

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2872789-01  
 STANDARD PO NUMBER 2872790  
 CHANGE ORDER  
 2895743  
 REVISION

Insurance Requirement

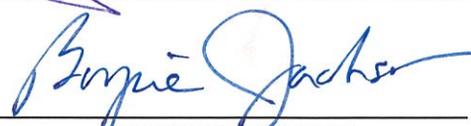
ACCOUNTS PAYABLE WILL HOLD UP ALL CONTRACT PAYMENTS UNTIL ALL INSURANCE CERTIFICATES/POLICIES REQUIRED UNDER THE CONTRACT HAVE BEEN RECEIVED. CONTRACTORS SHOULD BE MADE AWARE OF THIS REQUIREMENT.

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON H. Bryant	PHONE NO. 224-9974 628-0114
CONTRACTOR'S <b>YWCA Interim House</b>	DATE PREPARED <b>1-30-15</b>	
CONTRACTOR'S ADDRESS: <b>985 EAST JEFFERSON AVE.                  Detroit, MI 48207</b>	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT <b>\$225,000</b> TOTAL CPO 2872789 AMOUNT <b>\$125,000</b> CHANGE AMOUNT <b>100,000</b>	

PHONE NO 313-259-9922  CORPORATION  PARTNERSHIP  INDIVIDUAL

FEDERAL EMPLOYER: MINORITY FIRM  YES  NO

PURPOSE OF CONTRACT: PUBLIC SERVICES *HL*  
 CHARGE ACCOUNT: *2001-366130-808415-11809-000000-000000*

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	05-08-15
JUN 25 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL - 7 2015
JUN 22 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	15 JUL 22 PM 2:57 JUN 24 2015
JUL 08 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	7/8/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	7/21/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	9/29/15

**RECEIVED**  
 JUL 13 2015  
 CITY OF DETROIT  
 CONTRACTS SECTION  
 LAW DEPARTMENT

P & DD 4438-01  
CPO # 2895714-01  
SPO # 2895717  
2895742-01  
2895743-01

CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2895714-01

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of **October , 2013**, between **Y.W.C.A. of Metropolitan Detroit,** the Subrecipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to Agreement **CPO No. 2895714-01, dated October 1, 2013**, between the Subrecipient and the City (herein called the "Agreement"):

**WITNESSETH:**

WHEREAS, the Subrecipient and the City did heretofore enter into the Agreement to provide Public Services to residents of the City of Detroit; and

WHEREAS, said Agreement can be modified pursuant to Article 13 thereof; and

WHEREAS, the term of the Agreement is from **October 1, 2013 through December 31, 2015**; and

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **twelve (12) months up to and including December 31, 2016**; with an increase in compensation in the amount of **ONE HUNDRED THOUSAND AND 00/100 DOLLARS (\$100,000.00)**;

NOW, THEREFORE, in consideration of the premises, the mutual undertakings and benefits to accrue to the parties and to the public, the parties hereto agree that this Agreement is amended in the following manner:

That Article 3.01 which reads:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be **from October 1, 2013 through December 31, 2015**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

Is Amended to read:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be from **October 1, 2013 through December 31, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

That Article 5.01, which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED TWENTY FIVE THOUSAND and 00/100 DOLLARS (\$125,000.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made apart hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The city agrees to pay the Subrecipient an amount up to **TWO HUNDRED TWENTY FIVE THOUSAND and 00/100 (\$225,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

That all other terms and conditions and covenants of the Agreement shall remain in full force and effect as set forth therein; and

In the event of any conflict, inconsistency or incongruity between the provisions of this Amendment and any of the provisions of the Agreement, the provisions of this Amendment shall in all respects govern and control.





**RESOLUTION OF CORPORATE AUTHORITY**

I, Yvonne Knox, CORPORATE SECRETARY of **Y.W.C.A. of Metropolitan Detroit**, a Michigan corporation (the "Company"), DO HEREBY CERTIFY that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on 3/26/15, and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Executive Director, the Vice Chairperson, the 2<sup>nd</sup> Vice Chairperson, the Treasurer, the Secretary, and the President and each of them, hereby is authorized to execute and deliver, in the name and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, or document, or other instrument, or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any of such officers to be conclusive evidence of such approval."

I FURTHER CERTIFY

<b>Carla J. Wilson</b>	<b>Chairperson of the Board</b>
<b>Emma L. Peterson</b>	<b>Executive Director</b>
<b>Najwa Dahdah</b>	<b>Vice Chairperson</b>
	<b>2<sup>nd</sup> Vice Chairperson</b>
<b>Veronica Hall</b>	<b>Treasurer</b>
<b>Yvonne Knox</b>	<b>Secretary</b>
<b>Emma L. Peterson</b>	<b>President</b>

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Amendment Agreement **CPO No. 2895714, CO#01**, between the City of Detroit and **Y.W.C.A. of Metropolitan Detroit**, entered into for the purpose of providing Public Services, and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 26<sup>th</sup> day of March, 15.

CORPORATE SEAL  
(if any)

Signature:

Yvonne L. Knox  
Corporate Secretary

## EXHIBIT A

### SCOPE OF SERVICES YWCA OF METROPOLITAN DETROIT AND YWCA INTERIM HOUSE 2014-2015

During the term of this Agreement, the Subrecipient, **YWCA of Metropolitan Detroit and YWCA Interim House**, shall provide public service activities herein called the "Project" or the "Services", in order to provide temporary emergency shelter and supportive services for persons who are residents of the City of Detroit.

#### **1. GENERAL REQUIREMENTS**

The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved by the City in writing.

Services shall be public and be provided to Detroit residents. No excessive fees shall be charged, nor "donations" for project services be requested, which would preclude lower income persons from gaining access to, or participating in, the Project Services hereunder.

Through public Services hereunder may be targeted to a particular subpopulation or problem area, the Subrecipient must abide by the provisions of Article 12 (Compliance with Laws and Security Regulations) and Article 15 (Fair Employment Practices and Nondiscrimination Requirements) of this Agreement. Therefore, the Subrecipient, in the provision of public Services hereunder, shall not discriminate against any otherwise qualified person applying for the public Services, nor give preference to persons, nor limit provision of Services to persons, solely based on factors of race, ethnicity, gender, age handicap, disability, sexual orientation or religion

#### **2. CDBG NATIONAL OBJECTIVE CRITERIA**

This Project will meet the Community Development Block Grant national objectives in the following way:

DESCRIBE CRITERIA USED FOR NATIONAL OBJECTIVE (Choose One Option from:

Area Benefit (51% low/mod), Income Information Requirement (51% low/mod), Formally Limited Exclusively 100% low mod (includes presumptive benefits, ads/posting method, stricter or equal income limits methods or Nature/Location of Services Documentation (51% low/mod).

