



DETROIT METRO • WILLOW RUN  
WAYNE COUNTY AIRPORT AUTHORITY

**SMALL BUSINESS ENTERPRISE  
(SBE)**

**CERTIFICATION  
APPLICATION**

Published  
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Wayne County Airport Authority  
**SMALL BUSINESS ENTERPRISE (SBE) CERTIFICATION APPLICATION**

**SBE Program Eligibility Requirements:**

1. Business headquarters or principal place of business is located within the Air Trade Area (Michigan counties: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne); and
2. Average annual gross receipts over the most recent three-year period OR average number of employees in the preceding completed 12 calendar months (where applicable) does not exceed Small Business Administration (SBA) Size Standards (SBA Table of Size Standards can be found at [https://www.sba.gov/sites/default/files/files/Size\\_Standards\\_Table.pdf](https://www.sba.gov/sites/default/files/files/Size_Standards_Table.pdf)); and
3. Has been in business for a minimum of one (1) year; and

**Program Overview:**

A program administered by the Airport Authority designed to increase opportunities for qualified small businesses located within the Air Trade Area (Michigan counties of Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne) to participate in non-federally funded Airport Authority contracts.

Certified SBE firms that submit bids, proposals, responses or quotes in response to Airport Authority solicitations for goods and services will be eligible to receive an equalization credit.

The application of the equalization credit is dependent upon the type of solicitation. When price is the only factor in determining the award of a contract, the amount bid or proposed by a SBE firm will be reduced by a percentage (as specified below) of the lowest bid submitted by a non-SBE firm. When contracts are awarded based on multiple evaluation criteria (e.g., years of experience, price, etc.), the SBE firm will receive additional points equal to a percentage (as specified below) of the total available points.

The percentage of the equalization credit depends on the value of the contract being solicited.

For contracts valued at or below \$100,000, a 3% equalization credit is available. For contracts valued above \$100,000, a 2% equalization credit is available. A certified SBE contractor who will not self-perform at least 30% of the work bid, proposed or quoted will be treated as a business that is not a SBE certified and will only be eligible for equalization credit if their response includes work designated to Certified SBE subcontractor(s).

For contracts valued at or below \$100,000, a 2% equalization credit is available to Primes who will subcontract at least 30% or more of the contract value to Certified SBE subcontractor(s). For contracts valued over \$100,000, a 1% equalization credit is available to Primes who will subcontract at least 30% of the contract value to Certified SBE subcontractor(s). For all contracts, a 1% equalization credit is available to Primes that propose to subcontract at least 20% but less than 30% of the value of services or goods solicited to Certified SBEs.

The following 2 tables illustrate how SBE equalization credits are applied on four bids, on a contract valued under \$100,000, when price is the only factor in determining the award of the contract. The first table shows bidder B as the lowest bidder before equalization credits are factored in.

Bidder	Bid Amount	Work Proposed to Certified SBE(s)	Equalization Credit
A	\$60,650.00	SBE Prime Contractor - self-perform more than 30% of the work solicited	3%
B	\$60,350.00	Non-SBE Prime Contractor - subcontracts 30% or more of the work to Certified SBE subcontractor(s),	2%
C	\$60,700.00	Non-SBE Prime Contractor - subcontracts 20% but less than 30% of the work to certified SBE subcontractor(s)	1%
D	\$60,920.00	Non-SBE Prime Contractor – no SBE subcontractors	0%

The bids are then reduced by the amount of the above assessed equalization credit as follows:

Bidder	Bid Amount	Equal. Credit Calculation (Lowest Non-SBE Bid x Equal. Credit)	Bid Amt. – Equal. Credit	Adjusted Bid Amount
A	\$60,650.00	\$60,350 x 3% = \$1,810.50	\$60,650.00 - \$1,810.50	\$58,839.50
B	\$60,350.00	\$60,350 x 2% = \$1,207.00	\$60,350.00 - \$1,207.00	\$59,143.00
C	\$60,700.00	\$60,350 x 1% = \$603.50	\$60,700 - \$603.50	\$60,096.50
D	\$60,920.00	\$60,350 x 0% = \$0.00	\$60,920 - \$0.00	\$60,920.00

Bidder A, a SBE Prime would be awarded the contract at their actual bid price. \$60,650.00

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The following 2 tables illustrate how SBE equalization credits are applied on four proposals, on a contract valued under \$100,000, when contracts are awarded based on multiple evaluation criteria (e.g., years of experience, price, etc.). In the example, there are four (4) evaluation committee members who can each assign up to 100 points, for a maximum score of 400 points. The first table shows proposal C with the highest number of evaluation points before equalization credits are factored in.

