

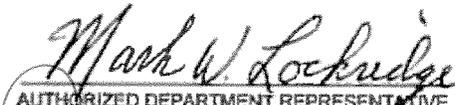
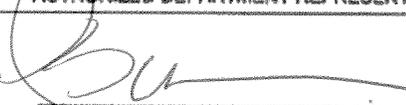
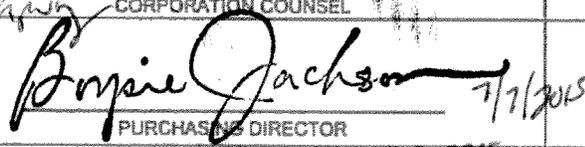
PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2703504
 STANDARD PO NUMBER
 CHANGE ORDER #
 REVISION
 4TH REVISION

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT OFFICE OF THE AUDITOR GENERAL
FUNDING SOURCE (Percent) FEDERAL % STATE % CITY % OTHER 100%	DEPARTMENT CONTACT PERSON MARK W. LOCKRIDGE	PHONE NO. 224-4558
CONTRACTOR'S NAME: KPMG LLP		DATE PREPARED 3/06/2015
CONTRACTOR'S ADDRESS: 150 W. JEFFERSON SUITE 1200 DETROIT, MICHIGAN 48226	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> TOTAL CONTRACT AMOUNT \$1,643,386 TOTAL CPO AMOUNT \$1,362,386 CHANGE AMOUNT \$ 281,000	
PHONE NO. (313) 230-3000	<input type="checkbox"/> CORPORATION <input checked="" type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 13-5565207		MINORITY FIRM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
PURPOSE OF CONTRACT: TO PROVIDE ADDITIONAL ACCOUNTING SERVICES FOR DDOT		
CHARGE ACCOUNT: - 5301 - 20009. - 000054 - 611200 - 00146 - 000000-A3550		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	3/6/2015
MAY 08 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	MAY 08 2015
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	MAY 11 2015
MAY 08 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	MAY 8 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	5/8/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	7/7/2015
	CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE MAY 26 2015	

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

WITNESSES:

1. [Signature]
(signature)
Debra Bills-Jellou
(print name)
2. [Signature]
(signature)
Cheryl McBay
(print name)

CONTRACTOR:

BY: [Signature]
(signature)
Joseph A. Kowalski
(print name)
ITS: Partner
(title)

WITNESSES:

1. [Signature]
(signature)
Cheryl McBay
(print name)
2. [Signature]
(signature)
JEFFREY VEDWA
(print name)

OFFICE OF THE
CITY OF DETROIT AUDITOR GENERAL
BY: [Signature]
(signature)
MARK W. LOCKRIDGE
(print name)
ITS: AUDITOR GENERAL
(title)

THIS AMENDMENT WAS APPROVED
BY THE CITY COUNCIL ON FRC APPROVAL
MAY 26 2015 JUN 22 2015

APPROVED BY LAW DEPARTMENT
PURSUANT TO SECTION 6-406 OF THE
CHARTER OF THE CITY OF DETROIT

[Signature] 7/9/2015
Purchasing Director Date

Corporation Counsel Date

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

FRANCES WINFREY
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Jul 1, 2019
ACTING IN COUNTY OF Wayne

KPMG
DDOT

Funds are available \$3,726,051.20

The screenshot displays the Oracle Applications interface for DRMPRDT - DRMS Taking the Right Path. The main window shows a 'Funds Available (USD)' report with the following data:

Account	Budget	Encumbrance	Actual	Funds Available
BUDC-200090-T-P06200-00146-T	8,537,789.00	293,173.41	4,518,564.39	3,726,051.20

An 'Accounting Flexfield' dialog box is open, showing the following details:

- FUND: BUDC - Budgetary Control Funds
- COST CENTER: 200090 - Finance
- PROJECTS: T - Total
- OBJECT: P06200 - Total Expenses other than Employee Costs Discretion
- APPROPRIATION: 00146 - Departmental Operations
- UTILITY: T - Total
- FUNCTION: T - Total

The dialog box includes buttons for OK, Cancel, Clear, and Help. The background report also shows 'Selection Criteria' (Budget: CODAMENDED, Period: JUN-15, Amount Type: Year To Date Extended, Encumbrance Type: ALL, Account Level: All) and 'Encumbrance Amounts' (Requestion: 0.00).

REQUEST FOR INCOME TAX CLEARANCE

Finance Dept/
 REQUESTING DEPARTMENT/DIVISION: Purchasing Div CONTACT: BUSH JACKSON 224-4619
~~KEITH R. PRYOR~~ PHONE: ~~313-230-3303~~

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

A. To: City of Detroit For: Individual
Income Tax Division or Company Name KPMG LLP
Colman A. Young Municipal Center
2 Woodward Avenue, Ste. 512 Address 150 W. Jefferson
Detroit, MI 48226 Suite 1900
 Phone: (313) 224-3328 or 224-3329 City Detroit
 Fax: (313) 224-4888 State MI Zip Code 48226
 Telephone 313-230-3303 Fax # 313-230-3001

B. Name of Chief Financial Officer/Authorized Contact Person
 (include address if different from above)
Joseph Kowalski Telephone # 313-230-3303
 Employer Identification or Social Security Number 13-5565207 Fax # 313-557-6089
 Spouse Social Security Number N/A

Nature of Contract: Auditing BID/CONTRACT AMOUNT (if known):
 Labor: \$ _____ Material: \$ _____
 Contract # (if known) 2761395/2763564

