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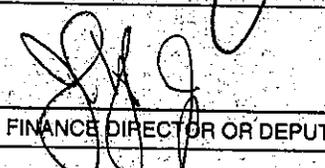
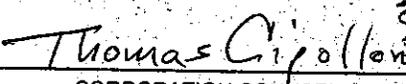
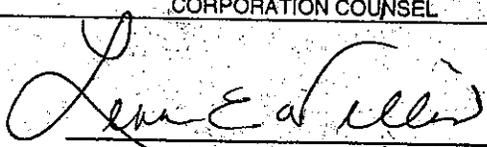
PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER
STANDARD PO NUMBER
CUMULATIVE PO NUMBER 2893793-01
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 HOUSING & RE-VITALIZATION
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON SHIRLEY WALKER	PHONE NO. 313-224-9948
CONTRACTOR'S MARINER'S INN ESG		DATE 11/16/15	
CONTRACTOR'S ADDRESS: 445 LEDYARD Detroit, MI 48201		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$215,000.00 TOTAL CPO AMOUNT \$140,000.00 CHANGE AMOUNT \$ 75,000.00	
PHONE NO : 313-962-9446		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER : 38-2136488		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PROVIDE TECHNICAL ASSISTANCE FOR THE HOMELESS ORGANIZATIONS OF DETROIT.			
CHARGE ACCOUNT: 2002-361508-⁸⁰⁹⁰¹⁵60000-628500-13340-000000- A3120 - \$73,500 2002-361508-809315-628500-13340-000000-A3120-81,500			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	11-19-15
DEC 11 2015	BUDGET. <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	DEC 17 2015
DEC 10 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL  GRANT ACCOUNTANT	DEC 10 2015
	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	17 2016
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	2-22-16
	PURCHASING DIVISION  PURCHASING DIRECTOR APPROVED	

15 FEB 23 PM 2:45
 CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2893793-1**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this ____ day of _____, **2015**, between **Mariner's Inn - Emergency Shelter**, 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. 2893793**, dated **August 21, 2014**, 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**;

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 FOURTY THOUSAND (\$140,000.00) 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.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **TWO HUNDRED FIFTEEN THOUSAND (\$215,000.00) 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.

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement CPO# 2893793-01 P&DD 4458-01 (SPO#) as of the date first above written.

WITNESSED BY:

1. _____

2. _____

* * * * *

SUBRECIPIENT:

By: _____

(Signature of Corporate Officer)

Its: _____

(Office Held)

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 18th day of November, 2015, by DAVID SANDPSON, the CEO of MARINERS INN, a NON PROFIT Corporation on behalf of the Corporation.
(Name of Corporate Officer) (Office Held) (Michigan Non-profit)

CARMEN PROCTOR
Notary Public, State of Michigan
County of Oakland
My Commission Expires 06-09-2019
Acting in the County of WAYNE

Carmen Proctor
Notary Public

My commission expires 06-09-2019

* * * * *

WITNESSES:

1. _____

2. _____

CITY OF DETROIT

By: _____

Arthur Jemison

Its: Director Housing & Revitalization
Department

* * * * *

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON _____

APPROVED
MAY 10 2016

Jane E. Williams 5/20/16
Purchasing Director Date

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF THE CHARTER OF THE CITY OF DETROIT

Thomas Cipollone 2-22-16
Corporation Counsel Date

17.5-206

* This Amendment Agreement is not valid or authorized until approved by resolution of the City Council and signed by the Purchasing Director of the City of Detroit.

RESOLUTION OF CORPORATE AUTHORITY

I, Elbony L. Duff, CORPORATE SECRETARY of **Mariner's Inn**, 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 September 18th, 2015, and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Vice Chairperson, the President, the Vice-President, the Treasurer, the Secretary and the Executive Director 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 that:

Bishop Wendell Gibbs _____	is Chairperson of the Board,
Dave Denomme _____	is Vice Chairperson
Shawn Wilson _____	is President
Michael French _____	is Vice President
Erik Tungate _____	is Treasurer
Ebony Duff _____	is Secretary, and
David Sampson _____	is Executive Director.

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. 2893793, CO#01**, between the City of Detroit and **Mariner's Inn**, 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 18th day of Nov, 2015.

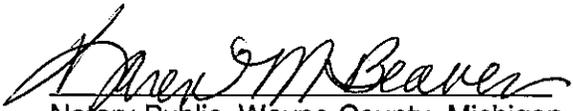
CORPORATE SEAL
(if any)

Signature: Elbony L. Duff
Corporate Secretary

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 9 day of December, 2015, by **Arthur Jemison**, the Director of Housing and Revitalization of the City of Detroit, Michigan, a municipal corporation.


Notary Public, Wayne County, Michigan

KAREN M. BEAVER
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Jun 21 2018
ACTING IN COUNTY OF Wayne

My commission expires: 6/21/2018

EXHIBIT A
SCOPE OF SERVICES
Mariners Inn Emergency Shelter 90-Day Residential Program
FISCAL YEARS 2014-2015

During the term of this Agreement, the Subrecipient, Mariners Inn Emergency Shelter 90-Day Residential Program, shall provide public service activities herein called the "Project" or the "Services", in order to provide Emergency Shelter 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.

Though 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, based solely 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 program national objective in the following way:

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

3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Subrecipient shall:

Mariners Inn serves homeless adult men ages 18 and older, about 95% are residents of the City of Detroit. Over 500 men are served each year. Many are fathers, and the average client is 45 years old.

About 80% are chronically homeless.

