

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2895830-01
 STANDARD PO NUMBER
 CHANGE ORDER
 «AMENDMENT»

Insurance Requirement

ACCOUNT'S 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/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
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FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON D. CARRINGTON	PHONE NO. 224-9973
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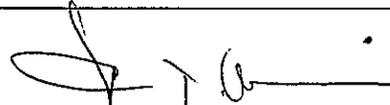
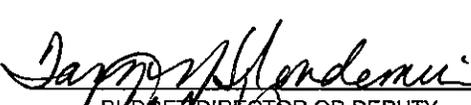
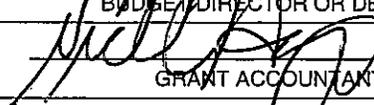
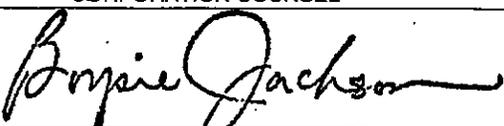
CONTRACTOR'S Dominican Literacy	DATE PREPARED 01/22/2015
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CONTRACTOR'S ADDRESS: 5555 CONNER AVENUE, SUITE 1414 Detroit, MI 48213	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$245,000.00 TOTAL CPO AMOUNT \$145,000.00 CHANGE AMOUNT \$100,000.00
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PHONE NO : (313) 267-1000 CORPORATION PARTNERSHIP INDIVIDUAL

FEDERAL EMPLOYER : 27-1868498 MINORITY FIRM YES NO

PURPOSE OF CONTRACT: PUBLIC SERVICES
 CHARGE ACCOUNT: 2001-360634-789514-651147-05983-000000-00000

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	05-06-15
JUN 30 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL 13 2015
JUN 25 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	JUN 26 2015
JUL 14 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input checked="" type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	JUL 14 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	7/17/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	

RECEIVED

JUL 15 2015

CITY OF DETROIT
 CONTRACTS AND APPROVAL JCC REFERENCE: PAGE _____ DATE **JUN 12 2014**
 LAW DEPARTMENT

CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895830

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of January, **2015**, between **Dominican Literacy Center**, the "Sub-recipient," 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. 2895830**, dated **January 1, 2014**, between the Sub-recipient and the City (herein called the "Agreement"):

WITNESSETH:

WHEREAS, the Sub-recipient 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 **January 1, 2014 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 **January 1, 2014 through December 31, 2015**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Sub-recipient.

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 **January 1, 2014 through December 31, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Sub-recipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Sub-recipient an amount up to **ONE HUNDRED FORTY FIVE THOUSAND DOLLARS AND NO CENTS, (\$145,000.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made 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 Sub-recipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Sub-recipient an amount up to **TWO HUNDRED FORTY FIVE THOUSAND DOLLARS AND NO CENTS, (245,000.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made 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 Sub-recipient 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 #1, Agreement No. 2895830-1** as of the date first above written.

WITNESSED BY:

1. Paul Anell
2. Rita Siegel

SUBRECIPIENT:

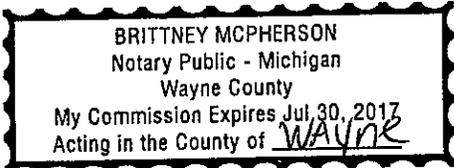
By: S. Janice Brown, CP
 (Signature of Corporate Officer)
 Its: Executive Director
 (Office Held)

* * * * *

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
 COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 20th day of January, 2015, by Janice Brown, the Executive Director of Dominican Literacy Center, a Michigan Non-Profit Corporation on behalf of the Corporation.
(Name of Corporate Officer) (Office Held) (Michigan Non-profit)



Brittny McPherson
 Notary Public
 My commission expires 07/30/2017

* * * * *

WITNESSES:

1. Sherrida Pears
2. Shirley Walker

CITY OF DETROIT

By: Arthur Jemison
 Its: Director

* * * * *

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON JUN 12 2014

Bonnie Jackson
 Purchasing Director Date

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

[Signature] 7/17/15
 Corporation Counsel Date

* 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, Sandy Mengel, CORPORATE SECRETARY of Dominican Literacy, 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 November 11, 2014, and that the same is now in full force and effect:

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

Zac Andreoni _____ is Chairman of the Board,
Sister Janice Brown, O.P. _____ is Executive Director,
Zach Andreoni _____ is President,
Teresa LeFevre _____ is Vice President,
E. C. "Woody" Woodruff _____ is Treasurer,
and Sandra Mengel _____ is Secretary.

