

# CITY OF DETROIT

# Detroit Business Certification Program Application for Re-Certification as

Detroit Start-Up
Detroit Based Business or Detroit Headquartered Business
Detroit Small Business
Joint Venture Business
Minority-Owned Business Enterprise
Woman-Owned Business Enterprise
Lesbian Gay Bisexual Transgender Business Enterprise

Department of Civil Rights, Inclusion & Opportunity Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 1240 Detroit, MI 48226 (313) 224-4950

Website address:

http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity

Michael E. Duggan, Mayor

Updated: 07/13/2017 Re-Cert Application

# **Table of Contents**

| Information for Re-Certification                             | 2  |
|--|----|
| Commonly Asked Questions                                     | 3  |
| Re-Certification Checklist                                   | 5  |
| Application for Re-Certification                             | 6  |
| Business Roster – Owners and Executives / Upper Management   | 10 |
| MBE / WBE / LGBTBE Declaration                               | 11 |
| Affidavit of Applicant.                                      | 12 |
| Appeal Process   | 13 |
| Request For Income Tax Clearance (Attachment 1)              | 14 |
| Requirements For Income Tax Clearance (Attachment 1)         | 15 |
| Accounts Receivable Clearance Application (Attachment 2)     | 16 |
| Information For Accounts Receivable Clearance (Attachment 2) | 17 |

## **Information for Re-Certification**

Thank you for your continued interest in the Detroit Business Certification Program with the Department of Civil Rights, Inclusion & Opportunity. All applicants are required to pay an annual, non-refundable program fee to initiate the re-certification review process. The fee is based on size; Small or Non-Small, and is due in-full when submitting the application for certification, and annually thereafter.

In order to submit for Re-Certification, your application MUST be submitted either prior, no more than 60 days, to your current expiration date or no more than 60 days after expiration date.

Payment of the Annual Program Fee does not guarantee re-certification. To receive a certificate, the applicant must meet all requirements of the program as related to the re-certification category being sought.

Please review and answer ALL required questions. Please use the enclosed checklist to ensure you have submitted all required documentation. Commonly Asked Questions have been provided to answer your questions. Once you have completed the application - submit with (1) annual program fee, (2) ALL approved clearances, and (3) all other requested documentation, the following steps will be completed by the Department of Civil Rights, Inclusion & Opportunity:

- 1. Civil Rights, Inclusion & Opportunity Personnel will give the applicant (if hand delivered) a receipt acknowledging payment of the Annual Program Fee.
- 2. Business Certification Specialist will review the file and contact the applicant with any questions.
- **3.** Business Certification Specialist may perform a site-visit for any of the certifications as deemed necessary.
- **4.** If the applicant meets the qualifications, the appropriate certificate will be issued for a period of one year.

**Note:** To ensure timely processing of your application, please answer all questions in the application with all required documentation, including APPROVED income tax clearance(s), APPROVED accounts receivable (a/k/a vendor) clearance, and current on any City of Detroit inspections, licenses, and permits. Incomplete applications may be returned to you.

We cannot guarantee that an application determination will be completed in time for a bid submission. Your completed application can be mailed to the following address:

Coleman A. Young Municipal Center
Department of Civil Rights, Inclusion & Opportunity
2 Woodward Avenue, Suite 1240
Detroit, MI 48226

For information regarding the services of the Department of Civil Rights, Inclusion & Opportunity please contact us at 313-224-4950 or visit our website: <a href="http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity">http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity</a>.

Updated: 07/13/2017 Re-Cert Application

PLEASE ANSWER EVERY QUESTION

## **Commonly Asked Questions**

### 1. Why should I participate in the Detroit Business Certification Program (DBCP)?

The Detroit Business Certification Program (DBCP) is an important component of the economic revitalization of Detroit. It is the policy of the administration to encourage and increase the utilization of local business doing business in the City and to offer benefits that:

- ➤ Receive equalization credits and competitive advantage for procurement and contracting opportunities with the City of Detroit.
- Access to opportunities that may require one or more of the certifications offered via the DBCP.
- Promotes your business through increased visibility of company's brand, business type(s) and contact information, which is made available via the Detroit Certified Business Register on the Department of Civil Rights, Inclusion & Opportunity's webpage, <a href="http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity">http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity</a>.

### 2. When can I submit my application for re-certification?

Business applicants applying for re-certification may submit no more than 60 days prior to their expiration date and must submit application no more than 60 days after expiration date. If any category changes from previous year, than verification will be required for the changes.

# 3. My company has been certified in the past, why can't I use the re-certification application?

Your current certification has been expired more than 60 days.

## 4. How long after application submittal is a determination made?

Application processing time may vary depending upon the number of applications received, the submission of required documentation and the legal/financial complexity of the business being reviewed. The applications are reviewed in the order they are received.

