

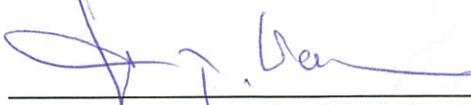
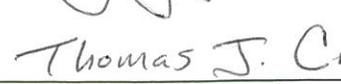
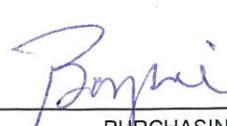
# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2896119-01  
 STANDARD PO NUMBER  
 CHANGE ORDER «AMENDMENT»  
 REVISION 01

**Insurance Requirement**

ACCOUNTS PAYABLE WILL HOLD UP ALL CONTRACT PAYMENTS UNTIL ALL INSURANCE CERTIFICATES/POLICIES REQUIRED UNDER THE CONTRACT HAVE BEEN RECEIVED. CONTRACTORS SHOULD BE MADE AWARE OF THIS REQUIREMENT.

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON <b>D. CARRINGTON</b>	PHONE NO. <b>224-6544</b>
CONTRACTOR'S <b>Matrix (Walter &amp; Mae Reuther)</b>	DATE PREPARED <b>07/28/2014</b>	
CONTRACTOR'S ADDRESS: <b>450 ELIOT Detroit, MI 48201</b>	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/>	TOTAL CONTRACT AMOUNT <b>\$258,070.00</b>
	TOTAL CPO AMOUNT <b>\$158,070.00</b>	CHANGE AMOUNT <b>\$100,000.00</b>
PHONE NO : (313) 831-8650	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER : 38-1358015	MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PUBLIC SERVICES		
CHARGE ACCOUNT: <b>2001-366905-790314-651147-11893-000000-00000</b> / <i>2001-366905-800015-651147 -</i>		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT   AUTHORIZED DEPARTMENT REPRESENTATIVE	<i>118B</i> <i>06-23-15</i>
<i>JUL - 6 2015</i>	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   BUDGET DIRECTOR OR DEPUTY	<i>OCT 30 2015</i>
<i>JUL 02 2015</i>	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL   GRANT ACCOUNTANT	<i>JUL 06 2015</i>
	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   FINANCE DIRECTOR OR DEPUTY	<i>11/2/15</i>
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   CORPORATION COUNSEL	<i>11-16-16</i>
	PURCHASING DIVISION   PURCHASING DIRECTOR	<i>NOV 16 PM 3:15</i>

**RECEIVED**  
 NOV 03 2015  
 12  
 CITY OF DETROIT  
 CONTRACTS SECTION  
 LAW DEPARTMENT

CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2896119

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of January, **2015**, between **Matrix Human Services (Walter & Mae Reuther)**, 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. 2896119-01**, 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, 201 5**. 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 FIFTY EIGHT THOUSAND SEVENTY DOLLARS AND NO CENTS, (\$158,070.00)** 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 FIFTY EIGHT THOUSAND SEVENTY DOLLARS AND NO CENTS, (258,070.00)** 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.

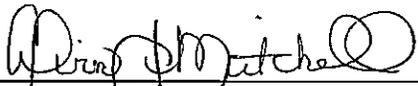


CITY ACKNOWLEDGMENT

STATE OF MICHIGAN )  
 ) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 30th day of June, 2015, by **Arthur Jemison, MAYOR'S Designee**, pursuant to **EM Order 38, ¶13** of the Planning and Development Department of the City of Detroit, Michigan, a municipal corporation.

ALVIN J. MITCHELL  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Mar 10, 2018  
ACTING IN COUNTY OF WAYNE

  
\_\_\_\_\_  
Notary Public Wayne County, Michigan

My commission expires: 03/10/2018

RESOLUTION OF CORPORATE AUTHORITY

I, \_\_\_\_\_, CORPORATE SECRETARY of **Matrix Human Services (Walter & Mae Reuther)**, 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 \_\_\_\_\_, 20\_\_\_\_, 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:

JANICE LEWIS CARDWELL, Ph.D. is Chairman of the Board,  
\_\_\_\_\_ is Executive Director,  
MARCELLA WILSON, Ph.D. is President,  
DAVID UNDERWOOD is Vice President, *Chair*  
PAUL RENTENBACH is Treasurer,  
and TERRY BERRY 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 **Matrix Human Services (Walter & Mae Reuther)** 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 29 day of May 2015.