A. Area Benefit: Census Tract - 502, 503, 504,505

B-3) Formally Limited (100%) Clientele – PRESUMPTIVE BENEFIT CATEGORIES

The Subrecipient will gather and maintain records with appropriate information to show that 100 % of clients meet HUD guidelines that specify the subpopulation(s) below as being presumed to be primarily low to moderate income persons:

- Senior Citizens
- Handicapped
- Homeless
- Abused Children
- Battered Spouses
- Illiterate Persons
- Migrant Farm Workers
- Persons Living with AIDS

The Subrecipient shall make and maintain such data and records as required by the City and as necessary for the reports required in Exhibit E and F hereof. Such records shall identify project participants and/or beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quantity or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. The subrecipient shall maintain all records taking care to treat participant personal or income information with due respect for confidentiality.

### 3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Subrecipient shall

***YWCA Interim House*** provides a safe refuge in a confidential location for women and their minor children who are victims/survivors of domestic and sexual violence. Currently, the shelter is the only one of its kind operating within the city of Detroit. It operates 24-hours, 365 days a year, offering multiple services to an average of 1,800 women and children in a 67-bed, 23-residential rooms in a family setting. **Services include temporary emergency shelter, food, clothing, individual and group counseling, personal needs, childcare services, legal and sexual assault advocacy, transportation, life skills training referrals and other resources.** Although the women and their children can remain at the shelter for ninety-days, there is no limit to the number of times a family may return, if necessary. In addition, there is a **24-hour Crisis Line** operated by trained staff and volunteers to provide emotional support, and referral information to more than 7500 callers, annually.

#### Administration

**Executive Director** administers the 24-hour emergency shelter program for women and their children who are victims of domestic and sexual abuse. The responsibilities include:

- Supervision of staff - part-time, full-time, professional and support classifications
- Plan, develop, implement, monitor and ensure the high standards of service delivery
- Provides pertinent information and monthly reports to Board of Directors to ensure the implementation of Association policies
- Ensure that the programs in compliance with all grant specific funding requirements
- Negotiates and signs all contracts on behalf of agency
- Establish and maintain relationships with a variety of funders, external professionals, community organizations, community systems in an effort to ensure on-going community support
- Plan, develop, implement, monitor financial resources and financial stability program
- Supervises preparation of funding proposals
- Community spokesperson for agency with all media

**Shelter Administrator** under the direct supervision of the Executive Director manages the daily operation and administration of the 24-hour emergency shelter program for women and their children who are victims of domestic and sexual abuse. The responsibilities include:

- Ensure that each component of the shelter operates at maximum efficiency
- Develop, implement and monitor program goals and objective establishes by Board of Directors
- Ensure that official records are retained and protected
- Preparation of grants and proposals
- Assurance of adequate financing for current and long-term operating needs
- Establish and maintain relationships with a variety of funders, external professionals, community organizations, community systems in an effort to ensure on-going community support
- Ensure that the programs in compliance with all grant specific funding requirements
- Provide leadership, vision, information and inspiration to staff to carry out duties and the mission effectively

### **Program Operational Support**

Operational support will include assistance with utilities, communication/telephone, building maintenance/minor repairs, consumable supplies, director mileage, printing/brochures/info cards, liability/auto insurance, audit, food/shelter clients, client assistance/bus passes/gas cards, "Discover Detroit" Day Camp-8/1/15 – 8/31/15 and miscellaneous expense.

**Clientele: Victims of domestic violence and sexual assault:**

- Women in need of temporary emergency shelter and supportive services who have been physically, emotionally, sexually and economically abused and their minor children who have been abused directly or indirectly.
- Woman who may not need shelter, but seek to eliminate violence from their lives.
- Women in crisis who need referrals to counseling or to other community agencies.
- Women who need legal assistance in filing Personal Protection Orders, (PPO)
- Women who need life-skills training and resource search development.

The average age of a client is 22-25 years, with an average of three to four children ranging in age 0-8 years, who have been in, sometimes, lengthy power and control relationships. While providing for their children, they are emotionally drained. Many are lacking education and do not have adequate lifeskills or parenting skills necessary to provide safety for themselves or their children. Economics is also a major factor. Many of the women have little or no income. Women are becoming the sole financial supporters of many families. Frequently, childcare is too costly or unavailable. The lack of education and poor work skills has caused women to rely on public assistance or jobs providing very low wages for economic support. Women are also experiencing alcohol and substance abuse, which may have been voluntary or involuntary on the part of the woman to sedate or endure the affects of domestic violence or sexual assault. The children experience emotional problems, and negative behaviors are acted out. The parent child relationship is often strained or sometimes broken down.

**Client Outreach**

The program is publicized through educational presentations and trainings, police departments, courts, other shelters, hospital emergency rooms, former residents and through other human services organizations. Additionally, educational presentations are conducted free of charge to schools, churches, social, civic, governmental organizations, business and sports groups. Information outlining the services is publicized in all aspects of media coverage, a PBS TV documentary, Public Service Announcements, brochures and pamphlets as well as through word of mouth. Additionally, information is available on the agency website, [www.ywcadetroit.org](http://www.ywcadetroit.org).

**4. PERSONNEL**

**NAME ALL STAFF BEING FUNDED BY THE NOF BUDGET.**

1. Director
2. Shelter Administrator

The Service shall be performed by qualified personnel. Personnel performing trades, professional, health or food services, AS APPLICABLE, shall maintain the appropriate permits, licenses or other credentials as may be required by State or local law. Job descriptions and credentials for all personnel providing Services hereunder shall be kept on file by the Subrecipient and shall be available for review by the City.

### YWCA Interim House Staff

Title/Position	# of FTE/PT	Qualifications /Degrees, etc.	Hrs/Wk	Job Description
Director		BSW 5 Yrs. Exp.	35	Overall supervision of shelter operations
Shelter Administrator	1	Associate Bus. Mgr. 20 years of Experience	35	Day-to-day operations of shelter, budget administration,
Victim Advocate	1	Bachelor's Degree/Exp.	35	Community outreach, filing of PPO, supp group. Advocacy
Resident Advocate	(5)/PTE	High School/Exp.	31.5	Resident support and advocacy
Maintenance	.5	High School/Exp.	21	Maintenance support
Maintenance Tech	1	High School/Exp.	35	Technical maintenance support and Bldg. repairs
Children 's Counselor	.5	MA/Psychology/Exp.	20	Individual and group counseling
Senior Social Worker/Prog.Mgr.	1	Master's Degree SW/Exp	35	Supervision of counselors, individual and group counseling
Special Needs Counselor	1	Master's Degree SW/Exp	35	Special needs counselors, individual and group counseling, mental health

### 5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE

- A) Project Site: 8200 Marygrove, Detroit, MI 48221 (Confidential Location)  
Administrative Office: 985 East Jefferson Avenue, Detroit, MI 48207
- B) Provide the service area: City-wide primarily, but residents may come from other surrounding communities.
- C)

