

6. Does the supplier provide other products or services to the City today?

- Yes, list _____
- No

7. Business Award

- New
- Renewal What is the specific benefit to the City by renewing this contract?
Maintaining print and data storage operations for DRMS/HRMS and PPS.

Increase to authorized cost? Does this include an increase in the item cost?

No Yes By how much? _____ Why an Increase? _____

8. Is this commodity/service used by other departments?

Yes No

***The equipment is utilized to perform services for other departments.**

Can this be combined with other department POs or requisitions? _____ No

9. If this is an increase to the Purchase Order Unit price;

No

What is the justification for increased costs?

Provide a cost justification for why new bids should not be solicited.

N/A

10. If this is a service, can it also be provided by City employees?

Yes No

Can City employees be trained to provide this service?

No. _____

Reviewed by (Name) Charles Dodd  Title Director

Date August 26, 2015

Process Note:

Two (2) business days for completion of checklist.

If no response from department contact, notify department Director

Inform if unable to place on City Council Agenda



SURVEY CONTRACT RENEWAL ANALYSIS MEMORANDUM

CURRENT CONTRACTOR(S)/(Names/Address) 1 Allen System Group 1333 Third Avenue S. Naples, FL 34102 3 _____ _____ _____ _____	CONTRACT DESCRIPTION Allen System Group supports Cypress, which allows DRMS to print employee and vendor checks Using Dept(s) DoIT Orig. JCC Date 4/12/85, 6/21/00, 2/21/01, 9/19/01, 4/24/02, 2/26/03, 3/10/04, 5/4/5, 10/30/12, 12/9/14 New JCC Date: _____ Date: September 10, 2015 Oracle P.O. #: 2508299 RFQ Number # _____ Est. Value: 114,102.00 No. of Contractors: 1 Exp. Date: September 30, 2015 Ext. Period: October 1, 2015 To: September 30, 2016
--	--

Item #	Current Contractor(s) (if more than one, reference contractor number from above)	Allen System Group		PREVIOUS BIDDERS	
		Previous Bid	Current Price	Previous Bid	Current Price
1	Cypress Maintenance and Support	114102.00	114102.00		
2					
3					
4					
5					

COMMENTS
(Use reverse side if necessary)

Both the Department and Vendor wish to renew this contract. It is in the best interest of the City to renew this contract.

*Only one approval is required from either the Principal or Purchase Manager

Purchases Agent	<input type="checkbox"/>	Rebid	<input type="checkbox"/>	No. of Contracts		Signature		Date	
Team Leader	<input type="checkbox"/>		<input type="checkbox"/>	1		<i>[Signature]</i>		09/10/15	
*Principal, or	<input type="checkbox"/>		<input type="checkbox"/>						
*Head Purchase Agent	<input type="checkbox"/>		<input type="checkbox"/>						
Purchasing Director	<input type="checkbox"/>		<input type="checkbox"/>						

Current pricing is a cost reduction Potential cost savings \$ _____



Home Search Alerts

Allen Systems Group, Inc. profile

[Download Vendor Business Profile](#)

Vendor name: Allen Systems Group, Inc.
Address: 708 Goodlette Road North
Naples, FL 34102
Phone: 800-832-5536
FEIN: 59-2634496

[Add new](#)

Main contact
Mary Teremi
Phone: 24
mary.teremi

DUNS number:

Preferred vendor: No [Edit](#)

Vendor code: [Edit](#)

Accounts receivable

Contact name: Mary Teremi
Phone: 248-293-1513
Email: mary.teremi@asg.com
Address:

Payment terms:
Payment types:

[Edit Payment Terms and Types](#)

Business profile

Main industry: [View Industry](#)
Primary industry: Computers, Software, Supplies, and Services
Business registration type:
Business function:
Legal entity name:
DBA name:
Date founded:
Number of employees:
Annual revenue:
W-9: [W-9 documents](#)
State of incorporation:

- [Registration documents](#)
- [View ownership information](#)
- [Other agencies registered with](#)
- [Notable contracts](#)
- [Employees](#)
- [Business references](#)
- [View organization charts](#)

Ratings

No information provided
[Rate this vendor](#)

Notes

+ ARC Accounts Receivable Clearance

- ITC Income Tax Clearance

The City of Detroit is required to ensure that all vendors have received an Income Tax clearance in order to be eligible for award. If your business has already received an active Income Tax clearance, please upload a copy of the clearance to verify that it is still active and approve it. If your business does not already have an approved Income Tax clearance, please upload your clearance here. The City will complete its clearance process and approve or deny the clearance within the 60-day period.

