

P&DD #4410-01

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD AMENDMENT

CHANGE ORDER
AMENDMENT

CONTRACT PO NUMBER 2895831-01
STANDARD PO NUMBER 2895833

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)

- CONSTRUCTION/DEMOLITION
- LEASE
- DEED
- PROFESSIONAL SERVICES

DEPARTMENT HEAD'S SIGNATURE

DEPARTMENT
PLANNING AND
DEVELOPMENT

FUNDING SOURCE (Percent)

FEDERAL 100% STATE % CITY % OTHER

DEPARTMENT CONTACT PERSON

STEPHANIE CREWS

PHONE NO.

224-9039

CONTRACTOR'S

JOY/SOUTHFIELD COMMUNITY DEVELOPMENT CORP.

DATE
PREPARED
2/3/15

CONTRACTOR'S ADDRESS:

18917 JOY ROAD
DETROIT, MICHIGAN 48228

ENGINEER'S ESTIMATE CONTRACT CHANGE

TOTAL CONTRACT AMOUNT \$200,000.00

TOTAL CPO AMOUNT \$100,000.00

CHANGE AMOUNT \$100,000.00

PHONE NO (313)581-7773 EXT.105

CORPORATION PARTNERSHIP INDIVIDUAL

FEDERAL EMPLOYER

38-3622930

MINORITY FIRM YES NO

PURPOSE OF CONTRACT: PUBLIC SERVICE

CHARGE ACCOUNT: 2001-367156-789414-651147-12420-000000-00000

CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
15 MAR 12 AM 9:59

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT	
	AUTHORIZED DEPARTMENT REPRESENTATIVE	
FEB 25 2015	<p>BUDGET</p> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <p>_____</p> <p>BUDGET DIRECTOR OR DEPUTY</p>	MAR - 6 2015
MAR 16 2015	<p>GRANT MANAGEMENT SECTION</p> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <p>_____</p> <p>GRANT ACCOUNTANT Director</p>	3/18/15
MAR 10 2015	<p>FINANCE DEPARTMENT</p> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <p>_____</p> <p>FINANCE DIRECTOR OR DEPUTY</p>	3/10/15
	<p>LAW DEPARTMENT</p> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <p>_____</p> <p>CORPORATION COUNSEL</p>	3/11/15
	<p>PURCHASING DIVISION</p> <p>_____</p> <p>PURCHASING DIRECTOR</p>	4/30/15

RECEIVED

MAR 10 2015

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE MAR 13 2015

CITY OF DETROIT
CONTRACTS SECTION
LAW DEPARTMENT

Use Only One Set For Each Contract Package

2014/2015

COBG

CC APPROVED

TRUE COPY CERTIFICATE

Form C of D-16-CR

STATE OF MICHIGAN, } ss.
City of Detroit

CITY CLERK'S OFFICE, DETROIT

I, Janice M. Winfrey, City Clerk of the City of Detroit, in said

State, do hereby certify that the annexed paper is a TRUE COPY OF RESOLUTION

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

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

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

By Council Member Letard:

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

Dept.	Action	Appr. #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13594	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,675	-\$ 2,059,452
PDD	Decrease	13594	PDD — 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	PDD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	-\$ 513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	-\$ 690,669
PDD		13611	Sec. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	
SUB-TOTAL					\$ 8,746,361	\$ 3,806,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	
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	
Economic Development							
PDD	Increase	11507	Economic Development Summer Jobs Program	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
SUB-TOTAL					\$ 0	\$ 6,500,000	
Homeless Public Service							
PDD	Increase	12168	Alternatives for Girls	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708		HPS	\$ 0	\$ 100,000	\$ 100,000
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	11882	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	Mariners 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	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06733	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	\$ 100,000	\$ 100,000
PDD	Increase	11809	YWCA Interim House	HPS	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 2,269,216	\$ 2,250,000	
Housing							
PDD	Decrease	13609	Housing Rehabilitation	HR	\$ 6,000,000	\$ 0	-\$ 6,000,000
PDD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
PDD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
PDD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
SUB-TOTAL					\$ 6,400,000	\$ 7,000,000	
PDD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	-\$ 941,365
SUB-TOTAL					\$ 2,941,365	\$ 3,399,934	
Public Facility Rehab.							
PDD	Increase	11496	Adult Wellbeing Services	PFR	\$ 1,300,000	\$ 1,486,390	\$ 186,390
PDD	Increase	04735	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 134,690	\$ 134,690
PDD	Increase	06698	Focus: HOPE	PFR	\$ 0	\$ 85,000	\$ 85,000
PDD	Increase	06514	Franklin-Wright Settlements	PFR	\$ 0	\$ 102,700	\$ 102,700
				PFR	\$ 0	\$ 120,000	\$ 120,000

Dept.	Action	Appr. #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 167,000	\$ 167,000
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	Ser-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13306	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	13167	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	06709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Mercy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 0	\$ 725,000	\$ 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	\$ 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	\$ 75,000	\$ 75,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	10105	Aikebu-lan 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	11167	The Green of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 0	\$ 350,000	\$ 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	\$ 275,000	\$ 275,000
PDD	Increase	04683	Alzheimer's Association	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Delray 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	11893	Matrix Human Services — Reuther Older	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000

2014-15 SCHEDULE A

Dept.	Action	Appr #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	06698	Focus: HOPE	PFR	\$0	\$102,700	\$102,700
PDD	Increase	06514	Franklin-Wright Settlements	PFR	\$0	\$120,000	\$120,000
PDD	Increase	13839	Liberty Temple Baptist Church - Senior Project	PFR	\$0	\$167,000	\$167,000
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	Ser- Metro-Detroit, Jobs for Progress	PFR	\$0	\$104,000	\$104,000
PDD	Increase	13396	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	13167	PDD - Development	PFR/TA	\$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	06709	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	

JOURNAL OF THE DETROIT CITY COUNCIL, TUESDAY, MAY 13, 2014
FORMAL SESSION

RESOLUTION
APPROVING THE ALLOCATION
OF COMMUNITY DEVELOPMENT
BLOCK GRANT BUDGET FOR
FISCAL YEAR 2014-2015

By ALL COUNCIL MEMBERS:

WHEREAS, Each year the Administration and City Council collectively evaluate and determine the expenditure of the Community Development Block Grant (CDBG) entitlement from the U.S. Department of Housing and Urban Development (HUD); and

WHEREAS, Under the federal guidelines, CDBG funds may be used for City staffing, administrative costs, planning initiatives, various City projects including, but not limited to public facility rehabilitation, demolition, public infrastructure and economic development, as well as support for programs operated by organizations that service low- to moderate-income families and other vulnerable populations within our community.

