



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.	REVISION	PAGE
2770652	8	1
THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.		
SHIP TO		
5025 Russell Detroit, MI 48211 United States		
BILL TO		
1301 E Warren Ave Detroit, MI 48207 United States		

SUPPLIER

SHRADER TIRE & OIL INC
 2045 SYLVANIA AVE
 PO BOX 5407
 TOLEDO, OH 43613

SUPPLIER NO	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1116	24-JUL-08 L Bedford	30-NOV-15 A Clark
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Account of seller		(419) 471-2530 X

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS PURCHASE ORDER WAS CREATED IN ACCORDANCE WITH RFQ #26771 AND A PERIOD AGREEMENT.						
	CCR DATE: JANUARY 23, 2009 CCR DATE: NOVEMBER 16, 2010 (RENEWAL 1 OF 2) CCR DATE: MARCH 6, 2012 (RENEWAL 2 OF 2) CCR DATE: APRIL 30, 2013, DECEMBER 3, 2015						
	FURNISH: TIRE REPAIR & RELATED SERVICES FOR TWO (2) YEARS W/ TWO (2) - ONE (1) YEAR RENEWALS						
	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.						
	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.						
	A valid invoice meets the following requirements:						
	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)						
	Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order) quantity of goods or						

Total 2,493,333.00

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. PATENTS-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.

DocuSigned by:

 1/11/2016
 E7BD9F26E53A4D0...
 PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE
 CC Apprv 12/3/15 FRC Apprv 12/21/15



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PURCHASE ORDER NO: 2770652 REVISION: 8 PAGE: 2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

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 United States

SUPPLIER

SHRADER TIRE & OIL INC
 2045 SYLVANIA AVE
 PO BOX 5407
 TOLEDO, OH 43613

SUPPLIER NO. 1116	DATE OF ORDER/BUYER 24-JUL-08 L Bedford	REVISED DATE/BUYER 30-NOV-15 A Clark
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE (419) 471-2530 X

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)						
	Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)						
	<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:</p> <p>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 Arnita Clark at phone number 313-833-7711. The contact person from whom payment should be requested is the same as above.</p>						

Total 2,493,333.00

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DocuSigned by:
Boysie Jackson
 E7BD9F26E53A4D0 1/11/2016

PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



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 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. 2770652 REVISION 8 PAGE 3
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 United States

BILL TO
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 Detroit, MI 48207
 United States

SUPPLIER

SHRADER TIRE & OIL INC
 2045 SYLVANIA AVE
 PO BOX 5407
 TOLEDO, OH 43613

SUPPLIER NO. 1116	DATE OF ORDER/BUYER 24-JUL-08 L Bedford	REVISED DATE/BUYER 30-NOV-15 A Clark
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE (419) 471-2530 X

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	Purchase Agreement Effective From: 01-JAN-09 To: 10-SEP-16					Amount Agreed: 2,493,333.00	

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. PATENTS-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 2,493,333.00

DocuSigned by:
Boysie Jackson 1/11/2016
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 PURCHASING DIRECTOR'S SIGNATURE
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ORACLE P.O. NO. 2770652
RFQ NO. 26771
CONTRACT NO. _____

DESCRIPTION: Extension of contract for Repair of Tires 2770652 a one-year period to allow for processing of a new contract.

EXP 9/10/15 - 9/10/16

CONTRACTOR: Sharder Tires & Oil

AMOUNT: \$ 300,000.00

USING DEPARTMENT: Transportation

5301-200290-000000-621303-00158-000000-0000

RESOLUTION (C.C. Res.) _____

DISTRIBUTION DATE: _____

BUYER: R. Wilson

DATE: 8/6/15



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

1008 COLEMAN A. YOUNG MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313 • 224 • 4600
FAX 313 • 628-1160

PERIOD AGREEMENT REQUEST

From: R. Wilson Date: 8/6/15
Department: Transportation
Phone Number: 313-833-1401
Buyer: Richard Wilson
Funding Percentage: 100 From: City Grant Funding Source: _____

Your recommendation and/or estimated requirements are needed as follows:

New Period Agreement Information PO Type: select

Commodity/Service:
Requested Begin Date: (date)
Agreement Period: 1 year
Renewal Options: Select
Old PO #, if available:

Renew Period Agreement Information

The following period agreement contains a Select renewal option.

