

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

APPROVED

OCT 03 2014

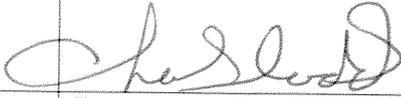
CHANGE ORDER # 4

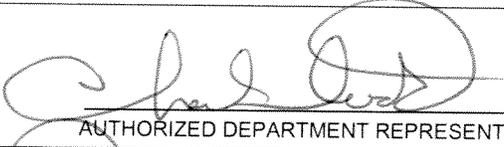
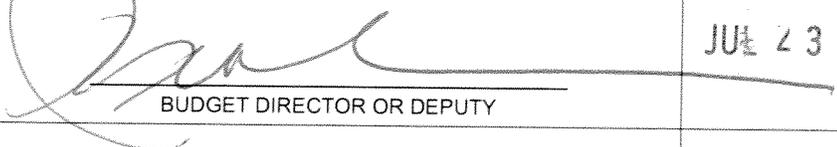
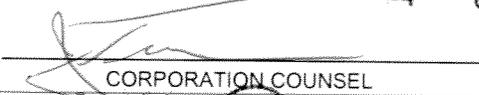
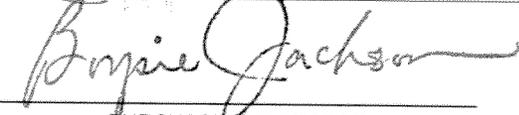
STANDARD PO NUMBER

CONTRACT PO NUMBER 2821499

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 INFORMATION TECHNOLOGY SERVICES DEPARTMENT
FUNDING SOURCE (Percent) FEDERAL % STATE % CITY 100% OTHER %	DEPARTMENT CONTACT PERSON JANICE A. EVANS	PHONE NO. 313-224-2908	REVISION
CONTRACTOR'S NAME: DATA CONSULTING GROUP, NC.		DATE PREPARED JULY 2, 2014	REVISION
CONTRACTOR'S ADDRESS: 965 E. JEFFERSON, DETROIT, MICHIGAN 48226	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/>	TOTAL CONTRACT AMOUNT \$11,386,000.00	
	TOTAL CPO AMOUNT \$11,386,000.00	CHANGE AMOUNT \$0.00	
PHONE NO.	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL		
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-2936043	MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF CONTRACT: TO PROVIDE PROFESSIONAL RESOURCES.			
CHARGE ACCOUNT: VARIOUS - - - - -			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	
JUL 10 2014	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL 23 20
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	
JUL 29 2014	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	7/29/14
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	8/6/14
	PURCHASING DIVISION  PURCHASING DIRECTOR	
	CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE _____	

CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION
 14 AUG -6 AM 11:58

RECEIVED

JUL 29 2014

SEP 24 2014

Detroit City Council
Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter
DATE: September 24, 2014

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

There were no contracts approved on September 16, 2014, that were Reconsidered

*The following contracts and purchase orders were reported to the City Council, by the Standing Committee, at the Regular Session of September 23, 2014 and **APPROVED.***

Reported by the Budget, Finance and Audit Committee:

No Contracts Reported and Approved

Reported by the Internal Operations Committee:

2867153	Genuine Parts Co. (NAPA)	+ \$2,600,000 to \$13,388,848	GENERAL SERVICE
	[Extension thru Feb. 28, 2015]	Submitted in the List and Referred Sept. 2, 2014.	
2896489	Jorgensen Ford [8-1-14 thru 7-31-17]	\$836,494.44	GENERAL SERVICE
		Submitted in the List and Referred Sept. 9, 2014.	
2897449	Gorno Ford [20 trucks w/snow blades]	\$893,100	GENERAL SERVICE
		Submitted in the List and Referred September 9, 2014.	
2821494,Ext. to 9-30-14	Futurenet Group	\$14,071,350 – no change	INFORM.TECH.SER.
		Submitted in the List and Referred September 9, 2014.	
2821496,Ext. to 9-30-14	Computech Group	\$7,223,000 – no change	INFORM.TECH.SER.
		Submitted in the List and Referred September 9, 2014.	
2821501,Ext. to 9-30-14	CW Professionals	\$8,200,000 – no change	INFORM.TECH.SER.
		Submitted in the List and Referred September 9, 2014.	
2821499,Ext. to 9-30-14	Data Consulting	\$11,386,000 – no change	INFORM.TECH.SER.
		Submitted in the List and Referred September 16, 2014.	
2821497,Ext. to 9-30-14	PIE Management	\$5,000,000 – no change	INFORM.TECH.SER.
		Submitted in the List and Referred September 16, 2014.	