Our services under this ESG grant will include:

- Emergency Shelter - Mariners Inn has 10 emergency shelter beds which are provided to men who are awaiting entry into the Residential Treatment Program.
- Residential Substance Abuse Treatment - this program has 70 beds and provides up to 90 days of CARF-accredited substance abuse treatment to homeless men.

Services to all residential consumers:

- CARF-accredited substance abuse treatment counseling, both individual and group level as mandated by our grant through the Detroit Bureau of Substance Abuse.
- Three nutritional meals a day plus a snack in our cafeteria. Good nutrition is a critical part of consumers' recovery; many men arrive at Mariners Inn suffering from malnutrition and other physical problems related to substance abuse and homelessness.
- Educational experiences, including trips to local museums and cultural events, and referrals to organizations that provide tutoring and GED training.
- Vocational assistance (assistance with writing resumes, computer skills, searching for jobs, work experience, activities, interviewing skills, etc.) and referrals to organizations that provide employment training.
- Transportation assistance (bus tickets or chauffeured transport in the Mariners Inn vans), computer training, cooking and life skills classes, and family and couples' counseling.
- Ongoing case management, including referrals to additional resources (e.g. medical and mental health care); assistance with obtaining Federal, State, and local assistance; assistance with accessing permanent housing once consumers leave Mariners (as renters or homeowners); and assistance with accessing educational opportunities (GED training and local colleges).

Mariners Inn's emergency shelter programs provide services 24 hours a day, 365 days per year. The counselor to client ratio is 1:13. Our goal is to enable these men to overcome substance abuse issues and transition into an independent life filled with dignity and purpose. Mariners Inn emphasizes the cognitive behavioral approach as a primary therapeutic technique. This approach teaches the client the relationship between the cognitive and affective aspects of one's behavior. It also teaches that each individual is responsible for their behavior. Case management services support clients' recovery and future independence. Vocational counseling, transportation assistance, referrals for medical and mental health care, assistance with goal setting and planning, and referrals to transitional and permanent housing assist clients in transitioning into independent lifestyles and avoiding future homelessness

The staff of Mariners Inn work closely together to provide effective treatment and services to clients. The shift monitors operate the front services area of the main building, answering phones, doing intakes for new consumers, receiving donations, making referrals, and dispensing medications as prescribed. The shift monitors also make building security rounds and trouble shoot general consumer issues and building maintenance. The maintenance staff provide well-kept grounds, heat in winter, air conditioning in summer, functioning bathrooms, a safe and sanitary environment, ensure that the buildings are up to code, etc. Counselors provide treatment and individual and group counseling to assist consumers in their commitment to sobriety, good health, increased self-esteem, permanent housing, healthcare, and other needed services so they can maintain a self-sufficient lifestyle after they leave Mariners Inn. Case managers coordinate all aspects of the consumers care at Mariners Inn and help them prepare for a self-sufficient lifestyle after they return to the community. The intake counselor ensures consumers' eligibility for services, provides referrals, provides consumer orientation, and ensures that recipient rights and confidentiality rights are not violated. The HMIS coordinator provides data input and management for internal and external reporting. Administrators provide oversight, fund development,

accounting, special events, marketing, etc. All functions of the Inn are licensed as required to legally perform the services that are delivered. Mariners Inn maintains its facilities and staff to ensure compliance.

Outreach

Mariners Inn has upgraded its website (marinersinn.org) to be more interactive and user friendly and has been using Facebook, Twitter, and e-Blasts to share information about our services and activities. The daily bed availability in the treatment program is emailed to hundreds of local nonprofits and churches at least two to three times each week. Mariners Inn disseminates marketing materials in the form of brochures, newsletters (the Anchor), holiday mailings, and other media, both electronic and in print. The Michigan Chronicle is a strong supporter of our mission and provides free publicity in an effort to make the community more aware of our services. We conduct presentations to community groups, including members of Detroit's Continuum of Care body and the Detroit Bureau of Substance Abuse, Prevention, Treatment, and Recovery (BSA). Our executive staff members sit on decision making committees in the City of Detroit and speak publicly on a regular basis. As our referring agency, the BSA also provides the public with information about Mariners Inn. Mariners Inn staff speak at community meetings and before City Council. Mariners Inn is an active member of the Homeless Action Network of Detroit, which further increases our visibility in the community.

4. PERSONNEL

The Vocational Counselor position will be partially funded by ESG funds.

The Services shall be performed by qualified personnel. Personnel performing trades, professional, health or food services, 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

5. PROJECT LOCATION AND OPERATIONS SCHEDULE

A) Address: 445 Ledyard, Detroit, MI 48201

B) Project Service Area: City of Detroit

C) Hours of Project Operation: 24 hours per day, 7 days per week

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 unit of service will include one night of shelter and all the supportive services that come with it:

Supportive Services Provided

- 620 individuals will receive emergency shelter beds, substance abuse treatment, prevention services, and housing provided through the Emergency Shelter and Residential Treatment.
- 370 Consumers will receive clothing.
- 370 Consumers will receive Rx copays, dental & vision care.
- 100 Individuals will receive vocational counseling.

- 200 Individuals will receive outpatient substance abuse counseling.
- 500 Individuals will receive peer mentoring and outreach services.

During the term of this Agreement the Subrecipient shall, at a minimum, provide 31,500 service units to a minimum of 620 persons. On a monthly basis, the Subrecipient shall strive to meet the goal of providing 2,100 units of project services to an average of 70 persons.

