



**ONONDAGA COUNTY  
SERVICE-DISABLED VETERAN-OWNED BUSINESS  
APPLICATION**

Please send completed applications to the address below:

**Office of Diversity and Inclusion  
11<sup>th</sup> FLOOR  
John H. Mulroy Civic Center  
421 Montgomery Street  
Syracuse, New York 13202**

If you have any questions, contact Dennis Coleman at 315-435-3565 or email  
[Denniscoleman@onondaga.gov](mailto:Denniscoleman@onondaga.gov)

**STOP!**

**Prior to filling out the application, please ensure that you carefully review the eligibility criteria.**

## **SDVOB Certification Eligibility Requirements**

- The business must be independently owned and operated and have a significant business presence in Onondaga County.
- One or more service-disabled veterans, with a service-connected disability rating of 10% or more from the U.S. Department of Veterans Affairs (or from the New York State Division of Veterans Affairs for National Guard veterans), must own at least 51% of the business.
- Service-disabled veteran ownership must be real, substantial, and continuing.
- The eligible service-disabled veteran owner(s) must have (and exercised) authority to independently control the day-to-day business decisions.
- The business must qualify as a small business\* under the Onondaga program.
- The business must be located in Onondaga County or have a significant business presence in Onondaga County.

**\*\*SDVOB Certification is limited to those entities headquartered in Onondaga County and/or entities primarily and significantly conducting business within Onondaga County\*\***

### **\*What qualifies as a small business in Onondaga County?\***

- The business is independently owned and operated
- The Business has no more than 300 employees and has a significant business presence in the county, but is not dominant in the field.

**If you satisfy all eligibility criteria, you may proceed to complete the application.**

## Applicant Business Information - TYPE or PRINT clearly in ink

LEGAL BUSINESS NAME

FEDERAL EMPLOYER ID. NO.

DOING BUSINESS AS NAME (IF APPLICABLE)

APPLICANT'S MAILING ADDRESS

CITY, STATE, ZIP CODE

APPLICANT'S PHYSICAL ADDRESS/PRINCIPAL PLACE OF BUSINESS

CITY, STATE, ZIP COD

PHONE NUMBER

EMAIL ADDRESS

BUSINESS INTERNET HOMEPAGE ADDRESS

NUMBER OF EMPLOYEES (AVERAGE LAST 4 QUARTERS)

### OWNERSHIP TYPE

- Sole Proprietorship    Partnership  
 Corporation    Limited Liability  
Company  
 Joint Venture    Limited Liability  
Partnership

### BUSINESS TYPE

- Construction    Service  
 Manufacturer (transforms materials into new  
products)  
 Non-manufacturer (reseller, wholesaler, distributor,  
or retailer of goods)

Is business currently certified as a Minority Owned Business (MBE)?

YES

No

Is business currently certified as a Women Owned  
Business (WBE)? If "yes" to either MBE or WBE, list  
certifying entities:

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Has business been previously certified as a service-disabled veteran owned business (SDVOB)?

Yes  No

If "yes," list all other SDVOB certifying entities:

## Applicant's Ownership

**INSTRUCTIONS:** Enter the names and complete home addresses of all owners, partners, LLC members, LLC managers, shareholders, and/or officers of the applicant business. When another business is an owner, enter the complete principal office address of the parent company in the home address box. If you are a corporation and do not have a vice-president, enter "no VP" in the title column. If an individual holds multiple titles, list all titles held.

**SDVOB APPLICANTS:** Check the disabled veteran box to identify each qualifying disabled veteran.

**NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer**      **TITLE**

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**OWNER'S PRIMARY FUNCTION IN THE BUSINESS**

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**PERCENTAGE OF OWNERSHIP**  **SERVICE-DISABLED**  Yes  No      **PERCENTAGE OF SERVICE DISABILITY**

**HOME ADDRESS (do not enter P.O. Box and do not leave blank)**      **CITY, STATE, ZIP CODE**

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**MAILING ADDRESS (if different)**      **CITY, STATE, ZIP CODE**

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**PERSONAL PHONE NUMBER**

**PERSONAL EMAIL**

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**NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer**      **TITLE**

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**OWNER'S PRIMARY FUNCTION IN THE BUSINESS**

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**PERCENTAGE OF OWNERSHIP**  **SERVICE-DISABLED**  Yes  No      **PERCENTAGE OF SERVICE DISABILITY**

**HOME ADDRESS (do not enter P.O. Box and do not leave blank)**      **CITY, STATE, ZIP CODE**

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**MAILING ADDRESS (if different)**