Commodity/Service: Repair Tires
PO Number: 2770652
Supplier: Shrader Tires & Oil
Expiration Date: 9/10/15

- YES Indicate annual estimated requirements on page 2 of this form in the event the supplier chooses not to renew the contract or Purchasing market survey shows it not advantageous to renew.
- NO If no, please explain on page 2 of this form why you do not wish to renew the contract. Also, indicate annual estimated requirements on page 2 of this form for rebidding.

If current or projected estimated usage is not indicated, this form will be returned to the requestor and Purchasing will not be responsible for the interruption in the continual flow of these supplies or services.

Requests over \$25,000.00 must be approved by the Department Director, Deputy Director, or the appropriate person listed on the "City of Detroit Authorized Signature Record."

Account String: 9301-20090-000000-621303-00190-00000-0222 Yearly Amount: \$ 500,000.00

Approved by: [Signature] DATE 8/7/2015
NAME TITLE PHONE NUMBER 333365

Budget Department approval must be obtained for requests exceeding \$25,000.00 and for all capital equipment acquisitions.

Approved by: _____ DATE _____
NAME

REBID Attach prior Budget Department approved Period Agreement Request, only if there are no changes in \$ amount and Account String. If there are changes in the Account String or \$ amount, a new Period Agreement Request is required.

Purchasing Use Only

Logged In By: _____ Date: _____

2241741

10:30:57 a.m. 12-15-2014

1/1

JEC/11/2014/THU 04:24 PM

FAX No.

#.002

 **REQUEST FOR INCOME TAX CLEARANCE**

REQUESTING DEPARTMENT/DIVISION: _____
 E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

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: Schwader Fire & Oil, Inc.
 Address: 25445 Outer Drive
 City: Melvindale
 State: MI Zip Code: 48122
 Telephone: (410) 472-2128 Fax #: (410) 471-8534
 E-mail Address: Customer_Service@schwader.biz

Phone: (313) 224-3328 or 224-3329
 Fax: (313) 224-4584

B. Name of Chief Financial Officer/Authorized Control Person
 (Include address if different from above)
Mark J. Meyer Telephone #: (410) 472-2128
 Employer Identification or Social Security Number: 34-0947077 State Social Security Number: _____

Nature of Contract: _____ BID CONTRACT AMOUNT (if known):
 Labor \$ _____ Materials \$ _____
 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.

- 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 this 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
- 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: MARK J. MEYER Date: NOV 14 2014 Expires: NOV 14 2015
 Yes No Signature: _____ Date: _____ Expires: _____
 Yes No Signature: _____ Date: _____ Expires: _____

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329
 VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid.

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 Shradec Tire & Oil
ADDRESS 25445 Outer Drive CITY/STATE/ZIP Mokelumne MI 48067 OWN LEASE
CITY PERSONAL PROPERTY NUMBER _____ FID / EIN NUMBER 34-0947077
OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON James Paszko PHONE NUMBER 419-471-2530 EMAIL ADDRESS James.Paszko@shradec.com
Ext: 160

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 _____

FOR TREASURY COLLECTION USE ONLY:
 APPROVED DENIED DENIED WITH ATTACHMENTS
Annette Smith AUG 04 2015 JAN 15 2016
SIGNATURE DATE CLEARANCE VALID UNTIL

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

- 1. Name of Contractor: SHRADER TIRE + OIL, INC
- 2. Address of Contractor: 25445 W. OUTER DR.
MELVINDALE, MI 48122
- 3. Name of Predecessor Entities (if any): SHRADER TIRE + OIL OF MICHIGAN, INC.

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.

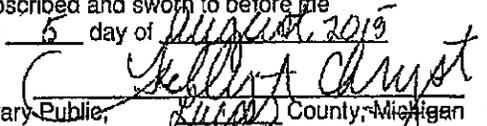
5. Contractor was established in 1948 (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

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.