### 5. How do I avoid unnecessary delays in processing my application?

- ➤ Verify the information you are submitting is accurate. If you have questions pertaining to the application, please contact the Department of Civil Rights, Inclusion & Opportunity (CRIO) at (313) 224-4950.
- ➤ Use the Checklist (page 5) as tool to submit ALL required documents, all line items on the checklist are required (no N/As).
- ➤ Timeliness in responding to a CRIO Business Certification Specialist's request for information is crucial to avoid unnecessary delays in processing your application.
- ➤ Obtaining Approved Income Tax clearance(s) for business and individual(s) (if applicable) prior to submitting your application.
- Obtaining Approved Accounts Receivable clearance for business prior to submitting your application.

#### 6. What do I receive once my business is certified?

Official letter and certificate are mailed and emailed to successful applicants each year.

- Any business certified is automatically listed on the City of Detroit's Certified Business register.
- Certified Business Register is available on the Department of Civil Rights, Inclusion & Opportunity's webpage, <a href="http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity">http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity</a>.

# 7. What happens if my business is found not qualified for one certification type and I applied for several?

- You may have applied for Detroit Headquartered Business (which includes Detroit Based Business) and Detroit Small Business certification. If you do not meet ALL the requirements for Detroit Headquartered Business (DHB), and meet the requirements for Detroit Based Business (DBB) and Detroit Small Business (DSB), a certification will be issued for the approved certification type.
- You may register as a Minority-Owned Business and/or Woman-Owned Business if your business meets the requirements stated on the MBE / WBE Declaration page.
- ➤ You may register as a LGBT Business, if you are also registered with National Gay & Lesbian Chamber of Commerce (nglcc).

### 8. Is there a cost associated with the Detroit Business Certification Program?

Yes, there is an annual non-refundable program fee based on previous year gross receipts:

- ➤ Detroit Start-Up: \$250 (started within the last two years, pay \$250 for the 1<sup>st</sup> two consecutive years of certification, if gross receipts from previous year are < \$250,000)
- ➤ Detroit Re-Location: based on fees below for small and non-small businesses
- > Small Business:
  - o \$500 less than \$1 million
  - o \$1.500 \$1 million and less than \$5 million
- Non-Small Business: \$2,500 \$5 million and greater
- ➤ WBE / MBE / LGBTBE only and Small Business: \$500
- ➤ WBE / MBE / LGBTBE only and Non-Small Business: see above Non-Small Business
- ➤ MBE only and certified with MMSDC no fee
- ➤ Joint Venture (JV):
  - 1<sup>st</sup> year certified fee is based on the partnering businesses previous year combined gross receipts.
  - After 1<sup>st</sup> year certified fee is based on the JV's gross receipts; If JV's tax return has not been filed, then fee is based on the partnering businesses previous year combined gross receipts.

Updated: 07/13/2017 Re-Cert Application

- ➤ Annual Program Fee is non-refundable
- ➤ Payable to City of Detroit, Memo note CRIO DBCP

### 9. Where can I pick up a Business Certification Application?

Business Certification Applications are available at <a href="http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity">http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity</a> or visit the Department of Civil Rights, Inclusion & Opportunity in the Coleman A. Young Municipal Center, Suite 1240.

# Detroit Business Certification Program Re-Certification Checklist

## **ALL Required Documentation & Information**

(Complete checklist. Keep a copy and submit a completed copy of this page with application)

(When submitting application – one-sided only, NO staples, paper clips, or binding of pages)

| Det | roit Based Business (DBB)  | Minority/Woman/LGBT Business Enterprise (MBE/WBE/LGBTBE)  |
|-----|--|---|
| 0   | Expired - No / Yes  (* Must be 60 days or less expired to use re-cert application  * Submit re-cert no more than 60 days prior to expiration)  Last Detroit Business Cert – expires(d) | <ul> <li>MBE / WBE / LGBT Declaration Page</li> <li>Complete entire table</li> <li>Authorized (1) signature &amp; (2) date</li> <li>Complete line items above the green dotted line under DBB,</li> </ul> |
|     | Payment (check), \$  | Questions 1 – 9 in application  |
| 0   | Check-off Which Category for Certification (Page 6)  Detroit Business Hours  | All Fees and Detroit Small Business (DSB)   |
| 0   | Are there any changes/additions in business services? (Yes / No)   | Complete All Items Under DBB  |
|     | <ul> <li>If Yes, submit updated Business Overview (What does your<br/>business do?)</li> </ul>   | <ul> <li>Meet Small Business Requirements (less than \$5 million, based on previous year gross receipts)</li> </ul>   |
| 0   | Are there any changes in Ownership? (Yes / No)  O If Yes, submit Verification of Ownership   | \$250 – DSU only (2 <sup>nd</sup> consecutive year of certification and if gross receipts from previous year are < \$250,000)   |
| 0   | Business Roster (complete all columns on roster)   | DSB   DSB   DSB   |
|     | # of Owners & Exec. / Upper Management   | $$ $\circ$ \$1,500 - \$1 million and less than \$5 million  |
| 0   | 4 Accounts Receivable Work Orders / Invoices (ONLY account receivables - showing work provided by your company, 1 per qtr. to cover past year from submission date)                    | <ul><li>\$2,500 - \$5 million and greater</li><li>Gross Receipts: Year\$</li></ul>  |
| 0   | Most Current Federal Tax Returns (NO Extension - 1st page only or 1040 Return Schedule C)  | Detroit Start-Up (DSU) – 2 <sup>nd</sup> Consecutive Year   |
|     | O Year (most current filed/completed)  | ○ DSU – New Detroit companies and 2 <sup>nd</sup> consecutive year of   |
| 0   | Deed / Lease (one-sided only – details on page 9)  | certification   |
| 0   | Affidavit Of Applicant Page  | Complete all items under DBB  |
|     | <ul> <li>Authorize Signature</li> </ul>  |   |
|     | <ul><li>Notary Signature</li><li>Notary Stamp</li></ul>  | Joint Venture (JV) Companies  • Fee is based on JV previous year gross receipts   |
| 0   | Approved Business Income Tax Clearance – expire date   | <ul> <li>If a JV tax return has not been filed, then fee is based on<br/>the partnering businesses previous year combined gross</li> </ul>  |
| 0   | Approved Accounts Receivable Clearance – expire date   | receipts  |
|     | roit Headquartered Business (DHB)  | <ul> <li>Most Current Federal Tax Returns of ALL businesses (1<sup>st</sup> page only)</li> <li>JV, if available</li> </ul>   |
|     | Complete all items above (under DBB)   | O   |
| 0   | Approved Individual Income Tax Clearance(s) – ALL Upper Management (out of your Detroit office)  | 0   |
|     | 0  | <ul> <li>Approval letter or certificate of the certified partnering<br/>business</li> </ul>   |
|     | 0  | Complete all line items under DBB   |
|     | 0  |   |
|     | 0  |   |
|     | <del></del>  | l   |

