DocuSign Envelope ID: 5FFB9156-48D9-476F-9194-2EA1DB55A039

City Council Contract Agenda Items Review Checklist

Reviewer: Wesley Norris **Date Received: 6/14/16**

Date: 6/14/16 Department: HR Division: Operations

Dept Head/Contact Person: Jason Blanks Phone No.: 313-224-3863

Description: **Citywide Staffing Contracts – Premier Staffing Source**

Contract No.: ~~2877416-A8~~ 2877577-A8 PO Type: CPA Est. Value: **$516,526.68**

Contract Term (if applicable): Upon City Council and/or FRC Approval to December 30, 2016.

Funding: 100% City of Detroit

Recommended Supplier: Premier Staffing Source

Required Date: Immediately

---

1. The business being awarded is a RENEWALCONTRACT.

2. Was the product or service competitively bid? ☐Yes ☒No
   Attach Copy of Bid Tabulation/Evaluation score sheets as needed
   If the answer to #2 is "NO" explain why there was no competition: **Contract was extended due to a new RFP will be issued for Citywide Staffing Services**

3. 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: Service is proprietary

4. Were savings achieved?
   ☐Yes Amount $_____ ☒No

5. Does this agreement represent an increase? No
   ☐ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)
   ☒ Change in amount/volume of the good or service to be used.

6. Does the supplier currently provide other goods and services to the City? ☒Yes ☐No
   If yes please list: Staffing Services
7. Is this good/service used by other departments? ☐Yes ☒No

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If "yes" can this Req/PAR be combined other department requirements? ☒Yes ☐No

8. 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: Project Manager Wesley Norris
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes

☐ **PLACE ON FINANCIAL REVIEW COMMISSION AGENDA**

☒ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: _____ DATE: 6/17/16

INFORMATION PROVIDED BY: Wesley Norris

TITLE: Project Manager

PHONE: 324-4611

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CITY OF DETROIT
AMENDMENT AGREEMENT NO. 2877577-A8
TO CONTRACT NO. 2877577-A3

THIS AMENDMENT AGREEMENT NO. is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its Human Resources Department ("City"), and Premier Staffing Source, Inc., a MD Corporation, with its principal place of business located at 4640 Forbes Blvd., #200A, Lanham, MD, 20744.

BASIC CONTRACT DETAILS:

☐ **Amend Contract Amount:**
Original Contract Amount is: 422,954.60
Amount Added to Contract is: 516,526.68
Total Amended Contract Value is: 939,481.28

☐ **Amend Contract Duration:**
Original Contract Expiration Date: 6/30/2016
Current Expiration Date: 12/31/2016

☐ **Amend Contract Terms and Conditions**

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 18 of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

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1. **AMENDMENT TO EXHIBIT A**

   The term of this contract has been revised to read:
   The contract shall be extended for a sin month term period commencing on July 1, 2016 and ending on December 31, 2016.

2. **AMENDMENT TO ARTICLE 7.01 – COMPENSATION**
   The maximum amount of compensation for the complete and proper performance of the Services under this Contract is increased by this Amendment 8 from Four Hundred Twenty Two Thousand Nine Hundred Fifty Four and 60/100 Dollars ($422,954.60) to an amount not to exceed Nine Hundred Thirty Nine Thousand Four Hundred Eighty One and 28/100 Dollars ($939,481.28).

3. **EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT**

   3.01 With the exception of the provisions of the Contract specifically contained in this Amendment, all other terms, conditions and covenants contained in the Contract shall remain in full force and effect and as set forth in the Contract.

4. **AMENDMENT AUTHORIZATION**

   4.01 This Amendment to the Contract shall not become effective until:

   a) The Amendment has been approved by the required City departments;

   b) The Amendment has been authorized by resolution of the City Council, if applicable; and

   c) The Amendment has been signed by the City's Chief Procurement Officer.

   Prior to the approvals set forth in this Section, the Chief Procurement Officer shall not authorize any payments to the Contractor pursuant to this Amendment, nor shall the City incur any liability to pay for any services or to reimburse the Contractor for any expenditure authorized by this Amendment

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City of Detroit:
Human ResourcesDepartment:

By: _____ 6/17/16
Name Date

Chief Policy & Planning Officer
Title

Contractor: Premier Staffing Source, Inc.