**CITY, STATE, ZIP CODE**

**PERSONAL PHONE NUMBER**

**PERSONAL EMAIL**

**NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer**

**TITLE**

**OWNER'S PRIMARY FUNCTION IN THE BUSINESS**

**PERCENTAGE OF OWNERSHIP**

**SERVICE-DISABLED**  Yes  No

**PERCENTAGE OF SERVICE DISABILITY**

**HOME ADDRESS (do not enter P.O. Box and do not leave blank)**

**CITY, STATE, ZIP CODE**

**MAILING ADDRESS (if different)**

**CITY, STATE, ZIP CODE**

**PERSONAL PHONE NUMBER**

**PERSONAL EMAIL**

**NAME of individual owner, partner, LLC member, LLC manager, shareholder, or officer**

**TITLE**

**OWNER'S PRIMARY FUNCTION IN THE BUSINESS**

**PERCENTAGE OF OWNERSHIP**

**SERVICE-DISABLED**  Yes  No

**PERCENTAGE OF SERVICE DISABILITY**

**HOME ADDRESS (do not enter P.O. Box and do not leave blank)**

**CITY, STATE, ZIP CODE**

**MAILING ADDRESS (if different)**

**CITY, STATE, ZIP CODE**

**PERSONAL PHONE NUMBER**

**PERSONAL EMAI**

## Gross Annual Receipts (from Federal Income Tax Return)

**INSTRUCTIONS:** Use the table below to locate the **GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES** on your federal income tax return and enter the figures for **THE THREE MOST RECENTLY COMPLETED TAX** years or for the total years in business (most current year first).

**TABLE: Gross Annual Receipts Table (from Federal Income Tax Return)**

SOLE PROPRIETORSHIP	SCHEDULE C (FORM 1040), SECTION A, LINE 3
PARTNERSHIP OR S-CORPORATION (rental or leasing business)	FORM 8825, LINE 18A
PARTNERSHIP (all other business types)	FORM 1065, LINE 1C
S-CORPORATION	FORM 1120S, LINE 1C
C-CORPORATION	FORM 1120 or 1120A, LINE 1C
SINGLE MEMBER/MANAGER	FORM 1040, SCHEDULE C, LINE 3 or FORM 1120 or 1120A, LINE 1C
LIMITED LIABILITY COMPANY - multiple members/managers with partnership tax structure	FORM 1065, LINE 1C
LIMITED LIABILITY COMPANY - multiple members/managers with s-corp tax structure	FORM 1120S, LINE 1C
LIMITED LIABILITY COMPANY - multiple members/managers with C-corp tax structure	FORM 1120 OR 1120A, LINE 1C
LIMITED LIABILITY PARTNERSHIP	FORM 1065, LINE 1C

**Enter the figures for the three most recently completed tax years or for the total years in business (most current year first).**

TAX YEAR	YEAR BEGINNING	YEAR ENDING	GROSS ANNUAL RECEIPTS LESS RETURNS AND ALLOWANCES (see gross annual receipts table above)
1.			\$
2.			\$
3.			\$

## Business Classification Codes and Keywords

**INSTRUCTIONS:** Enter the NAICS code(s) that best describes your products and/or services using the NAICS codes found at: <http://www.naics.com/search>.

Enter keywords that best describe your business, and write a description of what your business does.

**ENTER UP TO SIX CODES**


**ENTER KEYWORDS**

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**DESCRIBE WHAT YOUR BUSINESS DOES**

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## SDVOB Management and Control

**INSTRUCTIONS: Answer the following questions as they apply to managerial control.**

1. Are the disabled veteran owners or managers responsible for the negotiation, execution and signature of contracts?  Yes  No
2. Are the disabled veteran owners or managers responsible for the execution of financial transactions and agreements (credit, banking and bonding) operations?  Yes  No
3. Are there any formal or informal restrictions limiting the voting power or control of the disabled veteran owners and/or disabled veteran managers?  Yes  No
4. Are there any third party agreements restricting the control of the disabled veteran owners and/or disabled veteran managers?  Yes  No
5. Do the disabled veteran owners or disabled veteran managers possess the requisite experience, education, knowledge and qualifications in the applicant firm's field of operations?  Yes  No
6. Are the salary/profits of the disabled veteran owners and disabled veteran managers commensurate (proportionate) with their ownership interest?  Yes  No
7. Do the disabled veteran owners or disabled veteran managers have direct responsibility for subcontractors, if any?  Yes  No

## Service-Disabled Veteran(s) Attestation

**INSTRUCTIONS:** Each service-disabled veteran applicant must attest to the following with their signature.

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

**PRINT NAME**

**DATE**

\_\_\_\_\_  
**SIGNATURE**

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As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

**PRINT NAME**

**DATE**

\_\_\_\_\_  
**SIGNATURE**

---

As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

**PRINT NAME**

**DATE**

\_\_\_\_\_  
**SIGNATURE**

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As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

**PRINT NAME**

**DATE**

\_\_\_\_\_  
**SIGNATURE**

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As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

**PRINT NAME**

**DATE**

\_\_\_\_\_  
**SIGNATURE**

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As a qualifying service-disabled veteran, I attest to my disability rating and to my level of management and control as stated in this application.

