

# City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date: December 17, 2014 Department: Department Public works (DPW) Division: Street Maintenance

Dept Head/Contact Person: Wendell Edwards Phone No.: 313 - 876 - 0017

Description(5) Injection Trailers & (1) Storage Tank Contract No. 2901722 Type: SPO Est. Value: \$ 349,273.00

Contract Term (if applicable) to \_\_\_\_\_

Funding: City State 100% Federal % Other: \_\_\_\_\_

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

Recommended Supplier: \_\_\_\_\_

Required Date: 12-15-2014

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

If "Yes" please explain why: Street Maintenance

Consequence of not buying: Not able to complete tasks

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:  
\_\_\_\_\_

2. 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: \_\_\_\_\_

3. Were savings achieved?

Yes Amount \$ \_\_\_\_\_  No

Were additional savings requested? (10%)  Yes  No

4. Does the supplier currently provide other goods and services to the City?  Yes  No

If yes please list: \_\_\_\_\_

5. The business being awarded is New SPO

6. 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)

*FRC Approval* FEB 23 2015

*cc* JAN 20 2015

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

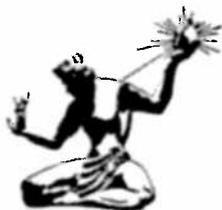
REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: \_\_\_\_\_ DATE: 12-17-2014

INFORMATION PROVIDED BY: Howard Hughes  
TITLE: Purchases Agent  
PHONE NO. 224-4617

**BID TABULATION**

ASSUMPTIONS		Supplier 1			Supplier 2		Supplier 3			
		UNITS	UNIT PRICE	TOTAL PRICE	UNITS	UNIT PRICE	TOTAL PRICE	UNITS	UNIT PRICE	TOTAL PRICE
D-RB's	Atia Equipment Co. Inc. 28775 Beck Rd Wilson, MI. 48393				Michigan Cal 24800 Novi Rd. Novi, MI. 48375					
D-RB's w/HQ in Detroit										
D-BSB's										
D-BMB'C										
Joint Venture										
Mentor Venture	Attn: Brian St. Louis 248 - 396 - 5200				Tony Marulli 248 - 349 - 4800					
(9) Injection Patching Trailers		5	\$55,958.00	\$279,790.00						
(1) Storage Tank		1	\$69,483.00	\$69,483.00	1	NO QUOTE				
Purchase order TOTAL				\$349,273.00						
UP TO \$10,000.00										
\$10,000.01-\$100,000.00										
\$100,000.01-\$500,000.00										
\$500,000.01 AND OVER										
D-RB's										
D-RB's w/HQ in Detroit										
D-BSB's										
D-BMB'C										
Joint Venture										
Mentor Venture										
BID TABULATION GRAND TOTAL:				\$349,273.00						



CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

**IF THIS PURCHASE ORDER  
 DOES NOT AGREE WITH THE  
 BID YOU SUBMITTED,  
 PLEASE CONTACT THE  
 PURCHASING DIVISION.**

**Purchase Order**

PURCHASE ORDER NO. 2901722 REVISION 0 PAGE 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO  
 2633 Michigan Ave  
 Detroit, MI 48216  
 United States

BILL TO  
 Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

**SUPPLIER**

ALTA EQUIPMENT COMPANY INC  
 28775 BECK ROAD  
 WIXOM, MI 48393

SUPPLIER NO. 1119665 DATE OF ORDER/BUYER 08-DEC-14 H Hughes REVISED DATE/BUYER  
 PAYMENT TERMS Net 45 SHIP VIA Lowest Cost Carrier F.O.B. Delivered  
 FREIGHT TERMS Account of seller REQUESTOR/DELIVER TO Edwards, Wendell B CONFIRM TO / TELEPHONE (248) 449-6700

