

CITY OF DETROIT



Detroit Business Certification Program (DBCP) Application for Re-certification

as

**Detroit-Based Business
Detroit Headquartered Business
Detroit Small Business
Minority-Owned Business Enterprise Women-Owned
Business Enterprise**

**Administered by the
City of Detroit
Human Rights Department
1026 Coleman A. Young Municipal Building
Detroit, MI 48226
(313) 224-4950**

Website address: www.ci.detroit.mi.us/humanrights

Dave Bing, MAYOR



Special Notice Regarding Re-Certification Procedures

All applicants with certification(s) please answer the following questions and adhere to instructions below before proceeding with this re-certification application.

-
-
- 1. Has your certification expired?**
 - 2. Has expiration period exceeded 90 days?**
 - 3. If the answer to question two (2) is yes, STOP. You are ineligible for re-certification and must complete an initial Certification Application.**
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Detroit Business Certification Program

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INTRODUCTION

Thank you for your continued interest in being certified with the City of Detroit Human Rights Department. *All applicants are required to pay a non-refundable annual program fee to initiate the certification review process. The fee is based on size; Small or Non-Small, and is due in full at the time of application for certification, and annually thereafter. Payment of the Annual Program Fee does not guarantee certification. To receive a certificate, the applicant must meet all requirements of the program as related to the certification type be requested.*

Once you have completed this abbreviated application and submitted it along with all requested documentation the following steps will be completed by the Human Rights Department:

1. Applicant will receive a receipt for the paid Annual Program Fee.
2. The department will review the application and contact applicant with any questions.
3. A site visit will be performed by the department's Contract Compliance Officer for DBB, DHB and DSB certifications.
4. A telephone interview will be performed by a department's Contract Compliance Office for MBE and WBE certifications.
5. If applicant meets the qualifications, the appropriate certificate(s) will be issued.

Note: Although timely and accurate completion of the application, including submittal of all required documents will expedite the review process, the Human Rights Department cannot guarantee that a re-certification determination will be completed prior to applicant's expected bid submission.

INCOMPLETE APPLICATIONS MAY BE RETURNED TO APPLICANT

Your completed application and annual program fee should be delivered to the following address:

**City of Detroit
Human Rights Department
Coleman A. Young Municipal Building
2 Woodward Ave., Suite 1026
Detroit, MI 48226**

For information regarding the services of the Human Rights Department please call

(313) 224-4950 or visit our website address: www.ci.detroit.mi.us/humanrights.

Detroit Business Certification Program (DBCP)

APPLICATION FOR RE-CERTIFICATION

SECTION A

TO BE COMPLETED BY ALL APPLICANTS

A BUSINESS MUST HAVE BEEN IN OPERATION FOR AT LEAST ONE (1) YEAR
PRIOR TO THE DATE OF THIS APPLICATION

Check only the boxes for which the applicant is seeking re-certification. Any new or additional certification type(s) may require more specific information than that requested within this application.

- Detroit Based Business (DBB)
- Detroit Headquartered Business (DHB)
- Detroit Small Business (DSB)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)

Annual program fees must be paid at the time the application for re-certification is submitted

1. Name of Business _____
2. Business Street Address _____
3. City: _____ State: _____ Zip: _____
4. Mailing Address: _____
5. City: _____ State: _____ Zip: _____
6. Business Telephone: _____ Fax: _____
7. Authorized Contact Person; i.e., the representative who is authorized to discuss confidential information related to your application:
8. Name: _____ Title: _____
9. Authorized Contact Telephone: _____ Fax: _____
- 9a. Second Authorized Contact Person Name: _____
- 9b. Title: _____ Phone: _____
10. Website/Email Address: _____
11. Date Business Established: ____ / ____ / ____
12. EIN: _____ or SSN: _____

For Department Use Only

Date Received: ____ / ____ / ____

Control # _____ -

Effective: February 10, 2010

City of Detroit Business Certification Program (DBCP)

Ordinance NO. 30-09

Chapter 18

Article V

AN ORDINANCE to amend Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation*, Article V, *Purchasing and Supplies*, Division 1, *Generally*, by amending Section 18-5-1, *Definitions*, and Section 18-5-2, *Manner of purchasing*, to amend the term “Detroit-based business” to delete current criteria for determining whether a business qualifies as a Detroit-based Business and to provide mandatory requirements for a business to be deemed a Detroit-based Business; to define the terms “certification,” “certification process,” and “Detroit-headquartered Business;” to delete the definition for the term “headquarters; to clarify that an affiliate, a subsidiary, a limited-liability corporation, or other business structure is not entitled to receive the additional three percent (3%) equalization credit for a Detroit headquartered business where the Human Rights Department determines that another related office outside the City of Detroit has a larger presence than the Detroit office; and to make the terms that are contained in Section 18-5-2 of this Code commensurate with the terms as newly defined in Section 18-5-1 of this Code.

