





CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

**IF THIS PURCHASE ORDER  
 DOES NOT AGREE WITH THE  
 BID YOU SUBMITTED,  
 PLEASE CONTACT THE  
 PURCHASING DIVISION.**

**Purchase Order**

PURCHASE ORDER NO. REVISION PAGE

2865134 3 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

1301 Third Street, 6th floor  
 Detroit, MI 48202  
 United States

BILL TO

Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

**SUPPLIER**

J & B MEDICAL SUPPLY COMPANY INC  
 50496 WEST PONTIAC TRAIL  
 WIXOM, MI 48393

SUPPLIER NO. <b>1100623</b>	DATE OF ORDER/BUYER <b>06-JUN-12 M Butler</b>	REVISED DATE/BUYER <b>28-SEP-15 Y Gaines</b>
PAYMENT TERMS <b>Net 30</b>	SHIP VIA <b>Unspecified</b>	F.O.B. <b>Delivered</b>
FREIGHT TERMS <b>Your Delivery</b>	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE <b>(248) 896-6205</b>

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS PURCHASE ORDER IS IN ACCORDANCE WITH RFQ #38313.						
	CC Approval: September 22, 2015 CCR: JUNE 26, 2012						
	FURNISH: GLUCOMETERS, TEST STRIPS AND SUPPLIES FOR THE DETROIT FIRE DEPARTMENT, IN ACCORDANCE WITH YOUR ACCEPTED BID.						
	1 YEAR RENEWAL						
	CANCELLATION: THE CITY RESERVES THE RIGHT TO TERMINATE THE CONTRACT FOR CONVENIENCE UPON THIRTY (30) DAYS WRITTEN NOTICE.						
	SHIPMENT: THE CONTRACTOR WILL BE EXPECTED TO MAKE REASONABLY PROMPT DELIVERIES CONSISTENT WITH QUANTITIES ORDERED. SHOULD AN EMERGENCY ARISE FOR ITEMS WHICH ARE NOT AVAILABLE, THE CITY OF DETROIT RESERVES THE RIGHT TO SECURE SUFFICIENT QUANTITIES FROM OTHERS TO MEET ITS IMMEDIATE NEEDS WITHOUT PREJUDICE OF THE PROPOSED CONTRACT. IF, HOWEVER, IN THE SOLE OPINION OF THE FINANCE DEPARTMENT, PURCHASING DIVISION, THE CONTRACTOR FAILS TO RENDER REASONABLY PROMPT DELIVERY SERVICE, THE CITY OF DETROIT MAY TERMINATE THE CONTRACT FORTHWITH AND NO DAMAGES WILL ACCRUE.						
	THE CITY OF DETROIT WHEREIN REFERRED TO SHALL MEAN THE CITY OF DETROIT, ACTING THROUGH THE CHIEF PROCUREMENT OFFICER.						
	IT IS UNDERSTOOD THAT THESE SUPPLIES WILL BE REQUIRED IN VARIOUS SHIPMENTS FROM TIME TO TIME. SHIPMENTS WILL BE MADE WITHIN TWO (2) DAYS AFTER EACH NOTICE TO SHIP.						
	PRICE: CONTRACT PRICE IS FIRM FOR THE REMAINDER OF THE CONTRACT.						

**Total**

Continued

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PURCHASING DIRECTOR'S SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



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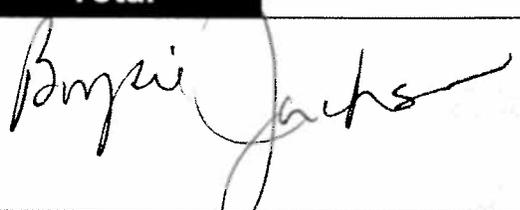
Purchase Order		
PURCHASE ORDER NO.	REVISION	PAGE
2865134	3	2
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SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1100623	06-JUN-12 M Butler	28-SEP-15 Y Gaines
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Unspecified	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Your Delivery		(248) 896-6205