7. ANNUAL MEASURABLE PROJCT OUTCOME

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

<u>Condition</u>	<u>Instrument</u>	<u>Quantity or % Accomplished</u>
Homeless/Substance Abuse	Shelter & Treatment	90% Receive Shelter and Treatment

Mariners Inn ESG 2014 - 2015

	ESG GRANT REQUEST	OTHER FUNDING (CASH MATCH)	TOTALS
Essential Services			
Case Management			
Child Care			
Educational Services			
Employment Assistance/Training	\$11,264		
Legal Services			
Life Skills Training			
Mental Health Services			
Outpatient Health Services			
Services for Special Populations			
Substance Abuse Treatment		\$140,000	\$140,000
Transportation			
HMIS Cost (No more than 2% of total budget)			
Shelter Operations			
Equipment			
Food	\$10,000		
Fuel			
Furnishing			
Insurance			
Maintenance	\$10,000		
-Vehicle Maintenance	\$4,500		
Rent			
Security			
Supplies	\$16,736		
Utilities	\$21,000		
Essential Services			
HMIS Cost (No more than 2% of total budget)	\$1,500		
TOTAL EMERGENCY SHELTER	75,000	\$140,000	\$280,000

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: CEO _____

Date: 14/08/15 _____

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: 11/18/15

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

b. 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)

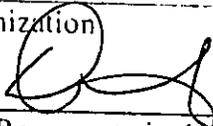
A. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street Address: 445 LeMay
City: Detroit
State: MI
County: Wayne
Zip Code: 48221

Marine's Trust

Name of Organization



Authorization Representative's Signature

DAVID SIMPSON

Printed/Typed Name

CEO

Title

11/20/14

Date

City Council Contract Agenda Items Review Checklist

Reviewer: *Elizabeth C. Ayala Johnson* Date Received: *2/29/12*

Date: November 16, 2015 Department: Planning and Development Division: NSS/Homeless

Dept Head/Contact Person: Shirley Walker Phone No.: 313-224-9948

Description: Mariner's Inn ESG Contract No.: 2893793-01 PO Type: Prof Svc - CPO
Est. Value: \$ 136,253.84.

Contract Term (if applicable): October 1, 2013 to December 31, 2016.

Funding: City _____ % State _____ % Federal 100 % Other: _____ %
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: _____ Required Date: _____

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

If "Yes" please explain why: Required activity and to stay within HUD guidelines to offer services to the homeless citizens of Detroit.

Consequence of not buying: _____

2. Was the product or service competitively bid? Yes No
(Request copies 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 *3/29/14* Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?
 Yes Amount \$ _____ No *3/29/14*
Were additional savings requested? (10%) Yes No

5. Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: _____

6. The business being awarded is NEW CONTRACT
If #6 is a renewal provide justification for renewal: Provide homeless services to the citizens of Detroit.
If #6 is a increase/decrease does this represent:
 Variance in unit price only (Current unit price \$ _____ Suggest Unit Price \$ _____)

01/11/12

Change in amount/volume of the good or service to be used (no change in unit price)

7. Is this good/service used by other departments? Yes 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 No

Is this a service that City employees can be trained to do? Yes No

NOTES:

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____ DATE: November 16, 2015

INFORMATION PROVIDED BY: Shirley Walker *SW*

TITLE: Project Manager PHONE NO. 313-224-9948



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

2 WOODWARD AVENUE
1008 COLEMAN A. YOUNG MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628 • 1160



RE: EMERGENCY PROCUREMENT
 SOLE SOURCE
 UNAUTHORIZED PURCHASE

EMERGENCY PROCUREMENT: Purchases that would protect the public's health, welfare or safety.

SOLE SOURCE: A sole source is applicable when documentation is provided that the product or service is supported by any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Proprietary (protected by law) | <input type="checkbox"/> New Technology (data or product) |
| <input type="checkbox"/> Public Threat | <input type="checkbox"/> Licenses |
| <input type="checkbox"/> Specialized facility | <input type="checkbox"/> Specialized test equipment |
| <input type="checkbox"/> Unique skills | |

UNAUTHORIZED PURCHASE: Not allowed

P.O./REQ: CPO#2893793-01 _____

Accounting String: 2002-361508-809015-628500-13340-000000-A3120 - - - -

Description of Procurement: **UTILIZED RFP PROCESS TO PROCURE THE SERVICES OF MARINER'S INN TO PROVIDE HOMELESS SERVICES FOR THE CITY OF DETROIT**

Justification: **SUB-RECIPIENT CURRENTLY PROVIDES HOMELESS SERVICES TO THE CITIZENS OF DETROIT**

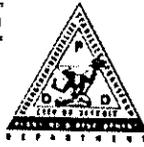
Vendor/Contractor **MARINER'S INN** _____ Basis for selection:
HIGH RFP SCORE; PLUS, SUB-RECIPIENT HAS EXCELLENT TRACK RECORD IN PROVIDING HOMELESS SERVICES IN THE CITY OF DETROIT

Using Department: HOUSING & REVITALIZATION _____ Total: \$75,000.00 _____

Required by Date: 3/29/16 _____

Approval is required by the Department Executive (Director level or above)

<u>CHIDI B. NYECHE</u>		(313) 224-9224	3/28/16
Requestor Name	Signature	Phone	Date
		224-4509	3/29/16
Department Exec or Director (Name)	Signature	Phone	Date
<u>Elizabeth C. Ayers-Johnson</u>		224-4616	3/29/16
Purchasing Representative (Name)	Signature	Phone	Date
_____	_____	_____	_____
Chief Procurement Officer (Name)	Signature	Phone	Date



Phase II: Rating Proposals

There is a maximum of 100 points possible. These guidelines are broken up into the different sections and each section has an overall maximum number of points that the section is worth. There are sub-components within the section with its own maximum points possible (in bold, in parenthesis). Reviewers should score points anywhere along the scale, depending on how they view the response given in that section. Reviewers may also award half (1/2) points if they choose.