CORPORATE SEAL  
(if any)

Signature: *Terry J Berry*  
Corporate Secretary

SCOPE OF SERVICES  
MATRIX HUMAN SERVICES / REUTHER OLDER ADULTS AND WELLNESS SERVICES  
PROJECT INDEPENDENCE

During the term of this Agreement the Subrecipient **Matrix Human Services/Reuther Older Adult and Wellness Services Project Independence**, shall provide public service activities herein called the "Project" or the "Services" in order to provide **Public Service** 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:

**B3) Formally Limited (100%) Clientele - PRESUMPTIVE BENEFIT CATEGORIES**

The Subrecipient will gather and maintain records with appropriate information to show that 100 % of clients meet HUD guidelines that specify the subpopulation(s) below as being presumed to be primarily low to moderate income persons:

- Senior Citizens
- Handicapped
- Homeless
- Abused Children
- Battered Spouses
- Illiterate Persons
- Migrant Farm Workers
- Persons Living with AIDS

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 participants  personal or income information with due respect for confidentiality.

### 3. SERVICES TO BE PERFORMED:

During the term of the Agreement, the Subrecipient shall operate a program called "Project Independence". The program is designed to directly address two of the most critical needs of low-income senior citizens in Detroit: medical and essential transportation and food. In addition, clients have the benefit of case management services to link them to other needed resources to which they may be entitled. The long-term outcome is to provide support to assist Detroit seniors in their efforts to remain independent.

The target population is senior citizens aged 55 and over who are retired or out of the labor force residing in the City of Detroit. In addition, the majority of the client population is at risk due to one or more of the following circumstances: frailty of advanced age, poverty issues, poor health, multiple chronic health conditions, unmet nutritional needs and potential loss of ability to live independently. Benefits of transportation services to clients will be greater than the numbers indicated in the performance schedule, as the NOF budget enables the Subrecipient to leverage other program funds to increase medical/essential transportation and supplemental food support.

#### A. Case Management

The Case Coordinator assesses clients and coordinates direct Project services and provides additional referrals as warranted. The worker coordinates cases by identifying needs, determining referrals, making contacts with service providers, and intervening and advocating for senior clients to the extent necessary to assure appropriate services are rendered. The Case Coordinator interprets expectations to the clients, and monitors and provides follow-up on service delivery.

#### B. Nutritional Assistance

The Case Coordinator places priority on ensuring that clients have adequate nutritional resources. Clients meeting basic qualifying criteria of age and residence will be assessed by the Case Coordinator to verify the client's need for nutrition assistance based primarily on economic need. Activities in this area include on-site Michigan Bridge Card (food stamps) applications through our collaboration with MiCAFE, distribution of food vouchers, coordinating volunteer delivery of Focus HOPE food boxes, obtaining other supplemental food, and seeing that nutrition education and access to additional resources are provided depending upon the client assessment. Additional food vouchers are purchased with other agency funding.

In addition, the Case Coordinator responds to other areas of clients' needs including obtaining or maintaining Social Security/Medicare benefits, prescription drugs, dealing with utility bills, preventing abuse and neglect, and other presenting problems.

#### B. Medical and Essential Transportation Services

Clients meeting basic qualifying criteria of age and residence are assessed by the Case Coordinator to verify the client's transportation needs. With funding directed to transportation rides, the Subrecipient coordinates medical and other essential transportation for seniors. Medical transportation covers doctor's appointments for diagnosis, follow-up care, treatment and surgery; dental appointments also qualify.

Other essential transportation such as shopping, banking, doctor appointments or socialization may be scheduled as well, but priority is given to medical rides. The Case Coordinator also sees that information on additional transportation resources is provided depending upon the client's individually assessed situation.

Clients access rides with staff monitoring usage to make the service available to the maximum number of riders possible. Screened clients who meet the criteria for demonstrated level of need receive food vouchers. Clients receive referral information for support services, including supplemental food programs and other community resources needed to maintain independent living.

