



City of New York

Locally Based Enterprise Program

Locally Based Enterprise (LBE) Application

www.nyc.gov/getcertified

Thank you for your interest in becoming certified as a Locally Based Enterprise (LBE) with the City of New York. There is no cost to apply for certification.

The following instructions will help you complete your application. It outlines the eligibility requirements and the business documents you will need to complete your application. Failure to include all supporting documentation may delay the processing of your application or lead to disqualification.

Important Additional Information

- Please keep a copy of the application you submit for your files.
- All information and supporting documentation submitted will be kept confidential.

For Assistance with your application

- For questions, contact the Certification Helpline at 212-513-6311 or e-mail us at lbe@sbs.nyc.gov

Your business is subject to an onsite visit by the NYC Department of Small Business Services at any time.

Apply in 4 steps:

Step 1: Register for your city vendor number

In order to do business with or receive payment from City of New York you must obtain an "FMS Vendor Number". To obtain an "FMS Vendor Number" please register with the City's Payee Information Portal:

New or prospective City vendors should create a PIP account by visiting the PIP webpage at <http://nyc.gov/pip>, clicking on the "Activate" button, then following the online directions. Your contact information and commodity code listings are required to be added to the City's Bidders' Lists. The City uses the Substitute W-9 form to validate the Employer Identification Number (EIN) of each vendor. In order to keep your status active with the City of New York, be sure to complete and submit this form. If you are already registered and if any of your information has changed, contact the Vendor Enrollment Center. For additional information, contact the Vendor Enrollment Center at (212) 857-1680 or via email at vendorenrollment@cityhall.nyc.gov.

Step 2: Complete the NYC LBE Application

Section I: Eligibility Checklist

Section II: LBE Certification Application Questions

Section III: Gross Receipts

Section IV: Economically Disadvantaged Employee (if applicable)

Section V: Certification Affidavit

Step 3: Compile Required Supporting Documentation listed in this document.

Failure to include all the supporting documentation with your application will result in delayed processing of our application and may lead to disqualification. Your application will be returned via mail if it is incomplete

Step 4: Submit the packaged application with supporting documentation via mail or in person to:

NYC Department of Small Business Services
Division of Economic and Financial Opportunity
110 William Street, 7th Floor
New York, NY 10038

Definitions

The rules and regulations implementing Local Law NYC Code SEC 6-108 and Local Law 25 provide the following definitions in connection with the LBE Program.

“Economic Development Area:” these areas of the City designated as eligible for participation in the Community Development Block Grant Program of the U.S. Department of Housing and Urban Development. (A list of economic development areas of the City, and maps of these areas are available upon request from the Department of Small Business Services, Division of Economic and Financial Opportunity).

“Economically Disadvantaged Person:” a person who, at the time of hiring by a Locally Based Enterprise if such hiring occurred not more than three years prior to the time of such business’ application for certification or at the time for such application is self employed owner of such business, is:

- (a) a resident in a single person household who receives (1) wages not in excess of 70% of the “Lower Living Standard Income Level” for the City as determined by the U.S. Department of Labor, Bureau of Labor Statistics, or (2) receives cash welfare payments under a Federal, State or Local welfare program, or
- (b) a member of a family which (1) has a family income of less than 70% of the “Lower Living Standard Income Level” for the City as determined by the U.S. Department of Labor, Bureau of Labor Statistics, or (2) receives cash welfare payments under a Federal, State or Local welfare program, or
- (c) a Vietnam era veteran as defined by applicable Federal law who has been unable to obtain non-government subsidized employment since discharge from the armed forces; or
- (d) a displaced homemaker who has not been in the labor force for five years but has during those years worked in the home providing unpaid services for family members and was (1) dependent on public assistance or the income of another family member but is no longer supported by that income, or (2) receiving public assistance for dependent children in the home and that assistance will soon be terminated.

The following table lists the income levels which are 70% of the “Lower Living Standard Income Level” for the City as determined by the U.S. Department of Labor, Bureau of Labor Statistics:

Family Size	Lower Level Standard Income
1	5,410
2	8,370
3	12,180
4	15,040
5	17,750
6	20,750

For family sizes above 6, add \$3,010 for each additional family member.