Activity	HOURS OF CURRENT PROGRAM	Location Address (include zip code)***

<b>SUNDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, recreational activities, childcare activities, on-call counseling	24-hours	Location Confidential 48221
<b>MONDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, individual and group counseling domestic and sexual violence counseling, childcare services, transportation, martial and activity recreational activities, support groups, Nurse Betty Community Care Communication, outside agency support	24-hours	Location Confidential 48221
<b>TUESDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, individual and group counseling domestic and sexual violence counseling, childcare services, transportation, support group DV, martial and activity recreational activities, DV supports groups, outside agency support	24-hours	Location Confidential 48221
<b>WEDNESDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, individual and group counseling domestic and sexual violence counseling, childcare services, transportation, house meeting, AIDS Partnership of Michigan, martial and activity recreational activities, house meeting, outside agency support	24-hours	Location Confidential 48221
<b>THURSDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, individual and group counseling domestic and sexual violence counseling, childcare services, transportation, parenting, tutoring, martial and activity recreational activities, parenting, outside agency support	24-hours	Location Confidential 48221
<b>FRIDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, individual and group counseling domestic and sexual violence counseling, childcare services, transportation, Sexual assault support group, martial and activity recreational activities, outside agency support	24-hours	Location Confidential 48221
<b>SATURDAY</b>	Shelter, meals, crisis intervention, referrals, on-call advocacy, individual and group counseling domestic and sexual violence counseling, childcare services, transportation, martial and activity recreational activities, on-call counseling	24-hours	Location Confidential 4 Location Confidential 48221

To the extent possible, the Subrecipient shall provide a safe and healthy environment for Project activities hereunder. All applicable occupancy permits, fire inspection reports, elevator inspection reports, and/or other building or health code permits, licenses and certificates shall be posted in a conspicuous place on the Subrecipient's premises which constitute a base of operations for Project Services.

## 6. PERFORMANCE SCHEDULE

### A.

During the term of this Agreement the Subrecipient shall, at a minimum, provide **182,268 service units** to a minimum of **1,332 persons**. On a monthly basis, the Subrecipient shall strive to meet the goal to provide **15,198 units** of project services to an average of **111 persons**.

### Units of Service

Description of Units of Service	Measurement	Projected 2014-2015	Projected Monthly
Adult Clients	1 unit = 1 Client	420	35
Children Clients	1 unit = 1 Client	912	76
Families	1 unit = 1 Family	324	27
Singles	1 unit = 1 Single	96	8
Shelter Nights/67-Bed Facility	1 unit = 1 Shelter Nights	21,960	1,830
Meals Served	1 unit = 1 Meal	65,760	5,480
Individual Counseling	1 unit = 15 Min	15,792	1,316
Group Counseling	1 unit = 15 Min	4,380	365
Support Groups	1 unit = 15 Min. X No. of Participants	4,896	408
Case Management/Resident Advocacy	1 unit = 1 Instance	900	75
Victim Advocacy/DV	1 unit = 1 Advocacy	5,796	483
Personal Protection Orders	1 unit = 1 PPO	1,044	87
Victim Advocacy/Sexual Assault	1 unit = 1 Advocacy	216	18
Child Care Services	1 unit = 15 Min. of Child Care Services X No. of Participants	43,620	3,635
Life-skills Training	1 unit = 1 Instance	240	20
Community Presentations	1 unit = 1 Instance	48	4
Crisis Calls	1 unit = 1 Crisis Call	4,896	408
Referrals	1 unit = 1 Referral	5,160	430
Recreational Activities	1 unit = 1 Instance	240	20

Tutoring	1 unit = 15 Min. of Tutoring X Participants	2340	195
Info/Packet/Brochures/Email Public Awareness/Event	1 unit = 1 Packet 1 unit = 1 Instance	3,000 48	250 4
Transportation Bus Tickets/Gas Card/Van Transport	1 unit = 1 Instance	600	50
<b>TOTAL UNITS</b>		<b>182,268</b>	<b>15,189</b>

## SPECIAL EVENTS

Proposed Date 10/01/ 2014 – 09/30/ 2015	Description of Events
October	<p>Domestic Awareness Month Activities</p> <p>1-Lauch of Purple Ribbon Giving Campaign to 3/31/2015</p> <p>2-YWCA Interim House History 6PM</p> <p>3-Mary Kay Makeovers 6PM</p> <p>4-AKA Luncheon/Line Drive</p> <p>7-Movie Night Enough and "Sleeping with Enemy"</p> <p>9-Praise Dance Presentation</p> <p>11-KIDZ Movie Night 8-10 PM</p> <p>13- Healthy Food Fest</p> <p>14-Survivors Striving To Succeed 6PM</p> <p>15 –3rd Anniversary of Exercise Room/Fitness Fest 6 PM</p> <p>16- "Pamper Me" –Makeover 6PM</p> <p>17- WOW= Women On Wear-Silent Auction</p> <p>18-Sweetest Day – Bake Off 11-3 PM</p> <p>21 – The Magic of Science @ 6:00 PM</p> <p>23 –Great Steak-Out Dinner @ 6:00 PM</p> <p>25- Healing Hearts Luncheon –Noon</p> <p>Masquerade Ball/Local 228-Stering Hgts., MI 8 PM</p> <p>27-Men Can Stop DV-Marygrove College 6PM</p> <p>28 –Allstate Women's Empowerment @ 6:00 PM</p> <p>29-Halloween Party Metro Riverfront Club -6 PM</p> <p>30-"Because I'm Happy-Fashion Show 6PM</p> <p>31 – Halloween Party – @ 5:00 PM</p>
November	<p>4- Movie Night –</p> <p>10-Say It's Not So-Silent Auction</p> <p>18- Cotton Candy Movie Night</p> <p>25- Pre-Thanksgiving Dinner/Fashion Show @ 5:00</p> <p>27-Thanksgiving Day Dinner w/Gtr. Grace Temple</p> <p>29-Black Friday-More 4 Merit Store</p>

December	<p>6-Decorate Shelter/ Girl Scouts/Hartford – 1-4 PM  9-Christmas Scrapbooking Workshop-6PM  10-Arts and Crafts for Kidz - Coming Home For Christmas 6PM  12-Cotton Candy-December Birthdays/New Prospect MB Church/11AM  15-Jimmy Kids/Christmas Party/Gifts/Santa – 3PM  16-Decorating Gifts Baskets for Mothers by their children 6-7PM  19-Santa Pat/Gifts/Cookie Bake  20-Toy Fest PM Millennium Center 6-9 PM  21-Christmas Luncheon/Gifts-Quicken Loan Employees  22-Cooley Law  Girls For Global Growth/Household Shower  22-Christmas Concert-Frank Fisher 6PM  23-Christmas Door Decorating Contest Result/Winners 6 PM  23-Shelter Christmas Party/Residents/Santa  25-Christmas Dinner-Unique Women Bazar</p>
January	<p>6-Movie Night- The Bridge (Edmund Pettus Bridge)  19-MLK Day Celebration  27-Movie Night -</p>
February	<p>Black History Month  1-Super Bowl Sunday Party/Game 3PM – 9PM  14-Movie Night/Valentine Treats  28-BHM Dinner @6:00 PM</p>
March	<p>7-Sports Movie Night-TBA  17-St. Patrick Day/Green Clothes/Special Dinner @ 6:00  Childcare Slumber Party/Games/  Other Activities TBA</p>
April	<p>4--Easter Egg Hunt  13-Post Easter Parade Fashion Show-Kids  YWCA Interim House Honors.....  Other Activities TBA</p>
May	<p>11-Mother's Day Recognition  Movie Night  Memorial Day BBQ  Other Activities TBA</p>
June	<p>Movie Night  School's Out Activity  Other Activities TBA</p>
July	<p>4-BBQ and Games  Movie Night  Other Activities TBA</p>
August	<p>1-31  "Discover Detroit" Day Camp – Adults/Children, daily camp activities, two off-site activities, snacks, 10AM-3PM</p>