WHEREAS, The Planning and Development Department (P&DD) has prepared and the City Council has reviewed the 2014-15 CDBG Summary which allocates those funds across various categories of need and priority; NOW THEREFORE BE IT

RESOLVED, That the Detroit City Council hereby approves the attached 2014-15 CDBG Summary and authorizes the finalization and inclusion in the 2014-15 Action Plan for submittal to HUD; and BE IT FURTHER

RESOLVED, That a copy of this resolution be sent to Emergency Manager Kuvyn Orr, Mayor Mike Duggan and P&DD Interim Director Trisha Stein.

Adopted as follows:

Yeas — Council Members Benson, Castaneda-Lopez, Cushingberry, Jr., Jenkins, Leland, Sheffield, Spivey, Tate, and President Jones — 9.

Nays — None.

“WAIVER OF RECONSIDERATION
(No. 2), per motions before adjournment.

P & DD #4410-01
CPO #2895831-01
SPO #2895833

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895831**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this the 1st day of January, **2015**, between, **JOY/SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION**, 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.2895831**, dated **January 1, 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 **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 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 **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 Subrecipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED THOUSAND (\$100,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **TWO HUNDRED THOUSAND (\$200,000.00) 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.

RESOLUTION OF CORPORATE AUTHORITY

I, Lisa Martin , CORPORATE SECRETARY of Joy Southfield Community Development Corporation, 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 December 13, 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."

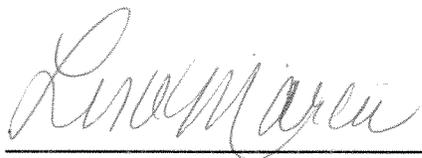
I FURTHER CERTIFY that:

<u> Wilma Fleming </u>	is Chair of the Board,
<u> David Law </u>	is Executive Director,
<u> N.A. </u>	is President,
<u> Ron Wainwright </u>	is Vice Chair,
<u> Russell Crum </u>	is Treasurer,
and <u> Lisa Martin </u>	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 **Joy Southfield Community Development Corporation** 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 20th day of January , 2015.

CORPORATE SEAL
(if any)

Signature: 
Corporate Secretary

CITY ACKNOWLEDGEMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 23 day of Feb,
2015, by **ARTHUR JEMISON, Mayor's Designee, pursuant to EM Order No. 38, ¶13 of the
Planning & Development Department** of the City of Detroit, Michigan, a municipal corporation.

Karen M. Beaver
Notary Public, Wayne County, Michigan

My commission expires: 6/21/2018

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

EXHIBIT A
SCOPE OF SERVICES
JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION
2014-2015 NOF FUNDING

During the term of this Agreement, the Subrecipient, **JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION, INC.**, shall provide public service activities, herein called the "Project" or the "Services," in the form of **FREE HEALTH, WELLNESS AND PREVENTIVE HEALTH EDUCATION** for Families who are residents 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: AREA BENEFIT

This project serves all persons in the area within the City of Detroit encompassing Census Tracts 5459, 5460, 5461, 5464, 5465, 5466, 5467, 5468, 5469 and the street boundaries of Plymouth Road on the north; Southfield Freeway on the east; Warren Avenue on the south; Evergreen Road on the west. The percentage of low and moderate income persons residing in this defined area is 98%.

The Subrecipient shall make and maintain such data and records as required by the City and as necessary for the reports required in Exhibit E and F hereof. Such records shall identify project participants and/or beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quantity or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. The Subrecipient shall maintain all records taking care to treat participant personal or income information with due respect for confidentiality.

3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Subrecipient shall provide free preventive health education, chronic disease management, and wellness promotion programs to low/mod income Detroit residents. Subrecipient shall also provide community-based health promoting activities, including community gardens and farmers market, renovations to local parks, improved walkability, and community safety.

The Subrecipient will employ staff and certified health educators to offer regularly scheduled preventive health education and disease management programs throughout the contact term. This will include Healthy Eating, Activity & Learning (HEAL) workshops, a series of 6 weekly classes of 2 hours duration that focus on healthy eating and physical activity. HEAL workshops use evidence-based curriculum and have proven to be a useful tool to reduce overweight/obesity and the risk for developing common chronic diseases such as type-2 diabetes and high blood pressure. They also help diabetic and high blood pressure patients manage their disease in order to minimize life threatening complications.

Clients are welcome to take advantage of support groups and long-term disease management support for individuals dealing with diabetes and hypertension. Preventive health education classes are offered periodically, with topics dictated by client surveys and patient needs.