MARK MEYER (Printed Name) CONTROLLER (Title)
Mark T. Meyer (Signature) 8/5/15 (Date)

Subscribed and sworn to before me
this 5 day of August, 2015

Notary Public, Lucas County, Michigan
My Commission expires: _____
KELLY A. CHRYST
Notary Public, State of Ohio
My Commission Expires 03-11-2018

Hiring Policy Compliance Affidavit

I, DAVID STARK, being duly sworn, state that I am the DIRECTOR HUMAN RESOURCES
of SWAGELOTT TIRE & OIL
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, [Signature]
Title: DIRECTOR, HR Date: 8/5/15

STATE OF Ohio)
COUNTY OF Lucas) SS

The foregoing Affidavit was acknowledged before me the 5 day of Aug, 2015,
by David Stark

[Signature]
Notary Public, County of Lucas
State of Ohio

My commission expires: **KELLY A. CHRYST**
Notary Public, State of Ohio
My Commission Expires 03-11-2018

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

I, being duly authorized representative of the SHRADER TIRE & OIL, (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: SHRADER TIRE AND OIL
(Type or Print Legibly)

Contractor Address: NEWBOLD M. 48122
(City) (State) (Zip)

Contractor Phone/E-mail: 419 472 2128 / dave.stark@shrader.biz
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: DAVE STARK / DIRECTOR HUMAN RESOURCES

Signature of Authorized Representative: [Signature]

Date: 8/5/15

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

Signature of Notary: [Signature]

Printed Name of Seal of Notary: KELLY A. CHRYST
Notary Public, State of Ohio
My Commission Expires 03-11-2018

For Office Use Only

Gov. Rep. # _____	Department Name _____
Accepted by _____	Rejected by _____

Please email or fax Covenant and EOC to Director of Human Rights Department, 1240 CAYMC at HumanRightsCL@detri.mi.gov or fax (313) 224-3434



Thank you for your interest in a career with Shrader Tire & Oil. Since 1948, we've provided the highest quality products and services to fleets in the commercial transportation industry. Shrader's team of service professionals focus on providing innovative solutions and extreme customer service throughout all facets of our business. We are a top employer in Ohio, Michigan, and Indiana, and were recognized by the Northwest Ohio Human Resources Association with their "Award for Excellence." We are currently looking to add hard working individuals with great attitudes to our growing team. If you believe in our core values, we want to interview you! But first, please complete the application below.

All STO Locations are drug free, requiring pre-employment, post-offer drug tests. Additionally, we will conduct criminal background checks and driving record verifications. Equal Employment Opportunity has been and continues to be both policy and practice at Shrader Tire and Oil. The Company provides equal employment opportunity to all employees and applicants, without regard to age, race, creed, color, religion, national origin, sex, disability, veteran status, marital status, sexual orientation, or any other protected status in accordance with applicable federal, state, and local laws. This policy governs all areas of employment with the Company, including recruiting, hiring, training, assignments, promotions, compensation, benefits, and discipline.

EMPLOYMENT APPLICATION

Name	<input type="text"/>	Address	<input type="text"/>
City	<input type="text"/>	State	<input type="text"/>
		Zip Code	<input type="text"/>
Phone Number	<input type="text"/>	Email	<input type="text"/>
Position Desired	<input type="text"/>	Salary Desired	<input type="text"/>
Willing to work (check all that apply)?	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Temporary
If restricted hours of availability, please explain:	<input type="text"/>	Date Available	<input type="text"/>
Are you a former Shrader Employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, time of employment:	<input type="text"/>	Position Held	<input type="text"/>
Have you ever been involved in a shortage or misunderstanding with respect to funds, merchandise, or inventory, etc.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If applicable, please explain:	<input type="text"/>		
Do you presently (or have you in the last 12 months) used tobacco related products, such as cigarettes, cigars, smokeless tobacco, vapor/vaping products, or any other tobacco products?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PAST THREE YEAR RESIDENCY

Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Length of Residency	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Length of Residency	<input type="text"/>		
Address	<input type="text"/>	City	<input type="text"/>
State	<input type="text"/>	Zip Code	<input type="text"/>
Length of Residency	<input type="text"/>		

EDUCATION

LEVEL	NAME & LOCATION	YEARS COMPLETED	GPA	DATES ATTENDED	GRADUATED	COURSE OF STUDY
High School	<input type="text"/>					
College	<input type="text"/>					
Other	<input type="text"/>					

REFERENCES

As part of our hiring process, you will be asked to set up reference check telephone calls with your three most recent supervisors. Please list their contact information below:

COMPANY	SUPERVISOR TITLE	HOW LONG WERE YOU EMPLOYED	PHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of friends or relatives working here:

SPECIAL SKILLS

Academic, Personal, Professional, and Community Accomplishments:	<input type="text"/>
Summarize special skills and qualifications from employment or other experience that may qualify you for work with our company:	<input type="text"/>

EMPLOYMENT HISTORY

Please provide all previous employment history. (Use Additional Employment History Information form if necessary) Applicants wishing to drive in interstate commerce must provide the following information on all employers during the preceding three years. You must give the same information for employers for whom you have driven commercial vehicle seven years prior to the initial three years (total of ten year employment record.) You are required to list the complete mailing address; street number, city, state, and zip code.