#### 4 PERSONNEL

Staffing for this Project consists of a full-time Case Coordinator and a full-time Secretary. The Case Coordinator is responsible for case management and the overall program under supervision of the Vice President. As an authorized site for Mi CAFÉ, a community-based program to promote access to the Michigan Bridge Card (food stamps), the Case Coordinator will ensure that the applications of eligible clients are prepared and submitted to the Michigan Department of Human Services. Volunteers are involved in delivery of Focus HOPE food boxes. The Secretary is responsible as for registering clients for service, scheduling rides, dispatching communications to carriers, service documentation, auditing of invoices, tasks related to the distribution of food vouchers, data entry of all statistical data, and acts as the phone receptionist for incoming calls for transportation and food service assistance. The Vice President has supervision responsibilities for all services and reports to the President and Board of Directors on the management and delivery of all grant and contract-supported services.

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 Independence is operated through Reuther Older Adult and Wellness Services' Administrative Office as follows:

Reuther Older Adult and Wellness Services, 450 Elliot, Detroit, 48201  
Hours: 8:30 a.m. – 4:30 p.m. Monday – Friday

To the extent possible, the Subrecipient shall provide a safe and healthy environment for Project activities hereunder. All applicable occupancy permits 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.

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

## 6 PERFORMANCE SCHEDULE

During the term of this Agreement the Subrecipient shall at a minimum provide 2 500 rides and 833 food vouchers service units to a minimum of 360 persons. On a monthly basis the Subrecipient shall strive to meet the goal to provide 208 rides and 69 food vouchers as units of project services to an average of 75 persons.

During the term of this Agreement the Subrecipient shall at a minimum provide case management services to a minimum of 240 older adults. Additional rides will be available to clients from other leveraged grant dollars. A unit of transportation service is defined as one ride a unit of nutritional service is defined as one \$30 voucher.

## 7 ANNUAL MEASURABLE PROJECT OUTCOME

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

### Condition

Seniors with limited or no support systems or resources have limited access to healthcare. Case management is not available to stabilize independent living situations, fill nutritional voids and increase knowledge of services available to the frail or vulnerable senior population.

### Instrument

Enrollment in Project Independence

### Measure

Clients access rides, with staff monitoring usage to make the service available to the maximum number of riders possible. Screened clients who meet the criteria for demonstrated level of need receive food vouchers. Clients receive referral information for support services including supplemental food programs and other community resources needed to maintain independent living.

### Quantity or % Accomplished

Ride usage and food voucher distribution is monitored so as to maximize the total number of unduplicated clients served.

### **Objective**

1. Maintain / improve independence and quality of life for seniors
2. Increase ability to manage health care appointments and personal business
3. Provide assistance to maintain adequate nutrition for seniors

### **Outcome**

1. 75% (75 of 100) of those enrolled report less stress and greater independence
2. 75% (75 of 100) of those enrolled will report greater ability for managing health care and personal business appointments
3. 75% (75 of 100) of those enrolled report greater ability to provide for their need for food

Budget requests must be a minimum of \$100,000 (per request)

**Bud-12. Public Service Budget**

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2014-2015 CDBG/NOF
<b>PERSONNEL</b>		
Salaries (should match total from salaries-Page 8, Org-10)	259230	79000
Employer Taxes (FICA, FUTA, etc.)	25875	0
Fringe (health insurance, life insurance, etc.)	79857	0
Independent contractor/consultant personal services contracts (List title for each & hourly rate or weekly pay or other fee scale)		
Accountant - \$95/hour	5600	0
Bookkeeper - \$25/hour	800	0
Tutor Stipends – Range \$17/hr to \$25/hr (teacher)	15000	0
Auditor - \$16,250 for the entire organization	6400	0
Instructor Stipend - \$500 x 11 months	5500	0
<b>OPERATING EXPENSES (pro rata share)</b>		
Communication (phone and postage)	4770	0
Computers & Technology	3200	0
Consumable supplies	8560	0
Insurance	6000	0
Mileage, Parking, and Travel	6400	0
Printing	3000	0
Rent	46906	11000
Repairs	2400	0
Staff Development	2800	0
Utilities	20800	0
Vehicle Expenses	1760	0
<b>SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)</b>		
Childcare	11000	0
Educational Materials	10000	4000
Family Night	2100	0
Field Trips	5,000	0
Meals and Snacks	15,000	0
Program Incentives	3500	0
Program Supplies	3,500	1000
Student Testing Fees	2000	2000
Transporting students	14000	0
Tutor Training	3,250	0
Volunteer Expenses including Cost Share for AmeriCorps, Jesuit and Mercy Volunteers	16780	3000
<b>TOTAL AMOUNT REQUESTED FROM CDBG/NOF</b>		<b>100000</b>

**Bud-13. What percentage of your budget (compared to total costs) will be expended on administrative costs?** 0% are administrative; staffing = 79% of budget, but the staffing is directly program related (Administrative cost total divided by total project costs will give you the administrative cost percentage) (Examples of Administrative costs incl. Management, Accounting, Non-Operational, etc)

**Bud-14. Explain and justify each proposed budget line item and why CDBG funds are required. – See attached.**

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.

