

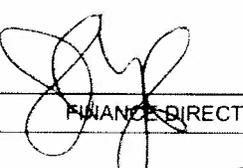
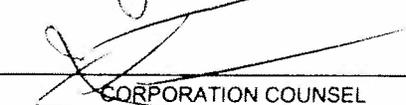
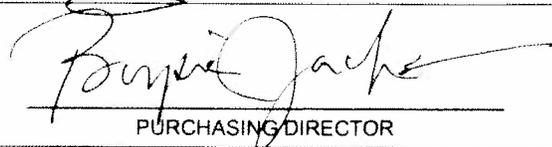
PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2617781
 STANDARD PO NUMBER
 CHANGE ORDER #
 REVISION 1

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/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE <i>Jescelia Anderson</i>	DEPARTMENT RECREATION
FUNDING SOURCE (Percent) FEDERAL % STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON JESCELIA ANDERSON	PHONE NO. 224-1159
CONTRACTOR'S NAME: DETROIT 300 CONSERVANCY		DATE PREPARED 11-19-14	
CONTRACTOR'S ADDRESS: ONE CAMPUS MARTIUS, 3W DETROIT, MICHIGAN 48226		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$-0- TOTAL CPO AMOUNT \$-0- CHANGE AMOUNT \$	
PHONE NO. 313-566-8250		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 30-0002873		MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: CAMPUS MARTIUS PARK – OPERATING & MAINTENANCE			
CHARGE ACCOUNT: N/A			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	
DEC 15 2014	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JAN 17 2014
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	
JAN 08 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	1/8/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	//
	PURCHASING DIVISION  PURCHASING DIRECTOR	

RECEIVED
 JAN 08 2015

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE **MAR 17 2015**

CITY OF DETROIT
 CONTRACTS SECTION Use Only One Set For Each Contract Package
 LAW DEPARTMENT **FRC APPROVAL**
APR 20 2015

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2617781**

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its Recreation Department ("City"), and Detroit 300 Conservancy (the "Conservancy"), with offices located at One Campus Martius, 3W, Detroit, Michigan 48226.

WITNESSETH:

WHEREAS, the City has engaged the Conservancy to manage, operate and maintain Campus Martius Park, a public space owned by the City; and

WHEREAS, the City and the Conservancy have entered into an Agreement reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 19 of the Agreement permits the parties to amend the Agreement by mutual consent; and

WHEREAS, it is the mutual desire of the parties to extend the term of the Agreement and to amend the Agreement so as to allow the Conservancy to provide additional services as set forth below;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties and to the public from this Amendment, the parties agree that the Contract is amended as follows:

I. AMENDMENT TO ARTICLE 4- TERM OF AGREEMENT

1.01 Section 4.01 is amended to extend the Agreement for an Additional Term beginning November 19, 2014 and ending December 31, 2024. The Agreement may be renewed for one additional 10-year term (from January 1, 2025 to December 31, 2034) upon the Conservancy's written notice to the City of its desire to extend the Term and a resolution of the Detroit City Council approving each Additional Term. Such written notice of intent to extend shall be delivered not more than six (6) months nor less than three (3) months prior to the end of the Term, as extended by the first sentence of this Section.

II. AMENDMENT TO EXHIBIT A

2.01 Exhibit A of the Agreement is amended by adding to the Services set forth in such Exhibit the Additional Services described in attached Amended Exhibit A.

**III. EFFECT OF AMENDED TERMS ON THE REMAINING
PROVISIONS OF THE AGREEMENT**

3.01 With the exception of the provisions of the Agreement specifically contained in this Amendment, all other terms, conditions and covenants contained in the Agreement shall remain in full force and effect and as set forth in the Agreement.

IN WITNESS WHEREOF, the City and the Conservancy, by and through their duly authorized officers and representatives, have executed this Amendment.

WITNESSES:

1. [Signature]
(signature)

HEATHER BADRAK
(print name)

2. [Signature]
(signature)

SAMES FIDLER
(print name)

DETROIT 300 CONSERVANCY:

BY: [Signature]
(signature)

Robert F. Gregory
(print name)

ITS: President
(title)

WITNESSES:

1. [Signature]
(signature)

Nikita Bland
(print name)

2. [Signature]
(signature)

Donna Miller
(print name)

CITY OF DETROIT

BY: [Signature]
(signature)

Alicia C. Bradford
(print name)

ITS: Director
(title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON MAR 17 2015 THE

FRC APPROVAL

DETROIT APR 20 2015

[Signature]
Purchasing Director Date 4/24/15

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 7.5-206 OF CHARTER OF THE CITY OF

[Signature]
Corporation Counsel Date 1-12-15

THIS AMENDMENT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE PURCHASING DIRECTOR.