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
<p>INVOICING: ALL INVOICES SUBMITTED AGAINST THE CONTRACT MUST INCLUDE PART OR ITEM NUMBER(S) AND PART OR ITEM DESCRIPTION, LIST PRICE, AND APPLICABLE DISCOUNT.</p> <p>ITEMS NOT PROPERLY INVOICED WILL NOT BE PAID. IT IS THE VENDOR'S RESPONSIBILITY TO ENSURE DELIVERY OF INVOICE(S) TO THE PROPER CITY DEPARTMENT/DIVISION/PERSONNEL. INVOICES MUST MEET THE FOLLOWING CONDITIONS FOR PAYMENT:</p> <p>A) PRICE ON INVOICE MUST CORRESPOND TO THE PRICING LISTED ON PURCHASE ORDER AND/OR CONTRACT.</p> <p>B) CONTRACTOR MUST SUBMIT PRICE LISTS IN ACCORDANCE WITH BID REQUIREMENTS.</p> <p>C) ORIGINAL INVOICE MUST BE SUBMITTED TO THE APPROPRIATE CITY OF DETROIT ACCOUNTS PAYABLE SECTION.</p> <p>D) COPY OF INVOICE MUST BE SUBMITTED TO THE DEPARTMENT PERSONNEL IDENTIFIED ON THE PURCHASE ORDER AS BEING RESPONSIBLE FOR PROCESSING PAYMENT.</p> <p>THE INDIVIDUAL RESPONSIBLE FOR ACCEPTING PERFORMANCE UNDER THIS PURCHASE ORDER AND THE CONTACT PERSON FROM WHOM PAYMENT SHOULD BE REQUESTED IS COMMISSIONER CRAIG DOUGHTERY WHO MAY BE REACHED AT 313-596-2906.</p> <p>F.O.B.: CITY OF DETROIT          FIRE DEPARTMENT - EMS DIVISION          1400 Erskine St          Detroit, MI 48227</p>							

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LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	Purchase Agreement Effective From: 01-JUL-12 To: 30-JUN-16			Amount Agreed:		41,666.00	
1	513524 METER, BLOOD GLUCOSE: FOR MONITORING GLUCOSE LEVEL IN WHOLE BLOOD; ABBOTT DIABETES CARE GLUCOMETER MODEL #528- 99837-01			Each	0		
2	513525 TEST STRIP, GLUCOSE: FOR USE WITH ABBOTT DIABETES CARE GLUCOMETER MODEL #528- 99837-01, 100/BOX			Box	17		
3	513526 LANCET, BLOOD: SHARPS, STERILE, DISPOSABLE, 100/BOX; OWEN MUMFORD MODEL UNISTIK 2 #675- AT0704 OR EQUAL			Box	11		
4	600036			Each	0		

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**Total** Continued

*Barrie Jacobs*

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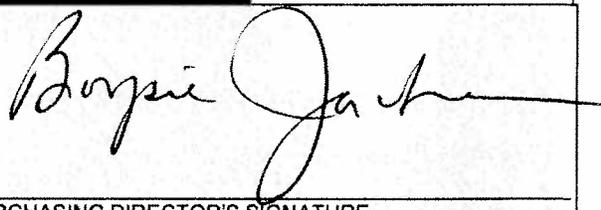
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PAYMENT TERMS Net 30	SHIP VIA Unspecified	F.O.B. Delivered
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LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
6	METER, GLUCOSE, BLOOD GLUCOSE KIT; MIRCODOT XTRA; MODEL 201-01, WITH SLEEVE (ORANGE) AND CASE (ORANGE)  600038 METER; SOLUTIONS CONTROL, HI/LO MIRCODOT XTRA, BOX OF 2			Box	14.44		
7	600040 METER, TEST STRIP; GLUCOSE MICRODOT XTRA TEST STRIPS, 50/STRIPS/BOTTLE MODEL 200-50			Bott	17		

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<b>Total</b>	41,666.00
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**Detroit City Council**  
Legislative Policy Division

TO: Purchasing Division Staff  
FROM: David Teeter  
DATE: September 23, 2015

RE: **PURCHASING ITEMS APPROVED BY THE CITY COUNCIL**

There were no contracts, approved at the September 15, 2015 Session, requested to be Reconsidered.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of September 22, 2015 and **APPROVED***

**Reported by the Finance, Budget and Audit Committee:**

No Contracts Reported

**Reported by the Internal Operations Committee:**

2898660, Amend.1      Pinnacle Actuarial Services      + \$30,000 to \$105,000      LAW  
Submitted in the List and Referred September 8, 2015.

87159, Amend.1      Paris Powell (Cushingberry)      + \$2,944 to \$16,640      CITY COUNCIL  
Submitted in the List for September 22, 2015; Placed on Consent Agenda; Approved with **WAIVER**

CHE-00303      Chenelle L. Willis (Cushingberry)      \$4,840      CITY COUNCIL  
Submitted in the List for September 22, 2015; Placed on Consent Agenda; Approved with **WAIVER**

2909757      Wolverine Solutions Group      \$115,500      ELECTIONS  
Submitted in the List for September 22, 2015; Moved to New Business and Approved

**Reported by the Neighborhood and Community Services Committee:**

2908597      W-3 Construction Co. (Butzel & Williams)      \$2,446,717.09      RECREATION  
Submitted in the List and Referred September 8, 2015.