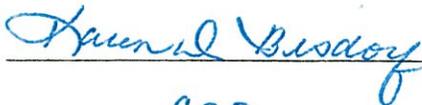
CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS.

(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: Matrix (Walter & Mae Reuther).

By: 

Its: COO

Date: 7/13/14

**Exhibit O**  
**Certification Regarding Lobbying**

The undersigned certifies to the best of his knowledge or belief, that:

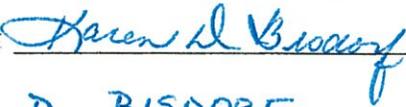
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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:** Matrix (Walter & Mae Reuther)

Authorized Representative's Signature: 

Printed Name: KAREN D. BISDORF

Title: COO

Date: 7/18/14

6/12/2014

Oppt. PDD	Action	APPL#	SPROJ#	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
	Increase	13839	Liberty Temple Baptist Church - Senior Project	PFR	\$ 0	\$ 167,000	\$ 167,000
PDD	Increase	13645	North Rosedale Civic Association	PFR	\$ 0	\$ 218,000	\$ 218,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04808	Sen-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13358	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
			<b>SUB-TOTAL</b>		\$ 500,000	\$ 1,486,390	
PDD	Decrease	13167	PDD - Development	PFRTA	\$ 2,468,905	\$ 0	\$ -2,468,905
			<b>SUB-TOTAL</b>		\$ 2,468,905	\$ 1,199,198	
PDD	Decrease	12945	Unassigned Projects	PS	\$ 3,677,644	\$ 0	\$ -3,677,644
			<b>SUB-TOTAL</b>		\$ 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
			<b>SUB-TOTAL</b>		\$ 0	\$ 723,000	
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
			<b>SUB-TOTAL</b>		\$ 0	\$ 373,000	

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
			<b>SUB-TOTAL</b>		\$ 0	\$ 225,000	
PDD	Increase	10105	Alkebulan Village	PS/Rec.	\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
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	\$ 75,000	\$ 75,000
			<b>SUB-TOTAL</b>		\$ 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
			<b>SUB-TOTAL</b>		\$ 0	\$ 273,000	
PDD	Increase	04683	Alzheimer's Association	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Detroit United Action Council	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	LSE Adult Day Care	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05662	LASED	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11593	Matrix Human Services - Reutil. Ctr	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000