**PRINT NAME**

**DATE**

\_\_\_\_\_  
**SIGNATURE**

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**ATTACH ADDITIONAL PAGE(S) FOR ANY ADDITIONAL SERVICE-DISABLED VETERANS RELATED TO THIS APPLICATION.**

# Certification/Declaration

## CERTIFICATION / DECLARATION A: Penalty of perjury declaration

The undersigned states:

I certify (or declare) under penalty of perjury under the laws of the State of New York that all information submitted to the Onondaga County Office of Diversity and Inclusion (OCODI) submitted in the SDVOB Application, and any additional information to determine eligibility, is true and correct.

## CERTIFICATION / DECLARATION B: Federal tax return transcript acknowledgment

The undersigned acknowledges that upon request by the OCODI that the SDVOB applicant(s) must submit a specified federal tax form to release transcripts of tax returns.

## CERTIFICATION / DECLARATION C: Commercially Useful Function

The undersigned certifies (or declare(s)) that a "Commercially Useful Function will be performed on each state contract.

Commercially useful function: A SDVOB performs a commercially useful function when it is responsible for execution of the work of the contract and is carrying out its responsibilities by actually performing, managing, and supervising the work involved. To perform a commercially useful function, a SDVOB must, where applicable and in accordance with any State agency specifications, also be responsible, with respect to materials and supplies used on the contract, for ordering and negotiating price, determining quality and quantity and installing. A SDVOB does not perform a commercially useful function if its role adds no substantive value and is limited to that of an extra participant in a transaction, contract, or project through which funds are passed in order to obtain the appearance of participation. Factors to be used in assessing whether a SDVOB is performing a commercially useful function include:

1. the amount of work subcontracted;
2. industry practices;
3. whether the amount the SDVOB is to be paid under the contract is commensurate with the work it is to perform;
4. the credit claimed towards SDVOB utilization goals for the performance of the work by the SDVOB; and
5. any other relevant factors.

## CERTIFICATION / DECLARATION D: SDVOB 51% unconditional ownership acknowledgment

The undersigned acknowledges that applicant(s) must submit documents requested by the OCODI, that establish at least 51% of the stock, voting stock, partnership, ownership or membership interest is unconditionally owned by one or more disabled veterans.

### Authorized signature from each owner, corporate officer, partner or member/manager:

Print Name

Date

\_\_\_\_\_  
Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

Print Name

Date

\_\_\_\_\_  
Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

Print Name

Date

\_\_\_\_\_  
Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

Print Name

Date

\_\_\_\_\_  
Owner's, Corporate Officer's, Partner's or Member's/Manager's Signature

**ATTACH ADDITIONAL PAGE(S) FOR ANY ADDITIONAL OWNERS, CORPORATE OFFICERS, PARTNERS OR MEMBERS/ MANAGERS.**

**NOTE: All applications are subject to verification of status at anytime. Failure by a business to provide requested information that supports its eligibility by the date and time specified may be grounds for denial or declaration.**

# Required Supporting Documentation

## INSTRUCTIONS:

Using the documentation list below, determine the supporting documents that are required with your certification application:

- All applicants must submit all documents in this part.
- All applicant must submit documents as specified by the applicant business type.
- Vets First applicants only - If the applicant business is certified by the U.S. Department of Veterans Affairs Vets First program, only documents are required.
- List of additional requirements and/or documents that may be requested by OCODI (not required to be attached with the initial application).

### A. All applicants must submit a copy of:

- A1.** DD214(s) and/or NGB22(s) with Line of Duty Report
- A2.** U.S. Veterans Administration documentation of service-connected disability rating which must be dated within one year of the date DSDVBD receives your SDVOB Certification Application and must demonstrate a service-connected disability rating of at least 10%.
- A3.** Official Internal Revenue Service (IRS) documentation verifying the firm's Federal Employer Identification Number (FEIN) or Social Security Number (SSN) listed on the application.