CURRENT OR LAST EMPLOYER		Name of Company			
Address		City		State	
Zip Code		Position Held		From	
				To	
Phone Number		Supervisor Name			
Job Description/ Responsibilities:					
Verifiable Wages		Bonuses		W-2 Earnings	
Reason For Leaving:					
Were you subject you the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*ACCOUNT FOR PERIOD BETWEEN JOBS. Include dates (month/year) and reason: <input type="text"/>					

SECOND TO LAST EMPLOYER		Name of Company			
Address		City		State	
Zip Code		Position Held		From	
				To	
Phone Number		Supervisor Name			
Job Description/ Responsibilities:					
Verifiable Wages		Bonuses		W-2 Earnings	
Reason For Leaving:					
Were you subject you the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Was your job designated as a safety-sensitive function in any DOT-regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No					
*ACCOUNT FOR PERIOD BETWEEN JOBS. Include dates (month/year) and reason: <input type="text"/>					

*Any gaps in employment and/or unemployment must be explained. **The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

THIRD LAST EMPLOYER	Name of Company <input style="width: 100%;" type="text"/>		
Address <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	
Zip Code <input style="width: 100%;" type="text"/>	Position Held <input style="width: 100%;" type="text"/>	From <input style="width: 100%;" type="text"/>	To <input style="width: 100%;" type="text"/>
Phone Number <input style="width: 100%;" type="text"/>	Supervisor Name <input style="width: 100%;" type="text"/>		
Job Description/ Responsibilities: <input style="width: 100%; height: 40px;" type="text"/>			
Verifiable Wages <input style="width: 100%;" type="text"/>	Bonuses <input style="width: 100%;" type="text"/>	W-2 Earnings <input style="width: 100%;" type="text"/>	
Reason For Leaving: <input style="width: 100%; height: 40px;" type="text"/>			
Were you subject you the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*ACCOUNT FOR PERIOD BETWEEN JOBS. Include dates (month/year) and reason: <input style="width: 100%; height: 40px;" type="text"/>			

FOURTH LAST EMPLOYER	Name of Company <input style="width: 100%;" type="text"/>		
Address <input style="width: 100%;" type="text"/>	City <input style="width: 100%;" type="text"/>	State <input style="width: 100%;" type="text"/>	
Zip Code <input style="width: 100%;" type="text"/>	Position Held <input style="width: 100%;" type="text"/>	From <input style="width: 100%;" type="text"/>	To <input style="width: 100%;" type="text"/>
Phone Number <input style="width: 100%;" type="text"/>	Supervisor Name <input style="width: 100%;" type="text"/>		
Job Description/ Responsibilities: <input style="width: 100%; height: 40px;" type="text"/>			
Verifiable Wages <input style="width: 100%;" type="text"/>	Bonuses <input style="width: 100%;" type="text"/>	W-2 Earnings <input style="width: 100%;" type="text"/>	
Reason For Leaving: <input style="width: 100%; height: 40px;" type="text"/>			
Were you subject you the Federal Motor Carrier Safety Regulations** while employed? <input type="checkbox"/> Yes <input type="checkbox"/> No Was your job designated as a safety-sensitive function in any DOT-regulated mode subjected to the drug and alcohol testing requirements of 49 CFR Part 40? <input type="checkbox"/> Yes <input type="checkbox"/> No			
*ACCOUNT FOR PERIOD BETWEEN JOBS. Include dates (month/year) and reason: <input style="width: 100%; height: 40px;" type="text"/>			

*Any gaps in employment and/or unemployment must be explained.

**The Federal Motor Carrier Safety Regulations apply to anyone operating a motor vehicle on a highway in interstate commerce to transport passengers or property when the vehicle: (1) weighs or has a GVWR of 10,001 pounds or more, (2) is designed or used to transport 9 or more passengers, OR (3) is of any size and is used to transport hazardous materials in a quantity requiring placarding.