The Joy-Southfield Health and Wellness Center also offers free access to specific healthcare services through several collaborative projects at our site. These include:

- a. Monthly support group meetings for patients diagnosed with type 2 diabetes.
- b. HEAL workshops and education classes for diabetic patients in collaboration with University of Michigan Department of Medical Education, Henry Ford Hospital and the National Kidney Foundation of Michigan.
- c. Community gardening and farmers market program to increase access to affordable healthy food, thereby reducing the risk for developing common chronic diseases

The Subrecipient participates with the Detroit Wayne County Health Authority Primary Care Network Council and Covenant Community Care (FQHC) in order to optimize its role as part of the Detroit area "healthcare safety net" that addresses the following:

- a. Primary healthcare for adults and youth
- b. Physical exams for work and school
- c. Chronic disease management
- d. Diabetes, cholesterol, hypertension and prostate cancer screening
- e. Women's health services by appointment
- f. Community gardening & farmers market to promote healthy eating
- g. Immunizations and vaccinations
- h. Prescription medication assistance
- i. Referrals to out-patient diagnostic testing
- j. Preventive health education
- k. Mental health services
- l. Oral health (dental services)

In addition, the Subrecipient sponsors annual Community Health & Wellness Fairs, which provide our neighbors (typically 200-300 participants) with useful information about our programs, as well as info and resources from about 30 agencies and organizations. All of the healthcare services are overseen by the Joy-Southfield Health & Wellness Committee, which in turn reports to the Board of Directors and Executive Director. Information gathered from anonymous client satisfaction surveys are used to optimize the delivery of Project Services.

4. PERSONNEL (Administrative expenses)

Staff employees being partially funded by NOF are limited to the Executive Director and the Facilities Manager who provide administrative oversight and management of this program.

The Director of Youth & Family Development will manage and oversee Healthy Eating, Activity & Learning (HEAL) Workshops that teach patients, local residents and their families about healthy nutrition and physical activity. She also oversees the community gardening and farmers market programs, designed to prevent common chronic diseases by increasing access to affordable healthy food. The Director of Community & Economic Development will manage and oversee local programs to improve walkability, renovate Stein Field (25 acre park) and enhance community safety. The overall goal of those programs is to prevent common chronic diseases by enhancing opportunities for physical activity. Qualified personnel shall perform the Services. Personnel performing trades, professional, health or food services, AS APPLICABLE, shall maintain the appropriate permits, licenses or other credentials as may be required by State or local law. Job descriptions and credentials for all personnel providing Services hereunder shall be kept on file by the Subrecipient and shall be available for review by the City.

5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE

Project activities and administrative offices are located at the Joy-Southfield Health and Wellness Center, 18917 Joy Road, Detroit, MI, 48228, with regular office hours, Monday through Friday, 8:30 a.m. - 5:00 p.m. The Sowing Seeds, Growing Futures Farmers Market operates from June through October at 18900 Joy Road (across the street from the Health & Wellness Center). Beginning in July 2014, clinical services are being provided for 40 hours/week at the Joy-Southfield Health & Wellness Center by Covenant Community Care, a federally qualified health center. Health insurance enrollment is also available through this partnership.

To the extent possible, the Subrecipient shall provide a safe and healthy environment for Project activities hereunder. All applicable occupancy permits, fire inspection reports, elevator inspection reports, and/or other building or health code permits, licenses and certificates shall be posted in a conspicuous place on the Subrecipient's premises which constitute a base of operations for Project Services. In addition, the Subrecipient shall provide an unarmed security guard during program operations.

6. PERFORMANCE SCHEDULE

During the term of this Agreement, the Subrecipient shall provide a minimum of 12,000 service units to 1200 clinic clients. On a monthly basis, the Subrecipient shall strive to meet the goal to 1000 units of project services to an average of 100 persons.

A service unit is defined as any of the following: one client-hour of health education classes, or one client-hour of chronic disease management support, one food prescription filled, one farmers market vendor, one farmers market patron, one volunteer hour for park renovation or walkability improvement.

7. ANNUAL MEASURABLE PROJECT OUTCOME

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

The Subrecipient's program addresses the Suitable Living Environment objective by increasing and improving access to free health & wellness services in the targeted community so that 2000 existing clients were served and 250 new clients were served by learning the knowledge and skills needed to reduce their risks for developing significant complications and improving health outcomes for themselves and their families.

EXHIBIT B - BUDGET
JOY-SOUTHFIELD COMMUNITY DEVELOPMENT CORPORATION
HEALTH EQUITY, ACCESS & LEARNING IN DETROIT
2014-2015 NOF FUNDING

CATEGORY	DESCRIPTION	NOF	OTHER
ADMINISTRATIVE EXPENSES			
Executive Director	\$17.50/hr x 40 hrs/wk x 50 wks = \$35,000.00 @ 30% NOF effort	\$10,500.00	\$24,500.00
Sub-total Personnel		\$10,500.00	\$24,500.00
OPERATING EXPENSES			
Rent	\$3,355/mo x 12 months = \$40,260.00 @ 50% NOF use	\$20,000.00	\$20,260.00
Utilities	2014 gas, water & electricity = \$14,500.00 x 1.1 = \$15,950.00	\$4,000.00	\$11,950.00
Communications	2014 Telephone, FAX & internet = \$4,000.00 x 1.1 = \$4,400.00	\$2,400.00	\$2,000.00
Insurance	Building & contents, D & O, liability = \$2,016.00	\$1,000.00	\$1,016.00
General office supplies & consumables	2014 expenses = \$3,000.00	\$1,000.00	\$2,000.00
Sub-total Operating Expenses		\$28,400.00	\$37,226.00
PROGRAM EXPENSES			
Director of Youth & Family Development	\$17.00/hr x 40 hrs/wk x 50 wks = \$34,000.00 @ 50% NOF effort	\$17,000.00	\$17,000.00
Director of Community & Economic Development	\$17.00/hr x 20 hrs/wk x 50 wks = \$17,000.00 @ 60% NOF effort	\$10,200.00	\$6,800.00
Facilities Manager	\$17.00/hr x 20 hrs/wk x 50 wks = \$17,000.00 @ 50% NOF effort	\$8,500.00	\$8,500.00
Summer community health interns	Stipend = \$3,500.00 travel reimbursement = \$500.00 Total = \$4,000.00 x 2 = \$8,000 @ 50% NOF effort	\$4,000.00	\$4,000.00
Healthy Eating Activity & Learning (HEAL) Workshops	Health educator \$25/hr x 2hr = \$50.00; healthy food = \$30.00; handouts & activities = \$25.00; marketing = \$5.00. Total per workshop = \$110 x 200 = \$22,000.00 @ 50% NOF	\$11,000.00	\$11,000.00
Community Gardens, Farmers Market supplies	Food vouchers for clinic patients and low/mod residents, healthy cooking demos, tables, canopies, marketing = \$700 per market x 20 weekly markets = \$14,000.00 @ 50% NOF	\$7,000.00	\$7,000.00
Park Renovations	Stein Field repairs and updates to encourage outdoor activity = \$9,700.00 @ 30% NOF	\$2,900.00	\$6,800.00
Miscellaneous program expenses		\$500.00	\$1,500.00
Sub-total Program Expenses		\$61,100.00	\$62,600.00
TOTAL REQUESTED FROM CDBG/NOF		\$100,000.00	\$124,326.00

The Subrecipient is responsible for all withholding taxes, insurance, etc.