NOTE: Do not submit any personal identifiable information, including social security numbers, in this section. If you are required to provide this information, please provide it in a separate document to ensure that it is not submitted to the wrong person and should be submitted to the City of Detroit.

Vendor certified they possess this qualification

ITC Certifications

Income Tax Clearance

Clearance Form Agency document for this certification: [TaxClearanceRequest2014.edi](#)
Document uploaded by vendor: [ASG- Tax Clearance Request.pdf](#) [View](#)

Expiration Date and Comments

This section is to be filled out by the City of Detroit

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

Expiration date

Comments

Insurance liabilities:

Employers liability insurance:
Comprehensive general liability: [per occurrence](#)
Comprehensive automobile liability:
Professional liability insurance:
Injury and damage insurance: [per occurrence liability](#)
Injury and damage insurance: [per occurrence Property](#)
Umbrella policy:

Classifications

CITY OF DETROIT

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

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER
ADDRESS OF DEPARTMENT
DATE SENT CONTACT PERSON
PHONE NUMBER FAX NUMBER EMAIL
CONTRACT AMOUNT \$

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME Allen Systems Group
ADDRESS 708 Goodlette Rd N CITY/STATE/ZIP Naples FL 34102 OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER 59-2674496
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON Curt Schudt PHONE NUMBER 239-435-2337 EMAIL ADDRESS Curt.Schudt@easg.com

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

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER
OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS
EMAIL ADDRESS

SECTION E: PERSONAL SERVICES
NAME ADDRESS OWN LEASE
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE SEP 08 2015 CLEARANCE VALID UNTIL JAN 15 2016

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

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

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

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

RFQ/PO No.: (if applicable) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization Allen Systems Group, Inc
(Type or Print Legibly)

Contractor Address Naples, Florida, 34102
(City) (State) (Zip)

Contractor Phone/E-mail 239-435-2200 / noram.east@asg.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Derek S. Eckelman, Exec. VP, General Counsel, and Secretary

Signature of Authorized Representative: X [Handwritten Signature]

Date: June 15, 2018

****This Document MUST be Notarized****

Signature of Notary: Jennifer T. Sheffield

Printed Name of Seal of Notary: Jennifer T. Sheffield

My Commission Expires: 10 / 20 / 2018



JENNIFER T. SHEFFIELD
MY COMMISSION # FF 142758
EXPIRES: October 28, 2018
Bonded Thru Budget Notary Services

FOR CONTRACTING DEPARTMENT USE ONLY:
Date Rec'd ___/___/___ Received By: _____ Title: _____

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

Company



Submit Resumé

to apply for Office Manager (Rye, NY)

* Indicates required information

* First Name

* Last Name

Street Address

Address (cont.)

City

State/Province

Zip/Postal Code

Country

Work Phone

May we contact you at work? Yes No

Home Phone

FAX

* Email

To help expedite your resumé please rate your skills in the following.

Office Management Experience

Beginner Intermediate Expert

Excellent Communication skills - oral and written

Beginner Intermediate Expert

Excellent Interpersonal skills

Beginner Intermediate Expert

MS Office Suite/Internet skills required

Beginner Intermediate Expert

Must be able to multi-task

Beginner Intermediate Expert

Ability to lift 30lbs containers

Beginner Intermediate Expert

HS Diploma or GED

Beginner Intermediate Expert

*** Paste your resume in the area provided below**

What languages do you speak, write, or read?

How did you find out about ASG's job postings on the Web?

