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REQUEST FOR PROPOSALS MOBLITY PILOT TRANSPORTATION SERVICES

SECTION I – INTRODUCTION

The Detroit Economic Growth Association (DEGA) is seeking a transportation provider to assist in implementing two mobility pilots, incorporating the requirements stated in this RFP.

DEGA Relationship to the City of Detroit

Detroit Economic Growth Association (DEGA) is the 501(c)(3) arm of the Detroit Economic Growth Corporation (DEGC), which has served as the lead implementing agency for business retention, attraction, and economic development initiatives in the city of Detroit since 1978. It has been structured as a public-private partnership and has a 51-member board consisting of civic leaders, corporate executives, government officials, and other stakeholders. DEGA is considered a trusted agency in supporting many community and economic development initiatives. Because of this trusted status, DEGA has acted as a fiduciary for other non-profit organizations like Eastern Market Corporation and housed such significant complementary initiatives as the Office of Foreclosure Prevention and Response and the Detroit Works Project. DEGA aggregates private sector support to fund economic development initiatives. DEGA is the requesting entity and project fiduciary for this project.

The Opportunity

Mobility presents a unique challenge for Detroit as well as a unique opportunity. The vision for mobility in Detroit includes fully integrating traditional public transit on our major corridors with new mobility technologies and services, such as microtransit. Toward this end, DEGA is working in partnership with the City of Detroit Office of Mobility Innovation on an initial set of mobility pilot projects focused around access to jobs and workforce training. The immediate planned pilots as part of this proposal are:

- First/last mile connections for the Detroit Department of Transportation's (DDOT) late night (1 AM - 6 AM) service. Free ride hailing service will be provided to DDOT customers to get to/from the Route 53 bus on weekdays during the late-night hours. The purpose of this pilot will be to understand barriers to bus riders using a ride hailing service and to evaluate the business model of how the City provides mobility during these hours of the week.
- Providing free, door-to-door transportation for participants of a healthcare training cohort at Focus Hope. Currently, Detroit Employment Solutions Corporation (DESC) provides free bus passes to all participants of trainings. Each training typically sees a considerable portion of participants dropping out, sometimes due to the difficulty of simply getting to and from the training facility. The purpose of this pilot will be to better understand the impact that mobility plays in participants of a training program completing their course as well as evaluating the business model of mobility and workforce training.

All trips will start and end in the City of Detroit.

SECTION II – RFP PROCESS OVERVIEW

This RFP solicits qualifications and proposals from interested and qualified professional mobility service providers to implement two mobility pilots, incorporating the requirements stated in this RFP.

The DEGA will select its preferred Provider based on the candidate's qualifications and the responsiveness of the candidate's Proposal. It is the intent of the DEGA to receive proposals from and to enter into a Professional Services Agreement (PSA) with the Provider deemed by the DEGA as the most qualified provider of the Services.

The DEGA will be the contracting party and staff from the City of Detroit's Office of Mobility Innovation will be the project managers. Funding for this Project originates from New Economies Initiative (NEI).

Issuing Office & Contact Person

Detroit Economic Growth Association
500 Griswold, Suite 2200
Detroit, MI 48226
Contact Person: Amanda Hanlin, ahanlin@degc.org

Schedule

By submitting a Proposal, the Provider agrees that the following schedule is acceptable, and that the Provider has the resources and capabilities to adhere to the schedule (all dates in 2017-18):

November 10	RFP published
November 22	End date for Questions & Clarifications
December 1	Proposals due, at the offices of the DEGA as listed above
December 15	Selection of the finalists/Notice to Proceed

12 -24 weeks from NTP pilots completed

Contents of Submittals

All submissions must contain the information identified below. Please provide one hard copy in a sealed envelope and one copy on electronic media to DEGA at the issuing office address stated above.