	Other Activities TBA
September	4-Back to School Rally/Distribution of Book Bags/Supplies 6-Labor Day Picnic Movie Night Other Activities TBA

## 7. ANNUAL MEASURABLE PROJECT OUTCOMES

The overall goal of this project is to accomplish the following measurable annual outcome

<u>Condition</u>	<u>Instrument</u>	<u>Quantity or % Accomplished</u>
Homeless due to domestic or sexual violence	YWCA Interim House Program	75% percent of hotline callers being placed in emergency shelter
Lacking knowledge of the dynamics of domestic and sexual abuse.	Individual and group counseling	80% gained knowledge of the dynamics of domestic and sexual violence
Low self-esteem	Individual and group counseling	80% gained self-confidence
Assistance with Client Action-Plan/pathway to self-sufficiency	Individual and group counseling	80% realized their ability to control their lives and how to set goals and boundaries
Needing basic life-skills	Life-skills Training	85% gained knowledge of financial planning, computer literacy, self-governance
Access to legal services	Victim Advocacy	80% successful in obtaining legal services, victim advocacy PPO filing, court accompaniment, safety-planning
Lacking Parenting Skills	Parenting Classes	80% demonstrated increased awareness of the requirements and goals of parenthood
Access to childcare services On-site	Child Care Center	100% utilization of childcare services
Access to housing information/searches/resources	Case management and access to referral agencies for housing and resources	70% secured permanent affordable house
Needing assistance with employment training and job searches	Case management and access to referral agencies for employment	60% gained employment and new employment skills training

	and resources	
Access to additional resources	Referrals to additional agencies providing resources	85% gained access to supportive services available from community resources through Black Family Development, Community Home support, Southwest Solutions
Access to additional supportive group counseling	Support groups	80% gained knowledge that they were not alone, an understanding of grief/loss, created hope for their future and gained better a understanding of how to build a healthy relationship
Lacking an understanding of domestic violence	Individual and group counseling for children	90% gained an understanding of the dynamics to domestic and help them to understand they were not the blame,
Exhibiting behavioral problems	Individual and group counseling for children	90% demonstrated improved behavior and interaction with staff with parent/peers/staff
Access to positive environment	Child Care Center	80% completed parenting projects and demonstrated increased self-esteem, and participated team activities

**EXHIBIT B  
BUDGET  
YWCA OF METROPOLITAN DETROIT-YWCA Interim House  
City of Detroit Community Development Block Grant  
2014 – 2015 NOF FUNDING**

Complete the following budget form for the requested public activity		Amount from Other Funding	Amount from 2013-2014 CDBG/NOF
Account Title	Description		
<b>PERSONNEL</b>			
Director	\$25.64 per hour x 12 hours/week x 52 weeks	50,000.00	\$16,000.00
Payroll Taxes	7.65% FICA & Medicare	3,825.00	1,224.00
Shelter Administrator	\$19.21 per hour x 13.5 hours/week x 52 weeks	28,800.00	13,485.00
Payroll Taxes	7.65% FICA & Medicare	2,203.00	1,032.00
<b>OPERATING EXPENSES</b>			
Utilities	Heat, Electricity, Water	-0-	40,000.00
Communication	Telephone/Internet/Fax @ \$334 X 12 Months	2,000.00	4,008.00
Transportation	Van Fuel-Maintenance Client appointments(Housing/Bus./Medical)	2,000.00	1,000.00
Consumable Supplies	General Office/Shelter Supplies	20,00.00	3,000.00
Printing	Brochures, Flyers, Information Cards/Printing	2,000.00	2,000.00
Insurance	Liability, Worker's Compensation, Automobile	10,000.00	10,000.00
<b>SPECIFIC PROGRAM EXPENSES</b>			
Food/Shelter Clients	Food and Food Supplies	7,500.00	2,211.00
Client Assistance	Bus Passes/Gas Cards	5,000.00	1,000.00
Client/Day Camp/Aug.	"Discover Detroit" Summer Day (45 Adults/Children) Camp/Activities/Materials/Bus/ 10AM-3PM @ 240.00 per day X 21 days-August 1-31,2015	-0-	5,040.00
Miscellaneous	Miscellaneous Program Expense	5,000.00	1,000.00
<b>TOTAL AMOUNT REQUESTED FROM CDBG</b>		<b>\$138,328.00</b>	<b>\$100,000</b>

\*This total amount of \$ 8,333 .00 is an estimate of the groups monthly reimbursement request.

**EXHIBIT N**  
**CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY**  
**EXCLUSION LOWER TIER COVERED TRANSACTIONS**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, principal proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant further agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

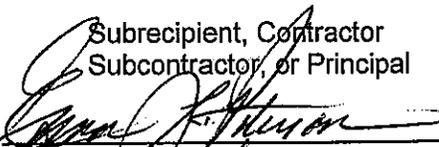
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS.**

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Subrecipient, Contractor  
Subcontractor, or Principal

By: 

Its: President/CEO

Date: 11/7/14

**Exhibit O**  
**Certification Regarding Lobbying**

The undersigned certifies, to the best of his knowledge or belief, that:

(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

**Subrecipient Organization Name:** \_\_\_\_\_

Authorized Representative's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

## CERTIFICATION - DRUG FREE WORKPLACE REQUIREMENTS

- A. The grantee certifies that it will provide a drug-free workplace by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  2. Establishing a drug-free awareness program to inform employees about...
    - a. The dangers of drug abuse in the workplace
    - b. The grantee's policy of maintaining a drug-free workplace
    - c. Any available drug counseling, rehabilitation and employee assistance programs and;
    - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
  3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1).
  4. Notifying the employee in the statement required by paragraph (1) that as a condition of employment under the grant, the employee will:
    - a. Abide by the terms of the statement; and
    - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
  5. Notifying the agency within ten days after receiving notice under subparagraph (4) (b), from an employee or otherwise receiving actual notice of such conviction;
  6. Taking one of the following actions within 30 days of receiving notice under subparagraph (4) (b) with respect to any employee who is so convicted...
    - a. Taking appropriate personnel action against such an employee, up to and including termination; or

h. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

c. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1) (2) (3) (4) (5) (6).

A. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street Address:  
City:  
State:  
County:  
Zip Code:

*Way Metropolitan Detroit*  
Name of Organization  
*[Signature]*  
Authorization Representative's Signature  
*Emma L. Peterson*  
Printed/Typed Name  
*President / CEO*  
Title  
*11/7/14*  
Date

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }  
City of Detroit }

CITY CLERKS OFFICE, DETROIT

I, Janice M. Winfrey

State, do hereby certify that the annexed paper is a TRUE COPY OF RESOLUTION, City Clerk of the City of Detroit, in said

Approved by the Emergency Manager for the City of Detroit on

in accordance with EM Order No. 3 dated Thursday, June 12, 2014 April 11, 2013.

as appears from the Journal of said City Council in the office of the City Clerk of Detroit, aforesaid; that I have compared the same with the original, and the same is a correct transcript therefrom, and of the whole of such original.