“Gross Receipts:” The total gross income received by an LBE applicant from any source during the applicable period.

“LBE:” a Locally Based Enterprise which:

- (a) at the time of application for certification, (a) (has been in the building construction business and; (i) has received gross receipts in the last three or fewer tax years averaging \$2 million for Specialty work, \$2 million for Mechanical and Electrical, \$2 million for General Contracting, or less on an annual basis; or (ii) have been in business for less than one year and has received gross receipts equal to or less than the aforementioned dollar amounts per category; or (b) has been in the heavy construction business and;) (i) has received gross receipts in the last three or fewer tax years averaging \$2 million or less on an annual basis; or (ii) has been in business for less than one tax year and has received gross receipts equal or less than \$2 million and;
- (b) in the tax year proceeding the date of application; (a) earned at least 25 percent of their gross receipts from work performed on construction projects located in an economic development areas; or (b) employed a workforce of which at least 25 percent were economically disadvantaged persons.

Document Checklist

Required Documents for All Businesses

Please note: Failure to include all supporting documentation with your application will result in delayed processing and may lead to disqualification.

	Document Description
1.	A current, chronological résumé for each person listed in the following questions: Question 20: Persons with ownership interest in the business Question 21: Corporation shareholders Question 23: Officers or members of the board of directors of the corporation Question 36: Personnel performing key managerial functions <u>Please note:</u> résumés must include person's current position and duties within your business AND display past experience, training, and education. Biographies are not accepted.
2.	Bank signature card or letter from bank identifying all persons currently authorized to sign on each account (listed in Question 40) and any limitations on a signer's authority. Document must include all business account number(s). <u>Please note:</u> If you are the sole signer on the business account, the letter from the bank must indicate that information.
3.	Financial statement for the most recently completed fiscal year (e.g. statement of cash flows, balance sheet, or profit and loss statement).
4.	Prior three (3) years of your business' Federal, State, and City signed tax returns, including all schedules, as filed with the relevant tax authority. <u>Please note:</u> If your business has not been in operation for three years, then you must submit the business tax return for the most recent year and may submit the personal tax return(s) of each owner (listed in Question 20 or 21) for the two remaining years, including all applicable W-2 forms and schedules. All W-2s, including spouse's W-2s (if applicable), must total to the amount listed on Line 7 of the IRS form 1040.
5.	Prior three (3) years of your personal' Federal, State, and City signed tax returns, including all schedules including W-2s (if applicable) for all principal owners as filed with the relevant tax authority. All W-2s, including spouse's W-2s (if applicable), must total to the amount listed on Line 7 of the IRS form 1040. <u>Please note:</u> If your business has not been in operation for three years, then you must submit the business tax return for the most recent year and may submit the personal tax return(s) of each owner (listed in Question 20 or 21) for the two remaining years, including all applicable W-2 forms and schedules.
6.	Proof of U.S. Citizenship or Permanent Resident Alien Status (e.g. passport, birth certificate, naturalization certificate, green card)
7.	Each license, permit, or certification listed in Question 41.
8.	Lease agreement, proof of ownership or deed for business location(s), including home office(s), warehouse(s), and equipment storage (if applicable). <u>Please note:</u> Signed Agreement or proof of ownership/deed must be valid for at least six (6) months after date application is submitted.

Document Table I: Required Supporting Documentation for Businesses (Cont.)**Document Description**

9.	Three (3) or more agreements within the past two (2) years that show business activity and display the company name and address (e.g. equipment leases, purchase agreements, management service agreements, accounting or legal agreements). <u>Please note:</u> Agreements should reflect services received by the applicant firm from a third party vendor.
10.	Vehicle registration(s) for any vehicle used for business purposes.
11.	Proof of three (3) or more investment sources/capitalization in the business within the past two (2) years (e.g. major purchase receipts, loan agreements, payroll records).
12.	List of specific address locations where jobs were performed last year.
13.	Accountant's verification of gross receipts.
14.	Section III, Gross Receipts must be notarized.
15.	Employer Affidavit for Disadvantaged Employees must be notarized.
16.	Disadvantaged Employee Affidavit must be notarized.

