

One Mission

The mission of the Division of Minority and Women-Owned Business Development is to promote equality of economic opportunities for Minority and Women-Owned Business Enterprises (MWBEs) and to eliminate barriers to their participation in state contracts.

We supplement New York State's economic leadership with information and resources that increase access to opportunities for minority and women-owned businesses throughout the State.

Three Key Objectives:

Certifying MWBEs

- To review applications by businesses seeking certification as an MWBE and to maintain a directory of certified MWBEs

Connecting MWBEs to Contracting Opportunities

- To create matchmaking opportunities and assist state agencies in awarding a fair share of state contracts to MWBEs

Strengthening MWBEs

- To promote the business development of MWBEs through training, education and outreach, and connecting MWBEs to other technical and financial assistance



"We've had really great things happen to us since our certification! In short, it gives us a LOT of credibility and considerable access to opportunities that we might not have had admittance to prior to becoming certified."

MBE Certified Firm
Mr. JEA EDMAN JACKSON
Johnson Edman Advertising

"Once Mrs. Paper became certified, I was able to make contacts within NYS Agencies, gaining opportunities to bid on contracts and have been awarded many. New York State Certification has played a major role in the success of my company."

WBE Certified Firm
Marion Hindenburg
COPY GRAPHICS INC dba Mrs. Paper

 **Empire State Development**

State of New York
Andrew M. Cuomo, *Governor*

Empire State Development
Kenneth Adams, *President & CEO*

**Division of Minority and Women's
Business Development**

General Inquires – MWBE Resource Line:
855/ESD-4MWB or 855/373-4692

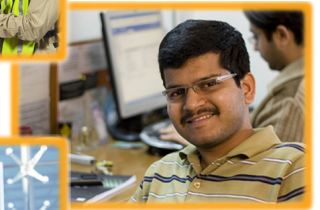
Certification Help Line:
212/803-2414

Email: mwbecertification@esd.ny.gov

Website: esd.ny.gov/mwbe.html



**DIVISION OF MINORITY
AND WOMEN-OWNED
BUSINESS DEVELOPMENT**



**Building
Economic Opportunities
for MWBEs**

 **Empire State Development**



“New York’s strength lies in the diversity, innovation and entrepreneurship of all its residents. By breaking down barriers to growth for MWBEs, we are putting that strength to work for all New Yorkers, building a more diverse and competitive business climate.”

Andrew M. Cuomo, Governor
State of New York

Why get certified as an MWBE?

Getting certified as a bona fide MWBE allows your company to grow and develop. Once an MWBE is certified, the company is listed on the directory used by state agencies, public authorities, federal agencies and corporations to find contractors for procurement opportunities, which can mean more customers and business for you. Being certified also gives you access to the statewide network of services and support available to MWBEs.

Who is eligible to be certified?

- Firms must be at least 51% owned, operated and controlled by minority members and/or women who must exercise the authority to independently control day-to-day business decisions
- Each minority member or woman upon whom certification is based must have a net worth of less than \$3.5 million
- The business cannot exceed 300 employees and must be independent and authorized to do business in New York

Becoming a NYS MWBE is quick and easy!

Where do I apply for certification?

Apply online at: ny.newnycontracts.com or download the application and mail it to:

Empire State Development – MWBE
633 Third Avenue, 33rd Floor
New York, NY 10017

Fast Track Applications are available for:

- Federal Disadvantaged Business Enterprise (DBE) Certified firms
- MWBEs certified by one of our certified partners - a full list of partners is available at: ny.newnycontracts.com
- Federal 8(a) Development Program firms
- MWBEs seeking re-certification

All Fast Track Applications are available online.

Need Direct Assistance?

**Call the Certification Help Line:
212/803-2414**

For more information and detailed instructions, visit:
www.esd.ny.gov/MWBE/Certification.html

For general inquiries call the
**MWBE Resource Line:
855/ESD-4MWB or 855/373-4692**



Online Resources

NYS Contract System
ny.newnycontracts.com

Seeking certification?

- Apply online
- Utilize a Fast Track application, if eligible

Already certified?

- Update your profile online
- Re-certify online

Looking for certified MWBE firms?

- Access the database of NYS MWBE certified firms
- See the listing of newly certified MWBE firms

MWBE Resource Center on Business First
www.nyfirst.ny.gov

Looking for resources for your MWBE?

Get access to:

- Technical assistance resources
- Certification application assistance through the Entrepreneurial Assistance Center and Small Business Development Center networks
- Business development programs
- Surety bond training and financial assistance
- MWBE workshops and seminars

NYS Contract Reporter
nyscr.org

Seeking contract opportunities?

The NYS Contract Reporter is New York State’s official publication of procurement opportunities from state agencies and authorities.

General access to the NYS Contract Reporter and use of the site is free for businesses that complete the required registration.

MWBE UTILIZATION PLAN

Contract No.: _____

INSTRUCTIONS: This form must be submitted with any bid, proposal, response to request for qualifications or proposed negotiated contract or within a reasonable time thereafter, but prior to contract award as required in the IFB, RFP or RFQ. This Utilization Plan must contain a detailed description of the supplies and/or services to be provided by each NYS certified Minority and Women-owned Business Enterprise (M/WBE) under the contract. Attach additional sheets if necessary. Making false representations or including information evidencing a lack of good faith as part of, or in conjunction with, the submission of a Utilization Plan is prohibited by law and may result in penalties including, but not limited to, termination of a contract for cause, loss of eligibility to submit future bids, and/or withholding of payments. Firms that do not perform commercially useful functions may not be counted toward M/WBE utilization.