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 #1 Agreement CPO No. 2872789 between the City of Detroit and Dominican Literacy entered into for the purpose of providing Public Services for the period of January 1, 2014 up to and including December 31, 2015, and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 15th day of January 2015.

CORPORATE SEAL
(if any)

Signature:

Sandra G. Mengel
Corporate Secretary

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

Subrecipient Organization Name: **Dominican Literacy.**

By: *S. Janice Brown*

Its: Executive Director

Date: April 10, 2014

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: Dominican Literacy

Authorized Representative's Signature: S. Janice Brown, O.P.

Printed Name: Sister Janice Brown, O.P.

Title: Executive Director

Date: April 10, 2014

EXHIBIT A
SCOPE OF SERVICES
NAME OF SUBRECIPIENT AND PROJECT
FISCAL YEARS OF NOF FUNDING

During the term of this Agreement, the Subrecipient, **NAME OF SUBRECIPIENT AND PROJECT**, shall provide public service activities herein called the "Project" or the "Services", in order to provide **CATEGORY OF SERVICES** for persons who are residents of the City of Detroit.

1. GENERAL REQUIREMENTS

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

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

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:

DESCRIBE CRITERIA USED FOR NATIONAL OBJECTIVE (Choose One Option from: Area Benefit (51% low/mod), Income Information Required (51% low/mod), Formally Limited Exclusively 100% low/mod (includes presumptive benefit, ads/posting method, stricter or equal income limits method) or Nature/Location of Services Documentation (51% low/mod).

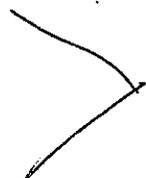
A. Area Benefit

If Area Benefit INSERT BOUNDARIES OF PROJECT AREA, CENSUS TRACTS AND PERCENTAGE AREA IS LOW/MODERATE INCOME USING FOLLOWING OR SIMILAR FORMAT AND WORDING. NOTE: HUD DOES NOT ALLOW THE ENTIRE CITY TO QUALIFY UNDER AREA BENEFIT. Note: Project must give access to all persons in the area, not just a specific population, and the area must be at least 51% low/mod.

6. PERFORMANCE SCHEDULE

A. Define what the unit of service is: how many services and how many different people (or families, or households) will be served by the project over the life of the Agreement and/or any estimated monthly level of services to be provided. Include and define all special activities, such as a field trip, performance of a play or other event that may occur or any ultimate accomplishment. Provide dates by which events or milestone activities are to occur. In the standard paragraph below total all services and estimated number of persons/households or families to be served.

During the term of this Agreement the Subrecipient shall, at a minimum, provide 3500 service units to a minimum of 175 persons. On a monthly basis, the Subrecipient shall strive to meet the goal of providing 290.6 units of project services to an average of 14.5 persons.



B. If the Agreement will have a Performance Based Budget, precisely define each unit of Service for which payment will be made. Make sure the definition of each unit is clear and specific enough to pay on. Units of Service must be outcomes and accomplishments, not inputs. Also put the unit of service definitions on Exhibit B along with unit cost.

Example from World Medical Relief

6. Performance Schedule

During the term of this Agreement the Subrecipient shall provide a minimum of 4,451 service units to a minimum of 180 clients.

A unit of service is defined as one prescription of a drug.

7. ANNUAL MEASURABLE PROJECT OUTCOME

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

<u>Condition</u>	<u>Instrument</u>	<u>Quantity or % Accomplished</u>
low grades	Tutoring classes	85% show improved grades
Low Literacy skills	Tutoring classes	85% show improved skill level and/or goal achievement such as job obtainment, etc.