By: M Cooks 6/16/2016
Name Date

President / CEO
Title

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON:

7/19/16
Date

THIS AMENDMENT WAS APPROVED BY FRC ON:
(if FRC approval is not required, leave blank)

7/25/16
Date

APPROVED BY LAW DEPARTMENT PURSUANT TO § 7.5-206 OF THE CHARTER OF THE CITY OF DETROIT

DocuSigned by:
Kimberly James 8/3/2016
3925B7659A3D409...
Corporation Counsel Date

APPROVED BY THE CHIEF PROCUREMENT OFFICER

DocuSigned by:
Boysie Jackson 8/5/2016
5BFD007A85B4440...
Chief Procurement Officer Date

THIS CONTRACT AMENDMENT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE CHIEF PROCUREMENT OFFICER.

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REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Procurement/Purchasing

E-MAIL ADDRESS: RegCol@detroitmi.gov

CONTACT NAME: Regina Coleman PHONE: 313-224-2804 FAX: 313-628-1160

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

A.

To:
City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 1220
Detroit, MI 48226

Phone: (313) 224-3328 or224-3329
Fax: (313) 224-4588

For:
Individual or Company Name Premier Staffing Source, Inc.
Address 4640 Forbes Blvd, Suite 200A
City Lanham
State Maryland **Zip Code** 20706
Telephone 301-306-0774 ext 19 **Fax #** 888-723-1338
E-mail Address mcooks@premierstaffingsource.com

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)
Melanie Bilal-Douglas

Telephone # 301-306-0774 x11
Fax # 866-892-7315

Employer Identification or Social Security Number
20-0534569

Spouse Social Security Number
N/A

Nature of Contract Temporary Staffing Services

BID CONTRACT AMOUNT (if known):
Labor: $ _____ **Material: $** _____
Contract # (if known) #2877577

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** ☐ **Estate & Trust**

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, incude spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent o n someone else's tax return? ☐ Yes ☐ No
3. Were you employed in the City of Detroit durnig 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 LUCRETIA JENNINGS INCOME TAX INVESTIGATOR Date OCT 05 2015 Expires OCT 05 2016

☐ Yes ☐ No Signature _____ Date _____ Expires _____

☐ Yes ☐ No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

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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 A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW ☒ FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING& DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER

ADDRESS OF DEPARTMENT 1008 C.A.Y.M.C., Detroit, Michigan 48226
DATE SENT 10/5/2015 CONTACT PERSON Mr. Donald Bryant
PHONE NUMBER 313-224-4614 FAX NUMBER 313-628-1168 EMAIL BryantDo@detroitmi.gov
CONTRACT AMOUNT $ 1,685,000.00

☒ SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME Premier Staffing Source, Inc.
ADDRESS 4640 Forbes Blvd, Suite 200A CITY/STATE/ZIP Lanham, MD 20706 OWN ☒ LEASE
CITY PERSONAL PROPERTY NUMBER Not Applicable FID / EIN NUMBER 20-0534569
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON Myrna L. Cooks PHONE NUMBER 301-306-0774 x19 EMAIL ADDRESS mcooks@premierstaffingsource.com

☐ 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 LICENSE # 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 OWN LEASE
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

☒ APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE 6-9-16 CLEARANCE VALID UNTIL AUG 31 2016

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REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of Premier Staffing Source, Inc., (hereinafter "Contractor"), am hereby authorized to 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/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; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 43721

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization Premier Staffing Source, Inc.
(Type or Print Legibly)

Contractor Address 4640 Forbes Boulevard, Suite 200A (City) Lanham, MD (State), 20706 (Zip)

Contractor Phone/E-mail 301-306-0774 (Phone) / mcooks@premierstaffingsource.com (E-mail)

Printed Name & Title of Authorized Representative Myrna L. Cooks, President/CEO

Signature of Authorized Representative: Myrna L. Cooks

Date: January 16, 2013

*** This document MUST be notarized ***

Signature of Notary: Melanie Z. Bilal-Douglas

Printed Name of Seal of Notary: Melanie Bilal-Douglas

My Commission Expires: 1 / 29 / 2016

MELANIE Z. BILAL-DOUGLAS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
My Commission Expires 1-29-2016

FOR CONTRACTING DEPARTMENT USE ONLY

Date Rec'd: ___/___/___ Received by: _____ Title: _____

Please fax a COPY of the notarized Covenant and Award letter to the Human Rights Department (313) 224-3434

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PREMSTA-10 PPISANO

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/11/2015

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
CTK North American Insurance Services, LLC
1240 North Lakeview Avenue, #240
Anaheim, CA 92807

CONTACT NAME:
PHONE (A/C, No, Ext): (714) 779-2000 FAX (A/C, No): (714) 779-4129
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Zurich American Insurance Co. of IL	27855
INSURER B : American Guarantee and Liability Ins. Co.	26247
INSURER C : Commerce and Industry Insurance Co.	19410
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Premier Staffing Source Inc
4640 Forbes Blvd, Suite 200
Lanham, MD 20706