I. Relevant Experience and Management Capacity	Points Possible 15	Points Scored
<p>Organizations must demonstrate track record:</p> <p>Organizations must demonstrate management capacity as evidenced by organizational chart, summary of program policies and procedures, board member listing, management qualification chart, and summary of organization’s experience. (8 pts)</p> <p>Proven track record of past performance in City and /or MSHDA/ESG programs as evidenced through a narrative and any two of the following: most recent monitoring report, close out reports, annual reports to government agencies or other funders, recommendation letters or provision of annual reports to HUD or other comparable funding agencies (See Exhibit 5). (5 pts)</p> <p>Timeliness of data entry response, demonstrate process to enter data within 48 hours of service provision. (2pts)</p>	<p>8</p> <p>5</p> <p>2</p>	<p>15</p>
<p><u>Insert Notes on Section I Scoring Here:</u></p> <p><i>Demonstrates experience & Success with Unique ES in COD – 90 day Substance Abuse Center; Former Grants identified have documentation attached (HUD SHP & City ESG Exhibits E&F); Formal process for recording data in HMIS highlighted</i></p>		

II. Financial Capacity	Points Possible 20	Points Scored
<p>Does the applicant demonstrate access to “cash flow” (i.e. at least 60 days working capital, proof of line of credit with unused balance, bank statements, financials, loan commit-</p>		



II. Financial Capacity	Points Possible 20	Points Scored
<p>ment, documented in Exhibit 6. (10 pts)</p> <p>Based on a review of their most recent financial statements and/or audit, does the organization demonstrate they are financially stable and have positive revenue over expenses to continue its operations? (5 pts)</p> <p>Financial accountability as demonstrated by the availability of most recent financial statements and monthly or quarterly financial reporting to board of Directors. (5 pts)</p>	<p>10</p> <p>5</p> <p>5</p>	<p>20</p>
<p><u>Insert Notes on Section 1 Scoring Here:</u></p> <p><i>Demonstrated Cash match Capacity and Commitment to provide above and beyond needed cash match; Financial Reviews revealed positive revenue flow; Exhibit 6 appropriate documentation provided</i></p>		

III. Applicant's Implementation Plan/Readiness to Proceed	Points Possible 15	Points Scored
<p>A comprehensive plan for implementation and completion of all work within the contract time period. (5 pts)</p> <p>A client outreach plan. (3 pts)</p> <p>Collaborations identified with other agencies as necessary to achieve program outcomes. (5pts)</p> <p>Demonstrate a plan for continued or new operations/services. (2 pts)</p>	<p>5</p> <p>3</p> <p>5</p> <p>0</p>	<p>13</p>
<p><u>Insert Notes on Section 1 Scoring Here:</u></p> <p><i>Plan for current services extensive description; Outreach plan structured – Only one mode of access thru Detroit Wayne Authority – Collaborations identified; No mention of new hearth regulations and plan to intergrate with new mandated processes.</i></p>		

IV. Program outcomes and Cost Effectiveness	Points Possible 25	Points Scored
<p>Applicant must project outcomes to be achieved (i.e. number of households to be serviced, etc.). (5 pts)</p> <p>Application must project the anticipated cost per household. (5 pts)</p>	<p>5</p> <p>0</p>	



Applicant must document client outcomes from prior experience. (10 pts) Cost effectiveness is demonstrated by procurement policies and procedures to provide ESG services. See Section 4.D.1 for policy requirements. (5 pts)	10 5	20
--	---------	----

Insert Notes on Section 1 Scoring Here:

Client Outcomes documented excellent; Cost per client convoluted – calculation and grid costs vastly different – no explanation given; Qualitative and Quantitative outcomes impressive; Procurement Processes and policy clear

V. Matching Capacity	Points Possible 25	Points Scored
<p>A 100% match is required for all applicants. Match can be from cash and/or in-kind services valued at or above 100% of the same amount requested from the City for proposed activities.</p> <ul style="list-style-type: none"> All in-kind match must be calculated to show cash value and documented to demonstrate part of the 100% match <p>Up to 25pts will be awarded based on the cash match.</p> <ul style="list-style-type: none"> 25% Cash Match & 75% In-kind Match (5 pts) 50% Cash Match & 50% In-kind Match (10pts) 75% Cash Match & 25% In-kind Match (18pts) 100% Cash Match & 0% In-kind Match (25pts) <p>* Cash match will be calculated down to determine points, i.e. a 65% cash match will be given 10pts as though it was a 50% match.</p> <p>**Match must meet all requirements established under Section 576.201 of the Interim Rule published in the Federal Register on December 5, 2011.</p> <p>***HSP Funds cannot serve as a match to ESG funded activities.</p>	25	25
<p><i>Comments on Section V:</i> <i>Cash Only Match proposed thru HUD SHP and Catering. Bank Statement showed positive cash flow (current); HUD SHP Award Letter attached as well as Ledger for Catering Business showing revenue in.</i></p>		



SUMMARY
TABLE

Section	Total Points Possible	Points Scored
I. Relevant Experience and Management Capacity	15	15
II. Financial Capacity	20	20
III. Applicant's Implementation Plan	15	13
IV. Program Outcomes and Cost Effectiveness	25	20
V. Matching Capacity	25	25
TOTAL	100	93