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<p>THIS PURCHASE ORDER ISSUED TO COVER THE COST TO SUPPLY FIVE (5) SPRAY INJECTION PATCHING TRAILERS AND ONE (1) STORAGE TANK.</p> <p>CC APPROVAL DATE: JANUARY 20, 2015,</p> <p>THIS IS A ONE - TIME BUY</p> <p>FURNISH : THE CITY OF DETROIT DEPARTMENT OF PUBLIC WORKS (DPW) WITH FIVE (5) SPRAY INJECTION PATCHING TRAILERS AND A STATIONARY EMULSION STORAGE TANK IN ACCORDANCE WITH THE SPECIFICATIONS IN RFQ 49584.</p> <p>TERMINATION OF CONTRACT:            The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the Vendor.</p> <p>It is the vendor's responsibility to mail or cause to be delivered a valid original invoice to Finance, Accounts Payable Section with a photographic copy to the contracting officer designated within the contract or purchase order.</p> <p>A valid invoice meets the following requirements:</p> <p>Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)</p>						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION. THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE. NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT. ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION. WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT. CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE. PATENT CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION. THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

**Total** Continued

*Boydie Jackson*  
 PURCHASING DIRECTOR'S SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

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**Purchase Order**

PURCHASE ORDER NO. 2901722 REVISION 0 PAGE 2

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SHIP TO  
 2633 Michigan Ave  
 Detroit, MI 48216  
 United States

BILL TO  
 Coleman A Young Municipal Ce  
 2 Woodward Avenue  
 Ste 642  
 Detroit, MI 48226  
 United States

**SUPPLIER**

ALTA EQUIPMENT COMPANY INC  
 28775 BECK ROAD  
 WIXOM, MI 48393

SUPPLIER NO.	1119665	DATE OF ORDER/BUYER	08-DEC-14 H Hughes	REVISED DATE/BUYER	
PAYMENT TERMS	Net 45	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	Account of seller	REQUESTOR/DELIVER TO	Edwards, Wendell B	CONFIRM TO / TELEPHONE	(248) 449-6700

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
<p>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)</p> <p>Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)</p> <p>INVOICING:            All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment:            a) Price on invoice must correspond to the pricing listed on purchase order and/or contract.            b) Contractor must submit price lists in accordance with bid requirements.            c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.            d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.</p> <p>The individual responsible for accepting performance under this Purchase Order is Wendell Edwards at phone number 313-628-2794. The contact person</p>							

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**Total** Continued

*Bonnie Jackson*  
 PURCHASING DIRECTOR'S SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE

*FBO Approval* FEB 23 2015



CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 1008 COLEMAN A. YOUNG  
 MUNICIPAL CENTER  
 DETROIT, MICHIGAN 48226  
 PHONE 313-224-4600  
 FAX 313-224-4374

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**Purchase Order**

PURCHASE ORDER NO. 2901722 REVISION 0 PAGE 3

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BILL TO  
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 PAYMENT TERMS Net 45 SHIP VIA Lowest Cost Carrier F.O.B. Delivered  
 FREIGHT TERMS Account of seller REQUESTOR/DELIVER TO Edwards, Wendell B CONFIRM TO / TELEPHONE (248) 449-6700

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
from whom payment should be requested is the same as above.							
1	Installation of Storage Tank o SHIP TO: Address at top of page		1.00	Each	69483	69,483.00	N
2	Spray Injection Trailer o SHIP TO: Address at top of page		5.00	Each	55958	279,790.00	N

**Total** 349,273.00

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*Boypie Jackson*  
 PURCHASING DIRECTOR'S SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE

*FLC Approval* FEB 23 2015





# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASING/ FINANCE

E-MAIL ADDRESS: hughes ho@detroitmi.gov

CONTACT NAME: H. Hughes PHONE: 313-224-4617

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 ALTA Equipment Co.  
Address 28775 Beck Rd.