87277      Mark Weldon (Coca-Cola Fitness)      \$2,400      RECREATION  
Submitted in the List and Referred September 8, 2015.

87421      Walter Hardman (Coca-Cola Fitness)      \$2,400      RECREATION  
Submitted in the List and Referred September 8, 2015.

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of September 22, 2015

Page 2

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of September 22, 2015 and **APPROVED***

**Reported by the Planning and Economic Development Committee:**

No Contracts Reported

**Reported by the Public Health and Safety Committee:**

2555944,Amend.3 Bishop Real Estate (Lease, 14655 Dexter) + \$669,950 to \$7,336,175 POLICE  
Submitted in the List for the Recess Week of August 10, 2015 and Held.

87341 Ronald Fleming (Ex. Protection, Mayor) \$94,500 POLICE  
Submitted in the List for the Recess Week of Aug. 10, 2014 and Held; Approved with ***WAIVER***.

2884809,Amend.2 Institute for Population Health + \$396,220 to \$14,752,220 HEALTH & WELL.  
Submitted in the List for Recess Week of Aug. 17, 2015 and Held; Approved with ***WAIVER***.

2884810,Amend.2 Institute for Population Health + \$164,004 to \$7,460,825 HEALTH & WELL.  
Submitted in the List for Recess Week of Aug. 17, 2015 and Held; Approved with ***WAIVER***.

2906609,Conf.Req. Motor City Electric \$371,709.34 POLICE  
Submitted in the List for the Recess Week of Aug. 17, 2015; Contract Amount corrected.

2913193 Target Solutions \$61,125 FIRE  
Submitted in the List for the Recess Week of Aug. 31, 2015 and Held.

2865739,Purch.Increase Qualified Abatement + \$40,782 BUILD.SAFE.ENG.&ENV.  
Submitted in the List and Referred July 28, 2015.

2865134,Renew J & B Medical Supplies \$10,500 FIRE  
Submitted in the List and Referred July 28, 2015.

2895811,Amend.1 SE Mich. Health Association \$75,000 HEALTH & WELLN.  
Submitted in the List and Referred July 28, 2015; Approved with ***WAIVER***.

87292 Marilyn Berkley (Animal Control) \$97,000 POLICE  
Submitted in the List and Referred July 28, 2015.

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of September 22, 2015

Page 3

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of September 22, 2015 and **APPROVED***

**Reported by the Public Health and Safety Committee:** *continued*

2830398,Amend.2	Detroit Building Authority	+ \$650,000 to \$2,100,000	PUB.WORKS
Submitted in the List and Referred July 28, 2015.			
2910810	Bob Maxey Ford	\$59,227.69	TRANSPORTATION
Submitted in the List and Referred July 14; Approved July 21, 2015; Correction Referred July 28, 2015			
2898443, Renew	Hercules & Hercules	\$33,500	PUBLIC WORKS
Submitted in the List and Referred September 8, 2015.			
2912340, Revenue	Red Metal Recycling	\$34,000	PUBLIC WORKS
Submitted in List and Referred as No. 2907090; Approved July 28, 2015; Correction to Contract Number Referred Sept. 8, 2015.			
2914367, <b>QOL Fund</b>	Motorola Solutions	\$7,499,999	POLICE
Walked-on to Committee Sept. 21, 2015; Moved to New Business			

*The following contract was reported to the City Council by the indicated Standing Committee, at the Regular Session of September 22, 2015, and requested to be **REFERRED BACK to Committee.***

**Reported by the Public Health and Safety Committee:**

2886496,Amend.1	Ramona H. Pearson	+ \$137,875 to \$487,875	HEALTH & WELL.
Submitted in the List of the Recess Week of August 3, 2015; <i>Committee approved 9-14-15.</i>			

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of September 22, 2015

Page 4

*The following contracts were **REFERRED** on September 22, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Budget, Finance and Audit Committee:**

2911783                      Plante & Moran                      FINANCE

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**Referred to Internal Operations Committee:**

87288                      Tony S. Rumphly                      GENERAL SERVICES  
REB-00470                      Rebecca Christensen                      MAYOR'S OFFICE

**Referred to Neighborhood and Community Services Committee:**

87283                      Steve Hodges (Coca-Cola)                      RECREATION

**Referred to Planning and Economic Development Committee:**

No Contracts Referred

**Referred to Public Health and Safety Committee:**

2912914,Revenue                      Center for Innovations                      AIRPORT  
2912085,Lease                      MBPIA Title Holding Corp                      HEALTH & WELLNESS  
UNI-00342                      Robert B. Dunne (EMS-Med.Dir)                      FIRE  
UNI-00344                      Marlo Pryzbyiski (Communica.)                      FIRE  
KEI-00487                      Keith Pendell Hutchings                      MUNICIPAL PARKING