Additional Business Documents

Please provide additional documentation (indicated with a check mark) that demonstrates you are authorized to conduct business in New York State.

Documents 15-17: Can be acquired from your State's county clerk office or corporation division

Documents 18-21 Can be purchased online or at a legal stationery store and can be easily filled by your business owners

Document 22: Only businesses registered outside of New York must obtain a New York State Certificate of Authority from the New York State Corporation Division at (518) 473-2492, or online through <http://www.dos.state.ny.us/corps/index.html>

	Document Description	Sole Proprietor	Partnership	LP	LLP	LLC	Corp.
15.	Business Certificate filed with county clerk, including amended certificates*	√	√				
16.	State filing receipt, including amended receipts			√	√	√	√
17.	LLC Articles of Organization or Articles of Incorporation **					√	√
18.	Partnership Agreements, LLC Organizational Agreement, or Corporate Bylaws **		√	√	√	√	√
19.	Buy Out Rights		√	√	√	√	√
20.	All issued membership or stock certificates (front and back), as well as next un-issued certificate **					√	√
21.	Minutes of first board meeting						√
22.	Certificate of Authority to conduct business in NY State			√	√	√	√

*Only required if business name is an assumed name.

**Please only submit the documents that apply to your business structure.

Frequently Asked Questions

1. When will I find out about the status of my application?

You can track the status of your business' application on NYC Business Express (www.nyc.gov/BusinessExpress). Create an account for your business on NYC Business Express to view your application status and to manage your interactions with the City of New York.

Also, you may expect to receive an official letter of decision within eight (8) to ten (10) weeks from the date of receipt of a complete application.

2. Can I withdraw my application?

You can withdraw your application at any point prior to an audit by the NYC Department of Small Business Services.

3. What happens if I am certified for the LBE Program?

Your certification is effective for three (3) years from the date on the confirmation letter.

To re-certify, you will have the opportunity to complete and submit an LBE re-certification application. Businesses that have previously applied for LBE Certification through the fast track application process will have to complete and submit this standard LBE certification application in order to re-certify.

4. How do I update my business' information, if I am certified?

It is important to keep your business information accurate and up-to-date at all times. For corrections to data entry omissions or errors in your vendor information, updates to the business contact information, business address, business ownership, business description, and/or job experience listed on your business profile, send a signed request on your company's letterhead along with any appropriate supporting documentation via email to lbe@sbs.nyc.gov or mail to:

NYC Department of Small Business Services
Division of Financial and Economic Opportunity
110 William Street, 7th Floor
New York, NY 10038

5. What happens if I am denied LBE certification?

If your business is found to not meet the requirements for LBE Certification, you may submit other certification documents for certification six months after the date it was declared ineligible.

LBE Certification Application

(Please refer to the LBE Certification Application Instructions for completing this application.)

Section I: Eligibility Checklist

Is your business currently structured as one of the following?

Yes

If Yes, please select your current business structure:

No

Sole Proprietorship

Business / General Partnership

Limited Partnership (LP)

Limited Liability Partnership (LLP)

Corporation

Limited Liability Company (LLC)

A

Does your business perform any construction or construction related services? Yes

No

B

Does your business earn at least 25% of its gross receipts from work performed on construction projects located in economic development areas or employ a work force of which at least 25% were economically disadvantaged persons? Yes

No

C



Did you answer "Yes" to all the questions above?

If so, please carefully review the Eligibility Requirements (Page 3 of the *LBE Certification Application Instructions*) to confirm that your business is eligible to apply for LBE Certification before proceeding with the application.

Section II: LBE Certification Application Questions

General Application Instructions:

- Please print or type clearly.
- Do not leave any spaces blank in the application. If a question is not applicable to your business insert "N/A" in the space provided for your answer.
- Whenever the space is insufficient to answer the questions completely, use and attach additional sheets as necessary. Please label additional sheets with the question number.

Main Business Information

1. **Business Legal Name:** _____

2. **Business' Doing-Business-As (DBA) Name:** (Only complete if your business does business under a name which is different from its legal name. The DBA name must be legally registered.)

3. **Business Address:** (Must represent physical location. Post Office Boxes are not accepted).

