

Log # 5727

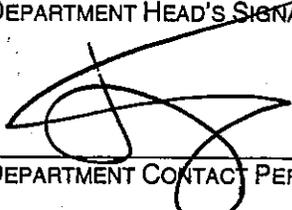
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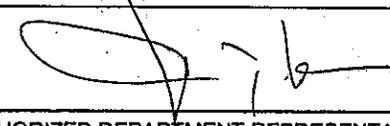
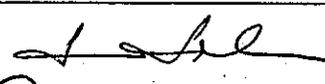
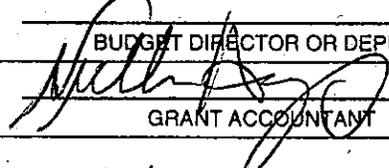
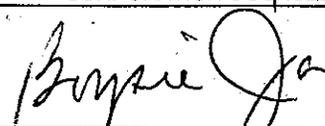
PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2894759-01
STANDARD PO NUMBER
CHANGE ORDER
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 & REVITALIZATION
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON SHIRLEY WALKER	PHONE NO. 313-224-9948
CONTRACTOR'S DETROIT RESCUE MISSION MINISTRIES - EMERGENCY SHELTERS ESG		DATE 12/22/15	
CONTRACTOR'S ADDRESS: 150 Stimson Street Detroit, MI 48201		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$ 250,000.00 TOTAL CPO AMOUNT \$ 400,000.00 CHANGE AMOUNT \$ 150,000.00	
PHONE NO : 313-993-4700		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER : 38-1459371		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 -00000-628500-13340-000000- A3120 <i>809015</i>			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	1-12-15
JAN 28 2016	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	2/2/16
JAN 26 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL  GRANT ACCOUNTANT	JAN 28 2015
	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	2/16/2016
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	2-19-16
	PURCHASING DIVISION  PURCHASING DIRECTOR	CITY OF DETROIT FINANCE DEPARTMENT PURCHASING DIVISION 15 FEB 19 PM 2:30

RECEIVED
 FEB 19 2016
 CITY OF DETROIT
 CONTRACTS SECTION
 LAW DEPARTMENT

OD-PO-15-0799

APPROVAL JCC REFERENCE: PAGE _____ DATE **JUN 14 2016**

Use Only One Set For Each Contract Package

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2894759-1**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this ____ day of _____, **2015**, between **Detroit Rescue Mission Ministries GHill and Third Street - Emergency Shelters**, 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. 2894759**, dated **September 17, 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 **TWO HUNDRED FIFTY THOUSAND (\$250,000.00) 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 **FOUR HUNDRED THOUSAND (\$400,000.00) 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 Agreement as of the date first above written.

WITNESSES:

1. Bruce Calderwood
2. [Signature]

SUBRECIPIENT:

By: [Signature]
(Signature of Corporate Officer)
Its: CEO/Pres
(Office Held)

* * * * *

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN) BRUCE CALDERWOOD
) SS NOTARY PUBLIC, MICHIGAN
COUNTY OF WAYNE) OAKLAND COUNTY
MY COMMISSION EXPIRES AUG 20, 2020

The foregoing instrument was acknowledged before me this 10 day of February 2016, by Chad Audi, the CEO/President of Detroit Rescue Mission Ministries, a 501 c 3 (Name of Corporate Officer) (Office Held) (Name of Organization) (Michigan Non-profit)

Corporation on behalf of the Corporation. Bruce Calderwood
Notary Public

My commission expires 8/20/20

* * * * *

WITNESSES:

1. [Signature]
2. Stephanie Crews

CITY OF DETROIT, Housing and Revitalization Dept.

By: [Signature]
ARTHUR JEMISON
Its: DIRECTOR

THIS CONTRACT WAS APPROVED BY THE CITY COUNCIL ON JUN 14 2016

[Signature]
Purchasing Director Date

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF 7.5-206 THE CHARTER OF THE CITY OF DETROIT

Thomas Cipollone 2-19-16
Corporation Counsel Date

THIS AGREEMENT IS NOT VALID OR AUTHORIZED UNTIL SIGNED BY THE PURCHASING DIRECTOR.