*The following are contracts that are currently HELD for review, discussion or report to the Standing Committees:*

**Planning and Economic Development Committee:**

2896965, Amend.1 Heat and Warmth Fund (THAW) + \$100,000 to \$347,589.40 PLAN & DEVELOPT  
Submitted in the List and Referred June 16, 2015; Waiting for Law Opinion on Ethics question

**Public Health and Safety Committee:**

2912044 Wayne County Registrar of Deeds \$120,000 PUBLIC WORKS  
Submitted in the List for the Recess Week of Aug. 10, 2015.

2912431 Heritage Crystal Clean \$121,500 TRANSPORTATION  
Submitted in the List for the Recess Week of Aug. 17, 2015; *Committee approved 9-21-15.*

2912468, Conf. Req. Randy Lane \$31,058 TRANSPORTATION & PARKING  
Submitted in the List for the Recess Week of Aug. 24, 2015; *Committee approved 9-21-15.*

2909352 Industrial Door and Weatherstrip \$220,000 TRANSPORTATION  
Submitted in the List and Referred September 8, 2015; *Committee approved 9-21-15.*

# City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_

Date Received: 7/11/15

Date: July 7, 2015

Department Fire

Division: EMS

Dept Head/Contact Person: Edsel Jenkins Telephone No: 313-596-2901

Description: EMS Glucose meters and supplies

Brief explanation-function of or need for the goods/services

Contract No.: 2866134 PO Type: BPO Est. Value: \$10,500.00\_

Contract Term (if applicable): July 1, 2015 to June 30, 2016

Funding Source: City: 100% State: \_\_\_\_\_%

Federal: \_\_\_\_\_% Other: \_\_\_\_\_%

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

Recommended Supplier: J&B Medical Supply Required Date: July 1, 2015

1000-240340-000000-621101-00067-000000-00000

1. The business being awarded is Renewal If a renewal, provide justification for renewal: Essential medical equipment needed by EMS.

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:

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: Other departments do not use these products.

4. Were savings achieved?  
 Yes Amount \$ \_\_\_\_\_  No

5. Does this agreement represent an increase?
- 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? X Yes No  
 If yes please list: Other EMS medical supplies
7. Is this good/service used by other departments?  Yes X No  
 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 X No  
 Is this a service that City employees can be trained to do?  Yes X No

NOTES:

Buyer: 

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes  No

PLACE ON FINANCIAL REVIEW COMMISSION AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: Debra Brawley DATE: July 7, 2015  
 (Department)

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904

## Cooperative Agreement Cost Comparison Worksheet

**Instructions:** Buyer will contact all Co-ops and fill out worksheet. Next, attach worksheet to RFQ/RFP package prior to forwarding to Dept. for final recommendation.

Commodity/Service Glucometers  
 RFP/RFQ/PO# 38313/2865134  
 Current Vendor N/A  
 Lowest Bidder J&B Medical Supply

RFQ/ PO#	Previous Contract Price	Low Bid	MiDeal	MEPC	GSA	WSCA	IPA	NJPA	USC
38313	\$0.00	\$0.00	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$61.50	\$16.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	\$16.76	\$11.50	N/A	N/A	N/A	N/A	N/A	N/A	N/A

Buyer Signature: 

Date: June 6, 2012

REV 1

RFP/RFQ # 2865134 Desc Glucose Test Strips/Meter /Solutions

ASSUMPTIONS				Supplier 1				Supplier 2				
				J&B	Blanket 2865134			J&B	Blanket 2865134			
				CURRENT PRICING						REQUESTED INCREASE		
				UNITS	UNIT PRICE	TOTAL PRICE		UNITS	UNIT PRICE	TOTAL PRICE		
D-BB's				400	\$16.50	\$6,600.00		400	\$17.00	\$6,800.00		
D-RB's				100	\$11.50	\$1,150.00		100	\$14.44	\$1,444.00		
D-BB's w/HQ in Detroit				0	\$0.00	\$0.00		0	\$0.00	\$0.00		
D-BSB's						\$0.00				\$0.00		
D-BMBC						\$0.00				\$0.00		
Joint Venture						\$0.00				\$0.00		
Mentor Venture						\$0.00				\$0.00		
Desc												
CURRENT Blanket												
Purchase order TOTAL						\$7,750.00				\$8,244.00		
UP TO \$10,000.00				0.05		\$0.00		0.05		\$0.00		
\$10,000.01-\$100,000.00				0.04		\$0.00		0.04		\$0.00		
\$100,000.01-\$500,000.00				0.03		\$0.00		0.03		\$0.00		
\$500,000.01 AND OVER				0.02		\$0.00		0.02		\$0.00		
D-RB's						\$0.00				\$0.00		
D-BB's w/HQ in Detroit				0.03		\$0.00		0.03		\$0.00		
D-BSB's				0.01		\$0.00		0.01		\$0.00		
D-BMBC				0.02		\$0.00		0.02		\$0.00		
Joint Venture				0.02		\$0.00		0.02		\$0.00		
Mentor Venture				0.01		\$0.00		0.01		\$0.00		
BID TABULATION GRAND TOTAL:						\$7,750.00		BID TABULATION GRAND TOTAL:			\$8,244.00	