- | | |
|---|---|
| <ol style="list-style-type: none">1. <input checked="" type="checkbox"/> A private corporation organized under state and local law that has a current tax exemption ruling from the Internal Revenue Service with a voluntary board of directors and no part of its earnings inuring to its members, founders, or an individual.2. <input type="checkbox"/> The organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems.3. <input checked="" type="checkbox"/> Have at least two (2) years' experience serving eligible "homeless" and/or "at-risk" populations, under the ARRA-funded HPRP or the ESG program, as operated within the City of Detroit (funded either directly by the City of Detroit or as a sub-recipient under the Michigan State Housing Development Authority)4. <input checked="" type="checkbox"/> Meet the timing, form and content requirements of the City's RFP, and certify that it will comply with the requirements of the City's grant agreement with respect to Emergency Solutions Grants Program implementation (Certification in Exhibit 9)5. <input checked="" type="checkbox"/> Have actively used the City of Detroit's HMIS for at least one (1) year or if awarded funding, agree to comply with the City's HMIS requirement prior to contract execution or comparable HUD approved tracking system.6. <input checked="" type="checkbox"/> Have at least one (1) homeless or formerly homeless individual represented on its governing Board of Directors or if awarded funding agree to comply prior to contract execution7. <input checked="" type="checkbox"/> Meet eligible activities requirement8. <input type="checkbox"/> Applicant submitted a separate application for each activity for which funding is requested.9. <input checked="" type="checkbox"/> Three (3) Letters of Support | <ol style="list-style-type: none">1. 501(c)3 IRS Certification or a group exemption letter under Section 905 from the IRS that includes the corporation2. One of the following:
A certification from a CPA (See Exhibit 1 for a sample certification letter from a CPA and requirements), or
A HUD approved audit summary report3. At least two of the following:
A dated annual report for two or more prior years;
Dated board meeting minutes from July 2012 through May 2014;
Dated financial audits for the past two years;
or
Evidence of homeless service funding from the City of Detroit, MSHDA or HUD showing relevant homeless experience.4. Submission of completed RFP package by the September 15, 2014 deadline.5. Provide HMIS Participation Certification from the Detroit Area Continuum of Care (CoC) (See Exhibit 1) or an explanation of comparable HUD approved tracking system.6. Provide one of the following:
Signed and dated board meeting minutes approving a homeless individual's appointment to the board; or
Board certified letter verifying the board appointment of a homeless individual.7. Clearly marked and identified activities being proposed in the RFP package submitted by the September 15, 2014 deadline.8. Separate application and budget submitted for each activity.9. Three (3) Letters of Support in (Exhibit 1). |
|---|---|



Name of Reviewer/Affiliate Organization: KIANA L. HARRISON - HAND

Proposal#: 1

Applicant Agency: <u>MARINERS INN</u>	Total Points Scored: <u>93</u>
---------------------------------------	--------------------------------

Date Reviewed: 9.25.14



Welcome SWalker@detroitmi.gov | Logout
Need assistance?
Contact us
at 1-23-303-795-9119

Home Search States Contract Tools Support

MarinersInn profile

Download vendor business profile

✓ This vendor is not blocked
block the vendor

Jump to:

Accounts receivable

About us: Mariners Inn serves as an anchor for those struggling to navigate the treacherous waters of homelessness and substance abuse through a wide range of social service programs that achieve the best possible outcomes for adults, families and youth affected by addiction

www.marinersinn.org

Vendor name: Ma

Address: 44

De

Phone: 31

FEIN: 38

DUNS number: 12

Preferred vendor: No

Vendor code:

Accounts receivable

Contact name: St

Phone: 31

Email: av

Address:

Payment terms:

Payment types:

Business profile

Main I

Primary I

Business registrati

Business I

Legal entit

DB

Date f

Number of em

Annual e

State of incorp

ITC Certifications

Download All

Income Tax Clearance (Vendor Upload)

Clearance Form Agency document for this certification: TaxClearanceRequest2014_editable.pdf
Document uploaded by vendor: Income Tax Clearance.pdf View Download

Expiration Date and Comments

This section is to be filled out by the City of Detroit

If the vendor sets the expiration date, they will receive a notification 60 days before the expiration date.

Expiration date: Oct 09, 2016

Comments: Income Tax Clearance approved, Congratulations!

Income Tax Clearance (Agency Upload)

Income Tax Clearance (Agency Upload) Document uploaded by vendor: No document uploaded

Detroit Business Certifications

General Agency Qualifications

Username: SWalker@detroitmi.gov

Password:

Submit

Reset

Cancel

[Registration documents](#)

[View ownership information](#)

[Other agencies registered with](#)

[Notable contracts](#)

[Employees](#)

[Business references](#)

[View organization charts](#)

Ratings

No information provided

Classifications

Notes

No information provided

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 10/5/2016 CONTACT PERSON CLINTON GRIFFIN

PHONE NUMBER 224-9121 FAX NUMBER none EMAIL cgriffin@detroitmi.gov

CONTRACT AMOUNT: TBD

SECTION B: CORPORATION LICENSE TYPE N/A

NAME: MARINER'S INN

ADDRESS: 445 LEYARD Detroit, MICHIGAN ZIP 48201

CITY PERSONAL PROPERTY NUMBER : 02990630.00/01992281-21 ID / EIN NUMBER: 38-2136488

CONTACT PERSON DAVID SAMPSON PHONE NUMBER: 313-833-7080

E-MAIL: DAVE.SAMPSON@MARINESINN.ORG

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

RIVER'S LICENSE # OTHER- CITY-OWNED PROPERTY PARCELS

ADDRESS

CONTACT PERSON PHONE NUMBER EMAIL

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

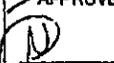
OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED	DENIED	DENIED WITH ATTACHMENTS
	APR 07 2016	CLEARANCE VALID UNTIL AUG 31 2016
SIGNATURE	DATE	

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

I, being a duly authorized representative of the _____, (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 (c).