APPLICANT'S STATEMENT AND ACKNOWLEDGMENT

PLEASE READ CAREFULLY AND INITIAL EACH PARAGRAPH BEFORE SIGNING

I certify that all statements made in this application are true, complete, and correct. If I have left an item blank, it is because there is not information to be provided in response to it. I understand that any falsification or omission on this application for employment (including, without limitation, any statements made in materials accompanying this application form or during any interview, examination, or evaluation) or on any post-employment forms which I may complete, shall be grounds for a decision not to hire me or for my immediate termination, if employed, regardless of the timing or circumstances of the discovery of the falsification or omission.

INITIALS

I hereby give my consent for any agent or authorized designee of the Company to collect the necessary and appropriate specimen for drug screening to determine the presence of illegal drugs. I hereby authorize the designee to disclose the test results to the Company and/or its representative. I understand that my refusal to submit to the drug test, tampering, the furnishing of false, incomplete, or inaccurate information, or the failure to satisfactorily complete the drug test, will preclude further consideration of employment.

INITIALS

I authorize the Company to investigate the facts contained in this application, and I release the Company and any person, company, or institution that provides the Company with information concerning my background from any liability for doing so.

INITIALS

I acknowledge that any offer of employment which may be made to me will be contingent upon: satisfactory completion of pre-employment drug screening; satisfactory completion of background verification; eligibility for employment under the Immigration Reform and Control Act of 1986, as amended from time to time; and the results of a post-offer medical examination, if required by the Company.

INITIALS

I acknowledge that I have no agreement with a third party or former employer in place that would limit, in any way, the job duties of the position for which I am hired.

INITIALS

I understand that this application or subsequent employment does not create a contract for employment nor guarantee employment for any definite period of time. I understand that if employed, my employment is "at-will" and that either the Company or I may terminate my employment at any time, with or without cause or notice. I understand that the "at-will" employment relationship is specifically acknowledged by a written agreement signed by the Director of Human Resources and the COO or the CEO of the Company.

INITIALS

In exchange for the Company considering my application for employment, and except as prohibited by law, I knowingly agree and understand that I must file any and all claims and/or lawsuits which arise out of or pertain in any way to my application for employment, employment, or termination of employment, within six (6) months of the event giving rise to or that is subject of the claim or lawsuit. However, I agree to be bound by this shorter, six (6) month period of limitation, and WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY. I understand that this waiver includes, but is not limited to, waiver of statutes of limitation that apply to state or federal civil right statutes.

INITIALS

APPLICANT'S STATEMENT CONTINUED...

I authorize you to make such investigations and inquiries of my personal, employment, financial, or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

INITIALS

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of Shrader Tire and Oil.

INITIALS

"I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

• Review information provided by current/previous employers;

INITIALS

• Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and

INITIALS

• Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information.

INITIALS

I UNDERSTAND THIS FORM IS CONSIDERED A PART OF THE EMPLOYMENT APPLICATION AND IF EMPLOYED, ANY FALSE STATEMENT OR UNTRUE INFORMATION SHALL BE GROUNDS FOR DISMISSAL. I AUTHORIZE INVESTIGATION OF ALL INFORMATION PROVIDED OR UNCOVERED TO BE USED TO DETERMINE MY SUITABILITY FOR EMPLOYMENT AND HOLD HARMLESS ANYONE PROVIDING FACTUAL INFORMATION.

I HAVE CAREFULLY READ THE FOREGOING APPLICANT STATEMENT AND ACKNOWLEDGMENT. I UNDERSTAND EACH PARAGRAPH OF THE APPLICANT STATEMENT AND ACKNOWLEDGMENT. I AGREE TO EACH PROVISION SET FORTH IN THE APPLICANT STATEMENT.

PLEASE PROVIDE YOUR DATE OF BIRTH AND SOCIAL SECURITY NUMBER IN THE SPACES BELOW. THE INFORMATION YOU PROVIDE WILL BE USED TO POSITIVELY IDENTIFY YOU DURING A BACKGROUND INVESTIGATION. SHRADER TIRE AND OIL ABIDES BY THE AGE DISCRIMINATION IN EMPLOYMENT ACT AND ALL OTHER FEDERAL AND STATE LAWS. ALL INFORMATION WILL BE TREATED AS CONFIDENTIAL. FAILURE TO PROVIDE THIS INFORMATION WILL PREVENT THE EMPLOYMENT PROCESS FROM MOVING FORWARD.