Current Mfr increased price  
 J&B located another source  
 at a lesser increase.  
 \$494.00 Total Annual Increase  
 6.37%

Rev 1 - add 3 new item description  
 No change to total PO at \$ 31,166, No change to Period  
 of Coverage

MAY 19 2015



# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: EMS DIVISION

E-MAIL ADDRESS: JWAAKE@JANDBMEDICAL.COM

CONTACT NAME: JAMES WAAK PHONE: 248 960 6227 FAX: 248 960 7985

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

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

For:  
Individual J&B MEDICAL SUPPLY CO, INC  
and/or  
Company Name \_\_\_\_\_

Address 5746 W. PONTIAC TR.

City WIXOM

State MICHIGAN Zip Code 48393

Telephone 248 896 6227 Fax # 248 960 7985

E-mail Address JWAAKE@JANDBMEDICAL.COM

Phone: (313) 224-3328 or 224-3329  
Fax: (313) 224-1741 or 224-4588

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

Telephone # 248 960 6201 x209

ABU SHAIKH

Fax # 248 960 7985

Employer Identification or Social Security Number

Spouse Social Security Number

38-3271174

Nature of Contract EMS SUPPLIES

BID CONTRACT AMOUNT (if known):  
Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_

Contract # (if known) 1549010

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.

- Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above)  Yes  No
- Are you a student, and/or claimed as a dependent on someone else's tax return?  Yes  No
- Were you employed in the City of Detroit during the last seven (7) years?  Yes  No
- Were you a resident of Detroit during the last seven (7) years?  Yes  No

### CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4).  Yes  No
- Will the company have employees working in Detroit?  Yes  No
- 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 JUN 01 2015 expires JUN 01 2016

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://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](mailto:IncomeTaxClearance@detroitmi.gov)

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 CAYNE  
DATE SENT 6/9/15 CONTACT PERSON V. Gaines  
PHONE NUMBER 313-4612 FAX NUMBER 313-1166 EMAIL v.gaines@detroitmi.gov  
CONTRACT AMOUNT \$ 300,770.24

SECTION B: CORPORATION LICENSE TYPE  
CORPORATION NAME J+B MEDICAL SUPPLY  
ADDRESS 50496 W. Pontiac TR CITY/STATE/ZIP Wixom, MI 48397 OWN LEASE  
CITY PERSONAL PROPERTY NUMBER FID/EIN NUMBER 38-3271174  
OTHER CITY-OWNED PROPERTY PARCELS  
CONTACT PERSON ABU SHEKH PHONE NUMBER 248-8966201 x 207 EMAIL ADDRESS

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 SIGNATURE DATE JUN 10 2015 DENIED DENIED WITH ATTACHMENTS CLEARANCE VALID UNTIL AUG 31 2015

**REVISED 7-12-2012**  
**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being a duly authorized representative of J.B. Medical Supply (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 application 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 until 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) 1546010

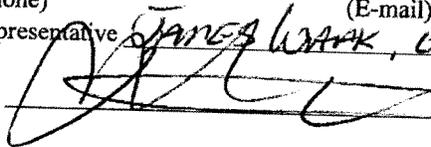
Duration of Covenant \_\_\_\_\_ to \_\_\_\_\_

Printed Name of Contractor/Organization J.B. MEDICAL SUPPLY CO., INC  
(Type or Print Legibly)

Contractor Address WILKOM, MICHIGAN, 48393  
(City) (State) (Zip)

Contractor Phone/E-mail 248-896-6337 / JWAARK@JBAWBMEDICAL.COM  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative JAMES WAARK, ENVY SALES MANAGER

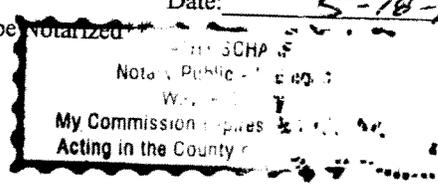
Signature of Authorized Representative: 