Contractor's Name, Address and Telephone No.	Tax Identification No.	Contract Description Location (Region)		MWBE Goals In Contract
				MBE % WBE %

NYS Certified M/WBE Subcontractors/Suppliers Name, Address, Telephone No, E-mail Address	Tax ID. No.	NYS CERTIFIED		Detailed description of Work (Attach additional sheets if necessary)	Dollar Value of Subcontracts/ supplies/ services and intended performance dates of each component of the contract
		MBE	WBE		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

IF UNABLE TO FULLY MEET THE MBE AND WBE GOALS SET FORTH IN THE CONTRACT, CONTRACTOR MUST SUBMIT A REQUEST FOR WAIVER (Form BDC 333)

Submission of this form constitutes the contractor's acknowledgement and agreement to comply with the M/WBE requirements set forth under NYS Executive Law, Article 15-A and 5 NYCRR Part 142. Failure to submit complete and accurate information may result in a finding of noncompliance or rejection of the bid/proposal and/or suspension or termination of the contract.

Prepared By (Signature)	Email Address
Name and Title of Preparer (Print or Type)	Telephone No. Date

FOR M/WBE USE ONLY

Reviewed By	Date			
Utilization Plan Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			
Contract No.	Project No. (If applicable)	Contract Award Date	Estimated Completion Date	Contract Amount Obligated
Notice of Deficiency Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date	Comments:		
Notice of Acceptance Issued <input type="checkbox"/> Yes <input type="checkbox"/> No	Date			

CONTRACTOR'S QUARTERLY PAYMENT REPORT
 DUE ON THE 10TH DAY OF THE MONTH FOLLOWING THE END OF A CALENDAR QUARTER

HHC Contract No.: _____

Contractor/Vendor Name, Address and Phone No.:	Contractor/Vendor Tax ID No.:	MWBE Goals		Reporting Period	
		MBE%	WBE%	Quarter	Year
Description of Project:					
Firm Name, Address and Phone Number (List All Firms)	Description of Work or Supplies Provided	Designation		Payment This Quarter	Contract Amount
Tax ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Quarter	
Tax ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Quarter	
Tax ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Quarter	
Tax ID No.:		<input type="checkbox"/> MBE <input type="checkbox"/> Sub <input type="checkbox"/> Broker <input type="checkbox"/> Joint Venture <input type="checkbox"/> Written Contract	<input type="checkbox"/> WBE <input type="checkbox"/> Supplier <input type="checkbox"/> Team <input type="checkbox"/> Other <input type="checkbox"/> No Written Contract	<input type="checkbox"/> No Payment This Quarter	
_____		_____		_____	
Signature		Print Name and Title		Date	
Submission of this form constitutes the contractor's acknowledgement as to the accuracy of the information contained herein. Failure to submit complete and accurate information may result in a finding of noncompliance, non-responsibility, suspension and/or termination of the contract.				For HHC Use Only	
				Reviewed By:	Date:

Instructions for Completing the Commodity and Service Contracts Quarterly Payment Report (Form MWBE102)

The Contractor's Quarterly Payment Report (Form MWBE 102) is to be completed by the Contractor/Vendor, and submitted by the 10th day of each month following the end of a calendar quarter for the duration of the contract. This form should include **all** (e.g. MBE, WBE and non M/WBE) Subcontractors and/or Suppliers assigned by the Contractor/Vendor to perform work during the contract. This reporting should also include payments made by your Subcontractors and/or Suppliers to M/WBE firms.

Complete the form as specified below.

Contract No.	Indicate the HHC Contract No.
Contractor/Vendor Name and Address	Provide your firm's name and address.
Federal ID No.	Enter your firm's Federal ID No.
Goals	Indicate MBE and WBE participation goals from your contract.
Reporting Period	Fill in the quarter and year of reporting the period. One copy must be submitted with final payment application.
Description of Project	Briefly describe the work your company is providing under the terms of this contract.
Firm Name and Address	Provide the name, address and phone number of all Subcontractors/Suppliers assigned by your company on this contract or purchase agreement(s).
Tax ID No.	Enter the Subcontractor's/Supplier's Tax ID No. If no Tax ID No. has been assigned, provide only the owner's last four (4) digits of his or her Social Security No.
Designation	Select MBE or WBE only if the Firm is NYS Certified M/WBE Lookup available here: http://bit.ly/1b7OmNk
Payment This Month	Indicate the amount paid <i>this quarter</i> to each Subcontractor/Supplier. If there was no payment activity for a Subcontractor/Supplier, please check the box indicating "No Payment This Quarter."
Contract Amount	Enter the total contract amount or purchase agreement(s) for each Subcontractor/Supplier.
Description of Work/Supplies	Briefly describe the work performed or supplies provided by each Subcontractor/Supplier.

Submit to:

New York City Health and Hospitals Corporation
Attn: M/WBE Compliance
160 Water Street, 13th Floor
New York, NY 10013

For HHC Use Only

Reviewed By:

Date:

Decision:

- Full MBE waiver granted
- Partial MBE waiver granted; revised MBE goal: _____ %
- MBE waiver denied
- Full WBE waiver granted
- Partial WBE waiver granted; revised WBE goal: _____ %
- WBE waiver denied

Approved By:

Date:

Date Notice of Determination Sent:

Comments