

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

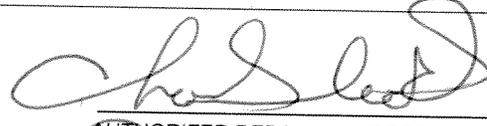
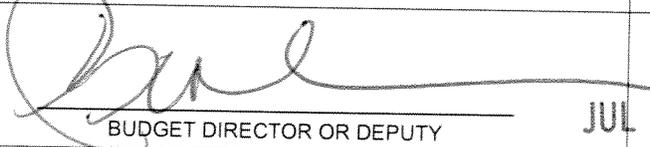
CONTRACT PO NUMBER 2821501  
STANDARD PO NUMBER  
CHANGE ORDER # 4

APPROVED  
OCT 03 2014

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
CONTRACTOR'S NAME: CW PROFESSIONALS, LLC		DATE PREPARED JULY 2, 2014	
CONTRACTOR'S ADDRESS: ONE CAMPUS MARTIUS, DETROIT, MICHIGAN 48226		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$8,200,000.00 TOTAL CPO AMOUNT \$8,200,000.00 CHANGE AMOUNT \$0.00	
PHONE NO. 313-227-1868		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 46-4553320		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: TO PROVIDE COMPUTER PROGRAMMING, CODING AND ANALYSIS.			
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 24 2014	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL 29 2014
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	
JUL 30 2014	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	14 AUG - 6 AM 11:58 7/3/14
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	
	PURCHASING DIVISION  PURCHASING DIRECTOR	
	CITY OF DETROIT CONTRACTS SECTION CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE _____ LAW DEPARTMENT	

RECEIVED  
JUL 31 2014

CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION

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

**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 <b><u>WAIVER.</u></b>			

*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.: 2821501 PO Type: Prof Svc - CPO

Est. Value: \$8,200,000.00

Contract Term (if applicable): July 1, 2013 to June 30, 2014

Funding: City 100% State \_\_\_\_\_% Federal \_\_\_\_\_% Other: \_\_\_\_\_%

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

Recommended Supplier: CW Professional Services LLC 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 many department's functions.

Consequence of not buying: Projects and progress will cease. No technical support for agency system

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. 2857149 w/Income Tax & Building and Safety Departments.

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

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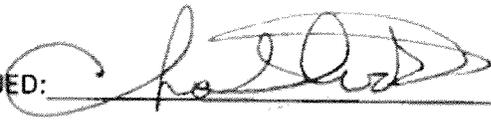
NOTES:

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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 Avg. Hourly Rates

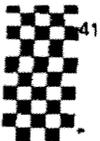
Supplier	Avg/Hrly Rate		Total # of Employee		# Empty Detroit Residents		# Empty Working in Detroit		# Empty Working in Firm		Det. Pts. Points		Phase Two		Total Points	
	Avg/Hrly Rate	Points	in Firm	in Firm	# Detroit	Residents	# Detroit	Working in Detroit	# Detroit	Working in Firm	Det. Pts	Points	Prior City or Prof. Exp. Pts.	Headquarters Based		Business Based
Futurenet Group, Inc.	58	30	45	25	6	45	10	10	10	10	10	10	3	15	0	79
Sigma Associates, Inc.	65	30	41	2	3	41	10	10	10	10	10	10	3	15	0	76
Vision IT	75	30	3,500	5	3	76	10	10	10	10	10	10	4	15	0	76
Synx Technologies, Inc.	73	21	39	6	3	38	10	10	10	10	10	10	3	15	0	67
Computer Corporation	46	30	236	5	3	8	3	3	3	3	3	3	4	15	0	70
Hanna Bao & Allied	81	30	7	2	3	7	3	3	3	3	3	3	4	15	0	70
P.J.E. Management, LLC	61	30	36	18	6	23	8	8	8	8	8	8	4	15	0	66
Data Consulting Group, Inc.	54	40	61	2	3	8	3	3	3	3	3	3	4	15	0	86
Trendward Technology, LLC	74	30	5	5	3	5	3	3	3	3	3	3	4	15	0	65
MKS, Inc.	61	33	6	2	3	6	3	3	3	3	3	3	3	15	0	72
Wealth Engineering Of Michigan, PLLC	76	18	16	5	3	6	6	6	6	6	6	6	1	15	0	58
Computers Corporation	52	42	4,306	10	10	1,708	10	10	10	10	10	10	4	15	0	81
Enteric Group, Inc.	57	30	370	21	6	16	6	6	6	6	6	6	4	0	0	51
Universal Systems Technologies, Inc.	74	30	113	1	3	5	3	3	3	3	3	3	4	0	5	50
SKY	64	30	1,885	0	0	0	0	0	0	0	0	0	4	0	5	45
Access One	37	57	4	0	0	0	0	0	0	0	0	0	3	0	0	60
ISC Global																
Access One																
Wealth Engineering Of Michigan, PLLC																
Trendward 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



FEB. 27. 2014 9:49AM COMPUWARE CORP. 313-227-9896

NO. 6497 P. 1

### 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:  
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 CW Professional Services