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

City Warren MI 48393  
State Mich Zip Code 48393  
Telephone 248-356-5600 Fax # 248-356-2024  
E-mail Address \_\_\_\_\_

B. Name of Chief Financial Officer/Authorized Contact Person  
(include address if different from above)  
RYAN GREENWALT Telephone # 248-356-5200  
Fax # 248-356-2024

Employer Identification or Social Security Number  
38-3308050 Spouse Social Security Number \_\_\_\_\_

Nature of Contract EQUIPMENT PURCHASES BID CONTRACT AMOUNT (if known):  
Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_  
Contract # (if known) \_\_\_\_\_

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

Check One:  Individual  Corporation  Partnership  Estate & Trust

### INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- 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 NOV 06 2014 Expires NOV 06 2015

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://www.detroitmi.gov)

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

H. Hughes  
313-224-4617

PURCHASING DIVISION  
VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections  
Purchasing Vendor  
128 Coleman A. Young Municipal Center  
Detroit, MI 48226  
(313) 224 - 4087 (Telephone)  
(313) 224 - 4238 (Fax)

REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES

Nature of Contract Equipment Purchase  
Contract Amount \$34,500

Business Type:  Corp ( ) Partnership ( ) Sole Proprietorship ( ) Personal Services

Business Name ALTA Equipment Company

Business Address 28775 Beck Rd, Wyand, MI 48193

Ward/Item # \_\_\_\_\_

F.I.D. NO. 38-3308050

City Personal Property I.D. # \_\_\_\_\_

Owner(s) Name RYAN GREENWALT

Owner(s) SS# 376-08-9044

Contact Person BRIAN ST. LOUIS

Phone Number 248-356-5300

Fax Number 248-356-2029

Owner(s) Home Address 28775 Beck Rd, Wyand, MI ( ) Lease (  ) Own

Please do not write below this line for department use only.

Real Property Special Assessment Personal Property Other Receivable

Denied  Denied  Denied  Denied  
 Approved  Approved  Approved  Approved

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will be responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid back.

Charles M. Ford  
Signature (City of Detroit)

11-6-2014  
Date

MAY 06 2015  
Expiration Date

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

I, being duly authorized representative of the Alta Construction Equipment Co., LLC, (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: Alta Construction Equipment Co., LLC  
(Type or Print Legibly)

Contractor Address: 28775 Beck Road Wixom, MI 48393  
(City) (State) (Zip)

Contractor Phone/E-mail: 248.356.5200 / brian.stlouis@altaequipment.com  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Brian St. Louis

Signature of Authorized Representative: \_\_\_\_\_

Date: 11/6/14

\*\*\* This document **MUST** be notarized \*\*\*

Signature of Notary: \_\_\_\_\_

Printed Name of Seal of Notary: Michelle A. Maynarich

My Commission Expires: 08 / 23 / 2020

For Office Use Only	
Copy Rec'd: _____ in _____	Department Name: _____
Accepted by: _____	Rejected by: _____
Please email all Covenants and EOCs to Director of Human Rights Department 1240 CAYMC 12 Human Rights Ct. Detroit MI 48226 or fax (313) 224-3434	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/6/2014

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

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

PRODUCER Hylant Group - Detroit 2401 W. Big Beaver Rd. Ste 400 Troy MI 48084	CONTACT NAME: Janet Barnard	
	PHONE (A/C No. Ext): 248-822-2255	FAX (A/C No): 248-643-8753
	E-MAIL ADDRESS: janet.barnard@hylant.com	
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Alta Equipment Company, Inc. 28775 Beck Road Wixom, MI 48393	INSURER A: State Automobile Mutual Ins Co	25135
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 1611891199

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	ADOL SUBR INSR   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 checked="" type="checkbox"/> LOC	Y	PBP2587860	4/1/2014	4/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPROP AGG \$2,000,000 Employee Benefits \$1,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comp \$500 <input checked="" type="checkbox"/> BF Coll \$100  <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE  <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	Y	BAP2317228	4/1/2014	4/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	Y N/A	WCP2177375	4/1/2014	4/1/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACCORD 101, Additional Remarks Schedule, if more space is required)

City of Detroit is an additional insured with regard to general and automobile liability as required by written contract. Workers' Compensation has waiver of subrogation in favor of the certificate holder.