Resolution of Corporate Authority

I, Randall A. Pentiuk, Chairperson of the Detroit Rescue Mission Ministries, a Michigan Corporation, 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 (date), and that the same is now in full force and effect:

"RESOLVED, that the Chairman, the President, each Vice President, Chief Operating Officer, the Treasurer and the Secretary, hereby is authorized to execute and deliver, in the name and on behalf of the Corporation 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, document, or other instrument of any of such officers to be conclusive evidence of such approval."

I FURTHER CERTIFY that Dr. Chad Audi, is President/CEO and

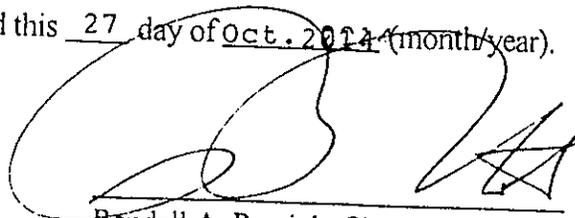
Randall A. Pentiuk, Chairman of the Board, and acting Treasurer

Dr. Luke Elliot is Vice Chairman, and

Nina Simone Caudle, is Secretary

I FURTHER CERTIFY that any of the aforementioned officers of the Corporation are authorized to execute or guarantee and commit the Corporation to the conditions, obligations, stipulations, and undertakings contained in the Agreement between the City of Detroit, Wayne County, the State of Michigan or the U.S. federal government and the Detroit Rescue Mission Ministries entered into for the purpose of providing services to the homeless or addicted for the period of 01/01/2014 (month/year) and 12/31/2015 (month/year) and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 27 day of Oct. 2014 (month/year).

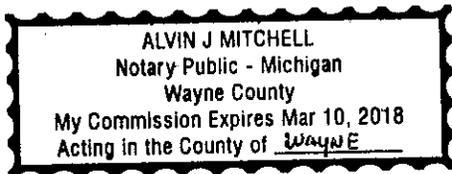


Randall A. Pentiuk, Chairman
Board of Directors

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 25th day of January, 2016, by **Arthur Jemison**, the **Director of the Housing & Revitalization Department** of the City of Detroit, Michigan, a municipal corporation.



Alvin J Mitchell
Notary Public, Wayne County, Michigan

My commission expires: 03/10/2018

City Council Contract Agenda Items Review Checklist

Reviewer: *Elizabeth C. Ayers Johns* Date Received: *2/29/2014*

Date: December 22, 2015 Department: Planning and Development Division: NSS/Homeless

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

Description: Detroit Rescue Mission Ministries Contract No.: 2894759-01 PO Type: Prof Svc - CPO
Est. Value: \$ 150,000.00.

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 Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: _____

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

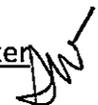
Is this a service that City employees can be trained to do? Yes No

NOTES:

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____ DATE: December 22, 2015

INFORMATION PROVIDED BY: Shirley Walker 

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:

X

**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#2894759-01 _____

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

Description of Procurement: **UTILIZED RFP PROCESS TO PROCURE THE SERVICES OF DETROIT RESCUE MISSION MINISTRIES TO PROVIDE HOMELESS SERVICES FOR THE CITY OF DETROIT**

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

Vendor/Contractor: **DETROIT RESCUE MISSION MINISTRIES** _____ 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: \$150,000.00 _____

Required by Date: 3/29/16

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

<u>CHIDI B. NYECHE</u>		3/28/16
Requestor Name	Signature (313)224-9224	Phone/Date
	<u>224-4509</u>	<u>3/29/16</u>
Department Exec or Director (Name)	Signature	Phone/Date
<u>Elizabeth C. Ayana Johnson</u>		<u>224-4616</u>
Purchasing Representative (Name)	Signature	Phone/Date
<u>Boyanee Jones</u>		<u>3/29/16</u>
Chief Procurement Officer (Name)	Signature	Phone/Date
		<u>224-4619</u>