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of September 23, 2014

Page 2

*The following contracts and purchase orders were reported to the City Council, by the Standing Committee, at the Regular Session of September 23, 2014 and **APPROVED.***

Reported by the Neighborhood and Community Services Committee:

No Contracts Reported and Approved

Reported by the Planning and Economic Development Committee:

2895160	Community & Home Supports	\$200,000	PLAN. & DEVELOPT.
Submitted in the List and Referred September 9, 2014; Approved with <u>WAIVER.</u>			
2882841	Living Arts	\$60,000	PLAN & DEVELOPT.
Submitted in the List and Referred September 16, 2014; Approved with <u>WAIVER.</u>			

Reported by the Public Health and Safety Committee:

2848560, Renewal	AON Risk Services	\$88,426	MUNICIPAL PARKING
Submitted in the List and Referred September 2, 2014.			
2891323	Parsons Brinckerhoff Michigan	\$2,158,222.34	PUBLIC WORKS
Submitted in the List and Referred Sept. 16, 2014; Moved to New Business; Approved with <u>WAIVER.</u>			

*The following contract was submitted to the City Council and referred to the Standing Committee; At a meeting of the Committee was **WITHDRAWN.***

Referred to the Public Health and Safety Committee

2889954	Michigan Police Equipment	\$358,900	POLICE
Submitted in the List and Referred September 9, 2014; <u>Withdrawn at meeting of Sept. 22, 2014.</u> Initially submitted in the List and Referred June 24, 2014; Approved by City Council July 15, 2014.			

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of September 23, 2014

Page 3

*The following contracts and purchase orders were reported to the City Council, at the Regular Session of September 2, 2014 by the Emergency Manager as **APPROVED**.*

No Contracts Reported separately by Emergency Manager as Approved

*The following contracts were **REFERRED** on September 23, 2014 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee

2895777	Randy Lane	FINANCE
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Referred to Internal Operations Committee

2821499,Ext.	Data Consulting Group	INFORM.TECH.SERVICES
2821497,Ext.	PIE Management	INFORM.TECH.SERVICES
2819571,Ext.	Brilar	GENERAL SERVICES

Correction to Funding source; Moved to New Business and approved.

Referred to Neighborhood and Community Services Committee

No Contracts Referred

Referred to Planning and Economic Development Committee

2882841	Living Arts	PLAN. & DEVELOPMT.
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Referred to Public Health and Safety Committee

2891323	Parsons Brinckerhoff	PUBLIC WORKS
2809078,Increase	New Flyer Indus.	TRANSPORTATION
2896295	SEON Systems	TRANSPORTATION

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of September 16, 2014

Page 4

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

2895777	Randy Lane	\$170,000	FINANCE
Submitted in the List and Referred September 16, 2014;			

Held in the Internal Operations Committee

2897014,Emg.Prcmt.	J-Mac Tree and Debris	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 9, 2014; Union issues and concerns.			

2897312,Emg.Prcmt.	Tree Man Services	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 9, 2014; Union issues and concerns.			

2897313,Emg.Prcmt.	All Metro Tree Services	\$400,000	GENERAL SERVICE
Submitted in the List and Referred September 9, 2014; Union issues and concerns.			

01/11/12

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: August 11, 2014 Department: Information Technology Services Division: Contracts & Administration

Dept Head/Contact Person: Charles Dodd Phone No.: 224-2900

Description: To provide professional resources. Contract No.: 2821499 PO Type: Prof Svc - CPO

Est. Value: \$11,386,000

Contract Term (if applicable): July 1, 2014 to September 30, 2014

Funding: City 100% State _____% Federal _____% Other: _____ %
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: Data Consulting Group Required Date: July 1, 2014

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

If "Yes" please explain why: Resources for this contract is being utilized on a Citywide level for various projects essential to may department's functions.