Dept. Action	APPL	Sponsor	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD Increase	05119	Adult & Wellness Center St. Patrick Senior Center	Seniors \$ 0	\$ 100,000	\$ 100,000
PDD	13529	Section 108 Loans	PS/		
PDD	13529	Book Cadillac	Seniors \$ 0	\$ 100,000	\$ 100,000
PDD	13529	Ferry Street	REPAY \$ 7,334,688	\$ 550,000	\$ 100,000
PDD	13529	Fort Shelby	REPAY \$ 1,820,958	\$ 3,500,000	\$ 3,834,688
PDD	13529	Garfield	REPAY \$ 337,199	\$ 641,268	\$ 1,179,688
PDD	13529	Garfield II	REPAY \$ 1,857,125	\$ 87,199	\$ 270,000
PDD	13529	Garfield Cecithermal	REPAY \$ 242,648	\$ 857,125	\$ 1,000,000
PDD	13529	Garfield Sugar Hill	REPAY \$ 542,199	\$ 17,648	\$ 225,000
PDD	13529	Mexicantown	REPAY \$ 134,554	\$ 432,199	\$ 110,000
PDD	13529	Now Amsterdam	REPAY \$ 38,720	\$ 134,554	\$ 0
PDD	13529	Shubertstone	REPAY \$ 437,438	\$ 38,720	\$ 0
PDD	13529	Vernor Lawndale	REPAY \$ 847,787	\$ 187,438	\$ 270,000
PDD	13529	Woodward Garden	REPAY \$ 33,264	\$ 447,787	\$ 400,000
PDD Increase	13635	Public Park Improvement	REPAY \$ 122,992	\$ 3,264	\$ 30,000
			REPAY \$ 919,826	\$ 72,992	\$ 50,000
			REPAY \$ 7,334,688	\$ 819,826	\$ 300,000
			PI \$ 0	\$ 1,000,000	\$ 1,000,000
			SUB-TOTAL \$ 0	\$ 187,144	
			SUB-TOTAL P&DD \$ 43,890,841	\$ 328,562,868	
			SUB-TOTAL OTHER DEPARTMENTS \$ 0	\$ 0	
			TOTAL \$ 43,890,841	\$ 328,562,868	
REVENUE	DE040	Planning and Development Program Income	\$ 310,000	\$ 310,000	\$ 0
PDD	13529	Section 108 Loan	\$ 1,132,419	\$ 1,132,419	\$ 0
PDD Increase	C6102	Planning and Development Letter of Credit	\$ 31,233,230	\$ 32,109,171	\$ 875,941
			\$ 32,675,649	\$ 33,551,598	\$ 875,941
			TOTAL \$ 310,000	\$ 310,000	\$ 0
			\$ 1,132,419	\$ 1,132,419	\$ 0
			\$ 31,233,230	\$ 32,109,171	\$ 875,941
			\$ 32,675,649	\$ 33,551,598	\$ 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: April 1, 2015 Department: \_\_\_\_\_ Division: Neighborhood Support Services

Dept Head/Contact Person: Darrell Carrington Phone No.: 224-6544

Description: Public Services Contract No.: 2896119-01 PO Type: Prof Svc - CPO Est. Value: \$100,000

Contract Term (if applicable): January 1, 2015 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: Matrix Human Services (Walter & Mae Reuther) Required Date: \_\_\_\_\_

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

If "Yes" please explain why: Per HUD Agreement

Consequence of not buying: Violation of HUD Agreement

2. Was the product or service competitively bid?  Yes  No  
(Request copies of bid tabulation/evaluation score sheets as needed)

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

3. Was a Co-Operative Agreement Considered?  Yes  No Co-Operative Name: \_\_\_\_\_  
If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

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

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

6. The business being awarded is NEW CONTRACT  
If #6 is a renewal provide justification for renewal: \_\_\_\_\_  
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

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NOTES:

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: \_\_\_\_\_ DATE: April 1, 2015

INFORMATION PROVIDED BY: Darrell Carrington  
TITLE: Development Specialist  
PHONE NO. 224-6544

\$158,070

99

Attachment: 2

Proposal # 087 Organization Name: Matrix Humani Svcz.

Reviewer Signature: Gail Pryor

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
<b>I. CONSOLIDATED PLAN</b>			
1.	Meets City Consolidated Plan Priority	5	5
<b>II. ORGANIZATIONAL INFORMATION</b>			
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	4
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
<b>III. MANAGEMENT PLAN</b>			
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
<b>IV. PROJECT DESCRIPTION</b>			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 &amp; PS 1 thru PS 3 (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 &amp; 13)</i>	5	5
<b>V. OUTPUTS AND OUTCOMES</b>			
12.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	5
13.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	5
14.	Demonstrated successful lasting benefits for program outcome/evaluation- - <i>Out-4 (Page 14)</i>	5	5
15.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	5
<b>VI. BUDGET</b>			
16.	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
17.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	5
18.	Demonstrated acceptable financial management system-- <i>Bud-11 (Page 16)</i>	5	5
19.	Budget is accurately computed-- <i>Bud-12 (Page 17)</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
<b>TOTAL</b>		<b>100</b>	<b>99</b>

2014 / 2015 Planning & Development Department  
Public Service Threshold Criteria

CE 7

Attachment #1

Name of Organization Matrix Human Servs.  
 Reviewer Signature \_\_\_\_\_ Date 4/21/2014

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

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\*Attach this form to the outside of each proposal envelope

JUN 08 2015

Date Submitted: 5/6/15

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: P&DD -- NEIGHBORHOOD SUPPORT SERVICES

Contact: Clinton Griffin Project Manager: Phone: (313) 224-9121 Fax: none

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 Ave Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588</p>	<p>For: Company: MATRIX HUMAN SVCS Address: 450 ELLIOTT Detroit, MI Telephone: Fax:</p>
--	---