Name of Reviewer/Affiliate Organization: D. Carrington

Proposal#: 15

Applicant Agency: <u> Detroit Rescue Mission </u>	Total Points Scored: <u> 91 </u>
---	--

Date Reviewed: 09/23/2014



<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 checked="" 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 checked="" 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:<ul style="list-style-type: none">A certification from a CPA (See Exhibit 1 for a sample certification letter from a CPA and requirements), orA HUD approved audit summary report3. At least two of the following:<ul style="list-style-type: none">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; orEvidence 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:<ul style="list-style-type: none">Signed and dated board meeting minutes approving a homeless individual's appointment to the board; orBoard 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).
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Name of Reviewer/Affiliate Organization: D.Carrington

Proposal#: 15 Date Reviewed: 09/25/2014

Applicant Agency: DETROIT RESCUE
MISSION Total Points Scored: 91



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>7</p> <p>4</p> <p>2</p>	<p>13</p>
<p><u>Insert Notes on Section I Scoring Here:</u></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>4</p> <p>4</p>	<p>18</p>
<p><u><i>Insert Notes on Section I Scoring Here:</i></u></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>4</p> <p>2</p>	<p>14</p>
<p><u><i>Insert Notes on Section I Scoring Here:</i></u></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>4</p> <p>4</p>	<p>21</p>



<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)</p>	<p>9 4</p>	
<p><u>Insert Notes on Section I Scoring Here:</u></p>		

<p>V. Matching Capacity</p>	<p>Points Possible 25</p>	<p>Points Scored</p>
<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>	<p>25</p>	<p>25</p>
<p><u>Comments on Section V:</u></p>		



SUMMARY
TABLE

Section	Total Points Possible	Points Scored
I. Relevant Experience and Management Capacity	15	13
II. Financial Capacity	20	18
III. Applicant's Implementation Plan	15	14
IV. Program Outcomes and Cost Effectiveness	25	21
V. Matching Capacity	25	25
TOTAL	100	91



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

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

For:
Individual Bruce Calderwood
and/or
Company Name Detroit Rescue Mission Ministries

Address 150 Stimson

City Detroit

State Michigan Zip Code 48201

Telephone 313 993 4700 Fax # 313 831 2299

E-mail Address bruce@drmm.org

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

Esther Gwilly

Telephone # 313 993 4700

Fax # 313 831 2299

Employer Identification or Social Security Number
38 145 9371

Spouse Social Security Number _____

Nature of Contract _____

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

Contract # (if known) _____

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 Valerie Hagg Date 5-19-16 Expires 5-19-17

Yes No

Signature _____ Date _____ Expires _____

Yes No

Signature _____ Date _____ Expires _____

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

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

NP Depot, LLC (19) https://www.bidsync.com/bidsync-app-web/agency/vendors/AgencyVendor.html?oid=2100268

Detroit Rescue Mission Ministries profile

NOTE: Do not submit any personal identifiable information, including social security numbers, through the Bid Sync system. If this type of information is required for your clearance request, please send it via secure email to RevenueCollections@DetroitMI.gov. EFTs are not considered personal identifiable information and should be submitted on the form and submitted here.

Vendor certified they possess this qualification

ARC Certifications

[Download All](#)

Clearance Agency document for this certification: [Property Tax Clearance - Form Accuris Responsive Business Application.pdf](#)
Document uploaded by vendor:
[ARC Clearance Approved DRMM April 2016.pdf](#) [View](#) [Download](#)

This section will be filled out by the City of Detroit

If you set the expiration date, both you and the vendor will receive a notification 60 days before the expiration date.

Expiration date:

Comments:

Primary industry:

Business registration type:

Employers liability insurance:

Comprehensive general liability insurance:

https://www.bidsync.com/bidsync-app-web/agency/vendors/AgencyVendor.html?oid=2100268

3/18 PM 3:14:27 PM

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of Detroit Rescue Mission Ministries, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his 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 in the City of Detroit Human Rights Department and have a current **Contract Specific** Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, ordinance No. 27-3-2 Section (e).