Proposals	Evaluation Points	Work Proposed to Certified SBE(s)	Equalization Credit
A	245	SBE Prime Contractor - self-perform more than 30% of the work solicited	3%
B	246	Non-SBE Prime Contractor - subcontracts 30% or more of the work to Certified SBE subcontractor(s),	2%
C	247	Non-SBE Prime Contractor - subcontracts 20% but less than 30% of the work to certified SBE subcontractor(s)	1%
D	235	Non-SBE Prime Contractor – no SBE subcontractors	0%

The equalization credit is then multiplied by the maximum points available (400), and the equalization credit is computed as follows:

Proposals	Evaluation Points	Equal. Credit Calculation (Max. Points x Equal. Credit)	Equal. Points + Eval. Points	Adjusted Eval. Points
A	245	400 points x 3% = 12 points	12 points + 245 points	257
B	246	400 points x 2% = 8 points	8 points + 246 points	254
C	247	400 points x 1% = 4 points	4 points + 247 points	251
D	235	400 points x 0% = 0 points	0 points + 235 points	235

Bidder A, a SBE Prime, now has the greatest number of evaluation points (257 points) and is awarded the contract.

To receive an equalization credit for a particular project, firms must either already be Airport Authority SBE certified or apply for Airport Authority SBE certification by the solicitation submission deadline date and subsequently be approved for certification by award recommendation.

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CONTACT INFORMATION		
Company name:		Federal Tax ID Number:
Headquarter Address:		County:
City:	State:	ZIP Code:
Phone:	Fax:	Website:
Other Business Address(es) (if applicable):		County:
City:	State:	ZIP Code:
Phone:	Fax:	Website:
Authorized Contact Name:		Contact Title:
Contact Phone:	Contact Fax:	Contact E-Mail:

BUSINESS INFORMATION	
List the names and titles of all individual owners and officers of the firm:	
Date firm became active and operational:	Current number of employees:
Has the firm filed the appropriate income tax returns for every year that it has earned income? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?	
Is the firm current on its payments of real and/or personal property taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, why not?	
List the gross receipts of the firm for the three (3) most recent years: <b>NOTE: Applicants must attach proof of gross receipts (see below for acceptable forms of proof) for the three (3) most recent years to this application. If applicant has been in business for less than three (3) years, all available information must be provided.</b>	
YEAR: 20____	\$
YEAR: 20____	\$
YEAR: 20____	\$
<b>Proof of gross receipts shall be provided by submitting the following pages of the company Tax Returns:</b> U.S. Corporation Income Tax Filers – submit pages 1-5 of Form 1120 U.S. Return of Partnership Income Tax Filers – submit pages 1-4 of Form 1065 U.S. Individual Income Tax Filers – submit pages 1-2 of Form 1040 and 1-2 of Schedule C <b>NOTE: THE SIGNATURE PAGE MUST BE SIGNED OR THE APPLICATION WILL BE REJECTED</b>	

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

<b>Applicants must answer each of the eight (8) questions below to identify potential affiliate businesses. All business relationships meeting any or all of the criteria below may be considered to be affiliated, even if no business income was generated.</b>	
During any one (or all) of the three (3) most recent tax years, did the Applicant Firm or its Individual Owners and Officers:	
1) Have a controlling ownership in another business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Share or have common owners with another business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Share or have common management with another business? ("Management" refers to the owners and officers that control the business' decisions and day-to-day operations.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have a family member(s) engaged in a similarly or commonly related business activity as the applicant?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have a financial relationship with another business, consisting of loans and/or assistance to meet bond/security or credit requirements? (Exclude those with public financial institutions.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Have a contractual relationship between the Applicant Firm and another company consisting of Assignments, and/or transfer of Title(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Share facilities, equipment or systems with another business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Share employees with another business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered Yes to any of the questions above, complete the table below.	
<u>Name of Related Business</u>	<u>Relationship to Applicant Firm (parent company, subsidiary, etc.)</u>
1)	
2)	
3)	

BUSINESS TYPE INFORMATION				
Type of Business Structure:	<input type="checkbox"/> Sole proprietorship		<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation (For Profit)
	<input type="checkbox"/> Limited Liability Co.		<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Other:
Type of Industry:	<input type="checkbox"/> Construction	<input type="checkbox"/> Finance/Insurance	<input type="checkbox"/> Goods – Manufacturing	<input type="checkbox"/> Goods – Retail
	<input type="checkbox"/> Goods – Wholesale	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Architecture	<input type="checkbox"/> Transportation
	<input type="checkbox"/> Electrical	<input type="checkbox"/> Engineering	<input type="checkbox"/> Information Technology	<input type="checkbox"/> Other:
Describe the primary activities of your firm:				

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

List the North American Industrial Classification System (NAICS) Codes (found at <http://www.census.gov/eos/www/naics/> ) and the National Institute of Government Purchasing (NIGP) Codes (found at [https://www.michigan.gov/documents/budget/NIGP\\_Codes\\_268283\\_7.pdf](https://www.michigan.gov/documents/budget/NIGP_Codes_268283_7.pdf)) that correspond with the products and/or services your firm can provide to the Airport Authority.