IT IS HEREBY ODAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT: **Section 1.** Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation*, Article V, *Purchasing and Supplies*, Division 1, *Generally*, be amended by amending Section 18-5-1, *Definitions*, and section 18-5-2, *Manner of purchasing*, to read as follows:

Detroit-based business (DBB) means a business which pays City Income taxes on the business’s net profits and pays City property taxes on a plant or office and equipment which are ordinarily required for the furnishing of the goods or the performance of the services required by the contract and referred to in the application for certification as a Detroit-based business, or other real or personal property in the City equivalent in value to such plant or office and equipment for not less than on (1) taxable year immediately prior to the date of the application for certification as a Detroit-based business, which shall comply with the following requirements:

- (1) Provide verification that the firm has the physical resources including, but not limited to inventory, equipment, vehicles, etc., as well as the ability to provide the services indicated in its application for certification at the City location;
- (2) Provide verification of the ability of the business to carry out the service or repair the product to be sold to the City at the City site;
- (3) Provide references, licenses, or other means of verification acceptable to the City that the services the firm offers to the City has been provided at the City site for at least one (1) year prior to the date of application; and
- (4) Provide verification that the business has or can produce an adequate number of employees based at its City site to perform services indicated in the application.

Detroit-headquartered Business (DHB) means a business which:

- (1) Has received a certification as a Detroit-based business, as defined in this section;
- (2) Has an office within the City of Detroit that serves as the administrative center where the chief executive officer and highest level management staff perform at least fifty-one percent (51%) of their management functions; and
- (3) Has received a certification as a Detroit-headquartered business.

Affidavit of Applicant

I, being a duly authorized representative of the applicant, do hereby attest that the statements, documents, and responses provided in and with this City of Detroit Re-Certification Application are true and correct to the best of my knowledge. I understand that I am making this statement subject to the penalties of perjury. I further understand that the City of Detroit reserves the right to require additional information prior to, during, and at any time after certification has been granted.

I also acknowledge that I have read Ordinance NO. 30-09, Chapter 18, Article V, dated February 10, 2010 for the Detroit-Based Business (DBB) and Detroit Head-quartered Business (DHB) and my company is in compliance with Ordinance No. 30-09.

I understand that any misrepresentations of information provided in support of this application can result in **rejection, delay in processing, and denial of the application, de-certification or revocation** of a certification, if conferred prior to discovery of the misrepresentation.

Name of applicant concern: _____

Signature of authorized representative: _____

Authorized representative's title: _____

NOTARY ACKNOWLEDGMENT

STATE OF: _____

COUNTY OF: _____

The foregoing Affidavit of Applicant was acknowledged before me this

_____ Day of _____, _____ by

PRINTED NAME & TITLE OF AUTHORIZED REPRESENTATIVE _____

NAME OF APPLICANT CONCERN _____

Signature of Notary: _____

Printed Name or Seal of Notary: _____

My Commission Expires: _____ / _____ / _____

"Name of Business Concern" is the name of the business – and must be provided in both locations on this form.

END OF SECTION A

SECTION B
DETROIT BASED BUSINESS (DBB),
DETROIT HEADQUARTERED BUSINESS (DHB), AND
DETROIT SMALL BUSINESS (DSB)

The Human Rights Department may conduct a site visit to verify the information in this application.

All Detroit-Based Businesses (DBB), Detroit Headquartered Businesses (DHB), and Detroit Small Businesses (DSB) must update information submitted in their previous application to reflect changes.

Have there been changes in the number of facilities and/or location(s) within the City of Detroit since the original application? No Yes

If yes, please submit a copy of a lease, deed, land contract or mortgage agreement for each change regarding a Headquarters anywhere and/or Detroit location managed or operated by the applicant. Highlight those changes in each location. Attach additional pages if necessary.

Business Headquarters: No Change(s) or Following Change(s) Noted

Name of person in charge of daily operations: _____.
Business street address: _____.
City: _____ State: _____ Zip: _____.
Type of operation: _____.
Total number of employees _____ Total number of Detroit residents _____.
Current lease expiration date: _____.