RFQ/PO No. _____.

Printed name of Contractor/Organization Detroit Rescue Mission Ministries

(Type or Print Legibly) Chad Audi

Contractor Address 150 Stimson, Detroit, MI 48201

Contractor Phone/E-mail (313) 993-4700 draudi@drmm.org
(Phone) (E-mail)

Printed Name and Title of Authorized Representative Chad Audi, President

Signature of Authorized Representative [Handwritten Signature]

Date: 10/23/2014

Signature of Notary Bruce Calderwood

BRUCE CALDERWOOD
NOTARY PUBLIC, MICHIGAN
OAKLAND COUNTY
MY COMMISSON EXPIRES AUG 20, 2020

Printed Name of Seal of Notary Bruce Calderwood

Cov. Rec'd: 12/12/15 in Department Name: Chad Audi, Executive Manager
 Accepted by: [Handwritten Signature] Rejected by: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/2/2015

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

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

PRODUCER License # 0019304-1 Hub International Midwest East 625 Kenmoor Ave SE Suite 200 Grand Rapids, MI 49546	CONTACT NAME: Shelley Henschel PHONE (A/C, No, Ext): (616) 233-4111 FAX (A/C, No): (616) 233-4110 E-MAIL ADDRESS:													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Arch Insurance Company</td> <td>11150</td> </tr> <tr> <td>INSURER B : American Compensation Insurance Company</td> <td>45934</td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Arch Insurance Company	11150	INSURER B : American Compensation Insurance Company	45934	INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED Detroit Rescue Mission Ministries Lakeview Farms dba Wildwood Ranch 150 Stimson Street Detroit, MI 48201														

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	ADD'L SUBR INSD WVD	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 type="checkbox"/> LOC OTHER:	X	29LX067992036	11/15/2015	11/15/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		29CA084609319	11/15/2015	11/15/2016	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 checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		29UD016698535	11/15/2015	11/15/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) if yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	ACMI0014065	12/21/2015	12/21/2016	<input checked="" type="checkbox"/> PER STATUTE <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Detroit Planning and Development Department is an Additional Insured as respects to being a grant funder for the General Liability Policy.

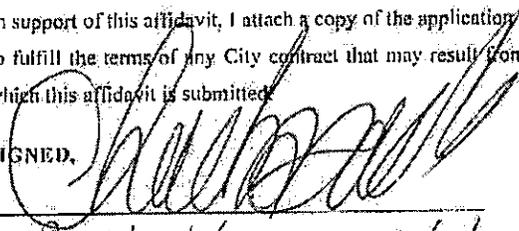
CERTIFICATE HOLDER City of Detroit Planning and Development 65 Cadillac Square Suite 1200 Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

Hiring Policy Compliance Affidavit

I, Chad Aidi, being duly sworn, state that I am the president &
CEO of Detroit Rescue Mission Ministries
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: President/CEO Date: 10/23/14

STATE OF Michigan)
COUNTY OF Oakland) SS

The foregoing Affidavit was acknowledged before me the 23rd day of Oct, 2014
by Bruce Calderwood

BRUCE CALDERWOOD
NOTARY PUBLIC, MICHIGAN
OAKLAND COUNTY
MY COMMISSION EXPIRES AUG 20, 2020

Notary Public, County of Oakland
State of Michigan
My commission expires: 8/20/20

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 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.

APPLICATION FOR EMPLOYMENT

Position _____



Please Print or Type all
Information Requested Except
Signatures

Detroit Rescue Mission Ministries

Genesis House I, II, III, Christian Guidance Center,
Detroit Rescue Mission, Don DeVos,
Oasis, Wildwood Ranch

PLEASE READ THIS FIRST:

You are making application to be considered to become involved in an evangelical Ministry with the goal of helping the whole person in the areas of physical, emotional, spiritual, behavioral and attitudinal change.

Accordingly, you should not only be sympathetic to our established principles, you must practice and be in accord with them. Pursuant to the Civil Rights Act of 1964, Executive Order 11246, and the Elliott-Larson Civil Rights Act, the religious beliefs of the individual will be taken into account in making employment decisions.