Consequence of not buying: Projects and progress will cease.

2. Was the product or service competitively bid? Yes No
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:

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
Were additional savings requested? (10%) Yes No

5. Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: Contract No. 2848029 DWSD.

6. The business being awarded is Contract Extension

01/11/12

If #6 is a renewal provide justification for renewal: Continue support of projects in progress is still needed.

If #6 is a increase/decrease does this represent:

- Variance in unit price only (Current unit price \$ Suggest Unit Price \$)
- Change in amount/volume of the good or service to be used (no change in unit price)

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:

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: 

DATE: August 11, 2014

INFORMATION PROVIDED BY: Charles Dodd

TITLE: Director

PHONE NO. 224-2900

01/02 Request for Quotes
 Preliminary Evaluation
 Ranked per Ave. Hourly Rates

Supplier	Avg/Prty Rate	Avg/Prty Rate	Evaluation Criteria - Phase One - Non-Economic Development										Phase Two			Total Points
			Total # of Employee	# Empty Detroit	# Empty Residents	# Employ Working in Detroit	# Employ Working in Metro	# Employ Working in Firm	Def. Based Firm	Def. Based Firm	Own/Offm Space	Fri/Sat/City or Pref	Detroit Headqtr	Business Based	Dept. Points	
Ferret Group, Inc.	30	43	30	25	6	43	10	10	10	10	10	3	15	0	0	76
Sigma Associates, Inc.	30	41	3	2	3	41	10	10	10	10	3	15	0	0	0	76
Vision IT	30	39	3,500	5	3	76	10	10	9	5	4	15	0	0	0	75
Syns Technologies, Inc.	73	21	39	6	3	35	10	10	10	5	3	15	0	0	0	61
Computex Corporation	46	30	230	5	3	8	3	10	10	5	4	15	0	0	0	70
Rama Rao & Alford	61	30	7	2	3	7	3	10	10	5	4	15	0	0	0	70
P. I.E. Management, LLC	61	30	36	18	0	23	0	5	10	5	4	15	0	0	0	66
Transcend Consulting Group, Inc.	54	40	61	2	3	8	3	10	10	10	6	15	0	0	0	88
Transend Technology, LLC	74	30	33	5	3	5	3	10	10	10	4	15	0	0	0	65
MKS, Inc.	61	33	6	2	3	6	3	10	10	5	3	15	0	0	0	72
Western Engineering Of Michigan, PLLC	76	15	18	5	3	18	3	10	10	5	1	15	0	0	0	58
Computer Corporation	52	42	4,336	101	10	1,708	10	10	1	5	4	15	0	0	0	81
Epik Group, Inc.	57	30	370	21	6	16	6	6	0	5	4	0	0	0	0	51
Universal Systems Technologies, Inc.	74	30	113	1	3	5	3	5	5	0	4	0	0	0	0	50
Sify	64	30	1,885	0	0	0	0	1	5	5	4	0	0	0	0	45
Access One	37	57	4	0	0	0	0	0	0	0	3	0	0	0	0	60
ISC Global																
Access One																
Western Engineering Of Michigan, PLLC																
Transend Technology, LLC																

Rejected - Failure to provide a financial statement. A statement was provided for previous bid.

Rejected - Provide a range of rates.

Rejected - No financial statement

Rejected - No financial statement

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____ CONTACT: _____ PHONE: _____

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

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

For: Individual
or Company Name Data Consulting Group, LLC
Address 965 E. Jefferson Ave
City Detroit
State Michigan Zip Code 48207
Telephone (313) 963-5882 Fax # (313) 963-3460

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-4538

B. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)
Wayne L. Wheeler
Employer Identification or Social Security Number 38-2936043
Telephone # (313) 963-5882
Fax # (313) 963-5400
Spouse's Social Security Number 385-829066

Nature of Contract: ITS Services 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

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) No Yes
- 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 OSS-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

FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?