AMENDED EXHIBIT A
SCOPE OF SERVICES

I. Additional Services to be Performed by the Conservancy

In addition to the services performed by the Conservancy at Campus Martius Park, during the future term of the Agreement the Conservancy shall also manage, operate and maintain the City-owned public space located adjacent to Campus Martius Park and in the center of Cadillac Square, commonly known as Cadillac Square Park, which is bounded by Cadillac Square, realigned Woodward Avenue, and Bates Street.

PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR ENTITY **MUST** BE ONE OF THE INDIVIDUALS LISTED BELOW AS A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE ENTITY.

RESOLUTION OF CORPORATE AUTHORITY

I, Paul Trulik, Corporate Secretary of Detroit 300 Conservancy, a Michigan nonprofit 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 August 15, 2014, and that the same is now in full force and effect:

RESOLVED, that the Detroit 300 Conservancy (the "Conservancy") be, and hereby is, authorized to exercise its option to extend the term of the Professional Services Agreement dated in July, 2003 with the City of Detroit (the "Agreement"), which option is to extend the existing term of the Agreement (ending later in 2014) for up to an additional ten (10) years (representing the exercise of one or both of two (2) five year options in the Agreement), subject to appropriate action on behalf of the City.

FURTHER RESOLVED, that the Conservancy be, and hereby is, authorized to negotiate an amendment to the Agreement so as to: (a) include Cadillac Square within the areas to be managed by the Conservancy pursuant to the Agreement, (b) provide additional rights of the Conservancy to extend the term of the Agreement (as so amended) for up to an additional ten (10) years (as the same may be extended pursuant to the existing provisions of the Agreement) and (c) include such other terms and conditions as may be deemed appropriate by the President of the Conservancy.

FURTHER RESOLVED, that the President of the Conservancy is hereby authorized to: (a) execute and deliver any notices or other documents, and take such other actions, as are necessary or appropriate for the Conservancy to exercise its option to extend the term of the Agreement as stated above, and (b) negotiate, execute and deliver an amendment to the Agreement of the nature described above."

FURTHER, I CERTIFY that _____ is Chairman,
Robert F. Gregory _____ is President,
_____ is (are) Vice President(s),
_____ is Treasurer,
Paul Trulik _____ is Secretary,
_____ is Executive Director,
and _____
_____ is

FURTHER, I CERTIFY that any of the aforementioned officers or employees of the Company

are authorized to execute and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Amendment Agreement No. 1 to Contract No. 2617781 between the City and the above-referenced corporation and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 11 day of November, 2014.
CORPORATE SEAL
(if any)



Corporate Secretary

CONTRACT # 2617781 Amendment#1

DEPARTMENT Recreation

[] WAIVER

AGENDA DATE: _____

CONTRACT SYNOPSIS

CONTRACTOR
NAME:

Detroit 300 Conservancy

ADDRESS:

One Campus Martius, 3W

Detroit, MI 48226

PROJECT:

Manage, operate and maintain Campus Martius Park

TYPE OF FUNDING
AND %:

CONTRACT
AMOUNT:

-0-

CONTRACT
PERIOD:

Beginning November 19, 2014 and ending December 31, 2024. The Agreement may be renewed for one additional 10-year term (from January 1, 2025 to December 31, 2034) upon the Conservancy's written notice to the City of its desire to Extend the Term and a resolution of the Detroit City Council approving each Additional term.

ADVANCE
PAYMENT:

BRIEF
DESCRIPTION:

Manage, operate and maintain Campus Martius Park.

REASON FOR
DELAY:



City Council Contract Agenda Items Review Checklist

Reviewer: *[Signature]* Date Received 7/16/15

Date: 11-14-14 Department Recreation Division: _____

Dept Head/Contact Person: Alicia C. Minter/Jescelia Anderson Phone No.: 224-1123/224-1159

Description: Manage, operate and maintain Campus Martius Park.

Contract No.: 2617781 #1 PO Type: Professional Service Contract Est. Value: \$ -0-

Contract Term (if applicable): November 19, 2014 and ending December 31, 2024. The Agreement may be renewed for one additional 10-year term (from January 1, 2025 to December 31, 2034) upon the Conservancy's written notice to the City of its desire to extend the Term..