Furthermore, you should not consider that you are applying for a forty-hour job. Rather, you are **applying for an opportunity to minister to needy people**. This will often require extra time, as well as your daily genuine prayers and commitment.

Because of the nature of our work, this application asks many questions and opinions which we feel are important for us to know concerning just what and how you would communicate to a client. If you feel a question or statement is out of order, or you do not have an answer, please so indicate

RETURN THIS APPLICATION TO:

Detroit Rescue Mission Ministries
Human Resources Department (Confidential)
P.O. Box 312087
Detroit, MI 48231

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, disability or other protected classification.

OUR STATEMENT OF FAITH

- A.** We believe the Bible to be the inerrant Word of God and the final authority in faith and life.
- B.** We believe that there is one God, eternally existent in three (3) persons, Father, Son and Holy Spirit.
- C.** We believe in the absolute deity and full humanity of our Lord Jesus Christ. We believe in His virgin birth, His sinless life, the authenticity of His miracles, His vicarious and atoning death, His bodily resurrection, and His present mediatory work in heaven.
- D.** We believe in the personality and deity of the Holy Spirit. We believe He gives life, He sanctifies, He empowers and comforts all believers.
- E.** We believe that man is saved through repentance and faith in the finished work of Christ. Justification is by faith alone.
- F.** We believe that the Church is the body of Christ composed of all true believers. The present work of the Church is to glorify God through worship, the perfecting of the saints, the proclamation of the Gospel, and ministering to the needs of our fellow man throughout the world.
- G.** We believe in the personal and bodily return of the Lord Jesus Christ to consummate our salvation and establish His glorious kingdom.

Do you fully subscribe to the Statement of Faith above? Yes No

Explain any reservations you may have.

Please answer the below list of questions: (Use separate sheet if necessary.)

When and under what circumstances did you become a Christian?

What does it mean to you to have Christ as Lord of your life?

Summarize the area(s) God is using you in Christian services.

What Church do you attend and what is your involvement, what is your Pastor's name?

What are your feelings towards those who find themselves needing the services that DRMM provides and how could your talents or background assist them?

INSTRUCTIONS: Each question should be fully and accurately answered. A separate application must be submitted for each position for which you are applying.

Applicants May Be Tested for Illegal Drugs

SOCIAL SECURITY NO. XXX-XX-_____		DATE _____
NAME _____ <small>(As it appears on Social Security Card)</small>		_____
_____ Last Middle Maiden	_____ First	
ADDRESS _____		
_____ Number	_____ Street	_____ City State Zip Code
TELEPHONE () _____		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you authorized to work in the U.S. on an unrestricted basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No
DRIVER'S LICENSE NO. _____ - _____ - _____		How did you learn of this opening? _____
Are you willing to work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours can you work per week? _____		
Can you perform these essential functions with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what accommodations? _____		
Are there any hours, shifts or days you cannot or will not work? Please indicate _____		
If you are applying for a transportation job, have you had any accidents in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Violations within last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No _____		
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when? _____		
Which Ministry building and department? _____		

EDUCATION	NAME	LOCATION (Mailing Address)	MAJOR	DIPLOMA/DEGREE/ GED
High School				
College/University/ Trade School				
College/University/ Trade School				

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)

Name of Employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last job title			
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)

Name of Employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From	Start
		To	Final
Your last job title			
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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		From To	Start Final
	Your last job title		

Briefly describe work duties:

Reason for leaving; be specific, (May we contact this employer?) Yes No

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)

Name of Employer _____ Address _____ City, State, Zip Code _____ Phone Number _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your last job title		

Briefly describe work duties:

Reason for leaving; be specific, (May we contact this employer?) Yes No

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our organization? Indicate additional experience, other than previously listed. Include any voluntary work.

