



# **NYS MWBE Business Growth Accelerator Program Application**

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

**Empire State Development**  
Howard A. Zemsky, President & CEO





## **WELCOME**

### **NYS MWBE Business Growth Accelerator (BGA) Program 2017 Program Application**

Thank you for applying to the **NYS MWBE Business Growth Accelerator (BGA) Program**.

Governor Andrew M. Cuomo has made it a priority to promote equality of economic opportunities for MWBEs, eliminate barriers to their participation and create resources that increase access to information and opportunities for New York State certified Minority and Women-owned businesses. The Governor's vision sits within the framework of this fundamental point: the success of New York's MWBEs plays a key role in our State's economic growth and stability.

Under Governor Cuomo's leadership, the State has made great strides in providing and securing contracting opportunities for Minority and Women-Owned Business Enterprises (MWBEs). The State has met or exceeded the Governor's 20 percent goal every year since 2012 and with the Governor's directive to increase the State's MWBE utilization goal to 30 percent - the highest of any State - the MWBE community has unprecedented opportunities for success and advancement in New York.

The *Business Growth Accelerator* is a cohort program providing actionable technical assistance and targeted business development training to NYS certified MWBE businesses who are committed to participating over a two-year (18 month curriculum, 2 year reporting) program cycle.

Through this program, each participating MWBE will develop business and problem-solving competencies that will translate into sustainable business growth. They will also identify best practices within their industry and identify opportunities for collaboration with prime vendors and/or joint ventures; and secure and expand their capital access to position MWBEs to handle increased contract volume and new opportunities.

The State of New York has established three BGA Regional Centers located in Central New York, the Mid-Hudson and New York City regions; please contact the regional center in your area. It is required that selected businesses will participate in the entirety of the program.

Please note that submission of this application does not confirm your participation. Upon receipt of your application, you will be contacted by the BGA program provider to confirm receipt. You will be notified within 30-40 days as to whether you have been accepted into the BGA Program.

**Applications will be accepted until Friday, December 1, 2017.**

We look forward to supporting your success and thank you for your participation to the NYS MWBE Business Growth Accelerator (BGA) Program.

Sincerely,

A handwritten signature in blue ink, appearing to read "Lourdes Zapata".

Lourdes Zapata

**Executive Vice President & Executive Director  
Division of Minority and Women's Business Development**

# GENERAL INFORMATION

## BGA Program Information

**Instructions:** Please check **ONLY ONE** program location to which you are applying, below.  
After completing the entire application, please send via email to the corresponding contact person.

<input type="checkbox"/> <b>Central New York Program</b>	<input type="checkbox"/> <b>Mid-Hudson County Program</b>	<input type="checkbox"/> <b>New York City Program</b>
South Side Innovation Center	Women's Enterprise Development Center	Business Outreach Center Network
Program Location: 2610 South Salina Street Syracuse, NY 13205	Program Location: 901 N. Broadway, Suite 23 White Plains, NY 10603	Program Location: 48 Wall Street, 5 <sup>th</sup> Floor #10 New York, NY 10005
Area(s) of Service: Central New York	Area(s) of Service: Dutchess, Orange, Putnam, Rockland, Sullivan, Ulster and Westchester	Area(s) of Service: New York City
If applying to the <b>Central NY</b> Program, please submit this application to El-Java Abdul-Qadir, Program Manager <b>Email: <i>eawillia@syr.edu</i></b>	If applying to the <b>Mid-Hudson</b> Program, please submit this application to Sylvia Herzog, Program Manager <b>Email: <i>sherzog@wedcbiz.org</i></b>	If applying to the <b>NYC</b> Program, please submit this application to Spencer Petterson, Program Manager <b>Email: <i>spetterson@bocnet.org</i></b>

**Application Deadline: December 1, 2017**

### A. APPLICANT BUSINESS

LEGAL NAME:	D/B/A		
STREET (NOT P.O. BOX)			
CITY:	ZIP:	COUNTY:	
PHONE:	EXT.	FAX:	e-mail:
CONTACT NAME AND TITLE:		TOTAL NUMBER OF EMPLOYEES (EXCLUDING OWNER):	