Funding: City _____ State _____% Federal _____% Other: _____%
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Detroit 300 Conservancy Required Date: 11-19-14

1. The business being awarded is **NEW** If a renewal, provide justification for renewal: _____

2. Was the product or service competitively bid? Yes No
Attach Copy 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

5. Does this agreement represent an increase?



- Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)
- Change in amount/volume of the good or service to be used. _____

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

7. Is this good/service used by other departments? Yes No
If "yes" can this Req/PAR be combined other department requirements? Yes No

8. Is this a service that can be performed by City employees? Yes No
Is this a service that City employees can be trained to do? Yes No

NOTES:

Buyer: 

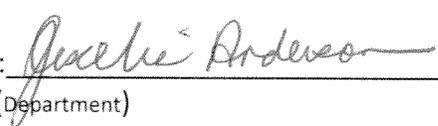
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes No

no records found

PLACE ON EMERGENCY MANAGER AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: 

(Department)

DATE: 11-19-14

INFORMATION PROVIDED BY: Jescelia Anderson

TITLE: Head Clerk

PHONE: 313-224-1159

SAM Search Results
List of records matching your search for :
Record Status: Active
DUNS Number: 151651473

Functional Area: Entity Management, Performance Information

No Search Results

Bianca Washington - Your Requested D&B D-U-N-S® Number

From: <no-reply-support@dnb.com>
To: <washingtonb@detroitmi.gov>
Date: 02/19/2015 4:17 PM
Subject: Your Requested D&B D-U-N-S® Number

"



Dear Bianca Washington,

The following is the DUNS number for DETROIT 300 CONSERVANCY:

DUNS number: 151651473

[Check out D&B's full line of credit reports available on this company](#)

We would like to offer you a 10% discount on your next purchase when you purchase more than \$100. To take advantage of this discount please apply discount code **dunslookup** at the time of purchase.

Note : Discount is only applicable to US based reports.

If you have any problems or questions about your reports, please don't hesitate to call us at [\(855\) 457-1670](tel:8554571670). We are here to help you with credit information needs i.e., running credit reports on other companies.

"

DEC 05 2014

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: RECREATION CONTACT: JESCELIA REDDICK PHONE: (313) 224-1159

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

A. To: City of Detroit
 Income Tax Division
 Coleman A. Young Municipal Center
 2 Woodward Avenue, Ste. 512
 Detroit, MI 48226

For: Individual or Company Name DETROIT 300 CONSERVANCY

Address ONE CAMPUS MARTIUS
3RD FLOOR

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

City DETROIT

State MI Zip Code 48226

Telephone (313) 962-0101 Fax # (313) 962-0114

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

Telephone # (313) 566-8250

Fax # (313) 567-3484

Employer Identification or Social Security Number
30-0002873

Spouse Social Security Number

Nature of Contract: OPERATING CAMPUS MARTIUS PARK BID/CONTRACT AMOUNT (if known):
 Labor: \$ 0 Material: \$ 0

Contract # (if known) 2617781

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.

- Have you filed joint returns with spouse during the last seven (7) years? (if yes, include spouse SSN above) Yes No
- Are you a student, and/or claimed as a dependent on someone else's tax return? Yes No
- Were you employed during the last seven (7) years? Yes No
- Were you a resident of Detroit during the last seven (7) years? Yes No

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). Yes No
- Will the company have employees working in Detroit? Yes No
ALL EMPLOYEES ARE LEASED UNDER DOWNTOWN DETROIT PARTNERSHIP (SEE ATTACHED CONTRACT)
- Will the company use sub-contractors or independent contractors in Detroit? SEE 1099S ATTACHED 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 DEC 09 2014 Expires DEC 09 2015
 Yes No Signature _____ Date _____ Expires _____
 Yes No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.ci.detroit.mi.us

PURCHASING DIVISION VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections
 Purchasing Vendor
 1012 Coleman A. Young Municipal Center
 Detroit, MI 48226
 (313) 224 - 4087 (Telephone)
 (313) 224 - 4238 (Fax)

Nature of Contract Professional Service Contract
 Contract Amount _____

Business Type: Corp Partnership Sole Proprietorship Personal Services

Business Name Detroit 300 Conservancy

Business Address One Campus Martius, Detroit, Michigan 48226
3rd Floor

Ward/Item # _____

F.I.D. NO. 38-3436456

City Personal Property I.D. # _____

Owner(s) Name Robert Gregory

Owner(s) SS# _____

Contact Person Robert Gregory

Phone Number 313-566-8250

Fax Number _____

Owner(s) Home Address _____ () 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: _____

**REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES**

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 package.

