

**ADDENDUM FOR M/WBE CERTIFICATION WITH NEW YORK STATE
DEPARTMENT OF ECONOMIC DEVELOPMENT, DIVISION OF MINORITY AND
WOMEN’S BUSINESS DEVELOPMENT**

Instructions: Please review the requirements below regarding the use of this Addendum to apply for M/WBE certification with New York State Department of Economic Development, Division of Minority and Women’s Business Development (“DMWBD”). Please answer all questions within this addendum, with all required supporting documentation, if your firm is seeking M/WBE certification. The responses required by this Addendum (including any supporting documentation submitted with said Addendum) are intended to address additional required information relating to M/WBE certification with DMWBD, which is not required by the Port Authority of NY & NJ (“PANYNJ”) in its Standard Application for M/WBE Certification.

If eligible, Applicants must simultaneously submit this Addendum and the fully completed M/WBE Certification Application to PANYNJ. If your firm is granted certification as an M/WBE with PANYNJ, PANYNJ will submit this completed Addendum, along with a copy of your completed PANYNJ M/WBE Certification Application to the DMWBD on your behalf. Please be advised that this service is a one-time courtesy for business enterprises that have never previously applied or are not currently under review for M/WBE certification with DMWBD or PANYNJ. In addition, please note that DMWBD reserves the right to request additional information from the Applicant to determine the business enterprise’s eligibility for certification as an M/WBE with NYS.

Note: Failure to certify with PANYNJ may or may not preclude a business entity from eligibility for M/WBE Certification with DMWBD. An Applicant may choose to separately submit a properly completed NYS Standard M/WBE Certification Application to DMWBD. However, it is important for Applicants to note that PANYNJ ***will not forward*** a completed Addendum for M/WBE Certification with DMWBD to DMWBD for review if the Applicant is denied M/WBE Certification by PANYNJ.

SECTION I: ELIGIBILITY CHECKLIST

Preliminary Eligibility Checklist for Use of DMWBD Addendum: Please read before completing this Addendum. The checklist below will help you determine if you are eligible to apply for M/WBE certification with New York State. If you respond "yes" to any of the questions listed in the left column below, then your business enterprise *is not eligible* to apply for New York State M/WBE Certification using this Addendum. If you have answered "no" to each of the questions listed below and determined that your business *is eligible* to apply for New York State M/WBE Certification, please proceed with completion of the Addendum by providing accurate and complete responses to the Addendum questions, including the provision of all applicable supporting documentation that is required by New York State for M/WBE Certification.

ELIGIBILITY CHECKLIST FOR USE OF ADDENDUM FOR M/WBE CERTIFICATION DMWBD	
Is the firm " publicly owned "? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! If this firm is publicly traded, then you do NOT qualify for the NYS MWBE certification program and should not fill out this NYS addendum.
Is this firm " owned wholly or in part by another business "? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! The other business may need to be certified first before this firm can complete this NYS addendum.
Does this firm employ more than 300 full time equivalent employees? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! You do not qualify for the NYS MWBE certification program.
Does each minority or woman owner upon which certification is based for this firm have a personal net worth which <u>exceeds</u> 3.5 million dollars ? Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, STOP! The business does not qualify for the NYS MWBE certification program.

Instructions: Please type or print 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. Please sign, complete, notarize this form, and submit the required supporting documents listed on the last page of this addendum.

SECTION II: COMPANY PROFILE

1. Please provide the business' twitter/face book link (if applicable)?

2. Please provide gross receipts for the last 3 years *(If this firm has been in business for less than 3 years, complete as applicable but you should have at least one year tax return.)*

\$ _____

Current Year (20__)

\$ _____

Last Year (20__)

\$ _____

Previous Year (20__)

3. Check all that best describes the business operation.

- Construction-Related Consumer Service Broker Professional Service Franchise
- Manufacturer/Supplier Technical service Retail Financial Services
- Other (explain) _____

4. Please provide the business' United Nations Standard Products and Service codes(s) (UNSPSC) or North American Industry Classification System (NAICS). This number can be found online at www.unspsc.org or on the NAICS website at www.census.gov

UNSPSC _____ NAICS _____

5. Are any of the owners of this business related to other owners or principals of this business? Yes No

If "Yes", please explain the nature of the family relationship.

6. At present, or at any time in the past has your business:

- a) been a subsidiary of any other business? Yes No
- b) consisted of a partnership in which one or more of the partners are other firms? Yes No
- c) owned any percentage of any other business? Yes No
- d) had any subsidiaries? Yes No

7. Does any of your immediate family members own or manage other businesses?

Yes No

If Yes, please provide the following details for which the above statements listed in question 7 are true:

Full Name (First and Last)	Relationship	Business	Type of Business	Own or Manage?

8. Does your business rely on any other business for management functions or employee payroll? Yes No

If "Yes", please explain the details.