## CERTIFICATE HOLDER

## CANCELLATION

City of Detroit Finanaca/Purchasing- CAYMC Room 1008 2 Woodward Avenue Detroit MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE <i>Michelle M. [Signature]</i>
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© 1988-2010 ACORD CORPORATION. All rights reserved.

Hiring Policy Compliance Affidavit

I, Brian STLOVE, being duly sworn, state that I am the Director  
Product Support of Alta Equipment Company LLC  
Title Name of the Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

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

SIGNED   
Title: Director Product Support Date: 11/6/14

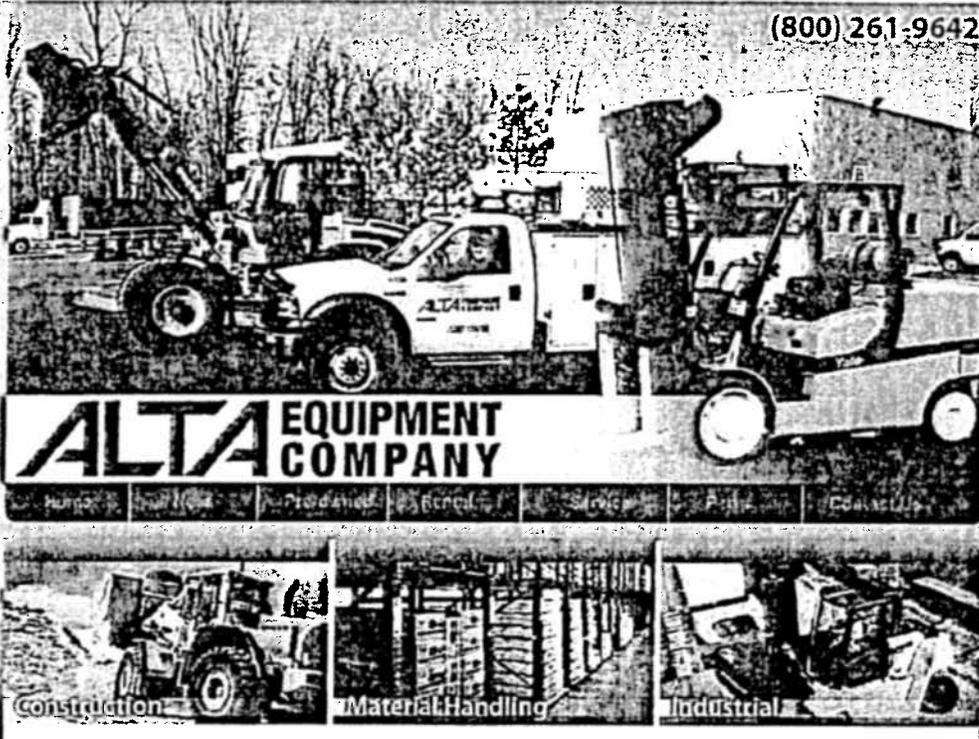
STATE OF MICHIGAN )  
COUNTY OF Oakland ) SS

The foregoing Affidavit was acknowledged before me the 6th day of Nov, 2014  
by Michelle Maynard



Notary Public, County of Wayne  
State of Michigan  
My commission expires: 8/23/2020

MICHELLE A. MAYNARD  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Aug 23, 2020  
ACTING IN COUNTY OF Oakland



## Job Opportunities

### Resume Submission

Thank you for your interest. Please complete the required fields below in order to be considered for future opportunities.

Please take a few minutes to fill out our application form. Required Fields are denoted with a "\*".

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**Personal Information**

- \* First Name
- \* Last Name
- \* Email

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**Attachments**

- \* Resume
- Cover Letter
- Other

We accept DOC, DOCX, XLS, XLSX, PPT, PPTX, CSV, HTML, PDF, RTF and TXT.  
 Please do not submit password-protected/encrypted documents.  
 The maximum allowed file size is 5MB.