<p>A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above) <b>CARRINGTON, D.</b></p>	<p>Telephone: SAME AS ABOVE</p>
<p>Employer Identification of Social Security Number  38-1358015 Personal Property: 2990735.00 Nature of Contract: Homeless Svcs</p>	<p>Spouse Social Security Number N/A</p>

BID/CONTRACT AMOUNT ( if known)  
  
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

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: LUCRETIA JENNINGS Date: JUN 08 2015 Expires: JUN 08 2016  
INCOME TAX INVESTIGATOR

YES  NO Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Expires: \_\_\_\_\_

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION  
2 WOODWORTH 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\_CAYMC Suite 908

DATE SENT 10/5/2016 CONTACT PERSON CLINTON GRIFFIN

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

CONTRACT AMOUNT: TBD

SECTION B: CORPORATION

LICENSE TYPE N/A

NAME: Matrix Human Svcs

ADDRESS: 450 Eliot Detroit, MICHIGAN ZIP

CITY PERSONAL PROPERTY NUMBER 2990735.00 ID / EIN NUMBER: 38-1358015

CONTACT PERSON: > Cofield PHONE NUMBER: 313-831-8650 x 1223

dhurley@matrixhs.org  
E-MAIL: kisdorf@matrixhs.org

SECTION C: PARTNERSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER 01990917.01 FID / EIN NUMBER

A: PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

DRIVER'S LIC/ENSE #

OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

RIVER'S LICENSE #

OTHER- CITY-OWNED PROPERTY PARCELS

ADDRESS

CONTACT PERSON

PHONE NUMBER

EMAIL

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

OWNER'S NAME

DRIVER'S LICENSE #

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS-

REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

DENIED WITH ATTACHMENTS

SIGNATURE

DATE

JAN 29 2016

CLEARANCE VALID UNTIL

AUG 31 2016

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

I, being a duly authorized representative of the MATRIX HUMAN SERVICES (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current *Contract Specific* Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

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

RFQ / PO No. \_\_\_\_\_

Printed Name of Contractor: MATRIX HUMAN SERVICES  
450 ELIOT (Type or Print Legibly)

Contractor Address: DETROIT MI 48201  
(City) (State) (Zip)

Contractor Phone/E-mail: 313-831-8650 / KBISDORF@MATRIXHS.ORG  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: KAREN D. BISDORF, COO

Signature of Authorized Representative: Karen D. Bisdorf

Date: 1/5/14

Signature of Notary: Elaina A. McEnnen This document MUST be notarized \*\*\*

Printed Name of Seal of Notary: Elaina A. McEnnen

My Commission Expires: 03 08 2020

For Office Use Only:	
Cov. Rec'd: <u>6/19/15</u> in _____	Department Name: <u>HRD</u>
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and EOC to Director of Human Rights Department 1026 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434.	

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
11/06/2015

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

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

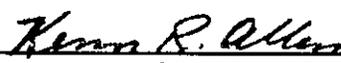
<b>PRODUCER</b> Meadowbrook, Inc. Southfield Commercial Agency 26255 American Drive Southfield, MI 48034-6112	<b>CONTACT NAME:</b> Michele Opie <b>PHONE (A/C, No, Ext):</b> 248-204-8215 <b>E-MAIL ADDRESS:</b> meopie@meadowbrook.com	<b>FAX (A/C, No):</b> 248-281-5167	
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b> Matrix Human Services 120 Parsons St Detroit, MI 48201-2002	<b>INSURER A:</b> First NonProfit Insurance Co		
	<b>INSURER B:</b>		
	<b>INSURER C:</b>		
	<b>INSURER D:</b>		
	<b>INSURER E:</b>		
	<b>INSURER F:</b>		

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <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			NPP1001599	10/01/2015	10/01/2016	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			NCA1001601	10/01/2015	10/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10000			NMB1001600	10/01/2015	10/01/2016	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability Social Work			NPP1001599	10/01/2015	10/01/2016	\$1,000,000 ea occ \$3,000,000 comb agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Umbrella Liability is Excess of General Liability, Auto Liability and Professional Liability

<b>CERTIFICATE HOLDER</b> City of Detroit - Planning & Development Department 2 Woodward Ave, Room 908 Detroit, MI 48226-3413	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--

Hiring Policy Compliance Affidavit

I KAREN D. BIRDORF being duly sworn, state that I am the COO  
of MATRIX HUMAN SERVICES  
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 require 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,

Karen D Birdorf  
Title COO Date 10/3/14

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) SS

The foregoing Affidavit was acknowledged before me the 3 day of October 2014  
by Karen Birdorf

Notary Public, County of Wayne  
State of Michigan  
My commission expires 03.8.2020



**Professional References:** See individuals not related to you, who can give reference of your character, ability and work experience.