RFQ / PO No. _____

Printed Name of Contractor: DAVID Sampson
(Type or Print Legibly)

Contractor Address: 465 Bayard Detroit, MI 48201
(City) (State) (Zip)

Contractor Phone / E-mail: dsampson@marinersinn.org (313) 962-9444
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: David Sampson, CEO
Signature of Authorized Representative: _____

Date: 11/20/14

Signature of Notary: Carmen Proctor
Printed Name of Seal of Notary: CARMEN PROCTOR
My Commission Expires: 06-09-2019

CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
ACTING IN COUNTY OF Wayne

For Office Use Only:	
Cov. Rec'd: <u>11/18/15</u> in _____	Department Name: <u>HRD</u>
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____



155500

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/4/2016

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 Commercial Lines - (248) 353-5800 Wells Fargo Insurance Services USA, Inc. 4000 Town Center, Suite 800 Southfield, MI 48075	CONTACT NAME: Carole Zywicki PHONE (A/C No., Ex): 248.948.5642 E-MAIL ADDRESS: carole.zywicki@wellsfargo.com	FAX (A/C No.): 855.634.7192
	INSURER(S) AFFORDING COVERAGE	
INSURED Mariners Inn 445 Ledyard Detroit, MI 48201	INSURER A: New Hampshire Insurance Co.	NAIC # 23841
	INSURER B: National Union Fire Ins. Co. of Pittsburgh, PA	NAIC # 19445
	INSURER C: American Alternative Insurance Corp	NAIC # 19720
	INSURER D: Westchester Fire Insurance Company	NAIC # 10030
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 10100543 **REVISION NUMBER:** See below

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 INSD WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<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 OTHER:	X	01-LX-066414728-0	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		01-CA-048192514-0	1/1/2016	1/1/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		29-UD-016699061-0	1/1/2016	1/1/2017	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	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	1NA2WC0000431	7/1/2015	7/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Directors & Officers Liab		G27475097 002	07/01/2015	07/01/2016	\$1,000,000 or less

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificateholder is included as additional insured for general liability, but only with respect to operations of the named insured.
Directors & Officers Liability; Employment Practices Liability and Fiduciary Liability are Claims Made Coverages. Limits may be reduced by paid claims.

CERTIFICATE HOLDER **CANCELLATION**

City of Detroit Planning and Development 65 Cadillac Square, Suite 1400 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 
--	--

Certificate of Insurance (Con't)

OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
D	Fiduciary			G27475097 002	07/01/2015	07/01/2016	\$1,000,000 each loss and agg
D	Employment Practices Liab			G27475097 002	07/01/2015	07/01/2016	\$1,000,000 each loss and agg
A	Abuse/Molestation			01-LX066414728-0	01/01/2016	01/01/2017	Occurrence Form
A	Professional			01-LX-066414728-0	01/01/2016	01/01/2017	Occurrence Form

Hiring Policy Compliance Affidavit

I, David Sampson, being duly sworn, state that I am the _____
CEO of Marcinich Law
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.

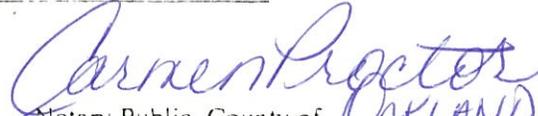
In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,


Title: CEO Date: 11/20/14

STATE OF Michigan)
COUNTY OF OAKLAND) SS

The foregoing Affidavit was acknowledged before me the 20th day of November, 2014.
by DAVID SAMPSON


Notary Public, County of OAKLAND

State of Michigan

My commission expires: 06-09-2019

CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
ACTING IN COUNTY OF Wayne

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.

MARINERS INN
APPLICATION FOR EMPLOYMENT

PERSONAL

Last name:	First	Middle	Date:
Street Address:			Home phone:
City, State, Zip:			Work phone:
Have you ever applied for employment with us: Yes () No () If yes, Month and Year:			Social Security #
Position Desired:			Date of Birth:
Apart from absence for religious observance, are you available for full-time work? Yes () No () If not, what hours can you work?			Will you work overtime if asked? Yes () No ()
Are you legally eligible for employment in the United States?			When would be available to begin:
Other special training or skills (languages, computers, etc?.)			Do you have a valid Drivers License? Yes () No ()

EDUCATION

School	Names of location of School	Course of Study	No of Years Completed	Did you Graduate	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					
Elementary					

Membership in Professional or Civic Organizations

(If you wish, you may exclude those which may disclose your race, color, religion or national origin.)

MARINERS INN
APPLICATION FOR EMPLOYMENT

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

Test Results

Tests Administered	Raw Score	Rating	Analysis and Comments

Interview Results

Interviewer Name(s) and Comments

Mariners Inn is a equal opportunity employer.
Prospective employees will receive consideration without discrimination
because of race, creed, color, sex, age, national origin, handicap or veteran status.

MARINERS INN
APPLICATION FOR EMPLOYMENT

MILITARY	Did you serve in the US Armed Forces?	If "Yes" in what Branch?
Describe any training received relevant to the position for which you are applying.		
Are you a U.S. Citizen: Yes () or No ()	Are you over 18 years of age? Yes () or No ()	Have you ever been bonded, and if yes with what employer?
Have you ever been involved in a lawsuit against an employer? Yes () or No () If yes describe in full.		
State names of relatives and friends working for us, other than your spouse.		
SIGNATURE		
The Information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or fact or omission of fact on this application may result in my dismissal.		
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.		
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.		
Date _____	Signature _____	

City of Detroit -Planning Development Department

CONFLICT OF INTEREST POLICY

POLICY STATEMENT The City of Detroit and their sub-grantees shall avoid conflicts of interest, in fact and perception, and shall notify their Executive Management and local Department of Housing and Urban Development (HUD) within twenty-four (24) hours of the occurrence or existence of potential conflicts.