PLEASE ANSWER EVERY QUESTION

# **Detroit Business Certification Program (DBCP) Application for Re-Certification**

### Certify as (Check all that apply):

- Detroit Based Business (DBB)
- Detroit Headquartered Business (DHB)
- Detroit Small Business (DSB)
- Minority-Owned Business Enterprise (MBE)
- Woman-Owned Business Enterprise (WBE)
- Lesbian Gay Bisexual Transgender Business Enterprise (LGBTBE)
- Detroit Start-Up (DSU)

All applicants are required to pay an annual, **non-refundable** program fee at the time of application certification (see page 4 for fee information). Must have APPROVED Income Tax Clearance(s) and APPROVED Accounts Receivable Clearance when submitting application. **Payment of the Annual Program Fee does not guarantee certification.** 

(Please return without staples, paper clips or binding, one-sided only)

| Name of Business:  |        |                   |   |
|--|--------|-------------------|---|
| Business Street Address:   |        |                   |   |
| City:  |        | _State:           | Zip:  |
| Business Mailing Address:  |        |                   |   |
| City:  |        | _State:           | Zip:  |
| Business Telephone: ( )  |        | Detroi            | t Business Hours:   |
| Business Email Address:  |        | (Published on bu  | siness register)  |
| Business Website:  |        |                   |   |
| Date Business Established:/  | ,      | /                 |   |
| FEIN:  | OR     | SSN (last 4 dig   | its only):  |
| Authorized Contact Person; i.e., the represent and answer questions related to your applications |        | who is authorize  | d to discuss confidential information                         |
| Name:  |        |                   | Title:  |
| Authorized Contact Telephone: ( )  |        |                   | Email: (2 <sup>nd</sup> email published on business register) |
| Next Authorized Contact:   |        |                   | Email:  |
| Has there been a change in ownership since las   | st DBC | CP certification? | Yes No  |
| Has the business changed business location   | n? Y   | Yes No            |   |

Updated: 07/13/2017 Re-Cert Application

PLEASE ANSWER EVERY QUESTION

## 1. Business Information (Please completely answer all under each section)

Submit a copy of a lease, deed, land contract or mortgage agreement **for each Detroit location owned or operated by the applicant**. The applicant must complete the first space below for the Business Headquarters no matter where it is located. Other spaces below should only be completed for each location within the City of Detroit. If necessary, provide information for additional locations on a separate sheet.