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**Current Address**

- \* Address
- Address #2
- \* City
- \* State
- \* Zip/Postal Code
- \* Country

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**Contact Information**

- \* Cell Phone
- Home Phone

- Preferred First Name
- Please provide your Middle Name or Middle Initial for identification purpose in the event of hire

Employment Information

- How did you hear about us?
- Please specify, if applicable:
- If referred by an Alta employee, please list their name:

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- Are you 18 years of age or older?  
 Yes  No
- Are you legally authorized to work in the United States? (Proof of citizenship or immigration status will be required upon employment.)  
 Yes  No
- Are you currently employed?  
 Yes  No
- Are you available to work:  
 Full Time  
 Part Time  
 Shift Work  
 Temporary

On what date would you be available for work?

Can you travel if the job requires it?  
 Yes  No

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Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job will be supplied upon request.  
 Yes  No

Education

- Name & Location of High School:
- Diploma/GED?  Yes  No

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Name & Location of Undergraduate College:

Course of Study/Major:

Years Completed:

Diploma/Degree Received:

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Name & Location of Graduate College:

Course of Study/Major:

Years Completed:

Diploma/Degree Received:

---

Name & Location of Other (please specify):

**U.S. Equal Employment Opportunity/Affirmative Action Information**

Individuals seeking employment are considered without regards to race, color, religion, national origin, age, sex, marital status, ancestry, physical or mental disability, veteran status, or sexual orientation. You are being given the opportunity to provide the following information in order to help us comply with federal and state Equal Employment Opportunity/Affirmative Action record keeping, reporting, and other legal requirements.

**Please Note: Completion of this form is voluntary**

Completion of the form is entirely voluntary. Whatever your decision, it will not be considered in the hiring process or thereafter. Any information that you do provide will be recorded and maintained in a confidential file.

**Gender:**

- Male
- Female
- Declined to Self-Identify

**Ethnicity/Race:**

- Hispanic or Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino) - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Black or African American (Not Hispanic or Latino) - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- Asian (Not Hispanic or Latino) - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native (Not Hispanic or Latino) - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.
- Declined to Self-Identify

**Veteran Status:**

- Veteran
  - Recently Separated Veteran
  - Armed Forces Service Medal Veteran
  - Other Protected Veteran
- Not a Veteran
- Declined to Self-Identify

**Submit**

[Back To Jobs](#)

applicant tracking system by  
**newton**  
applicant privacy policy

Course of Study/Major:

Years Completed:

Diploma/Degree Received:

Please list any other relevant training (certifications, advance coursework, military, etc.) that you have received:

**Employment Experience**

Please list your current/most recent employer.

- Employer Name:
- Address:
- Job Title:
- Supervisor:
- Start Date (MM/YY):
- End Date (MM/YY):
- Starting Hourly Rate/Salary:
- Final Hourly Rate/Salary:
- Work Performed:
- Reason for Leaving:

**Applicant's Statement**

I represent that the answers and information given by me in this application are true and complete. I acknowledge that any false, inaccurate or misleading information may result in refusal to hire or dismissal once the facts become known.

This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I understand that Alta Equipment Company will conduct a background check after an employment offer is accepted. Any employment with Alta Equipment Company is contingent upon the successful completion of a background check, including but not limited to employment history, criminal, education, and motor vehicle records. Also, all employment offers are contingent upon the successful completion of a drug screen and physical.

By signing this form electronically, I agree that all information contained is accurate.

• I have read and agree to this disclaimer

• Applicant Signature

• Date

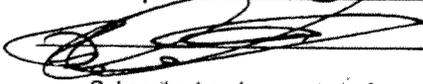
**Comments**

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: Alta Construction EQUIPMENT LLC
2. Address of Contractor: 28775 BECK Rd  
Wixom, MI 48393
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 1984 (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.