Yes No Signature LAWMONT FISHER Expires JUN 18 2013
 Yes No Signature INCOME TAX INVESTIGATOR Expires JUL 01 2015
 Yes No Signature _____ 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 City ITS Services / Professional Services
Contract Amount 2,226,000.00

Business Type: Corp Partnership Sole Proprietorship Personal Services

Business Name Data Consulting Group, Inc

Business Address 965 E. Jefferson Ave Detroit, MI, 48207

Ward/Item # _____

F.I.D. NO. 38-2936043

City Personal Property I.D. # 05990042.50

Owner(s) Name Wayne C. Wheeler / 965 Associates, LLC

Owner(s) SS# 36-4491148

Contact Person Wendal Wheeler

Phone Number (313) 963-8884

Fax Number (313) 963-5960

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.

[Handwritten Signature]

7/15/14
Date

DEC 30 2014

Expiration Date

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

I, being duly authorized representative of the _____ (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 (c).

RFQ/PO No. _____

Printed Name of Contractor: Data Consulting Group, Inc.
(Type or Print Legibly)

Contractor Address: Detroit, Michigan, 48207
(City) (State) (Zip)

Contractor Phone/E-mail: (313) 963-8882 / W.C. Wheeler @ dsgroupinc.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Wayne L. Wheeler C.F.O.

Signature of Authorized Representative: *W. Wheeler*

Date: 06/05/13

*** This document MUST be notarized ***

Signature of Notary: *Wendal Wheeler*

Printed Name of Seal of Notary: Wendal Wheeler

My Commission Expires: 06 / 20 / 2016

WENDAL C. WHEELER
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 20, 2016
ACTING IN COUNTY OF

For Office Use Only:	
Cov. Rec'd: <u>8/11/14</u> in _____	Department Name: <u>Info. Tech. Svcs.</u>
<input checked="" type="checkbox"/> Accepted by: <u><i>CP</i></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

DATA-1

OP ID: YT

DATE (MM/DD/YYYY)

08/14/14

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 Korotkin Insurance Group P O Box 431 Southfield, MI 48037-0431 Diversified Benefits Inc.	Phone: 248-352-5140	CONTACT NAME: Yvonne Turnage-Hanson
	Fax: 248-352-0305	PHONE (A/C, No., Ext): 248-352-5140 FAX (A/C, No.): 248-352-0305
E-MAIL ADDRESS: yvonne@korotkin.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Chubb - Great Northern Ins Co		20303
INSURER B: Hartford Insurance Company		
INSURER C: Chubb - Federal Ins.Co.		20281
INSURER D:		
INSURER E:		
INSURER F:		

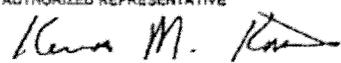
INSURED
Data Consulting Group, Inc.
965 E. Jefferson Ave.
Detroit, MI 48207-3119

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSR	YWR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	GENERAL LIABILITY	X		3579-42-81	06/06/14	06/06/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			74989059	06/12/14	06/06/15	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB			79817571	06/06/14	06/06/15	EACH OCCURRENCE \$ 3,000,000
	<input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	35WECLW3790	11/19/13	11/19/14	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Tech E&O Claims Made			3579-42-81 RETRO: 1/1/2005	06/06/14	06/06/15	Aggregate 3,000,000 Ded. 25,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 City of Detroit is listed as an Additional Insured with respect to the General Liability policy where required by written contract, agreement or permit.

CERTIFICATE HOLDER	CANCELLATION
DETRO-2 City of Detroit Information Technology Service Janice Evans 2 Woodward Ave Room 526 Detroit, MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

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Hiring Policy Compliance Affidavit

I, Wayne Wheeler, being duly sworn, state that I am the _____
C.F.O. of Data Consulting Group, Inc.
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,

Wayne Wheeler

Title: C.E.O. Date: 06/05/13

STATE OF Michigan)
COUNTY OF Oakland) SS

The foregoing Affidavit was acknowledged before me the Fifth (5) day of DEC, 2013,
by Wayne Wheeler

Notary Public, County of Oakland

State of Michigan

My commission expires: 06/20/16

WENDAL C. WHEELER
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 20, 2016
ACTING IN COUNTY OF