All time must be documented by Time/Task logs – See attached Ex V.

The Subrecipient may request prior City approval for budget line item shifts of Direct Cost line items, except that such line item shifts involving personnel shall not result in an increase in the rate of such salaries. Requests for line item shifts shall be granted by the City as it deems reasonable and necessary for the performance of Services hereunder and shall not be deemed approved unless such approval is given in writing by the City.



CITY OF DETROIT
PLANNING AND DEVELOPMENT DEPARTMENT

1300 Cadillac Tower
Detroit, Michigan 48226
Phone: 313-224-6380
Fax: 313-224-6291
www.detroitmi.gov

September 11, 2014

Dave Law
Joy Southfield Community
18917 Joy Road
Detroit, MI 48228

**Re: Notice of 2014-2015 Community Development Block Grant Program Award
Amount Awarded: \$100,000.00**

Dear Dave Law:

Congratulations! The City of Detroit through its Planning & Development Department is pleased to inform you that **Joy Southfield Community** has been selected for CDBG Grant funding for 2014-2015 in the amount of **\$100,000.00**. As you may be aware, **this award is contingent upon the United States Department of Housing and Urban Development (HUD) approval of the City's Consolidated Plan.**

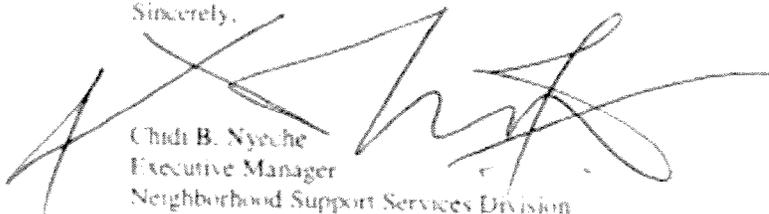
Please note that the contract for your CDBG award must be approved by the City Council before reimbursable activities may begin. Accordingly, your allocation has been earmarked for specific eligible activities as follows to facilitate the process:

Program Activity	\$ 100,000.00
-------------------------	----------------------

For your convenience, we have enclosed a Project Information Package for your review and completion. This includes Exhibit A (Scope of Service sample), Exhibit B (Budget), Human Rights, Slavery Era, Hiring Policy Compliance, Supplier's Application and Contract Information forms. Upon completion, please return the documents immediately to your Project Manager, **Clinton Griffin**, at 65 Cadillac Square, Suite 1400, Detroit, MI 48226 by **4:30 p.m. on Wednesday, September 24, 2014** to expedite the processing of your award. If we do not hear from you by this date, we will assume that your organization is no longer interested in participating in the CDBG Program and a recommendation to reprogram this fund will be forwarded to the Director of the Planning and Development Department for further actions.

If you should have any questions regarding the matter, please feel free to contact me at (313) 224-9224 or **Clinton Griffin (313) 224-9121** or **CGriffin@detroitmi.gov**.

Sincerely,



Chidi B. Nyeche
Executive Manager
Neighborhood Support Services Division

City Council Contract Agenda Items Review Checklist

Reviewer: _____ **Date Received:** _____

Date: 2/3/2015 **Department:** Planning & Development Dept. **Division:** NSS

Dept Head/Contact Person: Arthur Jemison Phone No.: 224-2670

Description: CDBG. Contract No.: _____ PO Type: Prof Svc - CPO Est. Value: \$ 100,000.00

Contract Term (if applicable): January 1, 2014 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: JOY/SOUTHFIELD COMMUNITY DEVELOPMENT CORP. Required Date: A.S.A.P.

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

If "Yes" please explain why: PROVIDES HEALTH CARE SERVICES TO LOW/MODERATE INCOME

Consequence of not buying: HIGH LEVELS OF MEDICALLY UNINSURED PEOPLE CONTRIBUTE TO EXCESS ILLNESS

✓ Was the product or service competitively bid? Yes No (**CDBG Grant Proposal**)
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:

✓ 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: _____

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

✓ Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: Same as above.

✓ 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)

012/27/12

P#4410-01

✓ Is this good/service used by other departments? Yes No
If "yes" can this req/par be combined other department requirements? Yes No

✓ 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: Stephanie Crews DATE: 2/5/15

INFORMATION PROVIDED BY: Stephanie Crews
TITLE: NSS
PHONE NO. 224-9039

PS & HPS SCORING FORM 2014

Attachment: 2

Proposal # 14 Organization Name: Joy Southfield Community Development Corp

Reviewer Signature: Kerry Baitinger 

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
1.	Meets City Consolidated Plan Priority	5	5
II. ORGANIZATIONAL INFORMATION			
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	5
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
III. MANAGEMENT PLAN			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding -- <i>MP-2 (Page 9)</i>	5	5
7.	Provided a timing plan for Project/Activity -- <i>MP-3 (Page 9)</i>	5	5
IV. PROJECT DESCRIPTION			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 & PS 1 thru PS3 (Page 1 and 11)</i>	5	5
9.	Project clearly specifies operational structure serving the community residents -- <i>PS-4 thru PS 12 (Page 11 - 12)</i>	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- <i>PS-13 thru PS-19 and support letters (Page 12)</i>	5	5
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control-- <i>PS-16 thru PS 19 and support letters. (Page 12 & 13)</i>	5	5
V. OUTPUTS AND OUTCOMES			
12.			
13.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	5
14.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	5
15.	Demonstrated successful lasting benefits for program outcome/evaluation- - Out -4 (<i>Page 14</i>)	5	5
16.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	5
VI. BUDGET			
17.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.-- <i>Bud-1 thru Bud - 7 (Page 15)</i>	5	5
18.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	5
19.	Demonstrated acceptable financial management system-- <i>Bud-11 (Page 16)</i>	5	5
20.	Budget is reasonable, necessary, related to proposed activity-- <i>Bud-12, Bud-13, and Bud-14. (Page 17)</i>	5	5
TOTAL		100	100