**EXHIBIT B
BUDGET**

DOMINICAN LITERACY CENTER
2013-2014 NOF Funding
CPO # SPO #

	Amount from other funding	Amount from 2013-2014 CDBG/NOF
PERSONNEL (Gross Salaries)		
Administration/Program Assistant	20,000.00	\$15,000.00
Subtotal		\$15,000.00
OPERATING EXPENSES		
Rent	19,512.00	15,000
Consumable Supplies	2,500.00	1,000.00
Subtotal		\$16,000.00
PROGRAM COSTS		
Instructors # ? FIES ?	19,000.00	25,000.00
Employer Taxes	3,400.00	2,000.00
Instructor - Reading/ESL/Mentorship	30,000.00	22,100.00
Communication-Phone/Web/Postage	? 7,000.00	2,000.00
Copy Machine - EQUIPMENT? OR LEASE	2,000.00	1,000.00
Community Outreach/Marketing - Flyers? EVENTS	5,000.00	3,000.00
Student Supplies	8,000.00	4,000.00
Insurance GEN Liab? ?	2,600.00	1,000.00
Insurance -Workmen's Comp	500.00	1,700.00
Financial Review of ? FOR STUDENTS? # EXP.? Provi Sample?	8,000.00	1,500.00
Subtotal		63,300.00
OTHER PROGRAM EXPENSES		
Professional Development	3,500	1,000.00
Bus passes	3,000	4,200.00
Misc.		500.00
Subtotal		5,700.00
		\$100,000.00

2 people?
clerical or
direct program?
2 diff pos.
2 lines
2 positions
1 person
invalign?

additional
in
scope

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, } ss.
City of Detroit

CITY CLERK'S OFFICE, DETROIT

I, Janice M. Winfrey

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

Approved by the Emergency Manager for the City of Detroit on

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

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

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

day of April A.D. 2015


CITY CLERK

2014/2015

CDBG

CC APPROVED

CONTRACT NOT LISTED

**JOURNAL OF THE DETROIT CITY COUNCIL, THURSDAY, JUNE 5, 2014
SPECIAL SESSION**

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

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

Dept	Action	APPL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13504	POD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,675	-\$ 2,059,452
PDD	Decrease	13504	POD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	-\$ 1,653,018
PDD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	-\$ 22,700
PDD	Decrease	13169	POD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	-\$ 513,567
PDD	Decrease	13170	POD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	-\$ 690,669
PDD		13611	Sec. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
			SUB-TOTAL		\$ 8,746,361	\$ 3,808,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	POD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13835	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
			SUB-TOTAL		\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
			SUB-TOTAL		\$ 0	\$ 0	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 8,500,000	\$ 8,500,000
			SUB-TOTAL		\$ 0	\$ 15,000,000	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Casa Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 2,138,207	\$ 2,550,000	
PDD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11822	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11798	Manners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11801	NSO — Turmaini Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12426	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10826	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	08733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11896	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11806	United Community Housing Coalition	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11809	YWCA Intern House	HPS	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 2,269,216	\$ 2,250,000	
PDD	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	-\$ 8,000,000
PDD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13556	Emergency Home Repair	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
PDD	Increase	13609	COBG Housing Rehab. Loan Program	HR	\$ 0	\$ 0	\$ 0
PDD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
			SUB-TOTAL		\$ 8,400,000	\$ 7,000,000	
PDD	Increase	13170	POD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	-\$ 941,365
			SUB-TOTAL		\$ 2,941,365	\$ 3,399,934	
PDD	Increase	11176	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,486,300	\$ 186,300
PDD	Increase	04735	Adult Volunteering Services	PFR	\$ 0	\$ 134,600	\$ 134,600
PDD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 85,000	\$ 85,000
PDD	Increase	06508	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
PDD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 120,000	\$ 120,000