DCG

Data Consulting Group

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.	
PRESENT ADDRESS	APT. NO	CITY	STATE	ZIP
PERMANENT	APT. NO	CITY	STATE	ZIP
ARE YOU 18 YEARS OR OLDER?		PHONE		
YES NO				

DESIRED EMPLOYMENT

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?		IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?
YES NO		YES NO
EVER APPLIED TO THIS COMPANY BEFORE?		WHEN?
YES NO		
EVER WORKED FOR THIS COMPANY BEFORE?		WHERE? WHEN?
YES NO		
REASON FOR LEAVING		
NAME OF LAST SUPERVISOR AT THIS COMPANY		
WHO REFERRED YOU TO THIS COMPANY?		
EMPLOYMENT AGENCY	NEWSPAPER ADVERTISING	FRIEND
STATE EMPLOYMENT OFFICE	COLLEGE PLACEMENT SERVICE	OTHER

EDUCATION

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMER SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK
SPECIAL TRAINING
SPECIAL SKILLS

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

NAME OF PRESENT OR LAST EMPLOYER				
ADDRESS		CITY	STATE	ZIP
STARTING DATE	LEAVING DATE	JOB TITLE		
WEEKLY STARTING SALARY	WEEKLY FINAL SALARY	MAY WE CONTACT YOUR SUPERVISOR? YES NO		
NAME OF SUPERVISOR	TITLE	PHONE		
DESCRIPTION OF WORK				
REASON FOR LEAVING				

REFERENCES

BELOW GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE COMPANY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE COMPANY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING UNLESS IT IS IN WRITING AND SIGNED BY AN AUTHORIZED REPRESENTATIVE.

DATE

SIGNATURE

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Data Consulting Group, Inc.
2. Address of Contractor: 965 E. Jefferson Ave
Detroit, MI 48207
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 1990 (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.

Wayne L. Wheeler (Printed Name) C.E.O. (Title)
[Signature] (Signature) 12/5/13 (Date)

Subscribed and sworn to before me
this 5 day of June 2013

Wendal Wheeler
Notary Public, Oakland County, Michigan
My Commission expires: 3/4/2016

WENDAL C. WHEELER
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 23, 2016
ACTING IN COUNTY OF



CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION

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

Date: August 11, 2014
To: Janice A. Evans
From: Zenola Holland
Purchasing Division
RE: **Contract Number #2821499– Data Consulting Group, Inc.**

The Purchasing Division has received the contract indicated above. It is the department's responsibility to ensure that all documents (clearances, insurance, etc.) are provided to the Purchasing Division. However, the following documentation must be provided before this contract can be submitted to City Council:

- Signed City Council Review Checklist
- Bid Tabulations or Evaluation Score Sheet (**Must Have To Justify Competitive Bidding**)
- Revenue/Property Tax Clearance **Expired 7-31-14**
- Income Tax Clearance
- Human Rights Affidavit
- Insurance Certificate—Needs Coverage for Automobile and Worker's Compensation and Employer's Liability and the City of Detroit needs to be named as additional insured
- Hiring Policy and **Employment Application (without reference to questions regarding a felony)**
- Slavery Era Affidavit
- Other—**Returned to the Department—Contract Incomplete**

IT IS THE PURCHASING DIVISION'S POLICY TO RETURN ALL CONTRACTS THAT ARE INCOMPLETE.

If you have any further questions, please do not hesitate to contact me. I can be reached at 224-9235. Thank you, in advance, for your cooperation.

cc: Boysie Jackson, Chief Procurement Officer
File

CITY OF DETROIT
AMENDMENT AGREEMENT NO. 4
TO
CONTRACT NO. 2821499

THIS AMENDMENT AGREEMENT NO. 4 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its Information Technology Services Department ("City"), and Data Consulting Group, Inc., a Michigan Corporation, with its principal place of business located at 965 East Jefferson Avenue, Detroit, Michigan 48207 ("Contractor").

WHEREAS, the *City* has engaged the *Contractor* to provide certain services ("*Services*") to the *City*; and

WHEREAS, the *City* and the *Contractor* have entered into a *Contract* reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 17 of the *Contract* permits the parties to amend the *Contract* by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this *Amendment* to amend the *Contract* to extend the term of the *Contract* and to provide increased compensation to pay for *Services* performed pursuant to the extension of the *Contract*.

