



RI Governor's Commission on Disabilities

RI GCD Form J. Disability Business Enterprise Certification

Business / Rehabilitation Facility		(Name as it appears on the RI Vendor Information Registration)			
RI Vendor Information Registration #		Applicants for DBE Certification must first register at: http://www.purchasing.ri.gov/VendorRegistration.asp and attach copy of their RIVIP Registration and listing of commodity codes			
Address					
City, State & Zip Code					
Contact Person					
		Name		Title	
Office Phone #					
Email address					
Small Business, at least 50% owned and operated by a person(s) with a disability		A not-for-profit rehabilitation facility		A for-profit-entity whose employee work/hours for contracts under the Disability Business Enterprise Act will be at least 60% persons with disabilities	
<input checked="" type="checkbox"/> Business / Rehabilitation Facility is a:	Corporation		Limited Partnership		
	Sole Proprietorship		Joint Venture		
	Educational Institution		Limited Liability Corporation		
	Partnership		Not-for-Profit Corporation		
<p>The purpose of [the "Disability Business Enterprises Act"] is to carry out the state's policy of supporting the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities or where seventy-five percent (60%) of the employees are persons with disabilities, or non-profit rehabilitation facilities in state funded and state directed public construction, public projects, and in state purchases of goods and services. This includes assisting disadvantaged disability businesses and non-profit rehabilitation facilities throughout the life of contracts in which they participate. Preference in the awarding of state contracts go to certified:</p> <ul style="list-style-type: none"> • Businesses owned and controlled by persons with disabilities, with 50 or fewer employees; • Manufacturers of any goods or merchandise if not less than seventy-five percent (60%) of the work hours or direct labor required for the products are performed by persons with disabilities; • Service Providers if not less than seventy-five percent (60%) of the work hours or direct labor required for the services are performed by persons with disabilities; and • Non-profit rehabilitation facilities 					
<p>This Application must be verified under oath in the following manner: All applicants MUST read and review all items preceding the verification before signing; these items contain responsibilities of the applicant rights retained by the State of Rhode Island and penalties that may be applied for false statements. It is recognized and acknowledged that the information contained in this application is given under oath and that any misrepresentation may be grounds for denial of certification, revocation of certification, not awarding or terminating any contracts which may be awarded the applicant by the State of Rhode Island. The applicant further understands that any misrepresentation made in this application is subject to both the civil and criminal laws of the State of Rhode Island. The applicant's failure to submit material, or to consent to such examinations and interviews, specified below, shall be grounds for immediate revocation of certification.</p>					

FIRST, this application form, the supporting documents, and any other information provided in support of the application are considered part of the application.

SECOND, information submitted in an application may be disclosed by the Commission only as allowed by applicable federal and state law. If an applicant is providing information that qualifies as a trade secret or is commercial or financial information of a privileged or confidential nature that is exempt from disclosure under the Rhode Island Public Records Act, then the applicant must: 1) identify the specific information to be held exempt; and 2) request that it not be made part of the public record.

THIRD, by filing this application, the applicant consents to periodic examination of its books, records and an interview of its principals and employees by the State of Rhode Island for the purpose of determining whether the applicant qualifies, or continues to qualify as a Disability Business Enterprise.

FOURTH, by filing this application, the applicant consents to inquiries that may be directed by the State of Rhode Island to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of ascertaining the applicant's eligibility of certification.

FIFTH, the applicant agrees to provide notice to the State of Rhode Island of any material change in the information contained in the original application within 30 days of such change.

SIXTH, certification is normally granted for a period of one (1) year. However, the State of Rhode Island may require the submission of a new application, additional information, and examinations of the applicant's principals and employees at any time before the expiration of the one (1) year certification period.

SEVENTH, by filing this application, the applicant consents to the State of Rhode Island sharing reports, summaries, reviews, analyses, recommendations and determinations related to this application with other certifying agencies, which may request such information as a result of the applicant submitting this application for Certification to those agencies.