### B. Submit additional documentation according to the type of business seeking SDVOB certification:

#### B1. Sole Proprietorship

- B1(a).** The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years
- B1(b).** Business License, if applicable
- B1(c).** Resume which communicates the Disabled Veteran's experience, education, knowledge, and qualifications.
- B1(d).** Franchise, Trust Agreement and Amendments, as applicable

#### B2. Limited Liability Company (LLC)

- B2(a).** The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years
- B2(b).** Business License, if applicable
- B2(c).** Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications.
- B2(d).** Franchise, Trust Agreement and Amendments, as applicable
- B2(e).** Articles of Organization
- B2(f).** Operating Agreement and amendments

#### B3. Corporations

- B3(a).** The entire Federal Income Tax Returns for the applicant business for the three most recently completed tax years
- B3(b).** Business License, if applicable
- B3(c).** Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications
- B3(d).** Franchise, Trust Agreement and Amendments, as applicable
- B3(e).** Articles of Incorporation
- B3(f).** Corporate meeting minutes listing current elected corporate officers and directors, or the most recent Statement of Information

- B3(g).** Corporate bylaws and amendments
- B3(h).** Stock Transfer Ledger and Stock Certificates for original applicants or changes in business structure

#### B4. Partnerships

- B4(a).** The entire Federal Income Tax Returns for **each partner** for the three most recently completed tax years
- B4(b).** Business License, if applicable
- B4(c).** Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications.
- B4(d).** Franchise, Trust Agreement and Amendments, as applicable
- B4(e).** Partnership agreement and amendments

#### B5. Limited Liability Partnerships

- B5(a).** The entire Federal Income Tax Returns for **each limited liability partner** for the three most recently completed tax years
- B5(b).** Business License, if applicable
- B5(c).** Resumes which communicate the Disabled Veterans' experience, education, knowledge, and qualifications.
- B5(d).** Franchise, Trust Agreement and Amendments, as applicable
- B5(e).** Partnership agreement and amendments
- B5(f).** Limited Liability Partnership Registration

**C. ALL SDVOB APPLICANTS - Additional requirements and/or documents that may be required include, but are not limited to, the following. Refusal to provide or permit any of the following may be grounds for rejection of this application:**

**D1. Domicile**

**D1(a).** Voter registration record issued by the County Registrar's Office, or DMV driver record H6 printout

**D1(b).** Residential lease agreement and cancelled checks - last three months

**D1(c).** Residential utility bill (e.g., Utility, Water, or Garbage Services) - last three months

**D1(d).** New York franchise income tax returns

**D1(e).** Federal Form 4506-T requesting a transcript of a tax return as required by Government Code § 14840(b)

**D2. Business Ownership**

**D2(a).** All office space utility bills

**D2(b).** Audited or unaudited business income statement

**D2(c).** Business and/or personal bank signature cards

**D2(d).** Business and/or personal bank statements - last three months

**D2(e).** Business purchase agreement

**D2(f).** New York county-issued fictitious business name statement

**D2(g).** Cancelled checks for stock certificates issued to all major stockholders

**D2(h).** Capital contributions

**D2(i).** Declaration of business assets (movable or immovable)

**D2(j).** Dissolution of corporation

**D2(k).** Individual Federal Income Tax Returns

**D2(l).** Corporate organization meeting minutes

**D2(m).** Office space lease agreement and cancelled checks - last 3 months

**D2(n).** Stock purchase agreement

**D2(o).** Stock transfer ledger and stock certificates

**D2(p).** Webpage records and revisions

**D3. Employee Count:**

**D3(a).** Professional employer organization employee records

**D4. Established**

**Business: D4(a).**

Business plan

**D4(b).** List of suppliers and manufacturers

**D4(c).** Agreements: manufacturer, lines of credit, stock purchase, sales representative, distributor

**D5. Licenses:**

**D5(a).** New York State issued professional licenses or certificates

**D6. Inspection of Place of Business:**

**D5(a).** OCODI may require an inspection of the applicant's place of business

## Submission Instructions

Before you mail your application, please review to ensure:

- All fields in this application are complete and accurate.
- The application is signed and dated by all business owners. Attach additional sheets if necessary.
- All supporting document is attached.

Applications must be submitted by mail to the address shown below:

**Office of Diversity and Inclusion  
421 Montgomery Street 11<sup>th</sup> Floor  
Syracuse, New York 13202**

If you need assistance with this application, or have any additional questions, contact Dennis Coleman at 315-435-3565 or email at [Denniscoleman@onondaga.gov](mailto:Denniscoleman@onondaga.gov)

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