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

Check One: Individual Corporation Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you 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 D68-4). 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 LUCHENA JENNINGS Date MAY 22 2014 Expires MAY 22 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

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

I, being duly authorized representative of the KPMG LLP, (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. 2761395/2763564

Printed Name of Contractor: KPMG LLP
(Type or Print Legibly)

Contractor Address: 150 W. Jefferson, Suite 1900, Detroit, MI, 48226
(City) (State) (Zip)

Contractor Phone/E-mail: 313-230-3000 / jakowalski@kpmg.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Joseph Kowalski, Partner

Signature of Authorized Representative: *Joseph Kowalski*

Date: January 28, 2014

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

Signature of Notary: *Cheryl R. Harris*

Printed Name of Seal of Notary: CHERYL R. HARRIS

My Commission Expires: 09 / 10 / 2019

For Office Use Only:	
Cov. Rec'd: <u>1/1/14</u> in	Department Name: _____
<input type="checkbox"/> Accepted by: _____	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and EOC to Director of Human Rights Department 1240 C AS MC at HumanRights@CityofDetroit.org or fax (313) 224-3434	

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: KPMG LLP
2. Address of Contractor: 150 W. Jefferson, Suite 1900, 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 1897 (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.

Joseph Kowalski (Printed Name) Partner (Title)

Joseph Kowalski (Signature) 1-30-14 (Date)

Subscribed and sworn to before me
this 30 day of January, 2014
Cheryl P. H.
Notary Public, Wayne County, Michigan
My Commission expires: 9-10-2019

Hiring Policy Compliance Affidavit

I, Joseph Kowalski, being duly sworn, state that I am the Partner
_____ of KPMG LLP
_____ of _____
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. * See attached letter

SIGNED,

Joseph A. Kowalski

Title: Partner Date: 1-30-14

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 30 day of January, 2014
by Joseph Kowalski

Notary Public, County of Wayne
State of Michigan
My commission expires: 9-10-2019



KPMG LLP
Suite 1900
150 West Jefferson
Detroit, MI 48226

Telephone +1 313 230 3000
Fax +1 313 230 3001
Internet www.us.kpmg.com

January 28, 2014

To Whom It may concern:

Re: Hiring Policy Compliance Affidavit

KPMG will not be able to sign this form as we do perform criminal background checks on our employees. When a candidate applies with KPMG they submit an application online. After submitting the application, the candidate reads and signs the following Notice and Disclosure Statement:

In connection with my application for employment, I understand that the background investigation report will be requested and that as part of this process, a separate Authorization for Release of Information form will be provided to me which will disclose the nature and scope of the background inquiry and in which I will be requested to authorize the performance by KPMG or its agents of a background investigation. By signing this employment application, I hereby release KPMG, its partners, principals, employees, agents or representatives from any and all liability and responsibility, damages and claims of any kind whatsoever arising from this background investigation.

Please see the attached Employment Application Form and KPMG Hiring Policy.

Very truly yours,

KPMG LLP


Joseph Kowalski
Partner



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/9/14

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 MARSH USA, INC. 20 CHURCH STREET, 8 th FLOOR HARTFORD, CT 06103	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ EMAIL ADDRESS: _____														
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: HARTFORD FIRE INSURANCE CO</td> <td>19682</td> </tr> <tr> <td>INSURER B: AMERICAN GUARANTEE & LIAB INS CO</td> <td>26247</td> </tr> <tr> <td>INSURER C: TRUMBULL INSURANCE CO</td> <td>27130</td> </tr> <tr> <td>INSURER D: TWIN CITY FIRE INSURANCE CO</td> <td>29459</td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: HARTFORD FIRE INSURANCE CO	19682	INSURER B: AMERICAN GUARANTEE & LIAB INS CO	26247	INSURER C: TRUMBULL INSURANCE CO	27130	INSURER D: TWIN CITY FIRE INSURANCE CO	29459	INSURER E:		INSURER F:
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INSURER E:															
INSURER F:															
INSURED KPMG LLP THREE CHESTNUT RIDGE ROAD MONTVALE, NJ 07645-0435															

COVERAGES **CERTIFICATE NUMBER: 15175** **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

SECT	TYPE OF INSURANCE	ADOL	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP	LIMITS
LTR		RISK	WYS		(MM/DD/YYYY)	(MM/DD/YYYY)	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			02C R22015	10/1/2014	10/1/2015	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 \$5,000,000 PRODUCTS - COMPOF AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/>			02 AB R22010 (AOS) 02 AB R22022 (HI) Carrier: Hartford Underwriters Ins. Co. NAIC #30104	10/1/2014	10/1/2015	COMB'D SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			AUC9304907-12	10/1/2014	10/1/2015	EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> (MANDATORY IN MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N		02 WN R22016 (AOS)	10/1/2014	10/1/2015	<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
D				01 WBR R22017 (WI)			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Work Comp - Partners Excluded
City of Detroit- Office of Auditor General, only as required by written contract with the insured, is included as additional insured under the commercial general liability policy

CERTIFICATE HOLDER City of Detroit- Office of Auditor General Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 208 Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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KPMG LLP
Suite 1900
150 West Jefferson
Detroit, MI 48226

Telephone +1 313 230 3000
Fax +1 313 230 3001
Internet www.us.kpmg.com

January 28, 2014

To Whom it may concern:

Re: Slavery Era Records and Insurance Disclosure Affidavit

KPMG was established in 1897 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.

Very truly yours,

KPMG LLP


Joseph Kowalski
Partner