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE/STATE I.D. NUMBER

STATE ISSUED

APPLICANT SIGNATURE

DATE

Howard Hughes - BidSync - Addendum Copy

From: BidSync <notices@bidsync.com>
To: <hughesho@detroitmi.gov>
Date: 11/9/2015 1:09 PM
Subject: BidSync - Addendum Copy



Howard Hughes,

City of Detroit Office of Contracting and Procurement, MI has issued an addendum for Bid #15HH139 - Meteorological - Weather Forecasting Services. Please make sure you review all of the changes listed below. If any addenda are released after you have submitted an offer, you must reconfirm your offer in order to acknowledge the addenda.

ADDENDUM #1 - CHANGES MADE ON NOV 9, 2015 12:52:48 PM EST
Previous End Date Dec 10, 2015 2:00:00 PM EST New End Date Nov 11, 2015 2:00:00 PM EST

Click on the link below or enter the link information into your web browser address bar to view the bid.
<https://www.bidsync.com/DPX?ac=view&auc=1990446>

If you have any questions on this bid please contact the soliciting agency. For questions on using the system to respond to the bid please contact customer support at:
[800-990-9339](tel:800-990-9339)
[801-765-9245](tel:801-765-9245)
vendorsupport@bidsync.com

BidSync
www.bidsync.com

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[View Assistance for Search Results](#)

Search Results

Current Search Terms: "shradre tire & oil*"

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.34.20150710-1415

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





Detroit Department of Transportation
1301 East Warren, Detroit, Michigan 48207
General Information: (313) 933-1300
Michigan Voice Relay: 1-800-649-3777
www.RideDetroitTransit.com



July 30, 2015

Shrader Tires & Oil
2045 Sylvania
PO Box 5407
Toledo, OH 43613

RE: Purchase Order – 2770652 – Tires

Your contract for supplying the service/commodity listed above expires on September 10, 2015 and there are no contract renewal options available for this item.

However, the City of Detroit would like to extend this contract for a period of 1 year, (365) days or until a new contract is established. Please indicate, by signing below whether your firm is willing to extend this contract under the same terms and conditions as the original contract. Please complete and return this form via email to rlcwil@detroitmi.gov by August 7, 2015. Please return current copies of Clearances with the signed form.

If you have any questions, or need further information please contact me at (313) 833-1401.

Sincerely,

Richard Wilson
Purchases Agent
Financial Business Services

By my signature below, I hereby advise, relative to the contract referenced above that (check one):

Our organization agree to extend the contract under the same terms and conditions as the original contract for 1 year/365 days or until a new contract is in effect.

Our organization does not agree to extend the contract.

Signed (authorized agent):

Printed name:

Title:

Date:

[Handwritten Signature]
JOHN SHRADER
VICE-PRESIDENT
7-10-15



REQUEST FOR INCOME TAX CLEARANCE

Howard Hughes
HUGHES
NOV 18 2015
313-724-4617

REQUESTING DEPARTMENT/DIVISION: Office of Contracting & Procurement

E-MAIL ADDRESS: hughesnoc@detroitmi.gov

CONTACT NAME: Howard Hughes PHONE: 313-724-4617 FAX: 313-628-0910

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

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

For:
Individual or
Company Name Shadek Tire & Oil
Address 2045 SYLVANIA AVE.
PO Box 54107
City Toledo
State Ohio Zip Code 43013
Telephone _____ Fax # _____
E-mail Address MARK MYER

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

Telephone # 419-477-2128
Fax # 419-471-2534

Employer Identification or Social Security Number
38-313-5873

Spouse Social Security Number

Nature of Contract TIRES

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.

- 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
- 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 Rita Singleton Date NOV 18 2015 Expires NOV 18 2016

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: 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

City Council Contract Agenda Items Review Checklist

Reviewer: Howard Hughes

Date Received: 11/18/2015

Date 11- 18 - 2015_ Department DDOTDivision:

Dept Head/Contact Person: PAM Crump Phone No.: 313-833- 9655

Description: Tires , repairs, recapping

ion of function or need of the goods/services

Contract No.: 2770652 PO Type: CPO Est. Value: \$ 300,000.00

Contract Term (if applicable):

Funding: City 100% State % Federal _____% Other: %

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

Recommended Supplier: Shrader Tire & Oil Date: 01-01/2016

1. The business being awarded is **NEW / RENEWAL** If a renewal, Contract Increase

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 x No _____

PLACE ON EMERGENCY MANAGER AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *David H. [Signature]* DATE: 11-19-2016
 (Department)

INFORMATION PROVIDED BY: _____

TITLE: *Procurement Specialist*

PHONE: _____