POLICY GUIDANCE Typically there are two instances conflict of interest that may occur:
1) The first is when program participants are to be assisted in a property that is owned by the grantee, sub-grantee, or the parent subsidiary affiliated organization of the sub-grantee. In this instance, a grantee must submit a letter to the HUD Community Planning Director (CPD) requesting a waiver for good cause. The waiver must demonstrate that:

1. The use of the housing owned by the grantee sub-grantee related entity is necessary to provide an adequate supply of appropriate housing options for participants;
2. The grantee/sub-grantee has disclosed the conflict of interest;
3. The grantee/sub-grantee's attorney has reviewed the conflict of interest and determined that the use of the housing owned by the grantee/sub-grantee related entity would not violate state or local law;
4. Participants will not be required or steered to live in the grantee/sub-grantee/related entity's housing in order to receive financial or other assistance; and
5. The use of the housing owned by the grantee/sub-grantee related entity will not result in any personal or financial gain for any employee of the grantee, sub-grantee, or the parent, subsidiary, or affiliated organization of the sub-grantee.
6. The grantee/sub-grantee is not currently providing rental assistance for the property that the waiver is being requested.

Without an approved waiver from HUD, financial assistance cannot be provided to persons served in housing owned by the grantee, sub-grantee, or the parent/subsidiary/affiliated organization of the sub-grantee. For questions about a specific situation, please contact the local HUD field office.

2) The second type of conflict of interest that can occur is at the individual level (as opposed to the grantee/sub-grantee level). The official HUD policy states "No person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties,

City of Detroit :-Planning Development Department

CONFLICT OF INTEREST POLICY

during his or her tenure or for one year thereafter."

Please note that employees of a grantee or sub-grantee and their families are not automatically disqualified from receiving assistance, as long as they meet the qualifications of the above paragraph (i.e., they are not in a position to exercise any responsibilities, make decisions about, gain inside information into, or obtain a personal benefit). This situation would be more likely in a large grantee sub-grantee agency than it would in a very small grantee sub-grantee agency.

When this type of conflict of interest exists, the grantee may seek an exception by writing to the local HUD Field Office, including the following information:

1. For states and other governmental entities, a disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made and
2. For all grantees, an opinion of the grantee's attorney that the interest for which the exception is sought would not violate state or local law.
3. If there is a question or the appearance of a conflict of interest of any type, please contact the local HUD field office to determine if an exception or waiver is needed.

CONFLICT OF INTEREST CERTIFICATE

I hereby affirm that I have received copies of the provisions of the Code of Federal Regulations relevant to conflict of interest in regards to Subrecipient Agreements under the CDBG, HOME, and ESG programs and I hereby Certify that to the best of my knowledge and belief, no actual or apparent Conflict of interest exists with regard to the performance of this contract.

Signature  11/20/14
President of Board of Directors Date
(Or authorized representative)

Name Of Organization: MARINERS INN

City of Detroit -Planning Development Department

CONFIDENTIALITY POLICY

POLICY STATEMENT Any information related to a client is confidential. Release of this information to unauthorized persons or agencies is strictly prohibited. Each sub-grantee must develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided with assistance.

POLICY GUIDANCE Client records contain both social and medical information of a sensitive nature and by definition are highly confidential.

Program policies and procedures state "Records which contain confidential information must be specifically labeled, handled, and stored in such a way as to guard against accidental disclosure."

This policy on confidentiality of records is applicable to City of Detroit employees, its sub-grantees and its subcontractors, and all others involved in service delivery under sections named "Other Requirements" and "Confidentiality of Client Records".

There are some situations, however, in which the confidentiality of client information cannot be honored. Any information indicating that a client is a danger to self or others does not fall, by law, under confidentiality.

For example, if a client threatens suicide, the professional is bound by law and by ethics to communicate this information to the proper authorities. Cases in which a client indicates harm to self or others are difficult to deal with, and discussing such situations with a supervisor is a necessity.

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Marlene Inc

2. Address of Contractor: 445 Ledyard
Detroit, MI 48201

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 1958 (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.

David Sampson (Printed Name) CEO (Title)

[Signature] (Signature) 11/20/14 (Date)

Subscribed and sworn to before me
this 20th day of November, 2014

Carmen Proctor
Notary Public Oakland County, Michigan
My Commission expires: 06-09-2019



CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
ACTING IN COUNTY OF Wayne

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

NOTICE OF ENACTMENT OF ORDINANCE
TO: THE PEOPLE OF DETROIT, MICHIGAN
(On June 23, 2004, the City of Detroit adopted the following Ordinance)

ORDINANCE NO. 20-04 CHAPTER 18 ARTICLE V

AN ORDINANCE TO AMEND CHAPTER 18, ARTICLE V, OF THE 1984 DETROIT CITY CODE, TITLED "PURCHASES AND SUPPLIES." BY ADDING DIVISION 7. TITLED "SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE." WHICH SHALL CONSIST OF SECTIONS 18-5-91 THROUGH 18-5-93, TO REQUIRE, AS PART OF THE CONTRACTING PROCESS, THAT EACH CONTRACTOR WITH WHICH THE CITY ENTERS INTO A CONTRACT SEARCH ITS RECORDS AND THOSE OF ANY PREDECESSOR ENTITY, AND SUBMIT AN AFFIDAVIT DISCLOSING ANY RECORDS WITHIN ITS POSSESSION OR KNOWLEDGE RELATING TO INVESTMENTS OR PROFITS FROM THE SLAVE INDUSTRY, INCLUDING INSURANCE POLICIES ISSUED TO SLAVE HOLDERS THAT PROVIDED COVERAGE FOR INJURY, DEATH OR OTHER LOSS RELATED TO SLAVES WHO WERE HELD DURING THE SLAVERY ERA IN THE UNITED STATES.