| <b>Business Headquarter</b> | <u>s</u> : (Please fill-in all blanks) |                           | Leased      | Own |
|-----------------------------|--|---------------------------|-------------|-----|
| Name of Authoriz            | ed Person at HQ:                       |                           |             |     |
| Business Street Ac          | ldress:                                |                           |             |     |
| City:                       | State:                                 | Zip:                      |             |     |
| Bus. Hours:                 | Type of Operations:                    |                           |             |     |
| Number of Em                | ployees at HQ:                         | _ Phone#                  |             |     |
| Total # of Emplo            | yees: Total # of De                    | etroit Residents I        | Employees:_ |     |
|                             | fferent than headquarters): (Plea      |                           |             |     |
|                             | ed Person at Detroit Locati            |                           |             |     |
|                             | ldress:                                |                           |             |     |
|                             | State:                                 |                           |             |     |
| Bus. Hours:                 | Type of Operations:                    |                           |             |     |
| Number of Em                | ployees (@this location):              | P h o n e # _             |             |     |
| Number of Detro             | it Residents Employees(@t              | his location):            |             | _   |
| Detroit Location (if di     | fferent from above): (Please fill-i    | n all blanks)             | Leased      | Own |
| Name of Authoriz            | ed Person at Detroit Locati            | on:                       |             |     |
| Business Street Ad          | ldress:                                |                           |             |     |
| City:                       | State:                                 | Zip:                      |             |     |
| Bus. Hours:                 | Type of Operations:                    |                           |             |     |
| Number of Em                | ployees (@this location):              | P h o n e #               |             |     |
| Number of Detro             | it Residents Employees (@ t            | his location):            |             | _   |
| 2. Other Location           | s:                                     |                           |             |     |
| How many busines            | s locations outside the City of Detr   | oit?                      |             |     |
| If there are location       | s outside the City of Detroit, please  | e list address of each lo | ocation:    |     |
|                             |  |                           |             |     |
|                             |  |                           |             |     |
|                             |  |                           |             |     |
|                             |  |                           |             |     |

## 3. **Business Type** (Check All That Apply):

#### o Manufacturing

Manufacturing means a business operating or maintaining a facility that produces materials, supplies, articles, equipment, etc. from raw materials or that materially alters or adds value to previously manufactured products from their original state such that the altered product is no longer useable as originally intended.

#### General Construction

General Construction Business means a business that (1) is a general contractor for any of the following: Industrial Buildings, Residential Buildings, Single Family Houses or Warehouses or (2) performs heavy construction which includes, but is not limited to the following: bridges, communications lines, elevated highways, highways, pipelines, power lines, sewer lines, streets, tunnels, or water lines.

#### o Specialty Construction

Specialty Construction Business means a business that engages in any of the following lines of business: carpentry, concrete work, electrical work, excavation work, floor laying, glass and glazing work, heating ventilation and air conditioning, installation or erection of building equipment, masonry, stone setting and other stone work, painting and paperhanging, plastering, drywall, acoustical and insulation work, plumbing, roofing, siding and sheet metal work, structural steel erection, terrazzo, tile marble and mosaic work, water well drilling, or wrecking and demolition work, as well as other categories of specialty construction as may be identified by the City.

#### Wholesale

Wholesale business means a firm engaged in the selling or distribution of commodities, goods, articles, products, etc. in large quantities and usually to retailers or others at a reduced cost per item.

#### Retail

Retail business means a firm engaged in the sale or distribution of commodities, goods, articles, products, etc. to the ultimate consumer in small quantities and in which an inventory of products is available at the business location.

#### Service

Service business means a firm providing services of a non-professional nature such as, but not limited to repairing, cleaning, maintenance, testing, construction services, personal services, etc.

#### o Professional Service

Professional Service business means a firm providing services that are not generally available in the public-at-large that requires specialized knowledge, licensing and/or certification. These services include, but are not limited to accounting services, architectural/engineering services, consultant services, information technology services, construction management, financial management, facilities management, legal services, etc.

City of Detroit / Civil Rights, Inclusion & Opportunity Application for Re-Certification Page 9

| 4. | Indicate the three-digit NIGP commodity class code(s) that apply to the goods/services your firm provides. This information will be listed on CRIO's business registry.  (Please refer to the attached 3-digit NIGP Commodity Codes List on the Department of Civil Rights, Inclusion & Opportunity's webpage, http://www.detroitmi.gov/Government/Departments-and-Agencies/Civil-Rights-Inclusion-Opportunity). |
|----|--|
| 5. | Are there any changes or additions in services provided by the business?   No Yes  If yes, submit updated business overview (What does your business do?).   |
| 6. | Are there any changes or additions in ownership?  No Yes  If yes, submit verification of ownership adding up to 100%.  Submit most current Federal Tax Return Schedule K-1 (from Tax Return 1120S or 1065) or Form 1125-E (from Tax Return 1120), showing ownership adding up to 100% or Profit/Loss pages (from Tax Return 1040).   |
|    | ○ Total Number of Owners:  |
| 7. | Submit four (4) paid account receivable work orders / invoices of <b>your services provided</b> ; one PER QUARTER to cover the past year from date of submitting application.  |
| 8. | Submit Federal Tax Returns: The business <i>most current filed</i> federal tax returns, one year only ( <b>NO extension - 1</b> <sup>st</sup> <b>page only</b> ).  |
|    | <ul> <li>Corporation or S Status or Limited Liability Company LLC - (IRS Form 1120 or 1120S)</li> <li>Partnership - (IRS Form 1065)</li> <li>Sole Proprietorship with personal tax return - (IRS Form 1040)</li> </ul>   |
| 9. | <ul> <li>Submit deed or lease of business location (no staples, one-sided only):</li> <li>Must cover the complete prior year of an open and operating business and a future commitment based on the application submission date.</li> <li>Must have all signatures of Lessor and Lessee with contact information for Lessor</li> </ul>   |
| 10 | Submit Approved Business Clearances:   |
|    | The clearance forms are included in this application for your convenience. Please contact respective department with specific questions. <b>Print additional copies as needed.</b>   |
|    | <ul> <li>For Detroit Based Business (DBB) submit APPROVED (1) Business Income Tax clearance<br/>and (2) Accounts Receivable clearance.</li> </ul>  |
|    | <ul> <li>For Detroit Headquartered Business (DHB) submit the above clearances under DBB plus<br/>APPROVED Individual Income Tax clearance(s) for ALL upper management.</li> </ul>  |
|    | The Applicant is responsible for securing all approved clearances. Please attach ONLY approved clearances.   |