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of said City, at Detroit, this 28th

day of April A.D. 2015

  
CITY CLERK

2014/2015

COBG

CC APPROVED

Contract Not Listed

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

By Council Member Leland:

RESOLVED That, the Detroit City Council hereby approves as part of the 2014-15 Budget the allocations for the 2014-2015 Community Development Block Grant program (which includes the Neighborhood Opportunity Fund), as provided in the attached Schedule A.

2014-2015 SCHEDULE A

Dept.	Action	Appr.#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13534	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,875	\$ -2,059,252
PDD	Decrease	13534	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	\$ -1,653,018
PDD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	\$ -22,700
PDD	Decrease	13169	PDD — Planning	ADPLN	\$ -1,013,567	\$ 500,000	\$ -513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	\$ -690,669
PDD		13611	Soc. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
SUB-TOTAL					\$ 8,746,361	\$ 3,808,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	\$ -3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 0	\$ 0
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 3,358,245	\$ 3,333,245
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
SUB-TOTAL					\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Easton Market Shed Rehab.	CREH	\$ 300,000	\$ 0	\$ -300,000
SUB-TOTAL					\$ 0	\$ 0	\$ 0
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 8,500,000	\$ 8,500,000
SUB-TOTAL					\$ 0	\$ 20,000,000	\$ 20,000,000
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11798	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turinai Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12428	St John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11898	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11808	United Community Housing Coalition	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11809	YWCA Interm House	HPS	\$ 0	\$ 100,000	\$ 100,000
SUB-TOTAL					\$ 2,269,216	\$ 2,250,000	\$ 19,216
DD	Decrease	13009	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	\$ -8,000,000
DD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
DD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
DD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 400,000	\$ 0	\$ -400,000
DD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 6,400,000	\$ 7,000,000	\$ 600,000
SUB-TOTAL					\$ 2,941,365	\$ 2,000,000	\$ 941,365
DD	Increase	13170	POD — Housing Services	HRTA	\$ 2,941,365	\$ 3,399,934	\$ 458,569
DD	Increase	11478	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,436,350	\$ 136,350
DD	Increase	04775	Adult Working Services	PFR	\$ 0	\$ 134,650	\$ 134,650
DD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	00698	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
DD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 120,000	\$ 120,000

Dept	Action	APRLE	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 187,000	\$ 187,000
PDD	Increase	13645	North Roseville Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04898	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13378	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
PDD	Decrease	13187	PDD — Development	SUB-TOTAL	\$ 500,000	\$ 1,486,390	\$ 200,000
PDD	Decrease	12045	Unassigned Projects	SUB-TOTAL	\$ 2,468,905	\$ 0	\$ 2,468,905
PDD	Increase	07523	Accounting Aid Society	PS	\$ 3,877,644	\$ 0	\$ 3,877,644
PDD	Increase	11499	Coleman Young	PS	\$ 3,877,644	\$ 0	\$ 3,877,644
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	06709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Mercy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10105	Alkebu-lan Village	SUB-TOTAL	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13841	East Michigan Christian	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10820	Jefferson Business Association	SUB-TOTAL	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04683	Alzheimer's Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dulay United Action Council	SUB-TOTAL	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10621	L&L Adult Day Care	PS/ Seniors	\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	05682	LASED	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11993	Matrix Human Services — Reuther Center	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase			PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase			PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000

Ord. Action	ADDL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD Increase	05149	Adult & Wellness Center St. Patrick Senior Center	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	13529	Section 108 Loans	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	13529	Book Cadillac	PS	\$ 0	\$ 550,000	\$ 550,000
PDD	13529	Ferry Street	REPAY	\$ 7,334,888	\$ 3,500,000	\$ 3,834,888
PDD	13529	Fort Shelby	REPAY	\$ 1,820,958	\$ 641,268	\$ 1,179,690
PDD	13529	Garfield	REPAY	\$ 337,109	\$ 67,109	\$ 270,000
PDD	13529	Garfield II	REPAY	\$ 1,857,125	\$ 857,125	\$ 1,000,000
PDD	13529	Garfield Geothermal	REPAY	\$ 242,648	\$ 17,648	\$ 225,000
PDD	13529	Garfield Sugar Hill	REPAY	\$ 542,199	\$ 432,199	\$ 110,000
PDD	13529	Mexicantown	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD	13529	Now Amsterdam	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD	13529	Shubertown	REPAY	\$ 437,438	\$ 187,438	\$ 250,000
PDD	13529	Vernor Lawndale	REPAY	\$ 847,787	\$ 447,787	\$ 400,000
PDD	13529	Woodward Garden	REPAY	\$ 32,264	\$ 3,264	\$ 29,000
PDD Increase	13635	Public Park Improvement	REPAY	\$ 122,992	\$ 72,992	\$ 50,000
			REPAY	\$ 919,826	\$ 619,826	\$ 300,000
			REPAY	\$ 7,334,888	\$ 3,500,000	\$ 3,834,888
			PI	\$ 0	\$ 1,000,000	\$ 1,000,000
				\$ 0	\$ 187,144	\$ 187,144
			SUB-TOTAL P&DD	\$43,890,841	\$28,562,866	\$15,327,975
			SUB-TOTAL OTHER DEPARTMENTS	\$ 0	\$ 0	\$ 0
			TOTAL	\$43,890,841	\$28,562,866	\$15,327,975
REVENUE				\$ 310,000	\$ 310,000	\$ 0
PDD	06040	Planning and Development Program Income		\$ 1,132,419	\$ 1,132,419	\$ 0
PDD	13529	Section 108 Loan		\$31,233,230	\$32,109,171	\$ 875,941
PDD Increase	06102	Planning and Development Letter of Credit		\$32,675,649	\$33,581,590	\$ 905,941
			TOTAL:	\$34,141,308	\$34,033,510	\$ 107,798

Adopted as follows:  
 Yeas — Council Members Benson, Cushingberry, Jr., Jenkins, Leland, Shellfield, Spivey, Tate, and President Jones — 8.  
 Nays — None.

# City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date: April 1, 2015

Department: Planning & Development Division: NSS

Dept Head/Contact Person: Arthur Jemison

Phone No.: 224-2670

Description: CDBG

Contract No.: 2895714

PO Type: Prof Svc - CPO Est. Value: \$ 225,000

Contract Term (if applicable **October 1, 2013 – December 31, 2016**)

Funding: City \_\_\_\_\_% State \_\_\_\_\_% Federal 100 % Other: \_\_\_\_\_ %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: **YWCA of Metropolitan Detroit –Emergency shelter** Required Date: A.S.A.P.

✓ Is the product or service ESSENTIAL to department operations?  Yes  No

If "Yes" please explain why: Required activity in to stay within HUD guidelines to offer services to the Homeless Citizens of Detroit.