2014 / 2015 Planning & Development Department
Public Service Threshold Criteria

Name of Organization Joy Southfield CDC
 Reviewer Signature Kerry Baitinger Date 4-21-14

Threshold Criteria		Yes	No
Meets HUD National Objective (Thr-1)		X	
Group attended 2014 workshop (check attendance roster) (List of attendance roster's 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 of Line of Credit)		X	

COMMENTS:

Cash on hand in excess of \$22,000.00 as of March 2014. Which fulfills the 7% operating cash requirement.

PS & HPS SCORING FORM 2014

Reviewers Notes & Comments

I. Consolidated Plan

Meets Consolidated Plan relative to Health services to low/mod residents of the City of Detroit while also utilizing community development to build a healthy community and healthy residents.

VI. Organizational Information

Provides free health care and free prescriptions to residents in the Joy-Southfield area. Residents come to the health clinic from HHF areas. Utilizes 200 volunteers a month.

V. Management Plan

Program is run by PhD. Medical clinic is run by MD, serving as medical director. Prior CDBG grant funding has been spent on time and resulted in no program or financial audit findings. Year round medical clinic with a Farmers market running from June – October. An evaluation of the market and medical program is completed yearly. 86% low income and 12% moderate. Market program through website, 211, Detroit Public Library, CityConnect.

IV. Project Description

Organization is intended to overcome the health disparity by providing free health-promoting resources, including 1) preventive health education 2)chronic disease management 3)community-based wellness 4)increased access to affordable healthy food 5) renovation of local recreational facility and 6) improved community safety. Provides free health care and free prescriptions. 14,000 households have been identified as needing this service.

III. Outputs and Outcomes

2013) 2,795 patients for free clinic visits/ 2,400 Preventive Education Hours/ 630 free prescriptions per month (7,500)/1,800 free clinic patients

2014 1000 health education classes/1,500 children/adult clinic visits (estimate to June) 2,700 free prescription Focus on 2014 funding will be expanded to preventive education, chronic disease management, wellness promotion.



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: P&DD/Real Estate Dev.

E-MAIL ADDRESS: lisa.jackson@detroitmi.gov

CONTACT NAME: Lisa Jackson PHONE: (313) 628-0051 FAX: (313) 628-2054

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. 512
Detroit, MI 48226

For:
Individual or
Company Name Joy-Southfield CDC
Address 18917 Joy Road

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4568

City Detroit
State MI Zip Code 48228
Telephone (313) 581-7773 Fax # (313) 581-7715

E-mail Address rgasaway@joysouthfield.or

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

Rodney Gasaway

Telephone # 581-7773

Fax # 581-7715

Employer Identification or Social Security Number

38-3622930 PP#22990633.01

Spouse Social Security Number

Nature of Contract Commercial Facade
Improvement

BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ 100,000

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.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, include spouse SSN above) 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

[Signature]

Date

4/29/13

Expires

4/29/14

Yes No

Signature

[Signature]

Date

APR 23 2014

Expires

APR 23 2015

Yes No

Signature

Date

Expires

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.ci.detroit.mi.us

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid.

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

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 \$100,000.00

crews

SECTION B: CORPORATION LICENSE TYPE N/A

CORPORATION NAME Joy Southfield Community Development

ADDRESS 18917 Joy Road CITY/STATE/ZIP Detroit, MI 48228 OWN

CITY PERSONAL PROPERTY NUMBER 22990633.01 FID / EIN NUMBER 38-3622930

OTHER CITY-OWNED PROPERTY PARCELS not known

CONTACT PERSON David Law PHONE NUMBER 313- 581-7773 ext. 105 EMAIL ADDRESS not available

SECTION C: PARTNERSHIP LICENSE TYPE

BUSINESS NAME _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE

CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

A: PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

B. PARTNER'S NAME _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE

DRIVER'S LICENSE # _____ OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON _____ PHONE NUMBER _____ EMAIL ADDRESS _____

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

BUSINESS NAME _____

BUSINESS ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE

CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER _____

OWNER'S NAME _____ DRIVER'S LICENSE # _____ PHONE NUMBER _____

HOME ADDRESS _____ CITY/STATE/ZIP _____ OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS _____

EMAIL ADDRESS _____

SECTION E: PERSONAL SERVICES

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____

PHONE NUMBER _____ DRIVER LICENSE # _____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____

SOCIAL SECURITY NUMBER _____ EMAIL ADDRESS _____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED _____ DENIED _____

DENIED WITH ATTACHMENTS _____

JAN 26 2015

AUG 30 2015

SIGNATURE _____ DATE _____

CLEARANCE VALID UNTIL _____

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

I, being a duly authorized representative of Joy-Southfield CDC, (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) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization Joy-Southfield Community Development Corp.
(Type or Print Legibly)

Contractor Address Detroit, Michigan, 48228
(City) (State) (Zip)

Contractor Phone/E-mail (313) 581-7773, ext 105, djlaw@joy-southfield.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative DAVID J. LAW executive Director

Signature of Authorized Representative: _____
Date: 21 January 2014

Signature of Notary: Lisa Martin *** This document **MUST** be notarized ***

Printed Name of Seal of Notary: LISA MARTIN

My Commission Expires: 05 27 2019

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: 2/15 Received by: Chris B. Stecke Title: Exec. Manager