Detroit Location: No Change(s) or Following Change(s) Noted

Name of person in charge of daily operations: _____.
Business street address: _____.
City: _____ State: _____ Zip: _____.
Type of operation: _____.
Total number of employees _____ Total number of Detroit residents _____.
Current lease expiration date: _____.

DETROIT HEADQUARTERED BUSINESS

Re-Certification of the applicant business as a Detroit Headquartered Business requires that applicant continue to meet the requirements for certification as a Detroit Based Business while also confirming its headquarters location: Please continue:

- Complete Attachment 1, Chief Officers and Sen. Executive work location roster.
- Does applicant manage or operate one or more business facilities outside the corporate limits of the City of Detroit?
- Applicant **must** verify or update that the chief executive officer and highest-level managerial employees continue to have their offices and perform their management functions in the City by:
 - A. Completing and submitting an Individual City Income Tax Clearance Form (use Attachment 3 which is for employees not businesses) for **each** employee listed in Attachment 1. Fax, mail or leave with the City Income Tax Division room 512. After clearances have been processed, applicant will submit copies of the completed clearance form(s) to the HRD.
 - B. Making their payroll related documents (W-2 forms, earned pay disbursement records, corporate filings etc.) available for review by an HRD Contract Compliance Officer during the required site visit to further confirm that the current chief executive officer and highest-level managerial employees work from a headquartered site within the City of Detroit.
 - C. **Limited Liability Corporation (LLC)** requires separate accounting/tax working papers for Detroit location.

All businesses must submit with this application a copy of each of the following two business clearance forms showing verification or approval that the applicant business has complied with certain provisions contained within City of Detroit tax related ordinances (even if applicant does not owe taxes).

Vendor Clearance Form

Attachment 4

From: **Revenue Collections**
Coleman A. Young Municipal Center
2 Woodward Ave. Room 1012
Detroit, MI 48226
Phone: (313) 224-4087
Fax: (313) 224-4238

Income Tax Clearance Form

Attachment 5

From: **Income Tax Division**
Coleman A. Young Municipal Center
2 Woodward Ave. Room 512
Detroit, MI. 48226
Phone: (313) 224-3328 / 3329
Fax: (313) 224-4588

Individual Income Tax Clearance Form (DHB only)*.

Attachment 3

From: **Income Tax Division**
Coleman A. Young Municipal Center
2 Woodward Ave. Room 512
Detroit, MI. 48226
Phone: (313) 224-3328 / 3329
Fax: (313) 224-4588

*An **individual income tax clearance** is required for each individual listed on the Chief Officer and Senior Executive Work Location Roster (see attachment 1).

DETROIT SMALL BUSINESS

A Detroit Small Business must meet the requirements of a Detroit-Based Business in addition to the following requirements.

A Detroit Small Business must have been in existence and operating for at least one (1) year prior to the date of application. Additionally, the applicant’s average annual gross receipts must be less than the following figures in the three (3) fiscal years preceding the date of application:

- General construction business:** \$17 million
- Specialty construction business:** \$7 million
- Service business:** \$ 5 million
- Professional Service Firm** (small business): \$3 million
- Retail business** \$5 million
- Wholesale business** which has provided full-time employment to fewer than one hundred (100) persons in the three (3) fiscal years preceding the date of application
- Manufacturing business** which has provided full-time employment to fewer than five hundred (500) persons in the three (3) fiscal years preceding the date of application;

Month	Day	Year	Number Of Employees

Attach copies of the year-end payroll reports for the corresponding fiscal years, quarterly MESC reports, and other official documents to support your year-end number of employees.

***Note:** Small Business determinations and Annual Program Fees are based on gross revenues and/or total number of employees for the applicant organization **and** its affiliates/subsidiaries, inclusive, averaged over the applicant’s 3-year fiscal period.

END OF SECTION B

SECTION C
MINORITY-OWNED/WOMAN-OWNED
BUSINESS ENTERPRISE (MBE / WBE)

1. Ownership or Control Changes? No Yes

If your answer is yes or this is new, please complete the items listed below for all proprietors, partners, stockholders and any other persons or entities having an ownership interest in the applicant business. Provide documentation to support the changes and provide detailed written explanation of the changes.

Name/Title	*Race	Gender	Ownership Percentage %	Annual Salary	Voting Percentage %	Hours Worked/Week

If necessary, use a separate attachment to complete this item.

2. Management Changes? No Yes If yes or this is new, please list the changes for all managers with no ownership interest in the applicant business. Provide documentation to support the changes and a detailed explanation of the changes.