Name	Address and Telephone	Relationship	Years Acquainted

May we contact your present employer regarding qualifications and record of Employment? YES [ ] NO [ ]

May we contact other employers listed? YES [ ] NO [ ]. If no, please explain why \_\_\_\_\_

**Employment History/Skills** (Begin with present or most recent employment. All information must be completed.)

Employer Name/Address/Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Final Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Job Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

Employer Name/Address/Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Final Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Job Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\*\*\*\*\*

Employer Name/Address/Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Final Salary \_\_\_\_\_

Job Title \_\_\_\_\_ Job Description \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**CERTIFICATION**

I CERTIFY THAT I HAVE GIVEN TRUE, ACCURATE AND COMPLETE INFORMATION ON THIS APPLICATION TO THE BEST OF MY KNOWLEDGE, and I understand that this is very important because Matrix Human Services will be relying on this application and all accompanying materials I have provided in making its hiring decision. I understand that falsified statements or omitted material facts on this application may result in my disqualification from consideration for employment, or termination from employment if I have been hired.

I understand that any offer of employment is contingent on passing a pre-employment drug and TB screening. In the event that I have a disability that will affect my ability to take the test or screening, I will so inform Matrix prior to the test so that a reasonable accommodation may be made. Matrix reserves the right to require medical documentation regarding the need for accommodation. I understand Matrix will conduct a criminal background investigation including a central registry clearance.

I authorize investigation of all statements contained in this application for any employment-related purpose. I authorize the listed references and all prior employers to provide Matrix with any and all applicable information they may have. I hereby release these references and former employers from all liability for any information they may give to Matrix. I also agree to sign such further authorizations as may be reasonably required to obtain release of information.

I understand that Matrix employment is "At-Will" and agree that, if I am hired, my employment will be for no definite period and may be terminated with or without cause, at any time. This provision supersedes any oral or written representation to the contrary and may not be changed except in a writing signed by the President of Matrix.

---

Signature

Date

**Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.**

\*Except as guided by collective bargaining agreements.

For Employer Use Only

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
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Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

COMMENTS: \_\_\_\_\_  
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**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: Matrix Human Services
2. Address of Contractor: 120 Parsons  
Detroit, Michigan 48201
3. Name of Predecessor Entities (if any): \_\_\_\_\_
4. Prior Affidavit submission?  No  Yes, on: \_\_\_\_\_  
(Date of prior submission)  
If "No", complete Items 5 and 6.  
If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5.  Contractor was established in 1906 (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.

KAREN D. BISDORF (Printed Name) COO (Title)

Karen D. Bisdorf (Signature) 10/31/14 (Date)

Subscribed and sworn to before me  
this 3 day of October

Glenn A. McQueen

Notary Public, Wayne County, Michigan

My Commission expires: 13.08.2020

# Search Results

**Current Search Terms: matrix\* walter\* and\* Mae\* Reuther \***

<p><b>Notice:</b> 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.</p> <p><b>No records found for current search.</b></p>
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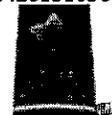
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# Entity Dashboard

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**Matrix Human Services**      **120 Parsons St**  
**DUNS: 020830303**      **CAGE Code: 3X4H3**      **Detroit, MI, 48201-2002,**  
**Status: Active**      **Expiration Date: 09/29/2016**      **UNITED STATES**  
**Purpose of Registration: All Awards**

## Entity Overview

**Entity Information**

**Name:** Matrix Human Services  
**Doing Business As:** Off The Street  
**Business Type:** Business or Organization  
**POC Name:** Scott Gifford  
**Registration Status:** Active  
**Activation Date:** 09/30/2015  
**Expiration Date:** 09/29/2016

**Exclusions**

**Active Exclusion Records?** No

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