Qspt	Action	APPL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church -- Senior Project	PFR	\$ 0	\$ 187,000	\$ 187,000
PDD	Increase	13645	North Rosedale Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04898	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13378	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13556	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
			SUB-TOTAL		\$ 500,000	\$ 1,486,390	
PDD	Decrease	13187	PDD -- Development	PFRTA	\$ 2,468,905	\$ 0	-\$ 2,468,905
			SUB-TOTAL		\$ 2,468,905	\$ 1,199,198	
PDD	Decrease	12945	Unassigned Projects	PS	\$ 3,677,644	\$ 0	-\$ 3,677,644
			SUB-TOTAL		\$ 3,677,644	\$ 0	
PDD	Increase	07523	Accounting Aid Society	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Mercy Education Project	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10124	St Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 725,000	
PDD	Increase	12420	Joy-Southfield CDC	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 375,000	

PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 325,000	
PDD	Increase	10105	Alkebulan Village	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 0	\$ 350,000	
PDD	Increase	13841	East Michigan Christian	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10620	Jefferson Business Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 273,000	
PDD	Increase	04683	Alzheimer's Association	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dulray United Action Council	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	L&L Adult Day Care	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05662	LASED	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11993	Matrix Human Services -- Reuther Older	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000

Ordl	Action	APPR #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocated	Difference
PDD	Increase	05149	Adult & Wellness Center St. Patrick Senior Center	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Section 108 Loans	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Book Cadillac	REPAY	\$ 7,334,688	\$ 3,500,000	-\$ 3,834,688
PDD		13529	Ferry Street	REPAY	\$ 1,820,056	\$ 641,268	-\$ 1,178,788
PDD		13529	Fort Shelby	REPAY	\$ 337,199	\$ 67,199	-\$ 270,000
PDD		13529	Garfield	REPAY	\$ 1,857,125	\$ 857,125	-\$ 1,000,000
PDD		13529	Garfield II	REPAY	\$ 242,648	\$ 17,648	-\$ 225,000
PDD		13529	Garfield Geothermal	REPAY	\$ 542,199	\$ 432,199	(\$ 110,000)
PDD		13529	Garfield Sugar Hill	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD		13529	Mexicantown	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD		13529	New Amsterdam	REPAY	\$ 437,438	\$ 187,438	-\$ 250,000
PDD		13529	Stuberstone	REPAY	\$ 847,767	\$ 447,767	-\$ 400,000
PDD		13529	Veiner Lawndale	REPAY	\$ 33,264	\$ 3,264	-\$ 30,000
PDD		13529	Woodward Garden	REPAY	\$ 122,992	\$ 72,992	-\$ 50,000
PDD	Increase	13635	Public Park Improvement	REPAY	\$ 919,826	\$ 619,826	-\$ 300,000
				SUB-TOTAL	\$ 7,334,688	\$ 3,500,000	
				SUB-TOTAL	\$ 0	\$ 1,000,000	\$ 1,000,000
				SUB-TOTAL P&D	\$ 0	\$ 187,144	
				SUB-TOTAL OTHER DEPARTMENTS	\$43,890,841	\$28,562,866	
				TOTAL	\$ 0	\$ 0	
				TOTAL	\$43,890,841	\$28,562,866	
REVENUE							
PDD		06040	Planning and Development Program Income		\$ 310,000	\$ 310,000	\$ 0
PDD		13529	Section 108 Loan		\$ 1,132,419	\$ 1,132,419	\$ 0
PDD	Increase	06102	Planning and Development Letter of Credit		\$31,233,230	\$32,109,171	\$ 875,941
				TOTAL	\$32,675,649	\$33,551,590	\$ 875,941

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

01/11/12

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: February 9, 2014 Department: P&DD Division: NeighborHood Support Services

Dept Head/Contact Person: D. Carrington Phone No.: 224-9973

Description: Public Service Contract No.: _____ PO Type: Prof Svc - CPO Est. Value: \$100,000

Contract Term (if applicable): January 1, 2014 to December 31, 2015

Funding: City _____% State _____% Federal 100% Other: _____ %

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

Recommended Supplier: Dominican Literacy Required Date: _____

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

If "Yes" please explain why: _____

Consequence of not buying: _____

2. Was the product or service competitively bid? X 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 X No Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?
 Yes Amount \$ _____ X No
Were additional savings requested? (10%) Yes No

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

6. The business being awarded is NEW CONTRACT
If #6 is a renewal provide justification for renewal: _____
If #6 is a increase/decrease does this represent:

- Variance in unit price only (Current unit price \$ _____ Suggest Unit Price \$ _____)
 Change in amount/volume of the good or service to be used (no change in unit price)

01/11/12

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:

Contract is a CDBG Grant Contract, Funded by the government and awarded to organizations who submit proposals through the City of Detroit bid process. During term of Agreement the subrecipient shall provide tutoring services for persons who are residents of the City of Detroit.