Building Number and Street Name

Unit, e.g. Floor Suite (optional)

City

State

ZIP Code (5 digit zip + 4-digit extension)

County

Country

4. **Business Mailing Address:** (Only complete if the business mailing address is different from the business address given in Question 3).

Building Number and Street Name

Unit, e.g. Floor Suite (optional)

City

State

ZIP Code (5 digit zip + 4-digit extension)

County

Country

5. **How long have you been at the present business address?** _____

List all other addresses in the past three years:

6. **Telephone Number:** (area code + 7-digit + ext.) (____) _____ - _____

7. **Fax Number:** (area code + 7-digit + ext.) (____) _____ - _____

8. **Website:** _____

9. **Email Address:** _____

10. **Please provide either your business' Employer Identification Number (EIN) or your Social Security Number (SSN).** (Only Sole Proprietorships that do not have an EIN may provide a SSN.)

EIN ____ - ____ - ____ **OR** **SSN** ____ - ____ - ____

11. **NYC Vendor Number:** _____

12. **Does your business have Dun & Bradstreet Number or other Credit Service Name and Reference?** Yes No

If "Yes", please provide the information below.

Dun & Bradstreet Number _____

Credit Service Name _____ Reference _____

13. **Authorized Representative Contact Information** (Business owners may designate an individual to coordinate the certification process on their behalf. This representative will also be the point of contact for inquiries from the NYC Department of Small Business Services regarding updates to your business' contact information, selection of appropriate NIGP commodity codes, and more. Please include that individual's contact information here.)

First Name	Middle Name	Last Name	Suffix e.g. Jr. Sr. Esq. etc.
Business Title		Telephone Number (area code + 7-digit + ext.)	
Email Address			

14. **Are you currently involved in the bidding process or contract/purchase order negotiations with any governmental agency, department, or authority?** Yes No

If "Yes", place a check mark next to all level(s) of government with which you are involved.

Federal State City

Business Ownership Information

15. When was your business established under its current business structure?

____ / ____ / ____
(mm) (dd) (yy)

16. Did your business exist under a different type of business structure prior to the date its current business structure was established? Yes No

If "Yes", please explain the history of your business' business structure.

17. Has your business' Certificate of Incorporation, Business Certificate, or Certificate of Trade Name ever been amended? Yes No

18. Please select your method of originating or acquiring your business from the list below:

Started the company

Inherited the company

Bought an existing company

Secured a franchise

Acquired the business via a merger
or consolidation

Other _____
If other, name of sponsor or event

19. What is your business' date of origination? (If acquired after origination, provide date of acquisition by current owner).

____ / ____ / ____
(mm) (dd) (yy)

20. Please provide the following details about all individuals with ownership interest in your business. This means all proprietors, partners, and members.

Please note: If your business is a corporation, please skip Question 20 and complete all remaining questions beginning with Question 21.

Full Name (First and Last)	Title / Position In Business	Percentage Owned (Must total 100%)	Date Ownership Established (mm/yy)	Gender (M/F)	US Citizen or Permanent Resident Alien (Y/N)

ONLY IF YOUR BUSINESS IS A CORPORATION, COMPLETE QUESTIONS 21-23.

21. Please provide the following details about all corporation shareholders. Question for corporations only).

Full Name (First and Last)	Title / Position In Business	Percentage Owned (Must total 100%)	Date Ownership Established (mm/yy)	Gender (M/F)	US Citizen or Permanent Resident Alien (Y/N)	Number of Shares Owned	Unit Share Price Paid When Purchased

22. Please provide the number of company shares in each of the following categories.

(Question for corporations only).

Please note: Common shares typically carry voting rights that can be exercised in corporate decisions. Preferred shares do not carry voting rights.

Common Authorized _____ Common Issued _____

Preferred Authorized _____ Preferred Issued _____

23. Please provide the following details about all current Officers and/or Board of Directors. (Question for corporations only).

Full Name (First and Last)	Title /Position in Business	Position Effective Date (mm/yy)

24. Please provide the capital contributions to your business by each individual identified in Question 20 or 21, including cash, equipment, property, and expertise.