Signature of Notary: Kathy Schaar

Printed Name of Seal of Notary: KATHY SCHAAR

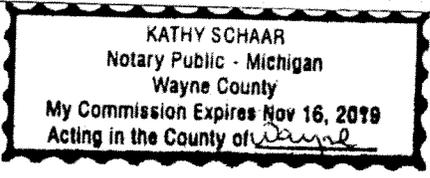
My Commission Expires: 11 / 16 / 2019

Date: 5-18-15



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





# CERTIFICATE OF LIABILITY INSURANCE

JBMED-1 OP ID: PAB

DATE (MM/DD/YYYY)

06/10/2015

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).

<b>PRODUCER</b> Carrico Maldegen Insurance 41000 West 7 Mile Rd. Ste 140 Northville, MI 48167 Michael J. Maldegen		<b>CONTACT NAME:</b> PHONE: (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
<b>INSURED</b> J & B Medical Supply Co., Inc 50496 W. Pontiac Trail Wixom, MI 48393		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Citizens Insurance of America</b> NAIC # <b>31534</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		Z7B2097796	10/22/2014	10/22/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ *500000 MED EXP (Any one person) \$ *10000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		ADB8119408	10/22/2014	10/22/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0		U7B0392122	10/22/2014	10/22/2015	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	W7B2097836	10/22/2014	10/22/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Employ dishonesty		Z7B2097796	10/22/2014	10/22/2015	250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 City of Detroit is named as additional insured with respects to the general liability as their interest may appear by written contract.

**CERTIFICATE HOLDER**

CIT1DET

City of Detroit  
 Coleman A. Young Municipal Center  
 2 Woodward Ave Ste #1008  
 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.

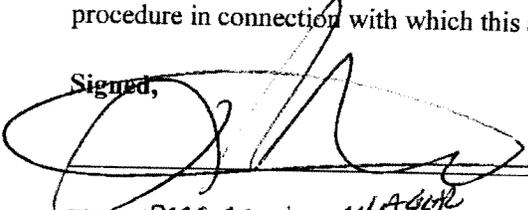
AUTHORIZED REPRESENTATIVE

Hiring Policy Compliance Affidavit

I, James Wark, being duly sworn, state that I am the LRMS SALES  
MANAGER of JEB MEDICAL SUPPLY CO, 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.

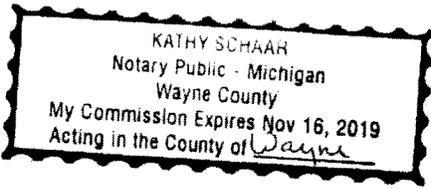
In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

Signed,   
Title: LRMS SALES MANAGER Date: 5-16-15

STATE OF MICHIGAN )  
 )SS.

COUNTY OF OAKLAND )

The foregoing Affidavit was acknowledged before me the 18<sup>th</sup> day of May, 2015,  
by Kathy Schaar



Notary Public, County of Wayne  
State of MI  
My commission expires: 11-16-19



**APPLICATION FOR EMPLOYMENT** (Please Print Clearly)

This Company and its affiliates (the "Employer") is an equal opportunity employer and does not discriminate against otherwise qualified employees or applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. All activities relating to employment including recruitment, testing, selection, promotion, training and termination shall be conducted in a nondiscriminatory manner. The Employer cooperates fully with all organizations that are established and organized to promote Equal Employment Opportunity.

<b>Internal Use Only</b>				
EEO Job Category:				
<input type="checkbox"/> 1 Officials/Manager	<input type="checkbox"/> 2 Professionals	<input type="checkbox"/> 3 Technicians	<input type="checkbox"/> 4 Sales	<input type="checkbox"/> 5 Office/Clerical
<input type="checkbox"/> 6 Craft Workers	<input type="checkbox"/> 7 Operatives	<input type="checkbox"/> 8 Laborers	<input type="checkbox"/> 9 Service Workers	
Vacation Accrual: _____	Sick Accrual: _____	WC Code: _____		
Company ID# _____	Date Received: _____	Initials: _____		

**Employer Portion** (This section to be completed by the employer)

Company Name: _____	
Employee's Job Title: _____	Department: _____
Hire Date: _____	Date Employee Begins Work: _____
Pay Rate: _____	Standard Hrs/Pay Period: _____
Per: _____	
Primary Pay Type (Check only one):	
<input type="checkbox"/> Hourly <input type="checkbox"/> Salaried Exempt <input type="checkbox"/> Salaried Non-Exempt <input type="checkbox"/> Commission <input type="checkbox"/> Piecework <input type="checkbox"/> Other: _____	
Employee Works:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Authorizing Signature: _____	Date: _____
Title: _____	

**Employee Portion** (This section to be completed by applicant)

**I. General Information**

Name (Last, Middle, First): _____	Social Security Number: _____
Address /Apt# /P.O. Box: _____	County: _____
City: _____	State: _____ Zip: _____
Home Phone: _____	Email Address: _____
Emergency Contact Name /Relationship: _____	Phone Number: _____
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If offered employment, you will be required to provide documentation to verify eligibility.	