- Web Site
- Newspaper
- Friend
- Other

If by web site, newspaper, or other, please elaborate

Voluntary Equal Employment Self-Identification

As a federal contractor, ASG is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, ASG invites applicants to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal

government for civil rights enforcement. When reported, data will not identify any specific individual.

Please enter your personal hiring information including ethnicity, gender, if you are disabled and if you are a veteran. If you choose not to disclose this information, the "Not Disclosed" option will default.

Ethnicity

Gender

Disability

Veteran

Thank you!

Sales 1-800-726-5555

Support 1-800-354-3578

Solutions

- CAMS
- Applications Management
- Cloud
- Content Management
- Infrastructure Management
- Metadata Management
- Operations Management
- Performance Management

Resources

- Whitepapers
- Articles
- Industry Reports
- Solution Sheets
- Webcasts
- Success Stories

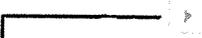
Support

- Online Support
- Support Contacts
- Professional Service
- Training and Education
- Pricing & Licensing

About

- ASG at a Glance
- Executive Team
- Events
- News
- Contact

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[About ASG](#) | [Contact ASG](#) | [Support](#)



CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Allen Systems Group, Inc.
2. Address of Contractor: 708 Goodlette Road North, Naples, Florida 34102
3. Name of Predecessor Entities (if any): N/A
4. Prior Affidavit Submission? No Yes, on: _____
(Date of prior submission)
5. Contractor was established in 1986 (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.

Derek S. Eckelman (Printed Name) EVP, General Counsel, and (Title)
Secretary

XPE + E (Signature) June 15, 2015 (Date)

Subscribed and sworn to before me
this 15 day of June 2015

Jennifer T. Sheffield
Notary Public, Collier County, Michigan Florida
My Commission Expires: 10/28/2018



JENNIFER T. SHEFFIELD
MY COMMISSION # FF 142758
EXPIRES: October 28, 2018
Bonded Thru Budget Notary Services

(EXHIBIT C - continued)
STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

Except as set forth above, I certify that no contributions or expenditures were made to elective city officials within the previous four (4) years by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents, assigns, and, if any of the foregoing are individuals, their spouses.

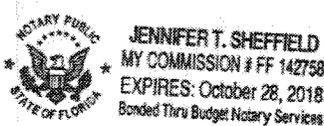
I understand that the information provided in this disclosure will be relied upon by the City of Detroit in evaluating the proposed bid, solicitation, contract, or lease. I swear [or affirm] that the information provided is accurate. If I am signing on behalf of an entity, I swear [or affirm] that I have the authority to provide this disclosure on behalf of the entity.

Sign name: X Derek S. Eckelman

Print name: Derek S. Eckelman

Sworn and subscribed to before me
on June 15th, 2015 [by Derek S. Eckelman, the
Executive VP, General Counsel, and Secretary of the above named contractor/vendor, an authorized
representative or agent of the contractor/vendor]

Sign: Jennifer T. Sheffield
Print: Jennifer T. Sheffield
Notary Public, Collier County, Michigan, Florida,
Acting in Collier County
My Commission Expires: October 28, 2018



[View assistance for Search Results](#)

Search Results

Current Search Terms: allen* systems* group*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By

Functional Area - Entity Management

By

Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.3420150710-1415

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





Allen Systems Group, Inc.
 708 Goodlette Road North
 Naples, FL 34102
 800-932-5536

Invoice

09/29/2015

Page: 1

Invoice #: **A100068716**
 Date: 05/01/2015
 Customer #: 16502

**NOTE NEW REMITTANCE
 INSTRUCTIONS BELOW**

**Record Full ASG Inv # in Check
 Detail/Stub**

Sold To:	Please Remit Electronically To:	If Paying by Check, Remit To:
City of Detroit Tina Taylor Coleman A. Young Municipal Bui 2 Woodward Avenue Suite 810 Detroit MI 48226 United States of America	Allen Systems Group, Inc. Citibank FSB Acct:3200339901 SWIFT: CITIUS33 ABA: 266086554	Allen Systems Group, Inc. PO Box 2197 Carol Stream, IL 60132-2197