City of Detroit / Civil Rights, Inclusion & Opportunity Application for Re-Certification

Page 10

# **Business Roster – Owners and Executives / Upper Management**

| Business Name: |  |
|----------------|--|
|                |  |

- 1. List all stock owners. If owner does not work for business, enter "Not on payroll" under Work Location Address.
- 2. List all executives / upper management, for example but not limited to CEO, COO, CFO/Controller, Chairman, Vice Chairman, President, Vice President, Executive Vice President, Senior Vice President, Partner, Executive Director, etc.
- 3. \* Individual Income Tax Clearance only needed for executives / upper management (last column in table below).

(Please print and complete ALL columns)

| Name                            | Title | Date Hired | Tot Hrs<br>Worked<br>(per week) | 75 A | Work Location Address | Percentage of<br>Ownership | *For DHB only<br>Must have Tax<br>Clearance (y) |
|---------------------------------|-------|------------|---------------------------------|------|-----------------------|----------------------------|---|
| 1.                              |       |            |                                 |      |                       |                            |   |
| 2.                              |       |            |                                 |      |                       |                            |   |
| 3.                              |       |            |                                 |      |                       |                            |   |
| 4.                              |       |            |                                 |      |                       |                            |   |
| <ul><li>5.</li><li>6.</li></ul> |       |            |                                 |      |                       |                            |   |
| 6.<br>7.                        |       |            |                                 |      |                       |                            |   |
| 7.<br>8.                        |       |            |                                 |      |                       |                            |   |
| 8.                              |       | TOTAL LIBO | 1                               |      | L TOTAL O             | 1                          |   |

TOTAL HRS \_\_\_\_ hrs \_\_\_ hrs TOTAL% 100%

PLEASE ANSWER EVERY QUESTION

## 11. Minority-Owned / Woman-Owned / LGBT-Owned:

(This page is for Minority, Woman, and/or LGBT majority controlled businesses.)

## MBE / WBE / LGBTBE Declaration

Recognized ethnic-minority persons are United States citizens or lawful permanent residents. Ethnic-minorities are defined as seen below:

| Check all | that | applies | to the | ownershi | D: |
|-----------|------|---------|--------|----------|----|
|-----------|------|---------|--------|----------|----|

- **African-American** / **Black** A person having origins in any of the Black racial groups in Africa.
- O Hispanic A person of Spanish or Portuguese culture with origins in Mexico, South of Central America, Cuba, Puerto Rico, or the Caribbean Islands.
- Asian / Pacific A person having origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Hong Kong, Laos, Cambodia and Vietnam, Indian Subcontinent or the Pacific Islands.

| <ul> <li>Native American / Eskimo – A person havir</li> </ul>   | ng origins of America   | an Indian, Esl                                     | kimo, Aleut, or                 | Native Hawaiian.                            |
|---|---|--|---------------------------------|---|
| Woman   |   |  |                                 |   |
| <ul> <li>Lesbian Gay Bisexual Transgender Busine<br/>Chamber of Commerce (nglcc)</li> </ul>   | <b>ess Enterprise</b> – mus                                     | st be certified                                    | via National C                  | Gay & Lesbian                               |
| I,(print name of President / CEO / Owner)   | certify that  |  |                                 |   |
| _   |   |  |                                 |   |
| meets all of the eligibility requirements of a Minority-<br>Lesbian Gay Bisexual Transgender Business Enterpri  |   | •  | man-Owned B                     | usiness Enterprise /                        |
| (comprise at least 51% of the board of directors in the decisions concerning the business; (3) the majority of minority / woman / LGBT and (4) has satisfied all oth Inclusion & Opportunity. I certify that I will notify the days in the event that my business no longer meets the | management and boater requirements adm<br>the Department of Civ | ard / partners<br>inistered by t<br>il Rights, Inc | hip / member p<br>he Department | positions are held by<br>t of Civil Rights, |
|   |   |  | Da                              | to  |
| Signature of President / CEO / Owner:   |   |  | Da                              | te  |
|   |   |  | Ownership<br>Percentage         | Hours Worked/<br>Weekly                     |
| Signature of President / CEO / Owner:   |   |  | Ownership                       | Hours Worked/                               |
| Signature of President / CEO / Owner:   |   |  | Ownership                       | Hours Worked/                               |
| Signature of President / CEO / Owner:   |   |  | Ownership                       | Hours Worked/                               |
| Signature of President / CEO / Owner:   |   |  | Ownership                       | Hours Worked/                               |