AN ORDINANCE to amend Chapter 18, Article V, of the 1984 Detroit City Code, titled "Purchases and Supplies." by adding Division 7. titled "Slavery Era Records and Insurance Disclosure." which shall consist of Sections 18-5-91 through 18-5-93, to require, as part of the contracting process, that each contractor with which the City enters into a contract search its records and those of any predecessor entity, and submit an affidavit disclosing any records within its possession or knowledge relation to investments or profits from the slave industry, including insurance policies issued to slave holders that provided coverage for Injury, death or other loss related slaves who were held during the slavery era in the United States.

IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:

Section 1. Chapter 18, Article V, of the 1984 Detroit City Code, titled "Purchases and Supplies." by adding Division 7. titled "Slavery Era Records and Insurance Disclosure." which shall consist of Sections 18-5-91 through 18-5-93, to read as follows:

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

- (a) This division shall apply to each contractor for goods or services with which the City enters into a contract, whether or not the contract is subject to competitive bid.
- (b) Each contractor shall be responsible for searching and disclosing records of the entity which proposes to enter into a contract with the City as well as all records of any predecessor entity that are within the possession or knowledge of the contractor regarding records of Investments or profits from the slave industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the United States.

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

Sec. 18-5-92. Affidavit of disclosure required.

- (a) As part of its contract package, each contractor with which the City enters into a contract shall submit to the Finance Department Purchasing Division prior to the submission to City Council or approval of such contract, an affidavit that discloses the information indicated in Subsection (b) and (c) of this section. The affidavit shall be on a form provided by the Finance Department Purchasing Division.
- (b) The affidavit shall verify that the contractor has searched all records of the entity which proposes to enter into a contract with the City, as well as all records of any predecessor entity, that are within the possession or knowledge of the contractor regarding records of investments or profits from the slave industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the United States.
- (c) The affidavit shall disclose any information discovered during the search regarding investments or profits from slavery or slave holder insurance policies which accrued to the current entity or to any predecessor entity, including the names of any slaves or slave holders that are described in such records or are otherwise within the knowledge of the contractor.

Sec 18-5-93. Voidability of contract.

- (a) Failure to comply with this division shall render the contract voidable by the City.
- (b) A determination to void the contract for failure to comply with this division shall be made by the Director of the Finance Department at any time after reviewing, or become aware of, information which indicates that a contractor has failed to comply with this division.

Sec 18-5-94—18-5-100. Reserved.

Section 2. All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

Section 3. This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the People of the City of Detroit.

Section 4. In the event that this ordinance is passed by a two-thirds majority of City Council Members serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-116 of the 1997 Detroit City Charter. Where this ordinance is passed by less than a two-thirds (2/3) majority of City Council Members serving, it shall become effective no later than thirty (30) days after enactment, or on the first business day thereafter in accordance with Section 4-115 of the 1997 Detroit City Charter.

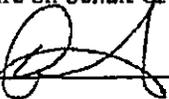
(J.C.C.p.) May 5, 2004
Passed: June 23, 2004
Published: July 19, 2004
Effective: July 19, 2004

JACKIE L. CURRIE
City Clerk

(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.

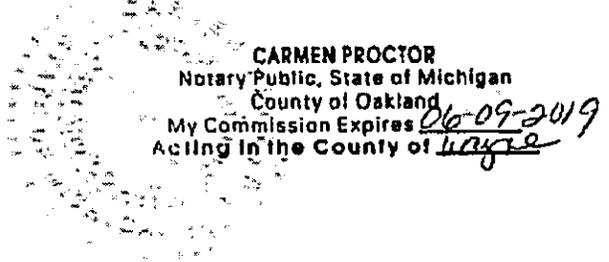
I understand that the information provided in this disclosure will be relied upon by the City of Detroit in evaluating the proposed bid, solicitation, contract, or lease. I swear [or affirm] that the information provided is accurate. If I am signing on behalf of an entity, I swear [or affirm] that I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

Sign name: 

Print name: David Sampson

Sworn and subscribed to before me
on October 4th, 20 15 [by David Sampson, the
CEO of the above named contractor/vendor, an authorized
representative or agent of the contractor/vendor]

Sign 
Print: CARMEN PROCTOR
Notary Public, OAKLAND County, Michigan,
Acting in WAYNE County
My Commission Expires: 06-09-2019



CARMEN PROCTOR
Notary Public, State of Michigan
County of Oakland
My Commission Expires 06-09-2019
Acting in the County of Wayne

SAM | System for Award Management 1.0

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

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Your search results represent the broadest set of records that match your search criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the status of each record.

Of note, some entities choose to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you log in as Federal Government user.

You can refine your search results. If you used the Quick Search, select the search filters on this page. If you used one of the Advanced Search options, select the Edit Search button. If you want to perform a new search, use the Clear button to remove your current search results. If you are logged in with your SAM User Account, you can save your search criteria to run again later using the Save Search button.

NOTE: Please read this important message when searching for exclusion records.

Current Search Terms: Mariner's INN*

- SAM | System for Award Management 1.0

- Total records: 0