**IV. Authorization and Understanding**

**PLEASE SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY.**

**A. Authorizations:** My answers are complete and true to the best of my knowledge and belief. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or the termination of employment. I hereby release employer, previous employers, and all persons contacted from any and all liability for damages incurred while verifying the accuracy of the lawful information provided. In consideration of my employment, I agree to abide by all Employer and client rules and regulations. I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of Employer and can be terminated, with or without cause, and with or without notice, at any time, at the option of either Employer or myself.

**B. Workers' Compensation Claims:** I shall report all work-related injuries and/or illnesses to the Employer as soon as possible following the incident. I understand that the processing of such claims will be done by the Employer's workers' compensation insurance carrier and that any compensation due to me shall be paid by Employer's workers' compensation insurance carrier.

**C. Trade Secrets:** The term "Confidential Information" means all information belonging to or used by Employer or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, developmental plans, computer programs and system, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of Employer and/or its clients. By virtue of being employed by Employer, certain confidential information has been and will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at Employer's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with Employer, disclose any confidential information for any reason or purpose contrary to the interest of Employer or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to Employer or the client's business.

**D. Background Checks, Drug Testing and Physical Examinations:** I understand that if my employment requires additional pre-employment criteria, such as a driver's records check, a background investigation, and/or a pre-employment drug test, and if I have been offered or started employment before any such investigation or test is completed, my employment, or continued employment, will be contingent on satisfactory results on all. It is Employer's policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. Employer may require drug testing of job applicants and employees. I understand a drug test may be required prior to employment, and based upon reasonable suspicion and/or a work-related accident during my employment. Refusal to take, altering the results of, or failing the drug test will disqualify me from consideration or continuation of employment. I also acknowledge that, if hired, I may be required to submit to medical /physical examinations when job related and consistent with business necessity.

I have read each section of the agreement and I accept the terms and conditions described.

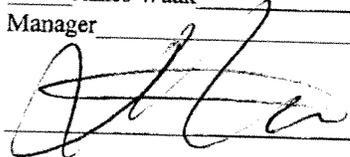
X  
Applicants Signature \_\_\_\_\_

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

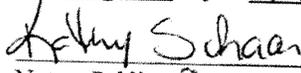
**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

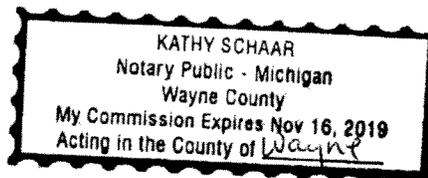
1. Name of Contractor: J & B Medical Supply Co  
Inc
2. Address of Contractor: 50496 W. Pontiac Tr Wixom, MI  
48393
3. Name of Predecessor Entities (if any): None
4. Prior Affidavit Submission?  No  Yes, on: 09-29-  
2008  
(Date of prior submission)
5.  Contractor was established in 1994 (year) and 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.

James Waak (Printed Name) EMS Sales  
Manager (Title)

 (Signature) 5-18-15 (Date)

Subscribed and sworn to before me  
this 18<sup>th</sup> day of May, 2015

  
Notary Public, Wayne County, Michigan



USER N

For

# Entity Dashboard

- [Entity Overview](#)
- [Entity Record](#)
- [Core Data](#)
- [Assertions](#)
- [Reps & Certs](#)
- [POCs](#)
- [Reports](#)
- [Service Contract Report](#)
- [BioPreferred Report](#)
- [Exclusions](#)
- [Active Exclusions](#)
- [Inactive Exclusions](#)
- [Excluded Family Members](#)

RETURN TO SEARCH

**J&B Medical Supply Co., Inc.**  
**DUNS: 114826410 CAGE Code: 3GJ89**  
**Status: Active**

**Expiration Date: 03/10/201**  
**Purpose of Registration: All Aw**

## Entity Overview

**Entity Information**

**Name:** J&B Medical Supply Co., Inc.  
**Doing Business As:** ABCO  
**Business Type:** Business or Organization  
**POC Name:** Ray Zak  
**Registration Status:** Active  
**Activation Date:** 03/11/2015  
**Expiration Date:** 03/10/2016