Full Name (First and Last)	Type of Contribution	Total Dollar Value	Date of Contribution (mm/yy)

25. If your business is owned in whole or in part by another business, please provide the name of the business and the percentage of ownership interest. Include venture capitalists and other similar investors.

Business Name	Percentage Owned	Date Ownership Established (mm/yy)

Business Management Information

26. Please provide the following details about all personnel performing key managerial functions, including owners.

Full Name (First and Last)	Title / Position in Business	Owner (Y/N) (Owners from Q20 or Q21)	Functional Role(s) (See functional role code table below)

Functional Role code table: Please use the letter codes below to identify all areas of functional responsibility for each individual listed. Note: Managerial personnel may have multiple roles within a business.

- | | | |
|---|----------------------------------|---|
| A = Hiring and Firing | E = Negotiating Bonding | I = Purchasing |
| B = Making Financial Decisions | F = Negotiating Contracts | J = Signing Business Accounts |
| C = Managing and Signing Payroll | G = Estimating Jobs | K = Supervising Field Operations |
| D = Marketing | H = Preparing Bids | |

27. Have any personnel performing managerial functions, officers, board members, or individuals with business ownership interest listed in Questions 20, 21, 23, or 36 been affiliated with or worked for another business within the past three years?

Yes No

If "Yes", please provide the following details for each individual for which the above statement is true:

Full Name (First and Last)	Name of Affiliated Business	Relationship to Affiliated Business

28. Number of Employees excluding owners (Please include average number of employees over the past year if exact number is not available).

Permanent

Full-Time _____

Part-Time _____

Temporary (includes seasonal)

Full-Time _____

Part-Time _____

29. Please provide the following details about all major loans held by your business.

Please note: Do not provide your personal card information.

Name of Lender	Dollar Value of Loan	Terms of Repayment	Guarantor of Loan

30. Please provide the following details about all banks where your business accounts are maintained.

Bank Name	Address	Contact Name	Contact Type/Title	Type of Account	Last Four Digits of the Account Number

Business Operations Information

31. If a license, permit or certification is required to operate any part of your business please provide the following details about the holder of the license, permit or certification. (If the license belongs to your business, please list your business as the holder.)

Name of the Holder/Registrant	Title / Position in business	Type of License/ Permit/Certification	Issued by	License Number	Exp. Date (mm/yy)

32. Please list any license(s), permit(s), or certification(s) held by you or your business that have been terminated by New York City for cause within the past five (5) years.

Name of the Agency	Termination by	Date	Reason

33. Is your business bonded? Yes No

If "Yes", please provide the following details:

Surety Business	Name of Agent/Broker	Binder or Policy Number	Bonding Limit	
			Aggregate Dollar Amount	Single Job Dollar Amount

34. Does your business have commercial or professional liability insurance? Yes No

If "Yes", please provide the following details:

 Carrier Name Dollar Amount of Liability Insurance

35. Has your business filed all federal, state and New York City tax returns for the past three (3) tax years?

If "No", please explain:

36. Please list your business' basic operating equipment and provide the following details.

Type of Equipment	Acquisition Date (mm/yy)	Owned or Leased

37. Does your business share space, construction equipment, materials, or personnel with another business? Yes No

If "Yes", please provide the following details about the business with which you share. Place a check mark in each applicable item category.

Business Name	Business contact person and Phone Number	Space	Equipment	Materials	Personnel

38. Is your firm a signatory to a union contract? Yes No If yes, name and Local(s)

Names of Unions _____ Local Number(s) _____

Business Profile & Job Experience

39. Please indicate all of the following credit cards accepted by your business.

Please note: This information will not be used to evaluate your application. However, providing this information about your business may increase contracting opportunities with purchasing agents.

American Express Discover None`
 MasterCard Visa

40. Please provide a brief description of your business including the products or services it sells using appropriate **keywords**. (max 50 words)

41. Which of the following represents the **widest** geographic region where your business can provide services? (Please select only one).

New York State New York City
 Tri-State Metro Area Nationally, across the U.S.

42. Please identify your business market sector by selecting appropriate code(s) from the North American Industry Classification System (NAICS).

NAICS can be found online at www.census.gov/eos/www/naics/. List one primary code and up to two additional codes. Please be as specific as possible (6-digit codes are preferred).