Consequence of not buying: Lack of above cited services to an area whereby 97% of the population qualify as participants.

✓ Was the product or service competitively bid?  Yes  No (RFP)  
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:

\_\_\_\_\_

✓ Was a Co-Operative Agreement Considered?  Yes  No Co-Operative Name: \_\_\_\_\_

If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

N/A

✓ Were savings achieved?

Yes Amount \$ \_\_\_\_\_  No

Were additional savings requested? (10%)  Yes  No

✓ Does the supplier currently provide other goods and services to the City?  Yes  No

If yes please list: Same as above.

✓ The business being awarded is **Amendment to contract**

If #6 is a renewal provide justification for renewal: \_\_\_\_\_

If #6 is a increase/decrease does this represent:

Variance in unit price only (Current unit price \$ \_\_\_\_\_ Suggest Unit Price \$ \_\_\_\_\_ )

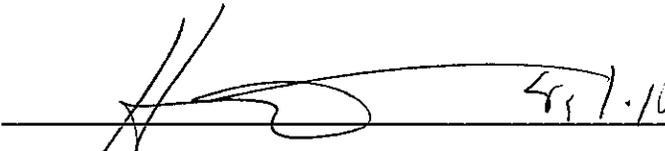
- Change in amount/volume of the good or service to be used (no change in unit price)
- ✓ Is this good/service used by other departments?  Yes  No
- If "yes" can this req/par be combined other department requirements.?  Yes  No
- ✓ Is this a service that can be performed by City employees?  Yes  No
- Is this a service that City employees can be trained to do?  Yes  No
- 

NOTES: Case management as to shelter, food and enhancing job skills, tailored towards women and children.

---

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: 5/1/10

INFORMATION PROVIDED BY: Harold Franklin Bryant

TITLE: NSS

PHONE NO. 313-628-0114

PS & HPS SCORING FORM 2014

TOTAL POINTS SCORED

96

Attachment: 2

Proposal # 041 Organization Name: YWCA of Metropolitan Detroit

Reviewer Signature: S. Pawelk

**Summary of Scoring Rules**

Proposals will be ranked and scored on a 100 point scale, with 0 being the lowest and 100 the highest score. Proposals must score at least 70 points to be recommended for funding.

5 points: criterion is very strong

4 points: criterion is strong

2 points: criterion is acceptable

0 points: criterion is incorrect, incomplete or missing

**Public Service Ranking**

		Max Points	Score
	<b>I. CONSOLIDATED PLAN</b>		
1.	Meets City Consolidated Plan Priority	5	5
	<b>II. ORGANIZATIONAL INFORMATION</b>		
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	4
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
	<b>III. MANAGEMENT PLAN</b>		
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Developed a funding action plan for the activity/(ies) you plan on funding -- <i>MP-2</i>		

96

Attachment: 2

Proposal # 041 Organization Name: YWCA of Metropolitan Detroit

Reviewer Signature: S. Paulk

**Summary of Scoring Rules**

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**Public Service Ranking**

		Max Points	Score
<b>I. CONSOLIDATED PLAN</b>			
1.	Meets City Consolidated Plan Priority	5	5
<b>II. ORGANIZATIONAL INFORMATION</b>			
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	4
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
<b>III. MANAGEMENT PLAN</b>			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding - <i>MP-2 (Page 9)</i>	5	5
7.	Provided a timing plan for Project/Activity - <i>MP-3 (Page 9)</i>	5	4
<b>IV. PROJECT DESCRIPTION</b>			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 &amp; PS 1 thru PS 3 (Page 1 and 11)</i>	5	5
9.	Project clearly specifies operational structure serving the community residents -- <i>PS-4 thru PS 12 (Page 11 - 12)</i>	5	5
10.	Service is provided in at least one of HHF the areas shown in green on the Detroit Land Bank Authority map section of this Information Package- <i>PS-13 thru PS-19 and support letters (Page 12)</i>	5	5
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control-- <i>PS-16 thru PS 19 and support letters. (Page 12 &amp; 13)</i>	5	5
<b>V. OUTPUTS AND OUTCOMES</b>			
12.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	5
13.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	5
14.	Demonstrated successful lasting benefits for program outcome/evaluation- - <i>Out -4 (Page 14)</i>	5	5
15.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	4
<b>VI. BUDGET</b>			
16.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.-- <i>Bud-1 thru Bud - 7 (Page 15)</i>	5	4
17.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	5
18.	Demonstrated acceptable financial management system-- <i>Bud-11 (Page 16)</i>	5	5
19.	Budget is accurately computed-- <i>Bud-12 (Page 17)</i>	5	5
20.	Budget is reasonable, necessary, related to proposed activity-- <i>Bud-12, Bud-13, and Bud-14. (Page 17)</i>	5	5
<b>TOTAL</b>		<b>100</b>	

SEP 28 2016

Date Submitted:

### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PLANNING & DEVELOPMENT - NEIGHBORHOOD SUPPORT SERVICES

Contact: G. PRYOR Project Manager: K. BAITINGER Phone: 313-224-4172 Fax: 313-224-2321

Type of Clearance:  New  Renewal (Please submit 30 days prior to submitting bid of expiration date)

<p>A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 512 Detroit, MI 48226 Fax: (313) 224-4588</p>	<p>For: Individual or Company Name: <u>YWCA of Metro Detroit</u> Address: <u>985 E. Jefferson</u> <u>DETROIT, MI 48207</u> Telephone: 313-259-9922 Ext Fax:</p>
--	---

A. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above) <u>Emma L. Peterson</u>	Telephone:
B. Employer Identification of Social Security Number  <u>38-1360596</u>	Spouse Social Security Number
Nature of Contract: <u>HOMELESS SERVICES</u>	CONTRACT AMOUNT (if known): <u>LABOR MATERIALS</u>
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?

YES  NO Signature: LUCHETTA JENNINGS Date: AUG 20 2014 Expires: AUG 20 2015  
 YES  NO Signature: LUCHETTA JENNINGS Date: SEP 28 2015 Expires: SEP 28 2016

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION  
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER  
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION IA: PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT CAYMC Suite 908

DATE SENT 9/3/15 CONTACT PERSON Clinton Griffin

PHONE NUMBER 224-9121 FAX NUMBER 628-2064 EMAIL cgriffin@detroitmi.gov

CONTRACT AMOUNT: \$100,000.00

SECTION B: CORPORATION

LICENSE TYPE N/A

CORPORATION NAME YWCA of Metro Detroit

ADDRESS 985 E. Jefferson Detroit, MICHIGAN ZIP 48207

CITY PERSONAL PROPERTY NUMBER #05990040-00 05990042-20

FID / EIN NUMBER# 38-1360596

CONTACT PERSON: Emma Peterson

PHONE NUMBER: 313-259-9922

SECTION C: PARTNERSHIP

LICENSE TYPE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OWN LEASE

CITY PERSONAL PROPERTY NUMBER \_\_\_\_\_

FID / EIN NUMBER \_\_\_\_\_

A: PARTNER'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OWN LEASE

DRIVER'S LIC/ENSE # \_\_\_\_\_

OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_

B. PARTNER'S NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OWN LEASE

DRIVER'S LICENSE # \_\_\_\_\_

OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OWN LEASE

CITY PERSONAL PROPERTY NUMBER \_\_\_\_\_

FID / EIN NUMBER \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

SECTION E: PERSONAL SERVICES

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY/STATE/ZIP \_\_\_\_\_

OWN LEASE

PHONE NUMBER \_\_\_\_\_

DRIVER LICENSE # \_\_\_\_\_

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

DENIED WITH ATTACHMENTS

SEP 29 2015

SIGNATURE

DATE

CLEARANCE VALID UNTIL

JAN 15 2016

REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES

**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being a duly authorized representative of the JWCA Metropolitan Detroit (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit. ("hereinafter" City); obligating the Contractor and all sub-contractors 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-contractors 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. 27-3-2, Section (e).

