

Use the business classification listing found on page 1&2, item (D), of the General Information Section, and select one classification that best describes your Firm. Enter your selection in the space provided below.

General Business Classification: _____

C. BUSINESS ORGANIZATION AND HISTORY

- 1. Business Legal Structure. Check the appropriate legal structure box.
[] Sole Proprietor [] Partnership [] Corporation [] Partnership, LLP [] Corporation, LLC
2. Date Business was established: _____
3. If a corporation, corporation LLC, provide State of Incorporation: _____
Otherwise, provide the County of Registration: _____
4. Is the Applicant Company authorized to do business in the State of New York
Yes No
5. Is the Applicant Company certified as a MBE, WBE, SDVOB, SBE or DBE by any division of a Local Government, State Government or the Federal Government?
Yes No
6. Is the Applicant Company certified by the Small Business Administration as an 8(a) firm?
Yes No If "YES", attach a copy of the Letter of Certification.
7. Has the Applicant Company ever been denied certification as a MBE or WBE or SDVOB or SBE by any division of a Local Government, State Government or the Federal Government?
Yes No If "YES", attach a copy of the Letter of Denial.
8. Has the Applicant Company ever performed business under another name?
Yes No If "YES", provide the information below:
Other Name _____
Address _____
Date From _____ Date to _____



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

9. Is the Applicant Company a subsidiary of another business?
 Yes No If "YES", provide the information below:

Parent Company: _____
Street Address: _____
City, State Zip: _____
Contact Person: _____ Telephone: _____

10. Does the Applicant Company have any subsidiaries?
 Yes No If "YES", provide the information below:
Use attachment sheet(s) if additional space is required.

Subsidiary: _____
Street Address: _____
City, State Zip: _____
Contact Person: _____ Telephone: _____

11. Do any of the Shareholders; Owners, Directors, Partners or Officers of the Applicant Company own 5% or more of any other corporation, partnership, company or other business?
 Yes No If "YES", provide the information below:

Name of Person: _____
Business Name: _____
Business Type: _____
Ownership: _____ Percent, (%)

Name of Person: _____
Business Name: _____
Business Type: _____
Ownership: _____ Percent, (%)

Name of Person: _____
Business Name: _____
Business Type: _____
Ownership: _____ Percent, (%)

12. List the Applicant's Gross Revenue for the most recent 3 years.

Fiscal Year: _____ Gross Revenue: \$ _____
Fiscal Year: _____ Gross Revenue: \$ _____
Fiscal Year: _____ Gross Revenue: \$ _____

13. Has the Applicant Company or its subsidiaries, if any, failed to complete any contract awarded?
 Yes No If "YES", provide complete details on a separate attachment.

14. Is the Applicant Company or its subsidiaries, if any, engaged in litigation of any type?
 Yes No If "YES", provide complete details on a separate attachment.

15. Does the Applicant Company or its subsidiaries, if any, currently have any liens or judgments?
 Yes No If "YES", provide complete details on a separate attachment.



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

D. PRINCIPAL OWNERS, SHAREHOLDERS, DIRECTORS AND OFFICERS.

Explanation for completing the item "AA Class": Enter the symbol from Item C, Registration Abbreviations and Definitions, page 3, of the Registration Instructions. For example, an entry of "NAT" would mean American Indian and an entry of "ORN" would mean Oriental American. If the AA Class for the "Person" is not obtainable as described above, then enter the letter "X" or "x".

Person	MBE	WBE	SBE	SDVOB	
Title	AA Class			Ownership	(%)
Person	MBE	WBE	SBE	SDVOB	
Title	AA Class			Ownership	(%)
Person	MBE	WBE	SBE	SDVOB	
Title	AA Class			Ownership	(%)
Person	MBE	WBE	SBE	SDVOB	<input type="checkbox"/>
Title	AA Class			Ownership	(%)

E. DETAILED DESCRIPTION OF BUSINESS SERVICE(S) and/or PRODUCT(S).

List the principal trades, services, and/or products provided by the Applicant Company in the order of business preference.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

F. EMPLOYEE DISTRIBUTION

1. Provide average employee distributions for the Company.

<u>EMPLOYEE CATEGORY</u>	<u>AVERAGE NUMBER OF OFFICE AND ADMINISTRATIVE PERSONS</u>	<u>AVERAGE NUMBER OF FIELD MANUFACTURING, AND OTHER PERSONS</u>
Minority Male	_____	_____
Minority Female	_____	_____
Non-Minority Female	_____	_____
Total Employees	_____	_____

2. Provide the total employee minimum and maximum numbers during the past 12 months.

Minimum Number: _____ Maximum Number: _____



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

G. INSURANCE COVERAGE

If any insurance listed is not in effect, enter "None" in the column entitled "COVERAGE".

<u>TYPE OF INSURANCE</u>	<u>COVERAGE</u>	<u>INSURANCE COMPANY</u>
Worker's Compensation	\$ _____	_____
Public Liability	\$ _____	_____
Product Liability	\$ _____	_____
Fire-Property Damage	\$ _____	_____
Vehicle Liability	\$ _____	_____
Disability	\$ _____	_____
Office-Director Liability	\$ _____	_____
Other:	\$ _____	_____
Other:	\$ _____	_____
Other: _____	\$ _____	_____

If the General Business Category on page 1&2 indicates a Construction Contractor, proceed to Item (H), otherwise proceed to Item (I).