NAICS Code _____
 NAICS Code _____
 NAICS Code _____

Please note: your selected codes should correspond to the contracts / jobs you list for this application.

43. Below are certification programs used by Federal government and other government entities. Please check Yes or No and provide the expiration date, if applicable. For information on each certification program requirements and/or eligibility, please visit the corresponding online web address.

Certification Type	Yes	No	Expiration Date
Are you an 8(a) Business Development program participant? http://www.sba.gov/content/about-8a-business-development-program			
Are you eligible to receive Historically Underutilized Business Zone (HUBZone) contracts? http://www.sba.gov/category/navigation-structure/contracting/doing-business-with-government/small-business-certifications-audiences/hubzone-certifi			
Are you a certified Disadvantaged Business Enterprise (DBE)? http://osdbuweb.dot.gov/DBEProgram/Whats_DBE_program.cfm			
Are you a service veteran-owned business http://www.sba.gov/content/service-disabled-veteran-owned-small-business-concerns-sdvosbc) or a veteran-owned business (http://www.va.gov/osdbu/programs/index.asp?			

44. Please provide the business contact that you would like to have listed in the Online Directory of Certified Businesses. The contact listed will receive all inquiries about your business' products or services from interested purchasing agent.

Place a check mark in this box if the contact is the same as the "Authorized

Representative" identified in question 11:

OR, if different, list here:

 First Name Last Name Suffix e.g. Jr. Sr. Esq. etc. Business Title

 Telephone Number (area code + 7-digit + ext.) Email Address

45. Please provide the jobs on which your company worked within the Economic Development areas of the City during your last complete tax year, whether or not these jobs are completed. Provide all information requested for each of these jobs. If the owner of the job was a company or a government agency, please provide the name of the contact person and the contract number of the job. Be specific when giving the location of the work performed. (i.e. address, street, boundaries and boroughs. Attach additional sheets as necessary.

	JOB #1	JOB #2	JOB #3
Name of Client Organization			
Organization Contact (for internal use only, will not be displayed in online directory)			
Contact Title (for internal use only, will not be displayed in online directory)			
Contact Phone (for internal use only, will not be displayed in online directory)			
Contract # (for internal use only, will not be displayed in online directory)			
Date of Contract (mm/dd/yy)			
Description of Specific Tasks Performed (Provide an accurate and descriptive explanation of the work performed and results -max. 50 words)			
Location of Work Performed (Please be specific)			
Dollar Value of Contract (This value is required and used to determine your business capacity)	\$	\$	\$
Monies Received on the Contract for the Last Tax Year (This value is required and used to determine your business eligibility)	\$	\$	\$

JOB #4

JOB #5

JOB #6

	JOB #4	JOB #5	JOB #6
Name of Client Organization			
Organization Contact (for internal use only, will not be displayed in online directory)			
Contact Title (for internal use only, will not be displayed in online directory)			
Contact Phone (for internal use only, will not be displayed in online directory)			
Contract # (for internal use only, will not be displayed in online directory)			
Date of Contract (mm/dd/yy)			
Description of Specific Tasks Performed (Provide an accurate and descriptive explanation of the work performed and results -max. 50 words)			
Location of Work Performed (Please be specific)			
Dollar Value of Contract (This value is required and used to determine your business capacity)	\$	\$	\$
Monies Received on the Contract for the Last Tax Year (This value is required and used to determine your business eligibility)	\$	\$	\$

46. As a construction or construction related business, please answer the following:

- a. **Are you solely a supplier of construction goods and/or materials, not including installation?**

Yes No

- b. **Please indicate the kinds of construction projects your business performed within the last two (2) years:**

Building Construction (non-Residential)	<input type="checkbox"/>	Bridge and/or Roadways	<input type="checkbox"/>
Residential Building Construction	<input type="checkbox"/>	Sewer and/or Water mains	<input type="checkbox"/>
Other Heavy Civil Construction work, i.e. Plants, Tunnels	<input type="checkbox"/>	Site work, i.e. Parks	<input type="checkbox"/>

Section III: Gross Receipts

All contractors must complete this section and submit true and accurate copies of the firm's tax returns filed with the United States Government. Please complete the following applicable section.