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)
2/11/2015

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

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

PRODUCER K. R. Howard Insurance Agency, Inc. P.O. Box 4658 Troy, MI 48099-4658	CONTACT NAME		
	PHONE (A/C No. Ext): 248-822-8180	FAX (A/C No): 248-731-7267	
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC#
INSURER A: Hastings Mutual Insurance Co.			17272
INSURED The Joy-Southfield Community Development 18917 Joy Road Detroit, MI 48228 313-581-7773 X103	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

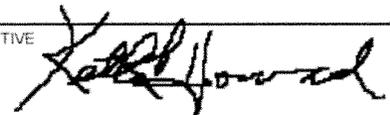
COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL 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 type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		Y	BO9627870	10/20/14	10/20/15	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANYAUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			BO9627870	10/20/14	10/20/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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 N/A	WC9635240	06/01/14	06/01/15	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	Directors & Officers			BO9627870	10/20/14	10/20/15	1,000,000/2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate Holder: is named as Additional Insured with respects to General Liability.

CERTIFICATE HOLDER City of Detroit 65 Cadillac Square, Ste 1400 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

David J. Low being duly sworn, state that I am the Executive Director
of DJ-Southfield Community Development Corp, Inc.
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18.5 R1 through 18.5 S6 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,

[Signature]
Title Executive Director Date Sept 24, 2014

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 24th day of September 2014
by [Signature]

Notary Public, County of Wayne
State of Michigan
My commission expires 05 27 2020

Hiring Policy Compliance

Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation, Article V, Purchases and Supplies*, by adding Division 6, *Criminal Conviction Questions for City Contractors*, which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non responsive and the City is permitted to deem contractor(s) in breach.



Joy-Southfield Community Development Corporation
18917 Joy Road
Detroit MI 48228
(313) 581-7773
joysouthfield.org

Application for Employment

We are an equal opportunity employer and make employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age, or disability. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. If you need an accommodation in completing this application, please notify a representative of the organization.

Applicant name: _____ Date: _____

Position(s) or type of work desired: _____

Address: _____

Telephone: _____ Social Security #: _____

Type of employment desired: _____ full-time _____ part-time _____ temporary

Date you will be available to start work: _____

Are you able to meet the attendance requirements? Yes

No

Do you have any objection to working overtime if necessary? _____ Yes _____ No

Can you travel if required by this position? _____ Yes _____ No

If you are under 18, can you furnish a work permit? _____ Yes _____ No

How were you referred to us? _____

Employment History

Please provide all employment information for your past three employers starting with the most recent.

1. Employer: _____
Position(s) held: _____
Address: _____
Telephone: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Summary of duties: _____
Reason for leaving: _____

2. Employer: _____
Position(s) held: _____
Address: _____
Telephone: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Summary of duties: _____
Reason for leaving: _____

3. Employer: _____
Position(s) held: _____
Address: _____
Telephone: _____
Immediate supervisor and title: _____
Dates employed: from _____ to _____ Salary: _____
Summary of duties: _____
Reason for leaving: _____

Other Skills and Qualifications

Summarize any job-related training, skills, computer knowledge, licenses, certificates, and any other information you believe is relevant to your qualifications for this job: _____

Educational History

Type of School	Name of School	Major & Degree or Years Completed
High School		
College		
Bus. or trade		
Professional		

References

List 3 references, including their names, telephone numbers, and years known (do not include relatives or employers):

1. _____

 2. _____

 3. _____

-
-

Release

I hereby authorize the potential employer to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references.

I understand that any intentional misrepresentation or material omission made by me on this application may constitute grounds for rescission of a job offer or immediate termination of employment if I am employed, without notice, whenever it may be discovered.

If I am employed, I acknowledge that there is no specified length of employment and that this application does not constitute an agreement or contract for employment.

Accordingly, either I or the employer can terminate the relationship at will, with or without cause, at any time, so long as there is no violation of applicable federal or state law.

I understand that this is a drug free workplace and consent to compliance with this policy as a condition of employment.

I also understand that, if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment.

I have read and fully understand the foregoing statements and I seek employment under these conditions.

Applicant signature: _____ Date: _____

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Joy-Southfield Community Development Corp, Inc.
2. Address of Contractor: 18917 Joy Road
Detroit Michigan 48228

3. Name of Predecessor Entities (if any): None

4. Prior Affidavit submission? No Yes, on: Jan 26, 2014
(Date of prior submission)

If "No", complete Items 5 and 6

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. Contractor was established in _____ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit

David J. Lew (Printed Name) Executive Director (Title)

[Signature] (Signature) September 24, 2014 (Date)

Notary Public [Signature] County, Michigan
My Commission Expires: 05 27 2020

[View assistance for Search Results](#)

Search Results

Current Search Terms: joy/southfiled* community* development* Corp.*

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.
No records found for current search.

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.27.20150327-1711

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



**CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL**

DEPARTMENT: PLANNING & DEVELOPMENT	DATE REC: 2/25/15
CPO: 2895831	SPO: 2895833 C/O: 001
NAME: JOY/SOUTHFIELD COMMUNITY DEVELOPMENT CORP.	AMOUNT: \$100,000.00 (Change Order #1)
ADDRESS: 18917 JOY ROAD DETROIT, MI 48228	LOG #: 5273
PURPOSE – To provide free health, wellness and preventive health education for families in the City of Detroit	

RECOMMENDATION:

APPROVE: <u>YES</u>	DATE COMPLETED: 3/2/15
DENY:	ANALYST: D. ROBINSON II
	DATE RELEASED: MAR - 5 2015

COMPLETE BELOW WHEN DOCUMENT DELAYED, USE DC1 FOR FIRST DELAY AND DC2 FOR SECOND DELAY

DELAY CODE 1 (DC1): _____	0 NO DELAY	4 REQ DEPT IMPOSED HOLD	DELAY CODE 2 (DC2): _____
DC1 DELAY START DATE: _____	1 MORE INFORMATION	5 MANAGEMENT DELAY	DC2 DELAY START DATE: _____
DC1 DELAY END DATE: _____	2 LACK FUNDS	6 OTHER	DC2 DELAY END DATE: _____
	3 HUMAN RES COORD		

Block Grant

The **Planning & Development Department** wishes to have a Professional service contract approved with **Joy/Southfield Community Development Corporation**, of **Detroit, MI**, as follows:

<u>Amount:</u>	Current Contract	\$ 100,000.00
	<u>Change Amount:</u>	<u>\$ 100,000.00</u>
	New Contract:	\$ 200,000.00

Scope: The Contractor will provide free health, wellness and preventive health education services for families who are residents of the City of Detroit. Services will include: free preventive health education; chronic disease management; wellness promotion programs; community-based health promoting activities; and other related services as deemed necessary.