EIGHTH, although applicant must provide certification from the Department of Human Services or the Department of Mental Health, Retardation and Hospitals that the individual(s) is a "person with a disability", applicant is requested NOT to provide medical records with this application.

I do hereby authorize the State of Rhode Island to acquire the (medical/personnel or other) information needed to verify my claim of disability and limitations on my ability to perform some essential functions of the job or participate in or otherwise enjoy the benefits of state services. I further understand that the ADA regulations require information regarding my medical condition or history shall be collected and maintained on separate forms and in separate medical files and be treated as a confidential medical record expect:

1. The state agency's ADA Coordinator may review all information provided to verify my claim of a disability, need for a reasonable accommodation and to develop a reasonable accommodation plan;
2. The state's rehabilitation / disability services experts may review all information provided to verify my claim of a disability and need for a reasonable accommodation / modification / auxiliary aids, to conduct a job or task analysis and develop a reasonable accommodation plan;
3. Supervisors and managers may be informed regarding necessary restrictions on my work, duties or participation in services (but not the nature of my disability);
4. First aid and safety personnel may be informed when appropriate if my disability might require emergency treatment; and
5. Government officials investigating compliance with the ADA or other disability rights laws.

Owner/Chief Executive Officer's Signature	Title	Date Signed

Emailed this form and attachments to disabilities@gcd.ri.gov if signed with an electronic signature or mail to the:

**RI Governor's Commission on Disabilities
John O. Pastore Center, 41 Cherry Dale Court
Cranston, RI 02920-3049**

and keep a copy of the completed form for you records

Required For All New Applicants		
Attach copies of the following. If appropriate documents are not submitted AND no written explanation is given, application will be returned to you.		
General Information		<input checked="" type="checkbox"/> if attached
1. A printout of the RI Vender Information Program Registration Form		
2. A list of the names and titles of the: Owner/ Chief Executive Officer, Other Corporate Officers and Board Members		
3. Documentation from the RI Office of Rehabilitation Services and or the RI Department of Mental Health, Retardation and Hospitals that the: owner(s) or employees, is/are "person(s) with disabilities" or the non-profit is a "rehabilitation facility".		
4. Copy of Certificate of Trade Name or Business Trade Name filed with the Department of Business Regulations, Secretary of State's Corporations Office or municipality (if d/b/a).		
For Businesses Owned By Persons With Disabilities		
1. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level and limitations, if any.		
2. Copies of all current loan agreements including loans made to the business by any owner and/or officer.		
3. Describe method of acquisition and date (i.e. started new business, inherited business, bought existing business, secured concession, merger or consolidation)		
4. Copies of last four (4) bonds issued to the company, include copy of signature page for all individuals who signed or co-signed on the bond.		
5. The number of employees, employed full or part time during the preceding year.		
For Manufacturers And Services Providers With 60% Of Employee Hours Producing The Products Or Services That Are Provided By Persons With Disabilities		
1. Submit the following employee information, related to the production of goods or services, the applicant is intending to sell to state and quasigovernmental agencies: a. Rates of pay for positions filled by employees with disabilities who would make or manufacture those products or provide those services. b. Hours worked for the past year by: i. full-time and part time; ii. employees with disabilities and employees without disabilities; and iii. permanent employees, temporary employees, and seasonal employees.		
2. If authorized by the US Department of Labor to pay less than minimum wage - Copy of current Federal and State Department of Labor Certification from the Wage and Hour Division (Form WH-228-MIS).		
For A Partnerships And Joint Ventures		
1. Business Certificate Agreement	2. Partnership	3. Buy-out Rights
For A Corporation Or Limited Liability Corporation		
1. Articles of incorporation, including date approved by State	2. Corporation By-Laws	3. Biennial Corporate Filing
For A Non-Profit Rehabilitation Facility And Educational Institutions		
1. Copy of 501c3 Non-profit incorporation	2. Copy of By-Laws, Mission Statement, Articles of Incorporations	
For renewal, only submit documents which have been changed since last submission		