(1) Proposal Form
Acknowledgments – Corporation / Partnership / Joint Venture as applicable

1. *Proposal Form (attached to the RFP)*
2. *Completed Attachments, including:*
 - Resolution of Authority – Corporation / Partnership / Joint Venture/ Limited Liability as applicable
 - Affidavit of Non-Collusion and Non-Conflict of Interest
 - Bidder's Income Tax Clearance Form. (form attached to the RFP)
 - W-9 Request for Taxpayer Identification and Certification. (form attached to the RFP)
 - Human Rights Dept. Covenant of Equal Opportunity (form attached to the RFP)
3. *A Narrative Summary not to exceed three pages, including:*
 - a. *Details of the Provider's staff*
 - i. Name of firm(s) and the person authorized to represent the firm(s).
 - ii. Composition of Provider's team and nature of any joint venture, partnerships, etc.
 - b. *Provider's Relevant Experience*
 - i. The Provider should provide proof of registration with the State of Michigan as a limousine carrier, taxicab carrier, or transportation network company
 - ii. The Provider should include proof of insurance coverages required by Michigan's Limousine, Taxicab, and Transportation Network Company Act (PA 345)
 - iii. Brief background and history of company, including past services provided to the City of Detroit or organizations in the City
 - iv. Number of vehicles/drivers the provider operates/employs in the Metropolitan Detroit area
 1. 0-25
 2. 26-100
 3. 101-500
 4. More than 500
 - v. Number of accessible vehicles/drivers the provider operates/employs in the Metropolitan Detroit area

1. 0
 2. 1-10
 3. 11-25
 4. 25-100
 5. More than 100
- vi. Detailed fee schedule for rides that indicates whether rides are billed per mile, per minute, per trip, etc. Please indicate also if prices fluctuate due to time of day, day of the week or other factors.

Confidentiality of Proposals

Proposals will not be opened in a public opening. Proposals will be opened with reasonable precautions to avoid disclosure of contents and proprietary or confidential information to competing candidates, or the public, up to the notice of award of the contract. However, the candidate is advised that after the notice to award contract is issued or a determination not to award a contract is made, the Proposals may become a public record and may be subject to the terms of the Freedom of Information Act.

Evaluation Process

The DEGA is committed to providing a fair selection process. The DEGA reserves the right to reject any or all Proposals or to negotiate with any sources whatsoever.

Addenda to This Request for Proposal

The DEGA reserves the right to make written modifications to this RFP. Only the issuing office via a written addendum shall originate any revisions to this RFP. The DEGA shall endeavor to provide notice of any subsequent addenda to all parties who have obtained from the DEGA a copy of the RFP; however, the proposing Provider shall be responsible to secure the addendum and address all changes in its submitted Proposal. Receipt and incorporation of any addendum shall be clearly indicated in the submitted Proposal.

Complete Proposals

Each proposing Provider must submit a complete the Proposal containing the Proposal Form and the other information as expressed in the RFP. The submitted Proposal shall be executed by an official authorized to submit and bind the proposing Provider to the provisions of the Proposal.

No Compensation for Preparation Costs of Proposal

The Provider agrees and understands that submission of a Proposal responding to this RFP is a voluntary action on the part of the Provider. The DEGA will not pay any fees to or reimburse any costs incurred by a proposing Provider or SubProvider in the preparation of its Proposal.

Organization of Provider

The proposing Provider agrees to appoint a qualified key individual to coordinate all activities performed and provision of Services by the Provider and its SubProviders (together the "Provider") required to complete the proposed Services. The Provider's key individual shall coordinate and report its activities relating to the Services provided to the DEGA Project Manager. The Provider's key individual shall assume the duty to keep the DEGA Project Manager informed of all issues involving the Services provided. The Provider's key individual shall be responsible for coordinating and obtaining information, access, equipment, materials and laborer necessary for the provision of the Services.

Project Area

The Provider shall provide requested services in Metropolitan Detroit with rides originating and ending in the City of Detroit.

Evaluation Criteria

The DEGA is committed to providing a fair and open selection process. The Proposal review committee will include representatives of the DEGA and City of Detroit Office of Mobility Innovation and possibly others to review the proposals, analyze them, and then make a selection.

Form & Terms of Agreement:

The form of Agreement between the selected Provider and the DEGA shall be the Professional Services Agreement (the "Agreement"), included as Attachment B to Part III-Proposal Form. The Provider shall acknowledge by the submission of its Proposal, that the Provider agrees to the terms and conditions stated in the Agreement and this RFP, and that the Provider agrees to execute the Agreement without modification.