RFQ / PO No. \_\_\_\_\_

Printed Name of Contractor: JWCA Metropolitan Detroit  
(Type or Print Legibly)

Contractor Address: 985 E. Jefferson Detroit MI 48207  
(City) (State) (Zip)

Contractor Phone/E-mail: 313/259-9922 x203 ; epeterson@jwcaofdet.com  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Emma L. Peterson

Signature of Authorized Representative: [Signature]

Date: 11/7/14

Signature of Notary: [Signature]

Printed Name of Seal of Notary: CAMILLE ANN EVANS

My Commission Expires June 6, 2015

CAMILLE ANN EVANS  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES JUN 6, 2015  
ACTING IN COUNTY OF Wayne

Cov. Rec'd: <u>4/8/15</u> in _____	For Office Use Only: Department Name: <u>PDD</u>
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
<u>Christi B. Nyeine, Executive Manager</u>	



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TC

DATE (MM/DD/YYYY)  
07/15/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER <b>Brownrigg Companies, Ltd.</b> 840 West Long Lake Rd Ste 100 Troy, MI 48098 Nancy L. Brownrigg	CONTACT NAME: <b>Nancy L. Brownrigg</b>
	PHONE (A/C, No, Ext): <b>248-373-5580</b> FAX (A/C, No): <b>248-792-2752</b> E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>YWCAO-1</b>
INSURED <b>YWCA of Metro Detroit</b> <b>Emma Peterson</b> <b>985 E. Jefferson #101</b> <b>Detroit, MI 48207</b>	INSURER(S) AFFORDING COVERAGE      NAIC #
	INSURER A : <b>Alliance of Non Profits</b>
	INSURER B : <b>Markel Insurance Company</b>
	INSURER C : <b>North American Elite Insurance</b>
	INSURER D :
	INSURER E :

**COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X		12873	04/10/2015	04/10/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			12873	04/10/2015	04/10/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	MWC0061982	05/10/2015	05/10/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
	C	Property		CWB0011857	04/10/2015	04/10/2016	Contents 67,600

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES. (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The City of Detroit is added as an additional insured

**CERTIFICATE HOLDER****CANCELLATION**

CITY--4  City of Detroit 65 Cadillac Square, Suite 1900 Detroit, MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <b>Nancy L. Brownrigg</b>
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# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TC

DATE (MM/DD/YYYY)

07/15/2015

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<b>PRODUCER</b> Brownrigg Companies, Ltd. 840 West Long Lake Rd Ste 100 Troy, MI 48098 Brownrigg Companies Ltd	<b>CONTACT NAME:</b> Nancy L. Brownrigg		
	<b>PHONE (A/C, No, Ext):</b> 248-373-5580	<b>FAX (A/C, No):</b> 248-792-2752	
<b>E-MAIL ADDRESS:</b>			
<b>PRODUCER CUSTOMER ID #:</b> YWCAO-1			
<b>INSURED</b> YWCA of Metro Detroit Emma Peterson 985 E. Jefferson #101 Detroit, MI 48207	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	<b>INSURER A:</b> Alliance of Non Profits		
	<b>INSURER B:</b> Markel Insurance Company		
	<b>INSURER C:</b> North American Elite Insurance		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
<b>INSURER F:</b>			

**COVERAGES**

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADOL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	GENERAL LIABILITY	X	12873	04/10/2015	04/10/2016	EACH OCCURRENCE	\$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 500,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 20,000	
						PERSONAL & ADV INJURY	\$ 1,000,000	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$ 3,000,000	
						PRODUCTS - COMPI/OP AGG	\$ 3,000,000	
							\$	
A	AUTOMOBILE LIABILITY		12873	04/10/2015	04/10/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$	
<input checked="" type="checkbox"/> HIRED AUTOS		\$						
<input checked="" type="checkbox"/> NON-OWNED AUTOS		\$						
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
							\$	
B	UMBRELLA LIAB		MWC0061982	05/10/2015	05/10/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTHER	
	EXCESS LIAB					CLAIMS-MADE	E.L. EACH ACCIDENT	\$ 500,000
	DEDUCTIBLE						E.L. DISEASE - EA EMPLOYEE	\$ 500,000
	RETENTION \$						E.L. DISEASE - POLICY LIMIT	\$ 500,000
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below								
C	Property		CWB0011857	04/10/2015	04/10/2016	Contents		
								67,600

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

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[< Enter New Search Criteria for Risk Retention Groups >](#)

### DIFS Detailed Information for a Risk Retention Group

**ALLIANCE OF NONPROFITS FOR INSURANCE, RISK RETENTION GROUP**  
2386 Airport Rd

**NAIC #:** 10023

**State of Domicile:** VT

**Contact Person:** ANDREW SARGEANT

**Phone Number:** (802) 229-5042

**Toll Free Phone Number:** (800) 872-7475

**Fax Number:** (802) 229-6280

Any Other Name Used		
Company Name	Type	Effective Date
This Risk Retention Group is doing business exclusively as: <b>ALLIANCE OF NONPROFITS FOR INSURANCE, RISK RETENTION GROUP</b>		

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State of Michigan  
John Engler, Governor

Department of Consumer & Industry Services  
Kathleen M. Wilbur, Director

Office of Financial and Insurance Services  
Frank M. Fitzgerald, Commissioner

Division of Insurance  
P.O. Box 30220  
Lansing, Michigan 48909-7720  
Toll Free (877) 999-6442  
Lansing Area (517) 373-0220  
Web site: [www.cis.state.mi.us/ins](http://www.cis.state.mi.us/ins)

March 14, 2001

Ms. Valerie C. Smith  
Regulatory Compliance Coordinator  
Vermont Insurance Management, Inc.  
For  
Alliance of Nonprofit for Insurance, Risk Retention Group  
P.O. Box 306  
Montpelier, VT 05601

RE: Alliance for Nonprofits for Insurance, Risk Retention Group  
NAIC No. 10023  
FEIN No. 06-1555320  
Risk Retention Group Registration

Dear Ms. Smith:

This letter is to notify you that registration materials for Alliance of Nonprofit for Insurance, Risk Retention Group are in order with the exception of signed copies of the reinsurance agreements and completed claims procedures. Once these documents have been finalized, please forward a copy to my attention.