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		PRA590872902	08/12/2015	08/12/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			PRA590872902	08/12/2015	08/12/2016	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
B	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 4,000,000
	X EXCESS LIAB CLAIMS-MADE			UMB549960002	08/12/2015	08/12/2016	AGGREGATE	$ 4,000,000
	DED RETENTION $							$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N Y (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		8600000514151	08/08/2015	08/08/2016	E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
A	Professional Liabili			PRA590872902	08/12/2015	08/12/2016	$1M/$3M Ded $10K	
A	Crime			PRA590872902	08/12/2015	08/12/2016	Ded 1,500	250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Workers Compensation (VA)
Carrier: Liberty Mutual
Policy: WC35S542312015
Period: 8/8/15 to 8/8/16
Limits: $1m/$1m/$1m

City of Detroit named as additional insured as respects to general liability.

CERTIFICATE HOLDER

City of Detroit
Temporary Staffing Services
Municipal Center
1008 Coleman A. Young
Detroit, MI 48226

CANCELLATION

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

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Hiring Policy Compliance Affidavit

I, Myrna L. Cooks, being duly sworn, state that I am the

President/CEO of Premier Staffing Source, Inc.
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,

Myrna L. Cooks

Title: President/CEO Date: 1-16-2013

STATE OF Maryland)
) SS
COUNTY OF Prince George's)

The foregoing Affidavit was acknowledged before me the 16 day of January 20 13,
by Melanie Z. Bilal-Douglas.

Notary Public, County of Prince Georges County

State of Maryland

My commission expires: 1-29-2016

MELANIE Z. BILAL-DOUGLAS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
My Commission Expires 1-29-2016

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PREMIER STAFFING SOURCE, INC.
"People Impacting Performance!"

Home • Register • Search Jobs • Contact Us • About Us • PSS Customer Portal

Welcome, Guest. Sign In Subscribe to IMRG Inc. Open Jobs Subscribe to PSS Inc. Open Jobs

Registration

* Select an Office Near You:
* Category Of Work: Contract / Contract-to-Direct / Direct Hire / Payroll
* Type Of Work:

Selections here are for record-keeping only and do not limit the job openings you can search on or apply to.

Authorized to work in US?
Visa Status

* User ID:
* Password:
* Confirm Password:

Your password must contain at least 6 characters, including at least 1 number and 1 letter.

Prefix:
* First Name:
Middle Name:
* Last Name:
Preferred Name:
* Primary Email Address Type: Home
* Primary Email Address:
How did you hear about us?

Primary Address:
Street Address:
Building/Apt#:
City:
State:
Zip Code:

Primary Phone Type: Home
Primary Phone Number: ext
Phone (other): ext

We are an equal opportunity employer. In order to comply with Federal reporting requirements, we are required to solicit the following information. This information is voluntary and for record-keeping purposes only. It is not used to select candidates for openings.

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CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Premier Staffing Source, Inc.

2. Address of Contractor: 4640 Forbes Boulevard
Suite 200A
Lanham, MD 20706

3. Name of Predecessor Entitles (if any): _____

4. Prior Affidavit submission? ____ No __X__ Yes, on: January 18, 2013
(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 _____ (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.

Myrna L. Cooks (Printed Name) President/CEO (Title)

M Cooks (Signature) 10-26-15 (Date)

Subscribed and sworn to before me
this 26 day of October 2015

Melanie Z Bilal-Douglas
Notary Public, _____ County, Michigan Prince George's County Maryland
My Commission expires: 1-29-2016

MELANIE Z. BILAL-DOUGLAS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
My Commission Expires

DocuSign Envelope ID: 5FFB9156-48D9-476F-9194-2EA1DB55A039

SAM Search Results
List of records matching your search for :

Search Term : premier* staffing* source*
Record Status: Active

ENTITY	PREMIER STAFFING SOURCE, INC.		Status:Active
DUNS: 167095772	+4:	CAGE Code: 308K2	DoDAAC:
Expiration Date: Aug 2, 2016	Has Active Exclusion?: No	Delinquent Federal Debt?: No	
Address: 4640 FORBES BLVD STE 200 City: LANHAM ZIP Code: 20706-4885		State/Province: MARYLAND Country: UNITED STATES	

DocuSign Envelope ID: 5FFB9156-48D9-476F-9194-2EA1DB55A039

EXHIBIT C: STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

"**City Charter § 4-122, ¶ 2:** For purposes of conflicts of interest, the City shall require in all of its contractual agreements, including, but not limited to, leases, service and equipment agreements and including contract renewals, that the contractor provide a statement listing all political contributions and expenditures ("**Statement of Political Contributions and Expenditures**"), as defined by the Michigan Campaign Finance Act, MCL 169.201, et seq., made by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents or assigns to elective city officials within the previous four (4) years. Individuals shall also list any contributions or expenditures from their spouses."