### B.

- |   |  |  |
|---|--|--|
| 1. FORM OF BUSINESS<br><input type="checkbox"/> SOLE PROPRIETORSHIP<br><input type="checkbox"/> LIMITED LIABILITY COMPANY<br><input type="checkbox"/> PARTNERSHIP | <input type="checkbox"/> BUSINESS CORPORATION<br><input type="checkbox"/> SUBCHAPTER S CORPORATION | B. IS THE COMPANY NYS MWBE:<br>MINORITY-OWNED <input type="checkbox"/> YES <input type="checkbox"/> NO<br>WOMAN-OWNED <input type="checkbox"/> YES <input type="checkbox"/> NO<br>MINORITY WOMAN BUSINESS ENTERPRISE<br><input type="checkbox"/> YES <input type="checkbox"/> NO |
|---|--|--|

### C.

2. BUSINESS INDUSTRY:
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Advertising                              | <input type="checkbox"/> Financial Services    | <input type="checkbox"/> Medical          |
| <input type="checkbox"/> Architecture, Engineering, Environmental | <input type="checkbox"/> Food & Beverages      | <input type="checkbox"/> Office Equipment |
| <input type="checkbox"/> Communications                           | <input type="checkbox"/> Laboratory            | <input type="checkbox"/> OTHER            |
| <input type="checkbox"/> Consulting                               | <input type="checkbox"/> Legal Services        |   |
| <input type="checkbox"/> Dental                                   | <input type="checkbox"/> Maintenance & Support |   |

3. IS YOUR COMPANY CURRENTLY CERTIFIED WITH NEW YORK STATE?  YES  NO

Certification Date: \_\_\_\_\_

**(This program is only available to currently certified NYS MWBE businesses. IF YOU ANSWERED "NO" TO 3a, PLEASE DO NOT COMPLETE THE REST OF THIS APPLICATION.)**

B. What codes are you certified under?

NAICS Code:

NIPG Code:

SIC Code:

Note: Find 6-digit NAICS Code

**SECTION 2:** *ADDITIONAL INFORMATION*

**Please provide specific examples of where you believe the program could be helpful to you and in which specific areas are you looking to expand.**

**Please let us know why you believe you should be selected to participate in this program and how this program will help your business expand its opportunity base in NYS contracting opportunities.**

<b>SECTION 3</b>	<b>To help us to perform a gap analysis for your firm, please provide specific examples on how you believe the training and support in the checked areas will help you accelerate your growth. (attach additional sheets if necessary)</b>
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**Please check the areas where you believe additional training would help you to accelerate your business growth. You may choose more than one area, please align these responses with the answers provided in Section 2 and 3:**

*Check:*

- Accounting (*cost accounting, management accounting, tracking and optimizing profit margin*)
- Bonding Financing (*construction bonding, lines of credit, etc.*)
- Contracting (*learning how to submit a bid, prospecting primes for subcontract work, insurance, etc.*)
- Credit Repair (*personal and business credit restoration*)
- Employment/Labor Law (*unemployment insurance, employee/employer rights and responsibilities*)
- Global Markets (*developing international markets*)
- Finance (*operational financing, project financing, etc.*)
- Financial Statement Analysis (*reading and producing financial statements for margin and growth*)
- Legal Assistance (*contract law, insurance law, unemployment law, immigration law*)
- Loan Assistance (*loan packaging, identifying appropriate credit facilities for business growth*)
- Market Research (*market analysis, customer research and analytics*)
- Marketing (*promoting and branding of your firm*)
- Managerial/Business Operations (*optimization of staff, capital and resources, market development*)
- Project Management (*project management strategies, tools and models*)
- Sales (*sales management, targets, tools and strategies to grow business*)
- Selling Techniques (*sales development strategies, creating sales platform, e-commerce, e-catalog*)
- Target Market (*market identification, delineation and selection*)
- Other (please specify) \_\_\_\_\_

<b>SECTION 4:</b>	<b><i>Affirmation of Applicant</i></b>
<p>By signing below the applicant, if selected, agrees to attend all classes, one-on-one sessions and any additional program requirements. In addition, the applicant agrees to respond to any reporting requests over the course of two (2) years from the start of the program.</p>	
<p>Applicant Signature: _____ Date: _____</p>	
<p>Print Name: _____ Title: _____</p>	