1. If you have been in business for 12 months or less complete this section. Indicate gross receipts in the last tax year (or portion thereof):

\$ _____

2. If you have been in business between 12 and 24 months, please complete this section. Indicate gross receipts in the last two tax years (or portion thereof):

Year _____ \$ _____

Year _____ \$ _____

3. If you have been in business for more than 24 months, please complete this section. Indicate gross receipts in the last three tax years (or portion thereof):

Year _____ \$ _____

Year _____ \$ _____

Year _____ \$ _____

Note: Your answers to questions 1, 2, or 3 must be verified by a licensed or certified public accountant by completion of the statement below:

**I/We have reviewed the books and records of _____
_____ in accordance with standards established by the American Institute of Certified Public Accountants. All information presented to us is the representation of the company's owner(s).**

Based on this review, I/We attest to the accuracy of the gross receipts data presented by the company above.

Subscribe and sworn to me before me

(signature) **PUBLIC ACCOUNTANT**

this ____ day of _____ 20__

LICENSE: _____

Section IV: Economically Disadvantaged Employees

Number of Employees excluding owners (Provide the requested information below for your current employees. For “economically disadvantaged” employees, please indicate their trade or job title, and date hired. A separate “Verification of Economically Disadvantaged Status Form (Attachment A) must be completed by each employee claimed as “economically disadvantaged” by your company. Please include average number of employees over the past year if exact number is not available).

- a. **How many workers do you currently employ?** _____
- b. ***What is the ethnic breakdown of your workforce? (how many in each category)**

African American _____ Hispanic _____ Other _____

Asian _____ White _____

- c. ***What is the gender breakdown of your workforce? (how many in each category)**

Female _____ Male _____

- d. **Are any of your employees “economically disadvantaged”?**

Yes _____ No _____

If “Yes”, please complete the following information below:

Number of “economically disadvantaged employees” _____

Employee (1)	Trade/Job Title	Date Hired
Employee (2)	Trade/Job Title	Date Hired
Employee (3)	Trade/Job Title	Date Hired

Employer Affidavit for Disadvantaged Employees

State of _____

County of _____

_____ an authorized official of _____
(name) (company)

being duly sworn deposes and says:

1. I certify that the statements in this form and any additional comments submitted, are true and accurate to the best of my knowledge and belief.
2. I understand that willful misrepresentation may be cause for administrative sanctions as set forth in Section 13 or the Rules and Regulations implementing Local Law 49 (July 27, 1984) and/or civil and criminal penalties; and
3. I agree that I will supply the Division of Economic and Financial Opportunity and/or the contracting agency with such additional documentation as may be necessary to verify the information that I have provided.

(signature/title)

State of _____ Sworn to before me this _____ day of _____, 20 ____

County of _____ _____
(Notary Public)

Attachment A

Verification of Economically Disadvantaged Status

The "Verification of Economically Disadvantaged Status" form should be completed by each employee you are claiming as an "economically disadvantaged person". The employee filling out this form only needs to complete the appropriate section below. A person may be considered "economically disadvantaged" because of his or her income, or his or her status as a Vietnam era veteran, or his or her status as a displaced homemaker. Attach additional copies of these pages for each "economically disadvantaged" employee as necessary.

1. Name of Employee _____

2. Social Security _____

3. Income Eligibility _____

3a. Were you (if living alone), or your household, receiving welfare or public assistance?

Yes No

If "Yes", please provide dates: From _____ To _____

3b. Indicate the total number of persons in your household _____

3c. Indicate below the income of each person living in your household for the tax year ending 20XX

Name of household member (1)	Relationship to you	Income (\$)
Name of household member (2)	Relationship to you	Income (\$)
Name of household member (3)	Relationship to you	Income (\$)
Name of household member (4)	Relationship to you	Income (\$)

3d. Total Household \$ _____

3e. Documentation: Welfare ID card, Medicaid Card, W-2 Forms, income tax returns, etc.