**Must Total:** 100%

Updated: 07/13/2017 Re-Cert Application

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

## **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 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 understand that any misrepresentations of information provided in support of this application can result in

rejection, delay in processing, and/or denial of the application, de-certification or revocation of a certification, if conferred prior to discovery of the misrepresentation. Name of Applicant (Business): Name of Authorized Representative: Signature of Authorized Representative:\_\_\_\_\_ Authorized Representative's Title: NOTARY ACKNOWLEDGMENT **STATE OF:** \_\_\_\_\_ COUNTY OF: The foregoing Affidavit of Applicant was acknowledged before me this to me known to be the person described in and who executed the foregoing instrument and acknowledged that he/she executed the same as his/her free and voluntary act and deed. Signature of Notary: Printed Name and Stamp of Notary: My Commission Expires:\_\_\_\_\_ Seal of Notary

Updated: 07/13/2017 Re-Cert Application

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# **Detroit Business Certification Program Application of Certification**

## **Appeal Process**

(Keep this page for your reference)

Within fourteen (14) calendar days of the date of the applicant's receipt of a "Denial of DBB, DHB, DSB, DSU, DRL, MBE, WBE, and/or LGBT Certification", the applicant may file with the Department of Civil Rights, Inclusion & Opportunity 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, Civil Rights, Inclusion & Opportunity shall issue a "Confirmation Notice" with return receipt that outlines these subject matters:

- The issues discussed and the outcome of the informal discussion; and
- The business applicant's appellate rights

Only after it has exhausted the procedures set forth above may a business applicant appeal from a "Denial of DBCP Certification." A typewritten or printed "Claim of Appeal" shall be filed with the Department of Civil Rights, Inclusion & Opportunity 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:

- Include a detailed narrative of all of the bases for reversal of the department's decision to deny DBCP certification. Any basis omitted from the "Claim of Appeal" is waived;
- Include documentation supporting the business applicant's claim that it satisfies the requirements for DBCP certification;
- Include a copy of the "Confirmation Notice" as described;
- Include a statement from the business applicant as to whether it desires an opportunity to discuss its appeal with the Department of Civil Rights, Inclusion & Opportunity; and
- © Exclude any reliance on or reference to changes in the business applicant's 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 Department of Civil Rights, Inclusion & Opportunity without a decision on the merits of the appeal.

Attachment 1

City of Detroit / Civil Rights, Inclusion & Opportunity Application of Certification Page 14

## **Request For Income Tax Clearance**

## REQUESTING DEPARTMENT/DIVISION: Department of Civil Rights, Inclusion & Opportunity (CRIO)

| Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 106 Detroit, MI 48226  Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-1901  Email: IncomeTaxClearance@DetroitMi.gov  State Telephone  |   | p Codex #              | n):   |
|--|---|------------------------|---|
| To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 106 Detroit, MI 48226  Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-1901 City Email: IncomeTaxClearance@DetroitMi.gov State Telephone Email Address  Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  Employer Identification or Social Security Number  Nature of Contract  Nature of Contract  Name of Contract  Nature of Contract | Zip   | p Code<br>x #<br>umber | n):   |
| City of Detroit Individual or Company Name Coleman A. Young Municipal Center  2 Woodward Avenue, Suite 106 Address  Detroit, MI 48226  Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-1901 City  Email: IncomeTaxClearance@DetroitMi.gov State  Telephone  Email Address  Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  Employer Identification or Social Security Number  Nature of Contract   | Zip Fa:  Telephone #  Fax #  Spouse Social Security Note that the second second security Note that the second | p Code<br>x #<br>umber | n):   |
| Fax: (313) 224-1901 City  Email: IncomeTaxClearance@DetroitMi.gov State  Telephone  Email Address  Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  Employer Identification or Social Security Number  Nature of Contract  Nature of Contract  | Telephone #  Fax #  Spouse Social Security Note that the security Note that th   | x #                    | n):   |
| Telephone Email Address  Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  Employer Identification or Social Security Number  Nature of Contract  ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVA  | Telephone #  Fax #  Spouse Social Security Note that the second second security Note that the second s   | x #                    | n):   |
| Email Address  | Telephone #  Fax #  Spouse Social Security Notes that the security Notes is a security Note is a  | umber<br>DUNT (if know | n):   |
| Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  Employer Identification or Social Security Number  Nature of Contract  ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROV  | Fax #Spouse Social Security N BID CONTRACT AMO Labor: \$  | umber<br>DUNT (if know | n):   |
| Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)  Employer Identification or Social Security Number  Nature of Contract  ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROV  | Fax #Spouse Social Security N BID CONTRACT AMO Labor: \$  | umber<br>DUNT (if know | n):   |
| Employer Identification or Social Security Number  Nature of Contract  | Spouse Social Security N  BID CONTRACT AMO  Labor: \$   | umber<br>DUNT (if know | n):   |
| Nature of Contract   | BID CONTRACT AMO  | OUNT (if know          |   |
| . ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVA   | Labor: \$   |                        |   |
| •  | Contract # (if known)   |                        | . Ф <u>.                                   </u> |
| •  |   |                        |   |
| MAI RESULT IN A DENIAL OF INCOME TAX CLEARANCE   | AL PROCESS, ANY Q   | UESTION NO             | OT ANSW   |
| Check One:   | Partnership   | ☐ Estat                | e & Trust                                       |
| DIVIDUALS ANSWER QUESTIONS 1, 2, 3, 4.   |   |                        |   |
| Have you filed joint returns with spouse during the last seven (7) years? (If yes, inc   | clude spouse SSN above)   | Yes                    | ☐ No  |
| Are you a student and/or claimed as a dependent on someone else's tax return   |   | Yes                    | ☐ No  |
| 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  |
| ORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5, 6, 7  | <u>'.</u>   |                        |   |
| Is the company a new business in Detroit? If yes, attach Employer Registration (For  | rm DSS-4)?  | Yes                    | ☐ No  |
| Will the company have employees working in Detroit?  |   | Yes                    | ☐ No  |
| Will the company use sub-contractors or independent contractors in Detroit?  |   | Yes                    | ☐ No  |
| . FOR INCOME TAX USE O   | ONLY  |                        |   |
| as the employer/employee complied with the provisions of the City Income   | e Tax Ordinance?  |                        |   |
| Yes  No Signature  | Date  | Expires                |   |
| Yes No Signature   |   |                        |   |
| Yes  No Signature  |   |                        |   |
| VISIT OUR WEBSITE FOR INFORMATION AND TAX  |   | _                      |   |
| ote: An approved Income Tax Certificate may be used in multiple city wide departurest form (preferably in PDF format) to: IncomeTaxClearance@DetroitMi.gov   |   |                        | your compl                                      |