[Signature]
 Signature (City of Detroit)

12-11-2014
 Date

AUG 30 2015
 Expiration Date

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

I, being duly authorized representative of the DETROIT 300 CONSERVANCY, (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: DETROIT 300 CONSERVANCY
(Type or Print Legibly)

Contractor Address: ONE CAMPUS MARTIUS, 3rd FLOOR
DETROIT, MI, 48226
(City) (State) (Zip)

Contractor Phone/E-mail: (313) 566-8250 / _____
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: JENNIFER BRIGHT

Signature of Authorized Representative: Jennifer Bright

Date: 12/5/14

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

Signature of Notary: Cristina M. Thibodeau

Printed Name of Seal of Notary: Cristina M. Thibodeau

CRISTINA M. THIBODEAU
Notary Public, State of Michigan
County of Wayne
My Commission Expires 12-23-2020
Acting in the County of Wayne

My Commission Expires: 12 / 23 / 2020

For Office Use Only:	
Cov. Rec'd: <u>12/5/14</u> in _____	Department Name: <u>Recreation</u>
<input checked="" type="checkbox"/> Accepted by: <u>Jessica Anderson</u>	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/17/2015

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

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

PRODUCER Andrew Atsaves c/o Artex Risk Solutions, Inc. 8800 E. Chaparral Rd, Suite 230 Scottsdale, AZ 85250	CONTACT NAME: PHONE (A/C, No, Ext): (480) 951-4177 FAX (A/C, No): (480) 951-4266 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED CoStaff National Services, Inc. Alt. Emp: Downtown Detroit Partnership Inc 29100 Northwestern Hwy Suite 240 Southfield, MI 48034	INSURER A : Zurich-American Insurance Company 16535	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
INSURER F :		

COVERAGES

CERTIFICATE NUMBER: 14M510878275

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC 98-57-374-00	11/01/2014	11/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
				Location Coverage Period:	11/01/2014	11/01/2015	Client# 1515-MI

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

Coverage is provided for only those co-employees of, but not subcontractors to:
Downtown Detroit Partnership Inc
600 Renaissance Center Suite 1740
Detroit, MI 48243

CERTIFICATE HOLDER

CANCELLATION

Downtown Detroit Partnership Inc
600 Renaissance Center
Suite 1740
Detroit, MI 48243

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/16/2015

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

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

PRODUCER Donald K. Pierce & Company 18118 Mack Avenue Grosse Pointe MI 48230-6237	CONTACT NAME: _____	
	PHONE (A/C, No, Ext): (313) 343-0000	FAX (A/C, No): (313) 343-9236
E-MAIL ADDRESS: _____		
INSURED Detroit 300 Conservancy 800 Woodward Detroit MI 48226		INSURER(S) AFFORDING COVERAGE
		INSURER A: Indian Harbor Insurance Co.
		INSURER B: AGCS Marine Insurance Company
		INSURER C:
		INSURER D:
		INSURER E:
		INSURER F:

COVERAGES

CERTIFICATE NUMBER: Cert ID 5536

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/> OTHER: Hired & Nonowned Auto			GLP602348002	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Limited PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$ Hired & Non
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<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 \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Property - Commercial			MXI93026042	11/1/2014	11/1/2015	6,811,800

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

CERTIFICATE HOLDER**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Hiring Policy Compliance Affidavit

I, JENNIFER BRIGHT, being duly sworn, state that I am the ACCOUNTANT / HR REP
_____ of DETROIT 300 CONSERVANCY
Title Name of Bidder Corporation or Other Business Entity

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

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

SIGNED,

Jennifer Bright

OUR ORGANIZATION HAS NO DIRECT EMPLOYEES. ALL EMPLOYEES ARE LEASED THROUGH A PEO, UNDER A CONTRACT WITH DOWNTOWN DETROIT PARTNERSHIP (TAX ID: 38-343645) (CONTRACT IS ATTACHED)

Title: ACCOUNTANT / HR REP Date: 12/5/14

STATE OF MICHIGAN)
COUNTY OF WAYNE) SS

The foregoing Affidavit was acknowledged before me the 5th day of December, 2014,
by ~~Jennifer Bright~~ Chris M. M...

Notary Public, County of Wayne

State of Michigan

My commission expires: 12-23-2020

CRISTINA M. THIBODEAU
Notary Public, State of Michigan
County of Wayne
My Commission Expires 12-23-2020
Acting in the County of Wayne

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: DETROIT 300 CONSERVANCY
2. Address of Contractor: ONE CAMPUS MARTIUS, 3rd FLOOR
DETROIT, MI 48226
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 2001 (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.

JENNIFER BRIGHT (Printed Name) ACCOUNTING/HR (Title)

Jennifer Bright (Signature) 12/5/14 (Date)

Subscribed and sworn to before me
this 5th day of December

Cristina M. Thibodeau
Notary Public, Wayne County, Michigan
My Commission expires: 12-23-2020

CRISTINA M. THIBODEAU
Notary Public, State of Michigan
County of Wayne
My Commission Expires 12-23-2020
Acting in the County of Wayne