Please enter full ASG invoice # into field
70 of the SWIFT form

Please note full ASG invoice # in check
detail/stub

Visa, MasterCard, American Express and Discover Cards Accepted

Customer P.O.	Site ID	Terms
	900032554	Due Upon Receipt

Description	Amount
CPS M ASG-CYPRESS STANDARD EDITION ANNUAL MAINTENANCE FEE Qty: 2/Servers	2,554.14
CEY M ASG-CYPRESS EXPORT XEROX DOCU SP POSTSCRIPT ANNUAL MAINTENANCE FEE Qty: 2/Servers	1,277.07
CAF M ASG-CYPRESS ADVANCED FORMATTING MODULE ANNUAL MAINTENANCE FEE Qty: 2/Servers	3,648.78
CPI M ASG-CYPRESS PERSONAL IMAGING MODULE ANNUAL MAINTENANCE FEE Qty: 2/Servers	1,003.41
CPF M ASG-CYPRESS CONTENT PROCESSIN FACILITY (CPF) ANNUAL MAINTENANCE FEE Qty: 2/Servers	12,770.72
CTM M ASG-CYPRESS DOCUMENT ACCESS TRACKING MODULE ANNUAL MAINTENANCE FEE Qty: 2/Servers	3,648.79
CEO M ASG-CYPRESS EMAIL-OUT MODULE ANNUAL MAINTENANCE FEE Qty: 2/Servers	5,473.17



Allen Systems Group, Inc.
 708 Goodlette Road North
 Naples, FL 34102
 800-932-5536

Invoice

09/29/2015

Page: 2

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Customer P.O.	Site ID	Terms
	900032554	Due Upon Receipt

Description	Amount
CEZ M ASG-CYPRESS EXPORT XEROX DOCU PRINT POSTSCRIPT Qty: 2/Servers	1,277.07 ANNUAL MAINTENANCE FEE
CRD M ASG-CYPRESS REPORT DISTRIBUTION MANAGER Qty: 2/Servers	7,662.43 ANNUAL MAINTENANCE FEE
CIC M ASG-CYPRESS IMAGE CAPTURE INTEGRATION Qty: 2/Servers	2,736.58 ANNUAL MAINTENANCE FEE
CKB M ASG-CYPRESS KNOWLEDGE BUILDER Qty: 2/Servers	5,108.29 ANNUAL MAINTENANCE FEE
CUC M ASG-CYPRESS CONCURRENT USER Qty: 150/User	39,528.42 ANNUAL MAINTENANCE FEE
CWB M ASG-CYPRESS.WEB Qty: 2/Servers	10,216.58 ANNUAL MAINTENANCE FEE
CDS M ASG-CYPRESS DDI IN FOR SPOOL A SERIES Qty: 2/Servers	2,736.58 ANNUAL MAINTENANCE FEE



Allen Systems Group, Inc.
 708 Goodlette Road North
 Naples, FL 34102
 800-932-5536

Invoice

09/29/2015

Page: 3

Invoice #: A100068716

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70 of the SWIFT form

Please note full ASG invoice # in check
detail/stub

Visa, MasterCard, American Express and Discover Cards Accepted

Customer P.O.	Site ID	Terms
	900032554	Due Upon Receipt

Description	Amount
CPA M ASG-CYPRESS PRINTER/DEVICE - ADDITIONAL Qty: 400/Printers	8,973.29
CEP M ASG-CYPRESS EXPORT PDF-OUT Qty: 2/Servers	1,094.63
CUA M ASG-CYPRESS NAMED USER - ADDITIONAL Qty: 50/Seats	4,392.05
For the period of 09/30/15 to 09/29/16	

If you have any questions regarding this invoice please contact Mary Teremi at (248) 293-1513 or by e-mail at Mary.Teremi@asg.com.

	Subtotal	114,102.00
	Sales Tax	0.00
Billed and Due in U.S. Dollars	Total USD	114,102.00