H. CONSTRUCTION CONTRACTOR BUSINESS INFORMATION.

1. Is the Applicant firm bondable?

Yes No

If "YES", provide the bond limit information requested below:

Single contract limit: \$ _____

Aggregate bonding limit: \$ _____

2. Is the Applicant Firm affiliated with any union or local?

Yes No

If "YES", provide the information requested below:

Local Number: _____

Local Name: _____

Local Number: _____

Local Name: _____

Local Number: _____

Local Name: _____

Local Number: _____

Local Name: _____

3. Is a business license required?

Yes No

If "YES", provide the license information requested below:

License Name: _____

Number: _____

License Name: _____

Number: _____

License Name: _____

Number: _____

4. Provide the following banking information.

Name of bank _____

Street Address _____

City, State Zip _____

Does the Applicant Firm have a line of credit?

Yes No

If "YES", provide the credit limit amount below:

Credit Line Limit: \$ _____



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

I. PROFESSIONAL BUSINESS LICENSE AND TRADE ASSOCIATION INFORMATION

Complete the license information below for the State of New York.

Form with fields for Name of Person, License Type, and Number, repeated for multiple entries.

J. ADDITIONAL ITEMS

It is understood by the Registrant that in no event shall the acceptance or approval of the Minority, Women and Small Business Registration Application be construed as a commitment by DASNY, to award a contract or to provide any assistance whatsoever.

It is further understood by the Registrant that DASNY or its Representatives may at any time audit or examine the books and records of the Applicant as DASNY may deem necessary to confirm Registration information or, if applicable, to examine DASNY Contract records.

The Registrant further agrees upon request to promptly furnish DASNY and/or its Representative(s), additional or supplemental information concerning ownership, financial matters, technical qualifications and/or other Registration Application related information.

Signed this _____ day of _____, 20_____

Form with fields for Name of Company, Print Name of Registrant, Print Title of Registrant, and Signature of Registrant.

Impress Seal
If Corporation



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

ACKNOWLEDGEMENT, IF A CORPORATION, LIMITED LIABILITY CORPORATION

State of _____
County of _____

On this _____ day of _____ in the year 20____, before me personally came _____, to me known, who, being by me duly sworn, did depose and say that he/she resides at _____, that he/she is the _____ of _____, the Corporation, described in and which executed the above instrument; and that he/she signed his/her name thereto by order of the Board of Directors of said Corporation.

Notary Public
Commission Expiration Date: _____

ACKNOWLEDGEMENT, IF A PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP

State of _____
County of _____

On this _____ day of _____ in the year 20____, before me personally came _____, to me known and known to me to be a member of the Firm, _____, described in and who executed the above instrument, and he/she duly acknowledged to me that he/she executed the same for and in behalf of said Firm for the uses and purposes mentioned therein.

Notary Public
Commission Expiration Date: _____

ACKNOWLEDGEMENT, IF AN INDIVIDUAL

State of _____
County of _____

On this _____ day of _____ in the year 20____, before me personally came _____, to me known and known to me to be the person described in and who executed the above instrument, and he/she duly acknowledged that he/she executed the same.

Notary Public
Commission Expiration Date: _____



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

WORK HISTORY SUMMARY

Page ____ of ____

The Work History Summary should only show those Projects that have been COMPLETED. This page may be duplicated in order to provide additional information.

PROJECT IDENTIFICATION

Project Name _____
Street Address _____
City, State Zip _____

PROJECT REFERENCE

Owner Architect Contractor

Business Name _____
Street Address _____
City, State Zip _____
Contact Person _____ Phone _____

CONTRACT DATA

Contract Amount: \$ _____ Bond Required: [] Yes [] No
Dates: From _____ to _____ [] Prime [] Sub
Work Performed _____

PROJECT IDENTIFICATION

Project Name _____
Street Address _____
City, State Zip _____

PROJECT REFERENCE

[] Owner [] Architect [] Contractor

Business Name _____
Street Address _____
City, State Zip _____
Contact Person _____ Phone _____

CONTRACT DATA

Contract Amount: \$ _____ Bond Required: [] Yes [] No
Dates: From _____ to _____ [] Prime [] Sub
Work Performed _____



MINORITY, WOMEN AND SMALL BUSINESS REGISTRATION APPLICATION

CURRENT WORK LOAD SUMMARY

Page ____ of ____

The Current Work Load Summary should only show those Projects that are in process and not completed. This page may be duplicated in order to provide additional information.

PROJECT IDENTIFICATION

Project Name _____
Street Address _____
City, State Zip _____

PROJECT REFERENCE Owner Architect Contractor

Business Name _____
Street Address _____
City, State Zip _____
Contact Person _____ Phone _____

CONTRACT DATA Contract Amount: \$ _____ Bond Required: Yes No
Date/Status Start _____ (%) Completed _____ Prime Sub
Work Description _____

PROJECT IDENTIFICATION

Project Name _____
Street Address _____
City, State Zip _____

PROJECT REFERENCE Owner Architect Contractor

Business Name _____
Street Address _____
City, State Zip _____
Contact Person _____ Phone _____

CONTRACT DATA Contract Amount: \$ _____ Bond Required: Yes No
Date/Status Start _____ (%) Completed _____ Prime Sub
Work Description _____