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *Darrin Carrington* DATE: 1/22, 2015

INFORMATION PROVIDED BY: D. Carrington

TITLE: Sr. Development Specialist

PHONE NO. 224-9973

Proposal # 1 Organization Name: DOMINICAN LITERACY

Reviewer Signature: _____

Summary of Scoring Rules

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

5 points: criterion is very strong

4 points: criterion is strong

2 points: criterion is acceptable

0 points: criterion is incorrect, incomplete or missing

Public Service Ranking

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

Attach this Form to the outside of each proposal envelope

Name of Organization DOMINICAN LITERACY

Reviewer Signature _____ Date 4/16/2014

Threshold Criteria	Yes	No
Meets HUD National Objective (Thr-1)	X	
Group attended 2014 workshop (check attendance roster) (List of attendees are available to reference – 5 Workshops)	X	
Proposal must be submitted on correct form and by deadline	X	
Must have at least five (5) member board and meet at least quarterly (Org-7)	X	
Must have 501 (c) (3) Status prior to applying for proposal (Attachment #1)	X	
Must have at least one year of operation and proof of operations (Attachment #2)	X	
Has no unresolved government audit and monitoring problems (FRM / PDD) except the active or open vs. closed or inactive)	X	
Must submit most recent fiscal year cash flow statement, financial statement and if available, recent audit (Attachment #3)	X	
Must have three (3) support Letters (Attachment #4)	X	
Must read and sign Certification form (Pg. 18)	X	
Must submit current Non-profit Corporation Information Update (Michigan Annual Non-Profit Report) (Attachment #5)	X	
Must submit Certificate or Articles of Incorporation (Attachment #6)	X	
Must provide demonstrable outputs and/or outcomes (Pg. 14)	X	
Applicants organization must provide proof of operating cash on hand (7% of request) (Attachment #7) (Bank Statement past 3 mos., Letter or Line of Credit)	X	

COMMENTS: _____

* Attach this form to the outside of each proposal envelope

Date Submitted: 2-16-2015

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: **PLANNING & DEVELOPMENT – NEIGHBORHOOD SUPPORT SERVICES**

Contact: **CLINTON GRIFFIN** Project Manager: **D. CARRINGTON** Phone: (313) 224-9121 Fax: (313) 224-2321

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

<p>A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 512 Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588</p>	<p>For: Individual or Company Name: DOMINICAN LITERACY Address: 11148 HARPER Detroit, MI 48213</p>
--	---

<p>A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)</p>	<p>Telephone: same</p>
<p>Employer Identification of Social Security Number 38-3195962</p>	<p>Spouse Social Security Number</p>
<p>Nature of Contract: PUBLIC SERVICE-</p>	<p>BID/CONTRACT AMT (if known): \$145,000.00 Labor: \$ _____ Material \$ _____ Contract # (if known)</p>

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: Individual Corporation Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filled joint returns with spouse during the last seven (7) years?
(If yes, include spouse SSN above) NA YES NO
2. Are you a student, and/or claimed as a dependent on someone else's tax return? YES NO
3. Were you employed during the last seven (7) years? YES NO
4. Were you a resident of Detroit during the last seven (7) years? YES NO

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

5. Is the company a new business in Detroit?
If yes, attach Employer Registration (Form DSS-4) YES NO
6. Will the company have employees working in Detroit? YES NO
7. Will the company use sub-contractors or independent contractors in Detroit? YES NO