Attachment 1 – Information Sheet

# **Requirements For Income Tax Clearance**

**Background**. The City of Detroit is authorized to levy an income tax under the Uniform City Income Tax Ordinance (No.900-F) set forth in Chapter 2 of Act 284 of the Public Acts of 1964, known as the "City Income Tax Act." No bid shall be accepted from or contract awarded to any person who is in arrears to the City…" see Detroit codes: Sec.18-5-13, Sec. 18-10-25 and General Conditions #28.

What Is An Income Tax Clearance? An approved Income Tax Clearance states that an individual, business or subcontractor seeking employment or contracts with the City of Detroit has complied with all the provisions of the City Income Tax Ordinance. Contractors (individuals, businesses or Subcontractors) cannot be awarded a contract and are not authorized to perform services until they are in compliance with the City Income Tax Ordinance. The "Request for Income Tax Clearance" form should be submitted 30 days prior to the submission for new bids or renewals of contract extensions. Please e-mail your completed request form (preferably in PDF format) to: IncomeTaxClearance@DetroitMi.gov

**Requirements For Individuals**. Individuals must file returns and pay income taxes, and not have any unpaid assessments. Detroit residents must file form D-1040(R). If a taxpayer claims a non-resident status, proof will be required (copy of lease, mortgage closing statements, driver's license, voter's registration, etc.). If an individual seeking a tax clearance reside within the City, but claimed dependent status on another person's tax return, or received assistance, proof may be required.

**Requirements For Businesses.** Businesses must file Corporation D-1120 or Partnership D-1065 returns, regardless of net profit or loss. Non-profit organizations are required to file D-1120 tax return based on non-related income. All employers located in the City or "doing business within the City" must withhold City of Detroit income taxes from employees' compensation. Employers subject to withholding tax must file monthly or quarterly forms D-941/501, as well as, form DW-3 Annual Reconciliation with W2's. All assessments must be paid. New employers must request an Employer's Package and register with the City by completing and submitting an Employer's Withholding Registration form DSS-4. Contractors must supply a list of subcontractors with federal identification numbers or social security numbers. Contractors must also supply the federal identification numbers used for their leased employees.

**Income Tax Clearance Denials.** Income Tax Clearances are denied based on one or more of the following reasons: (1) Missing withholding payments, DW-3 Annual Reconciliation with W2's, (2) Unpaid assessments and (3) Missing tax returns and related data regarding taxpayers are confidential: therefore, reasons for denial are given only to the taxpayer or authorized representative with power of attorney. Taxpayers with denied clearances my visit our office to obtain information about their account or to drop off requested information.

**Appointments are not necessary.** For additional information contact the Clearance Section at 313-224-3328 or 313-224-3329. Our office is located in the Coleman A. Young Municipal Center, 2 Woodward Avenue, Suite 106. Office hours are 8:30 a.m. to 4:30 p.m., Monday through Friday.