We have registered your risk retention group in the State of Michigan. Please note that "registered" in Michigan does not have the same connotation as being a licensed insurance company or an approved surplus lines carrier. Please use the term "registered" rather than authorized or approved to describe the status of the risk retention group.

Your Federal Employer Identification number (FEIN) and NAIC company code will be used as the "identifiers" for your risk retention group. Be sure to include your FEIN number on all forms and/or correspondence sent to our office.

A person, firm, association, or corporation soliciting, negotiating or procuring liability insurance in Michigan is to be licensed under Chapter 12 or Chapter 19 of the Michigan Insurance Code. Please contact the Agent Licensing Division at 517-373-0234 for information.

Section 1813 of the Michigan Insurance Code states that each risk retention group is liable for the payment of a 2.5% tax (2% premium tax plus 0.5% regulatory fee) on net direct premiums written. Tax filings are done quarterly and are due thirty (30) days after the end of the quarter. Enclosed are forms to be completed and mailed with your tax payments.

If you have any questions regarding your registration or tax payments, please feel free to contact us in writing at the Office of Financial and Insurance Services, Financial Monitoring Division, P.O. Box 30220, Lansing, Michigan 48909-7720 or you may call at 517-373-0739.

Sincerely,

Sally A. Haney  
Departmental Analyst  
Financial Monitoring Division

Enclosures



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TC

DATE (MM/DD/YYYY)

04/14/2015

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PRODUCER Brownrigg Companies, Ltd. 840 West Long Lake Rd Ste 100 Troy, MI 48098 Nancy L. Brownrigg	CONTACT NAME: <b>Nancy L. Brownrigg</b>
	PHONE (A/C, No. Ext): <b>248-373-5580</b> FAX (A/C, No): <b>248-792-2752</b>
	E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: <b>YWCAO-1</b>
	INSURER(S) AFFORDING COVERAGE
INSURED <b>YWCA of Metro Detroit Emma Peterson 985 E. Jefferson #101 Detroit, MI 48207</b>	INSURER A: <b>Alliance of Non Profits</b>
	INSURER B: <b>First Comp</b>
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	12873	04/10/2015	04/10/2016	EACH OCCURRENCE \$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000					
						MED EXP (Any one person) \$ 20,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 3,000,000
						PRODUCTS - COMP/OP AGG \$ 3,000,000
						\$
A	AUTOMOBILE LIABILITY		12873	04/10/2015	04/10/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
<input checked="" type="checkbox"/> NON-OWNED AUTOS		\$				
						\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input type="checkbox"/> N	MWC0061982	05/10/2015	05/10/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
		E.L. EACH ACCIDENT \$ 500,000				
		E.L. DISEASE - EA EMPLOYEE \$ 500,000				
						E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Property Section		CWB0011857	04/10/2015	04/10/2016	Contents 67,600

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
30 Day Cancellation Clause applies for notice to Coleman A Young Municipal Center

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
CITYD-1  Coleman A Young, Municipal Ctr Housing and Revitalization Dep 2 Woodward Ave, Suite 908 Detroit, MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE Nancy L. Brownrigg

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## Hiring Policy Compliance

### Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation*, Article V, *Purchases and Supplies*, by adding Division 6, *Criminal Conviction Questions for City Contractors*, which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non-responsive and the City is permitted to deem contractor(s) in breach.

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# Hiring Policy Compliance Affidavit

I, Emma L. Peterson, being duly sworn, state that I am the President and  
CEO of YWCA of Metropolitan Detroit  
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Emma L. Peterson  
Title President/CEO Date: 11/7/14

STATE OF Michigan )  
COUNTY OF Wayne ) SS

The foregoing Affidavit was acknowledged before me the 7 day of November, 20 14,  
by Camille Ann Evans

Notary Public, County of Oakland

State of Michigan

My commission expires: June 6, 2015

CAMILLE ANN EVANS  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES JUN 6, 2015  
ACTING IN COUNTY OF Wayne

## Employment Application

### Mission of the YWCA

The YWCA of Metropolitan Detroit is dedicated to eliminating racism, empowering women and promoting peace, justice, freedom and dignity for all.

Full Name: \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Have you ever filed an employment application with the YWCA before? \_\_\_\_\_

Have you ever been employed by the YWCA before? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Branch \_\_\_\_\_

Job Title and Responsibilities \_\_\_\_\_

Do you have any restrictions on the hours you can work? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you currently employed at another job? \_\_\_\_\_ If yes, how will this affect your availability for work? \_\_\_\_\_

Do you have work location preference? \_\_\_\_\_

For which job are you applying? Check those that apply.  Professional  Program  Administrative  
 Child Care  Domestic Violence/Residential  Camp  Maintenance  Fundraising  
 Public Relations/Marketing  Finance/Accounting  Clerical  Volunteer

What special skills do you bring to this position? \_\_\_\_\_

How soon would you be available for work? \_\_\_\_\_

**Education**

College \_\_\_\_\_ Graduated \_\_\_\_\_ Degree \_\_\_\_\_

High School \_\_\_\_\_ Graduated \_\_\_\_\_ Degree \_\_\_\_\_

Other \_\_\_\_\_

Please list any other significant degrees or certification. Use additional pages if necessary. \_\_\_\_\_

**Work Experience**

Name of Employer	Position	How long in position
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is this a complete list of your employment history? \_\_\_\_\_ Is your current resume attached? \_\_\_\_\_

Are we granted permission to check all information? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

How did you hear about the YWCA of Metropolitan Detroit?  Advertisement  Employee

Relative/Friend  Internal/External Posting  Other, Please explain \_\_\_\_\_

**References**

List names and telephone numbers of three business/work references who are not related to you. If not available, list three school or personal references who are not related to you.

Name	Position	Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of any information in this application is grounds for dismissal in accordance with the policy of the YWCA of Metropolitan Detroit.

I give the YWCA of Metropolitan Detroit permission to check any and all information contained in this application.

Further, I have authorized the references listed in this application to release any and all previous employment information to the YWCA of Metropolitan Detroit.

\_\_\_\_\_  
Signature Date

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: WCA of Metropolitan Detroit  
2. Address of Contractor: 985 E. Jefferson Ave.  
Detroit, Mich. 48209  
313/259-9922, ext. 203

3. Name of Predecessor Entities (if any): \_\_\_\_\_  
\_\_\_\_\_

4. Prior Affidavit submission?  No  Yes, on: \_\_\_\_\_  
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. \_\_\_\_\_ Contractor was established in 1883 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Ernest L. Peterson (Printed Name) President / CEO (Title)  
[Signature] (Signature) 11/7/14 (Date)

Subscribed and sworn to before me  
this 7 day of November  
Carmelle Ann Evans  
Notary Public, Oakland County, Michigan  
My Commission expires: June 6, 2015

CAMILLE ANN EVANS  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF OAKLAND  
MY COMMISSION EXPIRES JUN 6, 2015  
ACTING IN COUNTY OF Wayne

[View all records for Search Results](#)

# Search Results

Current Search Terms: YWCA\* Intern\* House\*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results you can download the PDF and print it.  
No records found for current search.

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