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

YES NO Signature: **LAMONT FISHER**
INCOME TAX INVESTIGATOR

Date: **MAR 27 2015** Expires: **MAR 27 2016**

Date Submitted: 2-16-2015

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

SECTION A: PLANNING & DEVELOPMENT

coming from

ADDRESS OF DEPARTMENT 65 Cadillac Ste 1400
DATE SENT 1/13/2015 CONTACT PERSON Clinton Griffin
PHONE NUMBER 224-9121 FAX NUMBER 628-2064 EMAIL cgriffin@detroitmi.gov
CONTRACT AMOUNT \$145,000.00

SECTION B: CORPORATION LICENSE TYPE N/A

CORPORATION NAME Dominican Literacy Center
ADDRESS 11148 Harper CITY/STATE/ZIP DETROIT, MI 48213 LEASE
CITY PERSONAL PROPERTY NUMBER 21991289.11 FID / EIN NUMBER 38-3195962
OTHER CITY-OWNED PROPERTY PARCELS No knowledge
CONTACT PERSON Sister Brown PHONE NUMBER 313-267-1000 EMAIL ADDRESS not available

SECTION C: PARTNERSHIP LICENSE TYPE

BUSINESS NAME _____ LICENSE TYPE _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____
A: PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____
B. PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

BUSINESS NAME _____
BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____
OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS _____
EMAIL ADDRESS _____

SECTION E: PERSONAL SERVICES

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

**REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES**



FOR TREASURY COLLECTION USE ONLY

<p>APPROVED <i>Annette Smith</i> DENIED</p> <p>SIGNATURE</p>	<p>DENIED WITH ATTACHMENTS</p> <p>DATE JAN 26 2015</p>	<p>CLEARANCE VALID UNTIL AUG 30 2015</p>
--	---	---

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of Dominican Literacy Center, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

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

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

RFQ / PO No. (if applicable) n/a

Duration of Covenant To be determined to _____

Printed Name of Contractor/Organization Dominican Literacy Center
(Type or Print Legibly)

Contractor Address 11148 Harper Ave. Detroit, MI 48213
(City) (State) (Zip)

Contractor Phone/E-mail 313.267.1000 / dominicanliteracy@yahoo.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Sr. Janice Brown, O.P., Director

Signature of Authorized Representative: Sr. Janice Brown, O.P.

Date: September 18, 2012

Signature of Notary Richard Lawrence Wiseman *** This document MUST be notarized ***

Printed Name of Seal of Notary Richard Lawrence Wiseman
My Commission Expires 12 / 28 / 14

Richard Lawrence Wiseman
Notary Public, Macomb County, Michigan
Acting in Wayne County
My Commission Expires December 28, 2014

FOR CONTRACTING DEPARTMENT USE ONLY:
Date Rec'd 4/29/15 Received by [Signature] exec Manager
[Signature]

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/12/2014

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 Kapnick Insurance Group P.O. Box 1801 Adrian MI 49221-7801	CONTACT NAME: PHONE (A/C, No, Ext): 517-263-4600 E-MAIL ADDRESS: pesadmin@kapnick.com	FAX (A/C, No): 517-263-6658
	INSURER(S) AFFORDING COVERAGE	
INSURED DOMIL-2 Dominican Literacy Center Attn: Sister Janice Brown 5555 Conner Rd. Detroit MI 48213	INSURER A: Nationwide Mutual Ins Co	NAIC # 23787
	INSURER B: Michigan Workers' Compensation	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER: 1084666623** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y		MPA0000084021L	11/18/2014	11/18/2015	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	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
								\$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS			BA0000084020L	11/18/2014	11/18/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE	\$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC534S530269014	11/18/2014	11/18/2015	<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)

IT IS HEREBY AGREED, The City of Detroit (certificate holder) is included as Additional Insured for General Liability with respect to their interest as Funding Source for the named insured.