Compensation

The Provider shall be compensated based on an approved monthly invoice for Services provided through the last day of the prior month. The total compensation due and payable shall not exceed the not-to-exceed amounts stated in the Agreement. The Provider shall provide with each monthly invoice a detailed summary of the charges in accordance with the requirements that are contained in the Agreement. Provider shall submit a copy of the monthly invoice to both the project manager of the DEGA and to the project manager of the Office of Mobility Innovation. The DEGA will only process payments based on the written authorization of the project manager from the Office of Mobility Innovation. The Provider's standard rates shall be the basis for its monthly charges. The rates shall be previously approved by the DEGA but shall not exceed the standard rates published by the Provider and included in Attachment C. The standard rates, as approved by the DEGA and incorporated into the Agreement, shall not be increased for the duration of the Project. DEGA shall endeavor to make Payments within thirty days after receipt of an approved monthly invoice.

General Requirements:

During the specified duration for the provision of Services, the Provider shall attend meetings as necessary. The Provider shall, without limitations, coordinate its Services with the DEGA and when necessary, the review committee and other stakeholders.

PROPOSAL FORM

The undersigned (the Provider), being familiar with and capable of fulfilling the requirements set forth in the "Request for Proposals to provide mobility services (the "Services"); and having examined the Scope and being familiar with all local conditions affecting the Project and the Services in this Proposal, hereby proposes to furnish all labor, transportation and supervision necessary or incidental to the proper and full provision of all Services in accordance with the RFP.

Name of Proposing Provider: _____
Provider's Address: _____

Provider's Telephone No.: _____
Provider's Fax No.: _____

This proposal is submitted to:
Detroit Economic Growth Association
500 Griswold, Suite 2200
Detroit, MI 48226
Attn: Amanda Hanlin

STANDARD RATES SHEET The undersigned proposes its standard published rates for the provision of services by the Provider and its SubProviders.

STARTING AND COMPLETING SERVICES The undersigned declares and promises that if awarded the Agreement, the Provider is prepared to and will start the provision of the proposed services upon the receipt of a Notice to Proceed from the DEGA and will complete all segments within 12-24 weeks from the date of the NTP.

PROVIDER'S EXAMINATIONS AND UNDERSTANDING

The undersigned certifies that the RFP Documents together with any and all Addenda issued, have been carefully examined by the Provider. The undersigned declares that the nature of the Services is understood by the Provider, and that at no time will it claim a misunderstanding of the RFP or the Scope of Services.

The undersigned specifically certifies that the Provider agrees that the Schedule set forth in the RFP is acceptable and that the Provider (and its SubProviders as applicable) has the resources and capabilities to adhere to the schedule.

The undersigned certifies that the Provider agrees and understands that submission of a Proposal responding to the RFP is a voluntary action on the part of the Provider. The DEGA will not pay any fees to or reimburse any costs incurred by a proposing Provider or SubProvider in the preparation of its Proposal or oral presentations for obtaining a contract for the Sustainability Agenda and Action Plan.

INSURANCE REQUIREMENTS:

The Provider agrees by submission of its Proposal to provide the DEGA, prior to execution of the Agreement or commencement of any activities, a certification that the insurance, required in the Agreement, is in place

and shall be for the duration of this contract, including any extensions of time to the contract, and until the final payment is received by the Provider. All insurance policies shall name the DEGA and the City of Detroit (the "City"), as additionally insured parties and shall provide as to the additional insureds that the coverage to be provided shall be primary and non-contributory and shall provide 30-days notification-to-all-insured-parties clause prior to any change in the coverage or a termination of the policies.

PROVIDER NOT IN ARREARS

The undersigned certifies that, as of the date of this Proposal, the Provider is not in arrears to the City of Detroit for any debts whatsoever (including but not limited to back taxes) as provided for in Sec. 21-3-15, City Code (Ordinance No. 52H). Further, the undersigned certifies that the Provider has not defaulted in any other contract with the DEGA or the City of Detroit.

WITHDRAWAL OF PROPOSAL

The undersigned agrees that this Proposal will remain firm and will not be withdrawn for a period of thirty (30) days after the proposal due date.

REJECTION OF BIDS

The undersigned understands and yields to the DEGA the right to waive any informality in the RFP process and to reject any or all Proposals in whole or in part for any reason whatsoever.