#### Attachment 2

City of Detroit / Civil Rights, Inclusion & Opportunity Application of Certification

Page 16

# Accounts Receivable Clearance Application 2 Woodward Avenue, Suite 106, Coleman A Young Municipal Center Revenue Tax Examining Unit (313) 224-2389 / RevenueCollections@DetroitMi.gov

| ☐ CIVIL RIGHTS, INCLUS            | SION & OPPORTUNITY (CRIO) | IL                                   | NING& DE         |         |
|-----------------------------------|---------------------------|--------------------------------------|------------------|---------|
| ADDRESS OF DEPARTMENT             |                           |                                      |                  |         |
|                                   |                           |                                      |                  |         |
|                                   |                           | EMAIL                                |                  |         |
| CONTRACT AMOUNT \$                |                           |                                      |                  |         |
| ☐ SECTION B: CORPORATION          | LICE                      | ENSE TYPE                            |                  |         |
| CORPORATION NAME                  |                           |                                      |                  |         |
| ADDRESS                           | (                         | CITY/STATE/ZIP                       |                  | ☐ LEASE |
| CITY PERSONAL PROPERTY NUMBER     |                           | FID / EIN NUMBER                     |                  |         |
|                                   |                           |                                      |                  |         |
| CONTACT PERSON                    | PHONE NUMBER              | EMAIL ADDRESS                        |                  |         |
| ☐ SECTION C: PARTNERSHIP          | LICE                      | ENSE TYPE                            |                  |         |
| BUSINESS NAME                     |                           |                                      |                  |         |
|                                   |                           | _ CITY/STATE/ZIP                     | □ OWN            | LEASE   |
| CITY PERSONAL PROPERTY NUMBER     |                           | FID / EIN NUMBER                     |                  |         |
| A: PARTNER'S NAME                 |                           | PHONE NUMBER                         |                  |         |
| HOME ADDRESS                      | CITY/STA                  | TE/ZIP                               | □ OWN            | □ LEASE |
| DRIVER'S LICENSE #                | OTHER CITY-0              | OWNED PROPERTY PARCELS               |                  |         |
| B. PARTNER'S NAME                 |                           | PHONE NUMBER                         |                  |         |
| HOME ADDRESS                      | CITY/STA                  | ATE/ZIP                              | $ \square \ OWN$ | □ LEASE |
| DRIVER'S LICENSE #                | OTHER CITY-0              | OWNED PROPERTY PARCELS               |                  |         |
| CONTACT PERSON                    | PHONE NUMBER              | EMAIL ADDRESS_                       |                  |         |
| ☐ SECTION D: SOLE PROPRIETORSHIP  |                           | ENSE TYPE                            |                  |         |
| BUSINESS NAME                     |                           |                                      | - 01441          |         |
|                                   |                           | _ CITY/STATE/ZIP                     | =                | □ LEASE |
|                                   |                           | FID / EIN NUMBER<br>E #PHONE NUMBER_ |                  |         |
|                                   |                           | E #PHONE NUMBER_<br>E/ZIP            |                  |         |
|                                   |                           | L/ZIF                                |                  | LEASE   |
| EMAIL ADDRESS                     |                           |                                      |                  |         |
| SECTION E: PERSONAL SERVICES      |                           |                                      |                  |         |
| NAME                              | ADDDRESS                  |                                      | □ OWN            | □ LEASE |
| CITY/STATE/ZIP                    |                           |                                      |                  |         |
| PHONE NUMBER                      | DRIVER LICENSE #          |                                      |                  |         |
| OTHER PROPERTY ADDRESSES OWNED IN | WITHIN DETROIT            |                                      |                  |         |
| SOCIAL SECURITY NUMBER            | EMAI                      | IL ADDRESS                           |                  |         |
| FOR TREASURY COLLECTION USE ONLY: |                           |                                      |                  |         |
| ☐ APPROVED ☐ □                    | DENIED                    | ☐ DENIED WITH ATTACHMENTS            |                  |         |
|                                   |                           | CLEARANCE VALID UNTIL                |                  |         |
| SIGNATURE                         | DATE                      |                                      |                  |         |

Attachment 2 - Information Sheet

## **Information For Accounts Receivable Clearance**

All Purchasing Division vendors in compliance with Ordinance 52-H (No outstanding obligations to the City of Detroit) requirements will receive an approved Accounts Receivable Clearance. Copies of the approved clearance may be submitted with bid packages until the clearance expiration date. Accounts Receivable clearances may have various validity dates usually within the same fiscal year.

## **Accounts Receivable Clearance Requests**

The Accounts Receivable Clearance Request provides for submission of all pertinent data relating to the business or individual seeking the contract. It must be filled out in its entirety and submitted along with any additional documentation, such as: (1) Copies of lease and/or rental agreements, if the real property does not belong to the applicant (2) Federal I.D. number or SS#, if a sole proprietor (3) Personal Property tax I.D. number, if applicable. If you do not know your city personal property number or need to apply for one, you must go to room 804 in the Coleman A. Young Municipal Center for this information. Missing and/or inaccurate information may result in processing delays.

## **Internal Processing**

Document review takes three (3) to seven (7) business days. It is the vendor's responsibility to provide required documentation in time for a review and recommendation prior to the bid ending date. Clearance requests may be dropped off on all normal work days between 8:30 a.m. and 4:30 p.m. In room 106 of the Coleman A. Young Municipal Center, a tray labeled Accounts Receivable Clearances will be available on the front counter. Pickup of completed forms can be made after 8:30 a.m. Denied requests will include the reason for denial. Vendors in possession of an expired approved clearance should submit the expired clearance with their request.