



New Rochelle Forward: M/WBE

CLIENT INFORMATION

TRADE / AREAS OF SPECIALTY:

COMPANY NAME:

CONTACT NAME:

First Last

ADDRESS:

Street

City State Zip

PHONE: WEBSITE:

NUMBER OF EMPLOYEES: AVERAGE CONTRACT AMOUNT (LAST 12 MONTHS):

GENERAL QUESTIONS

YES / NO

- Do you live in or close to NR? _____
- Is your company based in NR? _____
- Do you have an M/WBE Certification and if so, which one? _____
- If you don't have a certification, are you interested in acquiring one? _____

YES / NO

If so, which firm?

- Are you using a payroll processor? _____
- Do you have access to a line of credit or some form of working capital? _____
- Do you have an accountant? _____
- Do you have legal counsel? _____

CERTIFICATION

The undersigned hereby certifies that all questions have been answered fully and accurately. The undersigned further affirms that he / she is duly authorized by the company identified herein to provide this information, and to execute and submit this application on that company's behalf. The undersigned and your company acknowledge that NRY and MWCDA will be relying upon this information in determining whether to invite your company to join New Rochelle Forward: M/WBE program and the appropriate membership classification.

DATE:

SUBMITTED BY:

CONTACT E-MAIL:

SIGNATURE:

TITLE/POSITION: (must be an officer of the Company)



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DEPARTMENT OF
DEVELOPMENT