NAICS 1	NAICS 2	NAICS 3	NAICS 4	NAICS 5	NAICS 6
NIGP 1	NIGP 2	NIGP 3	NIGP 4	NIGP 5	NIGP 6

Are licenses or permits required for the type of business you conduct?  Yes  No  
 If Yes, complete the table below.

Name of License/Permit Holder	Type of License/Permit	State and License Number	Expiration Date
1)			
2)			
3)			

List the three (3) largest contracts completed by your firm in the three (3) most recent years:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Value of Contract
1)			\$
2)			\$
3)			\$

How did you learn of the Small Business Enterprise (SBE) Program?

- \_\_\_\_\_ **A Prime Contractor informed me of the Program.**
- \_\_\_\_\_ **A Wayne County Airport Authority (WCAA) SBE informed me of the Program.**
- \_\_\_\_\_ **A WCAA Staff Person informed me of the Program.**
- \_\_\_\_\_ **At a WCAA sponsored outreach event.**
- \_\_\_\_\_ **At an outreach event sponsored by an entity other than the WCAA.**
- \_\_\_\_\_ **Other \_\_\_\_\_**

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**AFFIDAVIT**

For a firm to be considered for Wayne County Airport Authority (Airport Authority) SBE Certification, this form must be signed by an authorized representative and notarized.

I, \_\_\_\_\_ (printed full name) affirm under penalty of law that I am \_\_\_\_\_  
(position title) of applicant firm \_\_\_\_\_ (firm name).

I affirm that I understand all of the questions in this Certification Application and attest that all of the responses and statements in this Certification Application, attachments and supporting documents are true and correct to the best of my knowledge. I recognize that the information submitted in this application is for the purpose of approval by the Wayne County Airport Authority for participation in the SBE Program. I understand that the Wayne County Airport Authority may, by means it deems appropriate, determine the accuracy and truth of the statements in the SBE Certification Application for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its place(s) of business, and to permit interviews of its principals, agents, and employees in connection with this SBE Certification Application and if applicable, with participation in the Airport Authority SBE Program. I understand that refusal to permit such inquiries shall be grounds for denial of SBE certification and/or revocation of SBE certification if granted.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Airport Authority current, complete and accurate information regarding: (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

**I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of SBE certification; debarment from Airport Authority contract award(s); and for initiating action under federal and/or state law concerning false statements, fraud or other applicable offenses.**

To the best of my knowledge, the applicant firm meets the following criteria: (1) business headquarters or principal place of business is located within one of the following Michigan counties: Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, or Wayne; (2) Average annual gross receipts over the most recent three-year period OR average number of employees in the preceding completed 12 calendar months (where applicable) does not exceed Small Business Administration (SBA) Size Standards; and (3) has been in business for a minimum of one (1) year. I certify that I will notify the Wayne County Airport Authority Procurement Division within thirty (30) calendar days in the event that my firm no longer meets the criteria of this Affidavit or of any changes to the information reported in the SBE Certification Application. I understand that failure to notify the Airport Authority Procurement Division within thirty (30) calendar days of any such change may result in revocation of certification as an SBE.

I further certify that I have the authority to execute this affidavit and give the above assurances.

Signature\* of Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

*\*Original signature is required. Electronic signatures will not be accepted.*

**NOTARY CERTIFICATE:**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

Notary Public, State of Michigan, County of \_\_\_\_\_  
Acting in the County of \_\_\_\_\_

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**Required Document Checklist:**

- Completed Small Business Enterprise (SBE) Certification Application
- Notarized Affidavit
- Proof of location of business headquarters or principal place of business within the Michigan counties of Genesee, Lapeer, Lenawee, Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, or Wayne, such as a deed or lease agreement
- Proof of Gross Receipts for the three (3) most recent years shall be provided as follows:
  - U.S. Corporation Income Tax Filers – submit pages 1-5 of Form 1120
  - U.S. Partnership Income Tax Filers – submit pages 1-4 of Form 1065
  - U.S. Individual Income Tax Filers – submit pages 1-2 of Form 1040 and 1-2 of Sch. C*(NOTE: THE SIGNATURE PAGE MUST BE SIGNED OR THE APPLICATION WILL BE REJECTED)*  
(If applicant has been in business for less than three (3) years, provide all available information.)
- Completed Internal Revenue Service Form W-9, Request for Taxpayer Identification Number

**Submit all Required Documents to:**

Wayne County Airport Authority – Procurement Division  
Detroit Metropolitan Wayne County Airport  
L. C. Smith Building - Mezzanine  
Detroit, Michigan 48242  
Phone: (734) 247-7900