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

I. PURPOSE OF AMENDMENT 4

1.01 The purpose of this Amendment is to extend the contract period to September 30, 2014.

IV. EFFECT OF AMENDED TERMS
ON THE REMAINING PROVISIONS
OF THE CONTRACT

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

V. PAYMENT AUTHORIZATION

5.01 The Finance Director of the *City* shall not authorize any payment pursuant to this *Amendment* until the *Amendment* has been approved by resolution of the *Detroit City Council*, all appropriate departmental approvals have been obtained and this *Amendment* has been executed by the Purchasing Director for the *City*.

SIGNATURE PAGE

IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorized officers and representatives, have executed this Contract as of the dates of their respective signatures:

WITNESSES:

1. [Signature]
 (Signature)
Timothy F. Courcier
 (Print Name)

2. [Signature]
 (Signature)
Chuck Pencea
 (Print Name)

CONTRACTOR:

BY: [Signature]
 (Signature)
W.C. Wheeler
 (Print Name)

ITS: CEO
 (Title)

WITNESSES:

1. [Signature]
 (Signature)
Janice A. Evans
 (Print Name)

2. [Signature]
 (Signature)
Monique Ellis
 (Print Name)

CITY OF DETROIT
INFORMATION TECHNOLOGY
SERVICES DEPARTMENT

BY: [Signature]
 (Signature)
Charles Dodd
 (Print Name)

ITS: Director
 (Title)

THIS CONTRACT WAS APPROVED BY LAW DEPARTMENT BY THE CITY COUNCIL ON PURSUANT TO 17.5-206 ~~§6-406~~ OF THE CHARTER OF THE CITY OF DETROIT SEP 24 2014

[Signature]
 Purchasing Director

Date

[Signature]
 Corporation Counsel

8/6/14
 Date

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

CITY ACKNOWLEDGMENT

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the _____ day of _____ 2014,

by Charles Dodd

(name of person who signed the contract)

the Director

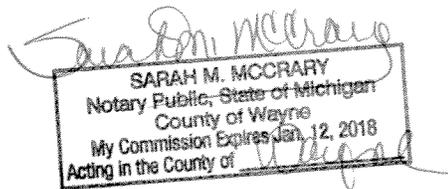
(title of person who signed the contract as it appears on the contract)

of Information Technology Services Department

(complete name of City department)

on behalf of the City.

Notary Public, _____ County,
State of _____
My commission _____
expires: _____



CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)

)SS.
COUNTY OF WAYNE)

The foregoing contract was acknowledged before me the 27th day of JUNE, 2014,

by W. L. Wheeler,
(name of person who signed the contract)

the CEO,
(title of person who signed the contract as it appears on the contract)

of DATA CONSULTING GROUP, INC.,
(complete name of the corporation)

on behalf of the Corporation.

Paul C Wheeler

Notary Public, County of Oakland

State of Michigan

My commission expires: June 20, 2016

WENDAL C. WHEELER
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 20, 2016
ACTING IN COUNTY OF

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

, Corporate Secretary of

W L Wheeler

(name of corporate secretary)

DATA CONSULTING GROUP, INC, a

(complete name of corporation)

MICHIGAN

(State of Incorporation)

corporation (the "Company"), **DO HEREBY CERTIFY** that the (non-profit or for profit) following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on

06/25/14

(date of meeting)

,and that the same is now in full force and effect:

"**RESOLVED**, that the Chairman, the President, each Vice President, the Treasurer, and the Secretary and each of them, is authorized to execute and deliver, in the name of and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document ("Contract") in connection with any matter or transaction that shall have been duly approved; and the execution and delivery of any Contract by any of the aforementioned officers shall be conclusive evidence of such approval."

FURTHER, I CERTIFY that

W L Wheeler

is Chairman,
is President,
is (are) Vice President(s),
is Treasurer,
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 undertaking contained in the contract number (2821499) 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 27th day of JUNE, 2014.

W L Wheeler

Corporation Secretary

CORPORATE SEAL

(if any)