OTHER EXPERIENCE, SKILLS OR QUALIFICATIONS	VOLUNTARY WORK EXPERIENCE
	Name _____ Address _____ City, State, Zip Code _____ Describe work: _____ _____

SPECIAL SKILLS			YEARS EXPERIENCE	TYPE OF WORK		
Typing	<input type="checkbox"/> Yes			Word Processing	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM			<input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes			Dictaphone	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No				<input type="checkbox"/> No	
Other Skills: _____						

MILITARY EXPERIENCE		
Have you ever been in the Armed Forces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you a member of the National Guard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Specialty _____ Date Entered _____ Discharge Date _____		

REFERENCES (PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)	
Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

To All Applicants:

The information requested is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not be used as part of the hiring process. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian or Pacific Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arabic | |

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizen ship, age or disability. Opportunity for employment with this Employer depends solely on your qualifications. We reserve the right to select based upon religious preferences.

APPLICANT'S CERTIFICATION AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations on the application or otherwise made during the employment process will prevent a job offer or, if an offer is made, may result in my termination. I understand that this application and the personnel policies do not constitute employment. I understand that to be employed, I must be lawfully authorized to work in the United States and I must show the employer documents that will verify this.

I, the undersigned applicant for employment hereby authorize Detroit Rescue Mission Ministries, its agents, employees and representatives to obtain information concerning my employment, medical history, educational record, law enforcement record, and any other background information about me. I understand that any offer received is subject to my successfully completing all facets of the employer's pre-employment screening process.

I hereby understand that Detroit Rescue Mission Ministries has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment and hereby authorize Detroit Rescue Mission Ministries to perform medical examinations and/or drug screening. During the post-offer process, I authorize Detroit Rescue Mission Ministries to check employment references.

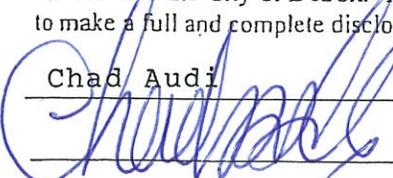
I further understand that my employment with Detroit Rescue Mission Ministries shall be probationary for ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Detroit Rescue Mission Ministries is terminable at will for any reason by either party.

I have read the application and completed it accurately, agree with the Statement of Faith and provide authorization for the above referenced information to be obtained by Detroit Rescue Mission Ministries. The employment application will be held on file for 120 days

Signature of Applicant _____ **Date** _____

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Detroit Rescue Mission Ministries
2. Address of Contractor: 150 Stimson Street
Detroit, MI 48201
3. Name of Predecessor Entities (if any): NA
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 1909 (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.

Chad Audi (Printed Name) President (Title)
 (Signature) October 27, 2014 (Date)

Subscribed and sworn to before me
this 27 day of October 2014
Bruce Calderwood
Notary Public, Oakland County, Michigan
My Commission expires: 8/20/20

BRUCE CALDERWOOD
NOTARY PUBLIC, MICHIGAN
OAKLAND COUNTY
MY COMMISSION EXPIRES AUG 20, 2020

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

Search Results

Current Search Terms: rescue* mission* ministries*

Your search for "Rescue* Mission* Ministries*" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity	PORT CITIES RESCUE MISSION MINISTRIES	Status: Active
DUNS: 783975774	CAGE Code: 53BZ4	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/13/2016	Delinquent Federal Debt? Yes	What is this?
Purpose of Registration: Federal Assistance Awards Only		
Entity	DETROIT RESCUE MISSION MINISTRIES	Status: Active
DUNS: 094547247	CAGE Code: 4S9T8	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 03/04/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		

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Area
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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.

IBM v1.P.42.20160129-1215

WWW8



(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: Chad Audi, President

Print name: Chad Audi

Sworn and subscribed to before me

on October 12, 2015 [by Chad Audi], the

CEO/President of the above named contractor/vendor, an authorized representative or agent of the contractor/vendor]

Sign: Bruce Calderwood

Print: Bruce Calderwood

Notary Public, Oakland County, Michigan,

Acting in Wayne County

My Commission Expires: 8/20/20

BRUCE CALDERWOOD
NOTARY PUBLIC, MICHIGAN
OAKLAND COUNTY
MY COMMISSION EXPIRES AUG 20, 2020