Term: January 1, 2014, through December 31, 2016

Funding: Funds are available in 367156-651147 FA. **\$154,010.07**

Funds Available Inquiry (COD)

Selection Criteria

Budget: **CODAMENDED** Amount Type: **Year To Date Extended**

Period: **JUN-15** Encumbrance Type: **ALL**

Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input type="checkbox"/> 2001-367156-000000-651147-1242	4,219.01	0.00	0.00	4,219.01
<input type="checkbox"/> 2001-367156-000795-651147-1242	2,699.81	0.00	0.00	2,699.81
<input type="checkbox"/> 2001-367156-772113-651147-1242	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001-367156-789414-651147-1242	100,000.00	71,433.33	(18,524.58)	47,091.25
<input type="checkbox"/> 2001-367156-799715-651147-1242	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

Requisition: **0.00** Purchase Order: **0.00** Other: **0.00**

Account Description

Block Grant-Joy-Southfield CDC-DUMMY PROJECT FOR GL-Public Services-Bloc-Joy-Southfield CDC-Undefined U

2001-367156-799715-651147-1242-000000-000000

**CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL SHEET**

DEPARTMENT:	Planning & Development	LOG#:	5273
CONTR:	2895831	DATEREC:	2/25/2015
NAME:	Joy/Southfield Community De	C/O:	001
ADDRESS:	Detroit, MI	AMOUNT:	\$100,000.00
PURPOSE:	Public Service		

RECOMMENDATION:		DATE COMPLETED	_____
_____ DATE Up Front		ANALYST	_____
_____ APPROVE		DATE RELEASED	_____
_____ DENY			
_____ MANAGEMENT APPROVAL DATE:		MANAGEMENT COD	_____
		□	

Please use the space below to explain delay over five days:

PLANNING AND DEVELOPMENT DEPARTMENT
CONTRACT CHECKLIST

Amendment #1

Contractor's/Project Name: _____ Joy Southfield Community Develop. Corp. _____

Contract Amount: _____ \$100,000 _____

SPO Number 2895833

CPO Number 2895831

Please denote the status of the following in said contract:

- | | | | |
|---|-----|-------|------|
| 1. Divisional approval of contract (by Exec/Gen Mgr or designate) | | X Yes | No |
| 2. Catalog of Federal Domestic Assistance (CFDA) Number | Yes | No | X_NA |
| 3. Grant Agreement Number | Yes | No | X_NA |
| 4. Signatures: | | | |
| a. Authorized Representatives and Witnesses | | X Yes | No |
| b. Corporate Acknowledgement (notarized) | | X Yes | No |
| c. Resolution of Corporate Authority (form completed) | | X Yes | No |
| d. Lobbying Certificate | | Yes | X No |
| e. Certification of Debarment/Suspension | | Yes | X No |
| f. Insurance Certificates (if applicable) | _NA | | |

 i. Employee Insurance X Yes No (if no, identify reason under Comments)

 Comments _____

 ii. Auto Insurance X Yes No (if no, identify reason under Comments)

 Comments _____

5. Verification: Based on my review, it does not appear that the contract date, scope of service or budget have been altered or changed after Labor Standards (if applicable) and/or Contract Monitoring (if applicable) previous approval. (Initial)

Reviewed by

Date: 2/12/15

Section One: (to be completed by contract manager)

Date

Vendor Name

Name JOY SOUTHFIELD COMMUNITY DEVELOPMENT CORP.

RECEIVED

Address: 18917 JOY ROAD DETROIT, MI 48228

FEB 12 2015

Phone # (313)581-7773 EXT. 105

CITY OF DETROIT
PLANNING & DEVELOPMENT DEPT
BUDGET

Ownership over 50% Black Hispanic American Indian Asian White
 Male Female

Contract/Cost Center Name: JOY SOUTHFIELD DEVELOPMENT CORP. Approp. # _____ Object Code # _____

HUD Activity # _____ Grantee APN: _____ Org. # _____ Advance \$ 0.00

Contract Amount \$100,000.00 Set-up Amendment Contract # CPO #2895831-01 SPO # _____

Funding Source: CDBG HOME ESG HOPWA Other Federal State General

Fund Bond Other Contract Type: Construction Service Supply

Contract Period: 1/1/2014 TO 12/31/2016

Contract Description: **PUBLIC SERVICE**

Contract Manager: STEPHANIE CREWS

Section: Neighborhood Support Services Phone # 224.9039

Section Two: Approval Process

> **Executive Manager:** Compensation clause equals Budget Yes No Funds Available Yes No
In _____ FY Consolidated Plan: Activity _____ \$ _____ In Scope Yes No
Contract Monitoring approved boilerplate Yes No Cited exhibits included in contract Yes No

Signature: _____

Date: 2/12/15

> **EEO/Labor Standards:** Signature: N/A Date: _____

> **Contract Monitoring:** Signature: N/A Date: _____

> **0 Contract Manager:** (The following items are attached to the contract)

- Agreement Transmittal Record (C of D 979)
- Three copies of signed agreement/amendment Indirect cost proposal (if applicable)
- Clearances: Income Tax Property Tax Personal Property Human Rights
- Insurances: General Liability Automobile Workers' Compensation Other _____
- Notification of Contract Award signed by contractor/vendor