4. Vietnam Veteran Eligibility

4a. Did you serve on active duty in the United States Armed Forces for 180 days, or were you released or discharged for an inservice connected disability? Yes No

4b. Were your dates of service between August 5, 1964 and May 7, 1975? Yes No

4c. Have you had non-government subsidized employment since your release or discharge from the Armed Forces? Yes No

4d. Documentation: Discharge papers, etc

5. Displaced Homemaker Eligibility

5a. Were you out of the labor force for the five years preceding employment by this company, but providing unpaid services for the household members during this time?

Yes No

If "Yes", please provide dates: From _____ To _____

5b. During the time were you either receiving public assistance or dependent on the income of another member of the household and you are no longer supported by such income?

Yes No

If "Yes", please provide dates: From _____ To _____

5c. During that time were you receiving Aid to families with Dependent Children?

Yes No

5d. Documentation: Divorce decree, separation agreement, etc.

Note: If you do not choose to answer the questions listed above or provide any of the requested documentation, indicate the question and your reason for refusing to answer or provide documentation.

Disadvantaged Employee Affidavit

State of _____

County of _____

_____ an authorized official of _____
(name) (company)

being duly sworn deposes and says:

1. I certify that the statements in this form and any additional comments submitted, are true and accurate to the best of my knowledge and belief.
2. I understand that willful misrepresentation may be cause for administrative sanctions as set forth in Section 13 or the Rules and Regulations implementing Local Law 49 (July 27, 1984) and/or civil and criminal penalties; and
3. I agree that I will supply the Division of Economic and Financial Opportunity and/or the contracting agency with such additional documentation as may be necessary to verify the information that I have provided.

(signature/title)

State of _____ Sworn to before me this _____ day of _____, 20 ____

County of _____
(Notary Public)

Section V: Certification Affidavit

This affidavit must be signed by an eligible owner of the applicant firm.

The undersigned, _____, being the
Name
_____ of _____, requests
Title Firm Name

Certification as a Locally Based Enterprise (LBE) with the New York City Department of Small Business Services (SBS), and for that purpose does hereby verify, under penalties of perjury:

1. The application form, supporting documents, audit reports and any other information provided in support of the firm's Application are considered part of this certification request. It is recognized and acknowledged that the information contained in the Application is given under oath that the Application is being submitted as an inducement to SBS to certify the Applicant as an LBE and that SBS will rely on the information supplied therein in order to determine the eligibility of the Applicant for such certification. Certification by SBS is subject to all applicable laws and rules of the SBS LBE Certification Program. The Applicant acknowledges that in order to maintain SBS certification, the Applicant must comply with the SBS re-certification process.
2. The Applicant agrees to provide notice to SBS of any material change in the information contained in the Application within 45 days of such change.
3. The Applicant understands that SBS may require proof of eligibility in addition to the information disclosed in the Application. The Applicant agrees to submit additional proof if it is requested by SBS and acknowledges that SBS may determine not to certify the Applicant as an MBE or as a WBE if the additional proof is not submitted within 30 days after the date it is requested by SBS, or if the additional proof is not submitted as noticed to the applicant in an SBS letter of request for additional information.
4. The Applicant understands that a material false statement or omission made in connection with the Application is sufficient cause for the denial of certification or revocation of prior certification and may subject the person and/or entity making the false statement to any and all civil and criminal penalties available pursuant to applicable law.
5. The Applicant consents to inquiries by SBS of the Applicant's bonding companies, banking institutions, credit agencies, contractors, affiliates, clients, and other certifying agencies to ascertain the Applicant's eligibility for certification. The Applicant also consents to the inspection by SBS of its place of business, books and records, and to permit interviews of its principals and employees. The Applicant acknowledges that refusal to permit such inquires shall be grounds for denial or revocation of certification.
6. The Applicant further acknowledges that he or she has read the Application, knows its contents, and that the statements and representations made in the Application are true to his or her knowledge. If the application is on behalf of a corporation, it is made at the direction of the Board of Directors.

Signature _____

This affidavit declares said firm to be a Locally Based Enterprise (LBE) and said affidavit shall become a matter of public record, unless withdrawn by the applicant or rejected by SBS prior to any other decision being made as to eligibility for certification under the Program.

– End of NYC LBE Certification Application –

NOTE: Please make sure to compile and submit the supporting documentation listed in the LBE Certification Instructions with this application. Otherwise, your submission is incomplete.