WAIVER

The undersigned certifies the transportation rates proposed in this Proposal are correct, complete and stated as intended by the undersigned for the provision of Services proposed. The undersigned further certifies that all information given in or furnished with this Proposal is correct, complete, and submitted as intended by the undersigned, and the undersigned does hereby waive any right or claim the Provider may now have or which may hereafter accrue to the Provider, by reason of errors, mistakes, or omissions made by the undersigned in this Proposal, to refuse to execute, unaltered, the Professional Services Agreement (PSA) if awarded to the Provider by the DEGA in response to the Proposal.

SPECIAL FORMS

The undersigned acknowledges that executed copies of the following documents are contained in this Proposal:

- (1) Acknowledgments – Corporation / Partnership / Joint Venture as applicable
- (2) Resolution of Authority – Corporation / Partnership / Joint Venture/ Limited Liability as applicable
- (3) Affidavit of Non-Collusion and Non-Conflict of Interest
- (4) Bidder's Income Tax Clearance Form. (form attached to the RFP)
- (5) W-9 Request for Taxpayer Identification and Certification. (form attached to the RFP)
- (6) Human Rights Dept. Covenant of Equal Opportunity (form attached to the RFP)

The undersigned, hereby, executes and tenders this Proposal to the DEGA on behalf of the proposing Provider in accordance with the requirements to provide Services necessary to produce Sustainability Agenda and Action Plan as set forth in the DEGA's Request for Proposal to Develop a Sustainability Agenda and Implementation Plan for the City of Detroit.

(Signatures on next page)

DATE OF PROPOSAL: _____

PROPOSING PROVIDER: _____

(Please Print Full Legal Name)

Federal Tax ID Number: _____

BUSINESS STATUS: check one

_____ CORPORATION, incorporated under the laws of the State of
(If not a Michigan Corporation, are you licensed to do business in the state of Michigan?)

Y _____ N _____

_____ PARTNERSHIP

_____ A JOINT VENTURE

_____ AN INDIVIDUAL DBA _____

_____ A LIMITED LIABILITY COMPANY

Executed and Signed by:

(Signature)

(Print Name)

(Title)

RESOLUTION OF [PARTNERSHIP] [JOINT VENTURE] AUTHORITY (as applicable)

I, _____, as General Partner in _____, a [Partnership] of the State of DO HEREBY CERTIFY that the following are General Partners and are licensed to provide the proposed services in the State of Michigan and the City of Detroit:

I FURTHER CERTIFY that any of the General Partners of the [Partnership] [Joint Venture] are authorized to execute or guarantee and commit the Partnership to the terms, conditions, obligations, stipulations and undertakings contained in the Bid Package and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS, THEREOF, I affix my signature on the _____ day of _____, 20____.

General Partner

[PARTNERSHIP] [JOINT VENTURE] ACKNOWLEDGEMENT

STATE OF _____)

) SS.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by, General Partner, on behalf of _____, a [Partnership] [Joint Venture].

Signature

Notary Public, _____ County, _____

My commission expires: _____

RESOLUTION OF LIMITED LIABILITY COMPANY AUTHORITY (as applicable)

I, _____, as Managing Member in _____
a Limited Liability Company organized under bylaws of the State of _____ DO HEREBY CERTIFY
that the following are Members and are licensed to provide the proposed services in the State of Michigan
and the City of Detroit:

I FURTHER CERTIFY that any of the Managing Members of the Limited Liability Company are
authorized to execute or guarantee and commit the Limited Liability Company to the terms, conditions,
obligations, stipulations and undertakings contained in the Bid Package and that all necessary corporate
approvals have been obtained in relationship thereto.

IN WITNESS, THEREOF, I affix my signature on the _____ day of _____ 20__.

Managing Member

LIMITED LIABILITY COMPANY ACKNOWLEDGEMENT

STATE OF _____)

) SS.

COUNTY OF _____)

The foregoing instrument was acknowledged before me this _____ day of _____ 20__,

by _____, Managing Member, on behalf of _____,

a Limited Liability Company.