Reason for delay: _____

> 0 Department Approval: Signature: _____ Date: _____

Cost Center Balance \$ 157,355.69 Date: 2.12.15

Approved Denied Insufficient funds Incomplete/Incorrect forms Questionable account number

Signature: _____

Date: _____

> 0 **IDIS:** (Consolidated Plan) Signature: _____ Date: _____

Contract Manager must attach copy of IDIS Set-up Form

> **Accounting:** Signature: _____ Date: _____

NOTIFICATION OF CONTRACT AWARD

P&DD #4410-01

CPO # 2895831-01

ORG

OBJ. CODE/DETAIL:

ACT. PUR. NO:

Name of Program: Public Service

Location: City of Detroit

Grant Number:

CDBG

Sponsor: City of Detroit

% Minority Sponsorship:

100%

Business Name

JOY SOUTHFIELD COMMUNITY DEV. CORP.

Principal Owner:

NON-PROFIT

Address:

18917 JOY RD., Detroit, Mich. 48228

Telephone:

(313) 581-7773 EXT. 105

Internal Revenue Number (If Applicable): 38-3622930

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male

Female

SUB-CONTRACTOR

Business Name: _____

Principal Owner: _____

Address: _____

Telephone: _____

Internal Revenue Number (If Applicable): _____

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male Female

CONTRACT AWARD

TYPE of CONTRACT: Construction

Service

Supply

Check Tier: Prime

Sub

Sub/Sub

Total Dollar Value: \$100,000.00

Award Date: NOTICE SERVED 9/25/2014

If Joint Venture, Amount Minority: \$ _____

Amount Majority: \$ _____

This serves as such notification for the above contract.

Stephanie Crews
Preparer's Signature

Date 2/3/15

CONTRACT #4410-01

CPO # 2895831-01

SPO #

Waiver

CHANGE ORDER # 01

Agenda Date _____

DEPARTMENT Planning and Development Department CCR: _____

CONTRACT SYNOPSIS

NAME: JOY SOUTHFIELD DEVELOPMENT CORP.

ADDRESS: 18917 JOY ROAD Detroit, MI. 48228

NOF Public Service – Living Wage Ordinance Does Not Apply

WHAT FORM OF COMPETITION

Request for Proposal (RFP) # CDBG - Public Service

DID THE DEPARTMENT ENGAGE

Request for Quotes (RFQ) # _____

IN TO OBTAIN THIS PROFESSIONAL

Request for Qualifications (RFQQ) # _____

SERVICE CONTRACT:

If there was no competition obtained, explain why:

Annual public service Neighborhood Opportunity Fund RFP's (applications) are issued in October. City Council budgets awards for specific activities and organizations. Thus the projects are already earmarked for certain groups and cannot be bid out again.

PROJECT:

Type of Funding and %: 100% Community Development Block Grant

CONTRACT

AMOUNT: \$100,000.00

CONTRACT

PERIOD: 1/1/2014 to 12/31/2016

ADVANCE

PAYMENT -0-

BRIEF

DESCRIPTION: FREE HEALTH SERVICES FOR LOW/MODERATE INCOME PATRONS

REASON FOR

DELAY:

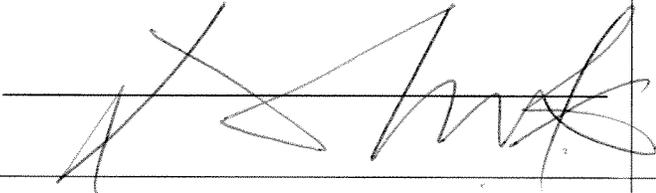
Date to Financial Management _____
 Must Be Stamped with Time Clock

FINANCIAL AND RESOURCE MANAGEMENT

CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

Contractor or Payee: JOY-SOUTHFIELD DEVELOPMENT CORP.		PDD Division: Neighborhood Support Services
CPO:	SPO:	Prepared By: STEPHANIE CREWS
Payment #: Contract Set-Up	Amount: \$100,000.00	Date Returned to Submitting Division:
Appropriation #:	Organization #:	Reason Returned:
Object Code:		DRMS BATCH #:
APN:		IDIS Vouchers #:

THIS SECTION BELOW TO BE COMPLETED BY THE FINANACIAL & RESOURCE MANAGEMENT DIV.

SECTION	DATE-IN	REMARKS	DATE-OUT
LABOR STANDARDS (if applicable)	N/A	N/A	N/A
NOF PROJECT MANAGER TEAM LEADER			2/12/15
ACCOUNTING MANAGER		_____	
IDIS		_____	
IDIS APPROVAL		_____	

Funds Available Inquiry (COD)

Selection Criteria

Budget: **CODAMENDED** Amount Type: **Year To Date Extended**

Period: **JUN-15** Encumbrance Type: **ALL**

Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input checked="" type="checkbox"/> 2001-367156-000000-651147-1242	4,219.01	0.00	0.00	4,219.01
<input type="checkbox"/> 2001-367156-000000-651200-1242	50,000.00	19,380.38	27,274.00	3,345.62
<input type="checkbox"/> 2001-367156-000795-651147-1242	2,699.81	0.00	0.00	2,699.81
<input type="checkbox"/> 2001-367156-769513-651200-1242	100,000.00	100,000.00	0.00	0.00
<input type="checkbox"/> 2001-367156-772113-651147-1242	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001-367156-789414-651147-1242	100,000.00	80,559.70	(27,650.95)	47,091.25
<input type="checkbox"/> 2001-367156-799715-651147-1242	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/> BUDC-367156-T-P06200-12420-T-	356,918.82	199,940.08	(376.95)	157,355.69

Encumbrance Amounts

Requisition: **0.00** Purchase Order: **0.00** Other: **0.00**

Account Description

Block Grant-Joy-Southfield CDC-DUMMY PROJECT FOR GL-Public Services-Bloc-Joy-Southfield CDC-Undefined U

B 2.12.15