Instructions: In accordance with Section 4-122 of the 2012 Detroit City Charter, you must provide the following information, sign this document, have it notarized, and submit it to the City. If additional space is needed, please enter "see additional sheet(s)" on the last row and attach additional sheets.

In Column A, enter the name of the person or company that made the contribution or expenditure. If there were no political contributions or expenditures made, enter NONE.

In Column B, enter the relationship of the donor to the contractor or vendor, that is, contractor, affiliate, subsidiary, principal, officer, owner, director, agent, assignee, or spouse of any of the foregoing who are individuals.

In Column C, enter the name of the recipient, an elective city official which under Charter § 3-107, includes only the Mayor, the City Clerk, and members of the City Council and the Board of Police Commissioners.

In Column D, enter the amount of the contribution or expenditure, as defined in the Michigan Campaign Finance Act, 1976 PA 388, MCL 169.204 and MCL 169.206.

In Column E, enter the date of the contribution or expenditure. This statement must include all contributions and expenditures within the previous four years.

A	B	C	D	E
Donor	**Relationship to Contractor/Vendor**	**Recipient**	**Amount of Contribution or Expenditure**	**Date**
Not Applicable				

DocuSign Envelope ID: 5FFB9156-48D9-476F-9194-2EA1DB55A039

(EXHIBIT C - continued)
STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

Except as set forth above, I certify that no contributions or expenditures were made to elective city officials within the previous four (4) years by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents, assigns, and, if any of the foregoing are individuals, their spouses.

I understand that the information provided in this disclosure will be relied upon by the City of Detroit in evaluating the proposed bid, solicitation, contract, or lease. I swear [or affirm] that the information provided is accurate. If I am signing on behalf of an entity, I swear [or affirm] that I have the authority to provide this disclosure on behalf of the entity.

Sign name: MCooks

Print name: Myrna L. Cooks President/CEO
Premier Staffing Source, Inc.

Sworn and subscribed to before me on 16 June, 20 16
[by Myrna L. Cooks, the President/CEO of the above named contractor/vendor, an authorized representative or agent of the contractor/vendor]

Sign: Melanie Z. Bilal-Douglas
Print: Melanie Z. Bilal-Douglas
Notary Public, Prince George's County, ~~Michigan~~ MD Maryland
Acting in Prince George's County
My Commission Expires: 12-29-2016

MELANIE Z. BILAL-DOUGLAS
NOTARY PUBLIC
PRINCE GEORGE'S COUNTY
MARYLAND
My Commission Expires

DocuSign Envelope ID: 5FFB9156-48D9-476F-9194-2EA1DB55A039

CORPORATION CERTIFICATE OF AUTHORITY

I, Myrna L. Cooks, Corporate Secretary of
(name of corporate secretary)

Premier Staffing Source, Inc., a Delaware
(complete name of corporation) (state of incorporation)

for profit corporation (the "Corporation"), **DO HEREBY CERTIFY** that the
(non-profit or for profit)

following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on 5/25/2011, and that the same is now in full force and effect:
(date of meeting)

> "**RESOLVED,** that the Chairman, the President, each Vice President, the Treasurer, and the Secretary and each of them, is authorized to execute and deliver, in the name of and on behalf of the Corporation and under its corporate seal of otherwise, any agreement or other instrument or document ('Contract') in connection with any matter or transaction that shall have been duly approved; and the execution and delivery of any Contract by any of the aforementioned officers shall be conclusive evidence of such approval."

FURTHER, I CERTIFY that Myrna L. Cooks is Chairman
Myrna L. Cooks is President,
(Not Applicable) is/are Vice President(s),
Melanie Z. Bilal-Douglas is Treasurer,
Myrna L. Cooks is Secretary,
(Not Applicable) is Executive Director, and
(Not Applicable) is _____.

FURTHER, I CERTIFY that any of the aforementioned officers or employees of the Corporation are authorized to execute and commit the Corporation to the conditions, obligations, stipulations and undertakings contained in the foregoing Contract between the City and the above-referenced Corporation and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 16 day of June, 2016.

CORPORATE SEAL
(if any)

MCooks
Corporation Secretary

PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR CORPORATION MUST BE ONE OF THE INDIVIDUALS LISTED ABOVE AS PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE CORPORATION.