NOV 20 REC'D

NOV 20 REC'D

CERTIFICATE HOLDER**CANCELLATION**

City of Detroit P & DD
 Suite 1400
 65 Cadillac Tower
 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

James S. Kapnick

Hiring Policy Compliance Affidavit

I, Janice Brown, OP, being duly sworn, state that I am the Executive Director
_____ of Dominican Literacy Center
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

Janice Brown OP
Title Executive Director Date 9/24/2014

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 24 day of September, 2014
by Tamira A. Crumb

Notary Public, County of Wayne
State of Michigan
My commission expires Jan 26, 2017

TAMIRA ALYCE CRUMB
NOTARY PUBLIC - STATE OF MICHIGAN
COUNTY OF WAYNE
My Commission Expires Jan. 26, 2017
Acting in the County of Wayne

An Equal Opportunity Employer – Male/Female

We do not discriminate on the basis of race, religion, national origin, color, sex, age, or handicap. It is our intention that all applicants be given equal opportunity and that selection decisions are based on job-related factors.

APPLICATION FOR EMPLOYMENT

Instructions	Each question should be fully and accurately answered. No action can be taken on this application until all questions have been answered. Use blank paper if you do not have enough room on this application blank. PLEASE PRINT , except for signature on the back of application. All information you give on this application will be held in strict confidence.																										
personal data	Job Applied For _____ Today's Date _____ Are you seeking: Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary or Summer <input type="checkbox"/> employment? When are you available for employment? _____ <hr/> Last Name _____ First Name _____ Middle Name _____ Telephone Number _____ <hr/> Present Street Address _____ City _____ State _____ Zip Code _____ Are you between 18 and 70 years of age? Yes <input type="checkbox"/> No <input type="checkbox"/> Social Security Number _____ Are you a citizen of the United States or do you have a valid work permit? Yes <input type="checkbox"/> No <input type="checkbox"/>																										
military	Military Status: Active Duty Service From _____ to _____ Branch of Service _____ Service Duties _____ Are you a member of a Reserve organization? Yes <input type="checkbox"/> No <input type="checkbox"/>																										
general	Do you have a valid drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/> Drivers License Number _____ Are you now or do you expect to be engaged in any other business or employment? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____ Of what clubs, organizations, civic or other groups you have been a member in the last five years? (List offices held.) (Exclude labor organizations or any organizations the name and character of which indicate race, color, religion, sex, age, national origin or ancestry of its members.)																										
education	<table style="width:100%; border:none;"> <tr> <td style="width:60%;">Name, Address and Location of School</td> <td style="width:15%;">Highest Grade Completed</td> <td style="width:10%;">Did You Graduate?</td> <td style="width:15%;">Date of Leaving</td> </tr> <tr> <td>High School:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>College or University:</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="padding-left: 40px;">College Major:</td> <td colspan="3">Degree:</td> </tr> <tr> <td colspan="4">Additional Educational and/or vocational or Technical Training Information:</td> </tr> <tr> <td>Name, Address, and Location of School</td> <td>Course Taken</td> <td>Courses Completed</td> <td>Date of Leaving</td> </tr> </table>			Name, Address and Location of School	Highest Grade Completed	Did You Graduate?	Date of Leaving	High School:				College or University:				College Major:	Degree:			Additional Educational and/or vocational or Technical Training Information:				Name, Address, and Location of School	Course Taken	Courses Completed	Date of Leaving
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health	Do you have any physical limitations which would adversely affect performance of the job for which you are applying? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain _____ Have you missed any work during the past six months due to illness? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, how much? _____ Would you take a physical examination if required? Yes <input type="checkbox"/> No <input type="checkbox"/>																										
reference	Give three references, not relatives or former employers. <table style="width:100%; border:none;"> <tr> <td style="width:30%;">Name</td> <td style="width:30%;">Address</td> <td style="width:20%;">Phone</td> <td style="width:20%;">Occupation</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>			Name	Address	Phone	Occupation	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____	_____								
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CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Dominican Literacy Center
2. Address of Contractor: 11148 Harper Ave.
Detroit, MI 48213
3. Name of Predecessor Entities (if any): n/a
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 1989 (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.

Sr. Janice Brown, O.P. (Printed Name) Director (Title)

Janice Brown (Signature) September 18, 2012 (Date)

Subscribed and sworn to before me
this 18th day of September 2012

Richard Lawrence Wiseman
Notary Public, Macomb County, Michigan
My Commission expires: 12/28/14

Richard Lawrence Wiseman
Notary Public, Macomb County, Michigan
Acting in Wayne County
My Commission Expires December 28, 2014