Brian St. Lotts (Printed Name) Director Product Support (Title)  
 (Signature) 11/06/14 (Date)

Subscribed and sworn to before me  
this 6th day of Nov, 2014  
Michelle Moore  
Notary Public, \_\_\_\_\_ County, Michigan  
My Commission expires: 8/23/2020

MICHELLE A. MAYNARICH  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Aug 23, 2020  
SITING IN COUNTY OF Oakland

**Howard Hughes - RFQ 49584**

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**From:** Wendell edwards  
**To:** Howard Hughes  
**Date:** 12/17/2014 11:06 AM  
**Subject:** RFQ 49584

---

Good Morning Mr. Hughes,  
Concerning RFQ 49584 , Spray Injection Trailer and storage tank,  
The bid from Alta Equipment takes minor deviations and is deemed acceptable for both the Trailers and the Storage Tank.

Wendell B. Edwards  
Principal Governmental Analyst  
Department of Public Works  
Street Maintenance Division  
Office: [313 628-2794](tel:3136282794)  
Fax: [313 224-0039](tel:3132240039)  
email: [wenedw@detroitmi.gov](mailto:wenedw@detroitmi.gov)

Funding

Howard Hughes - Acct Info

From: Wendell edwards  
To: Howard Hughes  
Date: 12/16/2014 11:03 AM  
Subject: Acct Info

100%  
STATE funded

Good Morning Mr Hughes,  
The requested account information is as follows:  
Requisition # 296607

Item	QTY	Account Info
Spray Injection Trailer	2.5	3302-190870-000050-644600-04190-000000-A4570
	2.5	3301-193850-000048-644600-04189-000000-A4570
Storage Tank	.5	3301-193850-000048-644600-04189-000000-A4570
	.5	3302-190870-000050-644600-04190-000000-A4570

(5)

Wendell B. Edwards  
Principal Governmental Analyst  
Department of Public Works  
Street Maintenance Division  
Office: [313 628-2794](tel:3136282794)  
Fax: [313 224-0039](tel:3132240039)  
email: [wenedw@detroitmi.gov](mailto:wenedw@detroitmi.gov)

LOCAL  
funded

# Bid List

**Recipients: 10** Response Pending: 10

billt@bergkampinc.com	Transferred
brian.schultz@michigancat.com	Transferred
brian.stlouis@altaequipment.com	Transferred
crobinson@aisequip.com	Transferred
don@greatlakesservicecenter.c...	Transferred
jbelle@bellequip.com	Transferred
noviparts@southeasternequip.c...	Transferred
Pam Babbish	Transferred
tom.colwell@altaequipment.com	Transferred
Tony Marulli	Transferred

*no bid  
STORAGE TANK NO Bid  
— 349,273*

**Attachments:** User: 1, System: 2

**Send Options:**

**Detroit City Council**  
Legislative Policy Division

TO: Purchasing Division Staff  
FROM: David Teeter  
DATE: January 21, 2015

RE: **PURCHASING ITEMS APPROVED BY THE CITY COUNCIL**

**There were no contracts Reconsidered that were approved at the Session of January 13, 2015**

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of January 20, 2015 and APPROVED*

**Budget, Finance and Audit Committee:**

No Contracts Reported

**Internal Operations Committee:**

2895759, Increase	W-3 Construction Co. Submitted the Week of Dec. 15, 2014.	+ \$2,459,000 to \$3,209,000	GENERAL SERVICE
2895761, Increase	Systemp Corp. Submitted the Week of Dec. 15, 2014.	+ \$765,000 to \$2,865,000	GENERAL SERVICE
2895764, Increase	Power Lighting & Technical Submitted the Week of Dec. 15, 2014.	+ \$105,000 to \$705,000	GENERAL SERVICE
2897014	J-Mac Tree and Debris Submitted in the List and Referred January 6, 2015.	\$354,521.60	GENERAL SERVICE
2901057	G's Trees Submitted in the List and Referred January 6, 2015.	\$400,000	GENERAL SERVICE
87072	Brian Farkas Submitted in the List and Referred January 13, 2015.	\$62,500	DETROIT BUILDING AUTHORITY
87055	Dianne Y. Allen (Bd.ofReview,Dist.3) Submitted in the List of January 20, 2015; Placed on Consent Agenda;	\$18,360	CITY COUNCIL Approved with <b>WAIVER</b> .
87060	Willie Smith (Cushingberry) Submitted in the List of January 20, 2015; Placed on Consent Agenda;	\$9,750	CITY COUNCIL Approved with <b>WAIVER</b> .