**Exclusions**

**Active Exclusion Records? No**

**~~PUBLIC WORKS~~ FIRE – EMERGENCY MEDICAL SERVICES**

*The correction to show this as a Fire Department contract has been made by the Committee Clerk's Office and it is being referred to the Public Health and Safety Committee as a Fire Department contract.*

2865134 100% City Funding – To Provide Glucometers – RFQ #38313 – Contract Period: July 1, 2012 through June 30, 2015, with Three (3), One (1) Year Renewal Options – **Savings: Bidding – Old Contract #2652298 – Previous Contract Amount: \$68,272.52 – Potential Savings: \$4,663.52** – J & B Medical Supply, 54096 W. Pontiac Trail, Wixom, MI 48393 – (3) Items – Unit Prices Range from: \$0.00/Box To \$16.50/Box – Sole Bid – Estimated Cost: \$31,166.00/Three (3) Years

**Costs budgeted to General Fund, Acct. 1000-240340-000089-621101-00067-0-A1510, Appropriation for Emergency Medical Services includes funding of \$3,487,312 as of June 8, 2012.**

**11 Bids solicited, 1 bid received on Open Market to provide the diagnostic equipment and supplies to determine if patients are diabetic.**

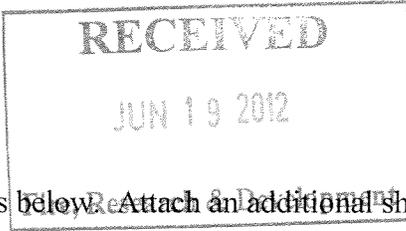
**This recommendation is for approval of the Sole Bid received from J & B Medical Supply for the indicated term of 3 years. The unit costs for the 1<sup>st</sup> year include: Blood Glucose Meter for No Cost; Test Strips (50 strips per box) for \$16.50 per box and annual requirement of 350 boxes; Lancets (100 lancets per box) for \$11.50 per box and an annual requirement of 350 boxes.**

**The first year cost is an estimated \$10,080; the Bid includes a maximum increase of 3% each year; the 2<sup>nd</sup> year cost (with the 3% increase) is \$10,386; the 3<sup>rd</sup> year cost is estimated at \$10,700.**

**Covenant of Equal Opportunity Affidavit signed 7-20-11; TAXES: Good Through 3-22-13 and 8-15-12; Slavery Era Records Disclosure Affidavit signed 7-20-11, indicating business established 1994, no records to disclose.**

*The estimated savings is based on the comparison with Purchase Order 2652298, approved in February 2005 with Tri-Anim Health Services based in Sylmar, California, for a term of 3 years (February 2005 through February 2008) for a cost of \$140,000 over 3 years (the first year cost estimated to be \$17,600. Unit prices included: Test strips (100 per box) for \$61.51 per box; and Lancets (100 per box) for \$16.76 per box. There appears to be a significant reduction in prices from this previous contract.*

*The contract with Tri-Anim Health Services was assigned to Bound Tree Medical, based in Dublin, Ohio, as of Dec. 31, 2008; the Novation Agreement was approved by City Council in May 2009.*



**REMARKS:**

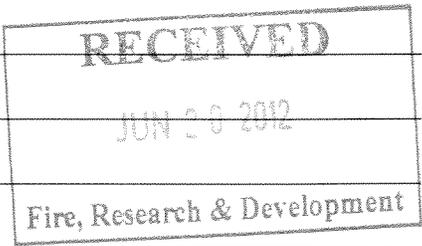
Include all recommendations and remarks below. Attach an additional sheet if necessary.

Your recommendation is to be based on the bid specifications and content of the bid. If the lowest bidder or bidders do not meet the specifications, list the major deviations for each. Rejections must be based on actual exceptions, or on details submitted in the bid.

Legal questions or concerns should be included in the analysis. If necessary, the Purchasing Division may request a legal opinion.

Recommendations for bids over \$25,000.00 must be approved by the Department Director, Deputy Director, or the appropriate persons listed on the "City of Detroit Authorized Signature Record."

J & B Medical is highly recommended due thier ware house is located within 50 miles of Detroit which will make easy pick up of supplies in emergent sisuation.  
Boundtree Medical is also recommended



James M Wilson, A/Lt. *James M Wilson*  
EMS Supply Section

Approved By *[Signature]* NAME *R.D. King* TITLE *596-2994* PHONE NUMBER

Additional Comments Attached:  
Yes \_\_\_\_\_ No \_\_\_\_\_