**ATTACHMENT A: NYS M/WBE CERTIFICATION
INDIVIDUAL PERSONAL NET WORTH AFFIDAVIT**

This affidavit must be signed by each owner of the firm upon which certification is based.

Each individual owner relied upon for certification as a minority or women-owned business enterprise (hereinafter "MWBE") must complete this form and provide the applicable supplemental documentation as referenced below as part of the application for certification or recertification.

The personal net worth of each individual upon which certification is relied upon cannot exceed 3.5 million dollars. For certification purposes, personal net worth shall mean the aggregate adjusted net value of the assets of an individual remaining after total liabilities are deducted. Personal net worth includes the individual's share of assets held jointly with said individual's spouse but does not include the individual's ownership interest in the certified minority and women-owned business enterprise, the individual's equity in his or her primary residence, or up to five hundred thousand dollars of the present cash value of any qualified retirement savings plan or individual retirement account held by the individual less any penalties for early withdrawal.

I, _____ being duly sworn state that my social security number is _____ - _____ - _____ and I am a woman or a member of a minority group as defined in Article 15-A of the Executive Law. I own _____ percent of the equity in _____, the business applying for certification or recertification as an MBE or WBE with New York State. I have read the definition of net worth set forth in the statement above, and have calculated my net worth to be \$ _____.

Further, I understand that I am required to provide, with this affidavit, a true, executed copy of my submitted federal and state personal tax returns including all statements and schedules as filed for the prior taxable year. I also understand that in the event my personal net worth exceeds 1.3 million dollars at the time of the application, I am also required to submit a complete **Attachment B: Personal Financial Statement Worksheet** in the form or format supplied by NYS Division of Minority or Women's Business Development online at www.esd.ny.gov/mwbe.html

I understand the tax returns I have submitted to the Division of Minority and Women Business Development as part of the certification or re-certification process must be true and correct copies of my personal tax returns and include all schedules, statements and amendments which I have submitted to the IRS and the state or, in the event that I have paid taxes in multiple jurisdictions, states where I have filed my most recent state income taxes. By signing below I am attesting that I am providing this as part of the application for certification or re-certification, and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.35 of the Penal Law.

(Signature) (Print)

State of _____, County of _____. On this _____ day of _____ 20____, before me

appeared (Name) _____ to me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by

Name of Firm _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____ Commission Expires _____

NYS M/WBE CERTIFICATION AFFIDAVIT

This affidavit must be signed by the majority owner of the firm upon which certification is based.

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

By signing this Application, Applicant understands that DMWBD 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 DMWBD and acknowledges that DMWBD may determine not to certify that Applicant as an MBE or as a WBE if the additional proof is not submitted within 20 business days after date it is requested by DMWBD, or the application may be rejected by the DMWBD.

By signing this Application, Applicant also consent to (i) inquires by DMWBD 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; (ii) inspection by DMWBD of Applicant's place of business, books and records; and (iii) interviews of Applicant's principals and employees (iv) access to all documents submitted in support of the firm's certification with another agency (the "original certifying entity"). The Applicant acknowledges that refusal to permit such inquires may be grounds for denial or revocation of certification.

Certification of the Applicant as a Minority-owned Business Enterprise (MBE) and/or as a Women-owned Business Enterprise (WBE) with the New York State Division of Minority and Women Business Development ("DMWBD"), and for that purpose does hereby verify, under penalties of perjury:

1. He or she has read this Application and knows its contents;
2. He or she is duly authorized by the Applicant to act the behalf of the Applicant;
3. The information and representations contained in this Application are true to the best of his or her knowledge;
4. The information and representations contained in the Applicant's application submitted to the certifying partner of certification is true to the best of his or her knowledge.
5. The Applicant shall provide notice to DMWBD of any material change in the information contained in this Application or the Applicant's application submitted to the certifying partner for certification status within 30 days of such change;
6. The minority and/or women owner upon which certification is based verify that their new worth does not exceed \$3.5 million and the applicant business does not employ more than 300 employees; and
7. **By signing below I am attesting that I am providing this as part of the application for certification or re-certification and acknowledge any false statement made by the applicant will result in the denial of certification and is punishable as a Class E Felony under Section 175.5 of the Penal Law.**

(Signature)

(Print)

State of _____, County of _____. On this _____ day of _____ 20____, before me appeared (Name) _____ to me personally known, who being duly sworn, properly did execute the foregoing affidavit and did state that s/he was properly authorized by

Name of Firm _____ to execute the affidavit and did so as his or her free act and deed.

Notary Public _____ Commission Expires _____

– Please submit copies of the following supporting Documents for NYS MWBE Certification Application –

1. Most recent 2 years of personal federal and state tax returns including all schedules, statements, and amendments
2. Completed, signed, and notarized (page 16) Attachment A: NYS MWBE Personal Net Worth Affidavit for each minority and woman owner upon which certification is based.

– End of NYS MWBE Certification Addendum –