Purchasing Division

Contracts and Purchase Orders Received, Considered at Regular Session  
of January 20, 2015

Page 2

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of January 20, 2015 and **APPROVED***

**Reported by the Neighborhood and Community Services Committee:**

2815275,Ext.Revenue      The Right Productions      \$ Not Identified      RECREATION  
Submitted in the List and Referred January 6, 2015; Approved with ***WAIVER***.

**Reported by the Planning and Economic Development Committee:**

87017                              Wilmern G. Griffin              \$72,000              PLANNING & DEVELOPMT  
Submitted in the List and Referred January 13, 2015.

**Public Health and Safety Committee:**

2901510      Strategic Staffing Solutions              \$125,399.49              HOMELAND SECURITY  
Submitted in the List for the Week of December 8, 2014.

2790946              Trademaster              \$68,071              FIRE  
Submitted in the List for the Week of December 15, 2014.

2899178              Stryker Medical              \$457,345.40              FIRE-EMS  
Submitted in the List and Referred January 6, 2015; Correction to Funding submitted Jan. 20, 2015;  
Corrected Resolution, with 100% City Funding moved to New Business and approved.

2901737              Jefferson Chevrolet              343,487              POLICE  
Submitted in the List and Referred January 6, 2015.

2901715              Southeastern Equipment              \$47,733              PUBLIC WORKS  
Submitted in the List and Referred January 6, 2015.

2901722              Alta Equipment Company              \$349,273              PUBLIC WORKS  
Submitted in the List and Referred January 6, 2015.

2871508 (pc-790),Chg.1      DeMaria Building Co.      + \$7,000,000 to \$27,457,244      WAT & SEW  
Submitted by Water & Sewerage and Referred January 6, 2015

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of January 20, 2015

Page 3

The following contracts were **REFERRED** on January 20, 2015 to the indicated Standing Committee for consideration and report to the City Council.

**Referred to Budget, Finance and Audit Committee**

No Contracts Referred

**Referred to Internal Operations Committee**

2654324,Ext.	AssetWorks (fueling)	GENERAL SERVICES
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**Referred to Neighborhood and Community Services Committee**

No Contracts Referred

**Referred to Planning and Economic Development Committee**

No Contracts Referred

**Referred to Public Health and Safety Committee**

2821497,Ext.	PIE Management	ADMINISTRATIVE HEARINGS
2900137	Detroit Building Authority	AIRPORT
2900804	Booth Research Group	POLICE
86955	Tiffany Perry	POLICE
2901724	AIS Construction Equipment	PUBLIC WORKS
2901820	Crestline Specialties	TRANSPORTATION

Report received from Chief Financial Officer, for Period December 1 through December 31, 2014, the following contracts were APPROVED.

Oracle America, Inc. for the use of Oracle Fusion Financial Resource Management System

Application Software Technology for Oracle Cloud Enterprise Resource Planning System

Ultimate Software Group, Inc. for UltiPro Human Resource Management System

Eric Higgs Extension of contract 86491 for Project Manager – Accounting

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of January 20, 2015

Page 4

*The following items have been HELD for review, discussion or report to the Standing Committees.*

**Internal Operations Committee**

2877416,Chg. Computech Corporation + \$1,015,562.67 to \$2,700,562.67 HUM.RESOURCE  
Submitted in the List and Referred January 13, 2015; Questions from CM Cushingberry

2877420,Chg. FutureNet Group + \$1,117,011.10 to \$2,802,011.10 HUM.RESOURCE  
Submitted in the List and Referred January 13, 2015; Questions from CM Cushingberry

**Public Health and Safety Committee**

2901177 Walker's Heating & Cooling \$149,861.61 TRANSPORTATION  
Submitted in the List for the Week of December 15, 2014; Held by Council Member Benson