



DETROIT METRO • WILLOW RUN
WAYNE COUNTY AIRPORT AUTHORITY

**SMALL BUSINESS ENTERPRISE
(SBE) MINI-APPLICATION &
RECIPROCITY AFFIRMATIVE
STATEMENT**

Published
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Wayne County Airport Authority
SMALL BUSINESS ENTERPRISE (SBE) RECIPROCITY

Reciprocity Affirmative Statement Requirements for the SBE Program:

The objective of the reciprocity process is to ensure that firms who hold a valid certification as a small business enterprise or equivalent from any Public Agency and is located within the *Air Trade Area* is granted the mutual benefit of SBE status with the Airport Authority (at the discretion of the SBE Programs Administrator). Firms choosing to take advantage of the reciprocity process to become SBE Certified with the Airport Authority must complete the Mini-Application and Affirmative Statement provided herein.

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). *Note: As a certified Michigan DBE headquartered in the WCAA Air Trade Area, your firm is presumptively eligible for WCAA SBE certification;*
2. Average annual gross receipts over the most recent three-year period or the average number of employees over the most recent 12 month period does not exceed SBA Size Standards: [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. Business has been in operation for a minimum of one (1) year.

Required To-Do Checklist:

1. Provide a copy of the SBE/DBE or other small business certification being used to obtain SBE reciprocity.
2. Complete the SBE Mini-Application.
3. Read and Sign the Affirmative Statement.
4. Return all three of the above by mail or electronically to:

Wayne County Airport Authority – Business Diversity
Unit Detroit Metropolitan Wayne County Airport
L.C. Smith Building – Mezzanine
Detroit, MI 48242
Phone: (734) 247-7900

Business.Diversity@wcaa.us

Wayne County Airport Authority
SMALL BUSINESS ENTERPRISE (SBE) RECIPROCITY

MINI-APPLICATION		
Company name:		Federal Tax ID Number:
Headquarter Address:		County:
City:	State:	ZIP Code:
Phone:	Fax:	Website:
Authorized Contact Name:	Contact Title:	Contact E-Mail:
Contact Phone:	Contact Fax:	Date firm became active and operational:

List the North American Industrial Classification System (NAICS) Codes (@ www.naics.com) and National Institute of Government Purchasing (NIGP) Codes (@ http://www.waynecounty.com/epurchasing/NIGPLookupM.asp) that correspond with the products and/or services your firm can provide.					
NAICS 1	NAICS 2	NAICS 3	NAICS 4	NAICS 5	NAICS 6
NIGP 1	NIGP 2	NIGP 3	NIGP 4	NIGP 5	NIGP 6

(Use additional sheets as needed)

AFFIRMATIVE STATEMENT

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 returned.

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 requirements in this DBE Reciprocity Certification and attest that all of the responses and statements in this Affirmative Statement are true and correct. I recognize that the information submitted in this Affirmative Statement is for the purpose of approval by the Airport Authority for participation in the SBE Program. I understand that the Airport Authority may, by means it deems appropriate, determine the accuracy and truth of the statements in the SBE certification for the purpose of verifying the applicant 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 applicant 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 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 previously 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 Affirmative Statement will provide the Airport Authority with grounds for: (a) terminating any Airport Authority contract to which this Mini-Application relates, or any subcontract to an Airport Authority contract to which this Mini-Application relates; (b) denial or revocation of SBE certification; (c) debarment from Airport Authority contract awards; and (d) initiating action under federal and/or state law concerning false statements, fraud or other applicable offenses.

I affirm that 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/employees over the most recent three-year period 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 Airport Authority Procurement Department within thirty (30) calendar days in the event that my firm no longer meets the criteria of this Affirmative Statement or of any changes to the information reported in the SBE certification. I understand that failure to notify the Airport Authority Procurement Department 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 _____

**Signature is required. Electronic signatures are acceptable.*