Name/Title	*Race	Gender	How Long Has Manager Been in Current Position?	Annual Salary	Hours Worked/Week

If necessary, use a separate attachment to complete this item.

*Refer Page for minority definitions.

Attachment 1

APPLICANT CHIEF OFFICER & SENIOR EXECUTIVE WORK LOCATION ROSTER

Business Name: _____

EMPLOYEE NAME	TITLE OF EMPLOYEE**	FUNCTIONAL RESPONSIBILITIES	DATE OF APPOINTED TO POSITION/DATE HIRED***	WORK LOCATION ADDRESS (Street & Zip Code)	DETROIT INCOME % *****
		Chief Executive Officer*			
		Chief Operations Officer			
		Chief Financial Officer			
		Senior Sales Executive			
		Senior Purchasing/ Procurement Officer			
		Senior Human Resources Executive			
		Other			

*Chief Officer must work at the Detroit Headquarters
 **Identify outsourced functions
 *** If incumbent has been in assignment for less than 1 year, then also provide information for predecessor.
 ***** Formula: Local Wages/State Wages

Attachment 2

APPLICANT EMPLOYEE RESIDENCY ROSTER

Business Name:		Corporate Official Name:					
DETROIT RESIDENT EMPLOYEE'S NAME	TITLE OF EMPLOYEE	DETROIT RESIDENT EMPLOYEE'S HOME ADDRESS (Street & Zip Code)	APPLICANT'S FACILITY AT WHICH EMPLOYEE WORKS	PROOFS VERIFIED			
				DL	MID	VR	UT

Detroit residents **must** show one (1) proof of residency from Group A and one (1) proof of residency from Group B. Identify all of applicant's employees who reside in the City of Detroit.

Group A

- DL – Valid Michigan Driver's License
- MID – Valid Michigan Identification Card

Group B

- VR – Voter's Registration Card
- UT – Current Utility Bill(s)

**HUMAN RIGHTS (HEADQUARTERED BUSINESS) - INCOME TAX CLEARANCE FORM
(INDIVIDUAL)**

REQUESTING: Certification Eligibility HRD CONTACT: _____ PHONE: _____

Type of Clearance: New (Employee request 30 days prior to submitting certification application or expiration date)
 Renewal Other

A.
To: City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
Detroit, MI 48226

For Employee:
of Company Name
& Address

Phone: (313) 224-3328 or 224-3329
 Fax: (313) 224-4588

City _____
 State _____ Zip Code _____
 Telephone _____ Fax # _____

B. Name of Chief Financial Officer/Authorized Contact Person & EIN Number (include address if different from above)	Telephone # _____ Fax # _____
Employee Social Security Number	Spouse Social Security Number

Nature of Request: Verifying employer/employee is in compliance with provisions of the City Income Tax

C ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE**EMPLOYEE ANSWER QUESTIONS 1,2,3,4.**

3. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) Yes No
2. Has applicant filed City of Detroit Income Tax Returns during the most recent tax years? Yes No
3. Were you employed during the last seven (7) years? Yes No
- Were you a resident of Detroit during the last seven (7) years? Yes No

EMPLOYER ANSWER QUESTIONS 5,6,7.

1. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4)? Yes No
6. Does the company have employees working in Detroit? Yes No
7. Does the employee named above have their office and perform duties as a site within the City of Detroit? Yes No

D. FOR INCOME TAX USE ONLY

Has the employer/employee complied with the provisions of the City Income Tax Ordinance?

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.ci.detroit.mi.us

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION CONTACT: _____ PHONE: _____

Type of Clearance: New Renewal (please submit 30 days prior to submitting bid or expiration date) Other

A.

To: City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
• Detroit, MI 48226For: Individual
or Company Name _____

& Address _____

Phone: (313) 224-3328 or 224-3329

Fax: (313) 224-4588

City _____

State _____ Zip Code _____

Telephone _____ Fax # _____

B. Name of Chief Financial Officer/Authorized Contact Person & EIN Number (include address if different from above)	Telephone # Fax #
Employer Identification or Social Security Number	Spouse Social Security Number
Nature of Contract: _____	BID/CONTRACT AMOUNT (if known) Labor: \$ Material: \$ Contract # (if known)

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCECheck One: Individual Corporation Partnership**EMPLOYEE ANSWER QUESTIONS 1,2,3,4.**

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) Yes No
2. Are you a student and/or claimed as a dependent on someone else's tax return? Yes No
3. Were you employed during the last seven (7) years? Yes No
4. Were you a resident of Detroit during the last seven (7) years? Yes No

EMPLOYER ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4)? Yes No
6. Will the company have employees working in Detroit? Yes No
7. Will the company use sub-contractors or independent contractors in Detroit? Yes No

D. **FOR INCOME TAX USE ONLY**

Has the employer/employee complied with the provisions of the City Income Tax Ordinance?

