

**JFK REDEVELOPMENT  
LBE DESIGNATION REQUEST FORM**

**TABLE OF CONTENTS**

- Instructions..... Page 2
- Section 1: Basic Information..... Page 3
- Section 2: Questionnaire..... Page 4
- Section 3: Supporting Documentation..... Page 5
- Section 4: Signature and Date of Submittal..... Page 5
- Exhibit A: Local Business Enterprise (LBE) Designated Zip Codes..... Page 6

## INSTRUCTIONS

In order to be eligible for LBE participation credit, a firm must have its principal place of business located within Tier 1 Zone or Tier 2 Zone for at least one year. (See Exhibit A for definition of Tier 1 Zone and Tier 2 Zone.) **A principal place of business is the firm's main office or headquarters, where high-level officers direct, control and coordinate the firm's activities.**

Firms may also be eligible for LBE participation credit if they have a pre-existing presence and conduct significant business activities within Tier 1 Zone or Tier 2 Zone. In order to receive credit for a firm not having its principal place of business within Tier 1 Zone or Tier 2 Zone, the Lessee or Contractor must submit an LBE review request to the Port Authority Office of Diversity Equity & Inclusion and Government & Community Relations Department detailing the proposed firm's business activities both within and outside of Tier 1 Zone or Tier 2 Zone, including information on the length of time such business activities have been conducted. Additional factors that may be considered are listed below.

The determination of eligibility for LBE credit shall be at the discretion of the Port Authority, and may be based on a number of factors, including but not limited to the significance of the activities in Tier 1 Zone and Tier 2 Zone in comparison to the firm's overall activities, and the number of employees a firm has residing in Tier 1 Zone and Tier 2 Zone.

Any recent business presence established for the purpose of LBE eligibility on a Port Authority project, including but not limited to new office locations and the hiring of Tier 1 Zone and Tier 2 Zone residents as employees, shall not be considered.

## LBE DESIGNATION REQUEST FORM

### Section 1: Basic Information

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Principal Place of Business: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

*\*If applicable, please provide the address and contact information for your office located within the Local Zone(s).*

Local Office Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Certification Type: ☐ MBE ☐ WBE ☐ MWBE ☐ SDVOB ☐ ACDBE ☐ DBE ☐ Other please specify: \_\_\_\_\_

Certifying Agency:

☐ Port Authority of New York & New Jersey (PANYNJ)

☐ New York State (NYS) / Empire State Development (ESD)

☐ New York City (NYC) / Small Business Services (SBS)

☐ Other please specify: \_\_\_\_\_

☐ None

Interested in obtaining  
certification through the  
PANYNJ?

☐ Yes ☐ No

**Section 2: Questionnaire**

1. Has the firm's principal place of business been located within the Tier 1 or Tier 2 Local Zone(s) for at least one year? *If yes, please skip to Section 4.* \_\_\_\_\_
2. Does the firm have an office located within the Tier 1 or Tier 2 Local Zone(s)? \_\_\_\_\_
  - 2a. When was this office opened? \_\_\_\_\_
  - 2b. How long will this office be open? \_\_\_\_\_
3. Will the firm work on the applicable JFKR contract from its office in the Local Zone(s)? \_\_\_\_\_
  - 3a. Describe the portion of work allocated to JFKR.  
\_\_\_\_\_  
\_\_\_\_\_
  - 3b. List additional projects the firm is working on from its office in the Local Zone(s).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. What percentage of the firm's business is from its office in the Local Zone(s)? \_\_\_\_\_
5. What percentage of the firm's revenue is generated from within the Local Zone(s)? \_\_\_\_\_
6. What percentage of the firm's workforce resides within the Local Zone(s)? \_\_\_\_\_
7. Does the firm have senior leadership/high-level officers and decision-makers based in the Local Zone(s)? \_\_\_\_\_
  - 7a. List the titles and nature of work performed for employees based in the Local office.  
\_\_\_\_\_

---

---

---

**Section 3: Supporting Documentation**

Please provide supporting documentation as appropriate.

**Section 4: Signature and Date of Submittal**

---

Print Name and Title

---

Signature

---

Date

To submit this form or if you have any questions regarding this form, please contact the JFK  
Redevelopment Community Information Center at [jfkredvelopment@panynj.gov](mailto:jfkredvelopment@panynj.gov) or 718-244-3834.

.....  
**INTERNAL USE ONLY**

☐ **APPROVED**

☐ **NEEDS MORE INFORMATION**

☐ **DENIED**

**Date:** \_\_\_\_\_

**Comments:**

---

---

---

## EXHIBIT A

### LOCAL BUSINESS ENTERPRISE (LBE) DESIGNATION

A “**Local Business Enterprise**” or “**LBE**” shall mean, as a first priority, a business entity located within the following zip codes: 11405, 11411, 11412, 11413, 11414, 11416, 11417, 11418, 11419, 11420, 11421, 11422, 11423, 11428, 11429, 11430, 11432, 11433, 11434, 11435, 11436, 11451, 11691, 11692, 11693, 11694, 11695, 11697, 11559, 11598, 11096, 11516, 11557, 11003, 11580, 11581, 11582 (the “**Tier 1 Zone**”); as a second priority, a business entity located within the borough of Queens, NY (the “**Tier 2 Zone**”).