Signature

Notary Public, _____ County, _____

My commission expires: _____

RESOLUTION OF CORPORATE AUTHORITY (as applicable)

I, _____ as _____ of _____, a Corporation of the State of _____ DO HEREBY CERTIFY that the following individuals are authorized agents of the Corporation and are authorized to execute this Proposal:

Name: _____ Title: _____
Name: _____ Title: _____

I FURTHER CERTIFY that any of the officers of the Corporation are authorized to execute or guarantee and commit the Corporation to the terms, conditions, obligations, stipulations and undertakings contained in the RFP and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS, THEREOF, I affix my signature on the _____ day of _____, 20__.

CORPORATE SEAL

(if applicable)

(Signature)

(Title)

CORPORATE AUTHORITY ACKNOWLEDGEMENT

STATE OF _____)
) SS.
COUNTY OF _____)

The foregoing instrument was acknowledged before me this ____ day of _____, 20__, by _____, _____, on behalf of _____ a Corporation of the State of _____.

Signature

Notary Public, _____ County _____
My commission expires: _____

AFFIDAVIT OF NON-COLLUSION AND NON-CONFLICT OF INTEREST

STATE OF _____)

) SS.

COUNTY OF _____)

_____ being first duly sworn, deposes and says that:

- (1) He / she is _____, of _____.
(Owner, Partner, Officer, Agent) Proposing Provider
- (4) He/she is fully informed with respect to the preparation and contents of the Proposal as well as all circumstances about the same;
- (5) Neither the said proposing Provider nor any of its officers, partners, owners, agents, representatives, employees or parties in interest, including this applicant, has any way colluded, conspired, connived or agreed directly or indirectly with any other proposing entity, Firm or person to submit a collusive or sham Proposal in connection with the Contract Agreement for which the Proposal has been submitted or to refrain from proposing in connection with such Contract Agreement, or has in any manner, directly or indirectly, sought by agreement of collusion or communication or conference with any other Proposer, or to fix any overhead, profit or cost element of the bid price or the bid price of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the DEGA or any person interested in the proposing Provider;
- (6) The price or prices quoted in the Proposal are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the proposing Provider or any of its agents, representatives, owners, partners, employees, or parties in interest, including this affiant;
- (7) The proposing Provider has no conflict-of-interest with any federal, state, or local governmental agencies or any persons about the service specified in this Proposal.

(Signature)

(Title)

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public, _____ County, _____

My Commission Expires: _____

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)

A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Ste. 512 Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588	For: Individual or Company Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax # _____
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B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)	Telephone # _____ Fax # _____
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Employer Identification or Social Security Number	Spouse Social Security Number
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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 CLEARANCE.

Check One: Individual Corporation Partnership

INDIVIDUALS 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

CORPORATIONS AND PARTNERSHIPS 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 contractor complied with the provisions of the City Income Tax Ordinance?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature _____	Date _____	Expires _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature _____	Date _____	Expires _____
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Signature _____	Date _____	Expires _____

To check the status of a clearance, please call (313) 224-7266
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.ci.detroit.mi.us

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type
see specific instructions on page 2

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see Instructions) ▶	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
 Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
OR
Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the Instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of the _____, (hereinafter “Consultant”), do hereby enter into a Covenant of Equal Opportunity (hereinafter “Covenant”) with the City of Detroit, (“hereinafter” City); obligating the Consultant and all sub-Consultants not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-Consultants are reported to the City of Detroit Human Rights Department and have a current **Contract Specific Clearance** on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 2732, Section (e).

RFP No. Mobility Pilot Project

Printed Name of Consultant: _____

(Type or Print Legibly)

Consultant Address: _____, _____, _____

(City)

(State)

(Zip)

Consultant Phone/Email: _____ / _____

(Phone)

(Email)

Printed Name & Title of Authorized Representative: _____

Signature of Authorized Representative: _____

Date: _____

***** This document MUST be notarized *****

Signature of Notary: _____

Printed Name of Seal of Notary: _____

My Commission Expires: _____ / _____ / _____

(Rev.)Form.HRS201001

For Office Use, Only:

Cov. Rec'd: ___ / ___ / ___ in Department Name: **DEGC/EDC/EDC**

Accepted by: _____ Rejected by: _____

**Please email or fax Covenant and EOC to Director of Human Rights Department 1026 CAYMC at
HumanRightsCL@detroitmi.gov or fax (313) 224-3434.**