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

Definition of Terms

- 1. DBB:** *Detroit-based Business* mean:
See Ordinance on page.
- 2. DHB:** *Detroit-headquartered Business* to mean:
See Ordinance on page
- 3. MBE -** The definition of a minority-owned business enterprise means there is bona fide 51% ownership by minorities, and other indicia of MBE status, such as whether minorities control the business policy and business operations, and have been in business at least one (1) year.
- 4. WBE -** The definition of women-owned business enterprise means there is bona fide 51% ownership by a woman/women, and other indicia of WBE status, such as whether a woman/women control the business policy and business operations, and have been in business at least one (1) year.
- 5. DSB -** The definition of a Detroit small business means a business that has been in business at least one (1) year, that is independently owned and operated, and is not one of the recognized leaders or dominant firms in its field of operation. A business is not a “dominant firm in its field of operation” when it does not exercise a controlling or major influence in a kind of commercial activity in which a number of businesses are primarily engaged.
- 6. Ownership –** For a sole proprietorship or partnership, at least 51% of the company’s assets or interests must be owned by a woman/women minority person(s). For a corporation, at least 51% of all classes of stocks or stock options issued by the corporation must be owned by a minority person(s) or woman/women.
- 7. Control –** This term requires that the primary power, direct or indirect, to determine or influence the direction, policies, practices and day-to-day operations of a business enterprise shall rest with a minority person(s) or woman/women.

MINORITY DEFINITIONS

For purposes of this program, a person must be a member of one of the following race/ethnicity groups to be classified as a minority, as generally defined by the SBA

- | | |
|--------------------------------|---|
| African Americans | Persons having origins in any of the black racial groups in Africa |
| Hispanic Americans | Persons of Spanish or Portuguese culture with origins in Mexico, South of Central America, Cuba Puerto Rico, or the Caribbean Islands. |
| Asian Pacific Americans | Persons having origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Hong Kong, Laos, Cambodia and Vietnam, Indian Subcontinent or the Pacific Islands. |
| Native Americans | American Indians, Eskimos, Aleuts, or Native Hawaiians |

Appeal Process

**Detroit Business Certification Program (DBCP)
Detroit-Based Business (DBB),
Detroit Headquartered Business (DHB), Detroit Small Business (DSB),
Minority-Owned Business Enterprise (MBE) and/or Woman-Owned Business Enterprise (WBE)**

Within fourteen (14) calendar days of the date of the applicant's receipt of a "Denial of DBB, DHB, DSB, MBE and/or WBE Re-Certification or new Certification". The applicant may file with the HRD a written request for an informal discussion, the purpose of which is to permit the business to discuss its concerns about the denial.

After the informal discussion, the HRD shall issue a "Confirmation Notice" that outlines these subject matters:

- i. The issues discussed at and the outcome of the informal discussion and
- ii. The applicant business' appellate rights.
- iii. The HRD shall mail to the applicant business a copy of the "Confirmation Notice" by Certified Mail, Return Receipt Requested.

Only after it has exhausted the procedures set forth above, may an applicant business appeal from a "Denial of DBCP Certification." A typewritten or printed "Claim of Appeal" shall be filed with the Human Rights Director within fourteen (14) calendar days of the date of receipt of a "Confirmation Notice." A "Claim of Appeal" shall satisfy all of the following requirements:

- i. Include a detailed narrative of all of the bases for reversal of the HRD's decision to deny DBCP certification. Any basis omitted from the "Claim of Appeal" is waived;
- ii. Include documentation supporting the applicant business' claim that it satisfies the requirements for DBCP certification;
- iii. Include a copy of the "Confirmation Notice" as described
- iv. Include a statement from the applicant business as to whether it desires an opportunity to discuss its appeal with the Human Rights Director; and
- v. Exclude any reliance on or reference to changes in the applicant business' ownership, operation and/or management occurring after the date of the "Denial of DBCP Certification."

A "Claim of Appeal" that does not substantially conform to the requirements of this process as outlined may be dismissed by the Human Rights Director without a decision on the merits of the appeal.