Address 1 Campus Martius

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

City Detroit

State MI Zip Code 48226

Telephone 313 227 8487 Fax # 313 227 9897

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

Jeff Sanscraine

Telephone # 313 227 9827

Employer Identification or Social Security Number

46-4553320

Fax # 313 227 9897

Spouse Social Security Number

Nature of Contract: Professional Services

BID/CONTRACT AMOUNT (if known):  
Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_

Contract # (if known) 2857149/2821501

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)  No  Yes

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 DSB-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

#### FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?  Yes  No

Signature LAMONT FISHER Date MAR 11 2014 Expires MAR 11 2015

Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT [www.ci.detroit.mi.us](http://www.ci.detroit.mi.us)



# PURCHASING DIVISION VENDOR CLEARANCE REQUEST

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

Nature of Contract PROFESSIONAL SERVICES  
Contract Amount 0852149 - 511,700.00  
282,1501 - 56,000.00

Business Type:  Corp  Partnership  Sole Proprietorship  Personal Services

Business Name CW PROFESSIONAL SERVICES, LLC

Business Address 1 CAMPUS MARTIUS, DETROIT MI 48226

Ward/Item # WARD 1 / 982076.11

F.I.D. NO. 46-4553320

City Personal Property I.D. # 01992076.10 0199076.11

Owner(s) Name \_\_\_\_\_

Owner(s) SS# \_\_\_\_\_

Contact Person JEFF SAUSCRAITE

Phone Number 313 227 9827

Fax Number 313 227 9897

Owner(s) Home Address \_\_\_\_\_ ( ) Lease ( ) Own

Please do not write below this line for department use only.

<u>Real Property</u>	<u>Special Assessment</u>	<u>Personal Property</u>	<u>Other Receivable</u>
<input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved	<input checked="" type="checkbox"/> Denied <input checked="" type="checkbox"/> Approved

Comments: \_\_\_\_\_

**REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES**

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will be responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid package.

[Signature]  
Signature (City or Detroit) 8-25-14  
Date

JAN 15 2015  
Expiration Date

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

I, being duly authorized representative of the CW Professional Services LLC (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: CW Professional Services LLC  
(Type or Print Legibly)

Contractor Address: Detroit, MI, 48226  
(City) (State) (Zip)

Contractor Phone/E-mail: 313-227-7300, 313-227-9897  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: \_\_\_\_\_

Signature of Authorized Representative: J. A. Payne

Date: 2/12/14

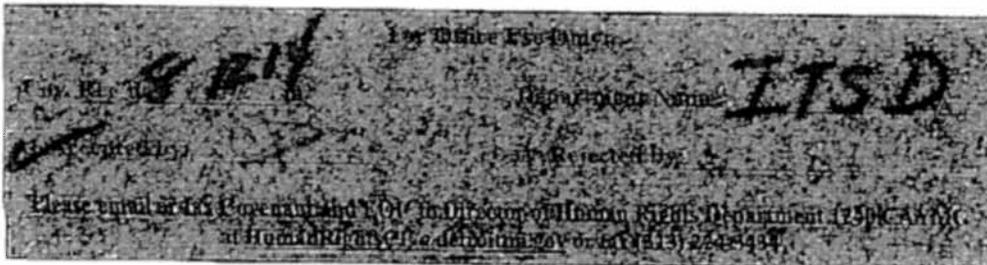
\*\*\* This document **MUST** be notarized \*\*\*

Signature of Notary: Shelley L. Osenroth

Printed Name of Seal of Notary: Shelley L. Osenroth

My Commission Expires: 9 / 13 / 2014

SHELLEY L. OSENROTH  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Sep 13, 2014  
ACTING IN COUNTY OF Wayne





# CERTIFICATE OF LIABILITY INSURANCE

1/31/2015

DATE (MM/DD/YYYY)  
2/10/2014

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 Lockton Insurance Brokers, LLC CA Licence #0F15767 725 S. Figueroa Street, 35th fl. Los Angeles CA 90017 213-689-0065	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Zurich American Insurance Company	NAIC # 16535
	INSURER B: American Guarantee and Liab. Ins. Co.	26247
	INSURER C: Indian Harbor Insurance Company	36940
	INSURER D:	
	INSURER E:	
	INSURER F:	

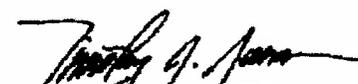
INSURED  
1377006 CW Professional Services LLC  
338 Pier Avenue  
Herrnosa Beach CA 90254

COVERAGES M4CLO01 CERTIFICATE NUMBER: 12777233 REVISION NUMBER: XXXXXXXX

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 INSR	INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$0 Ded/SIR <input checked="" type="checkbox"/> EBL \$1M/\$2M; \$1K Ded GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-SECT <input type="checkbox"/> LOC	N	N	CPO 5819126-00	1/31/2014	1/31/2015	EACH OCCURRENCE \$ 1,000,000 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 <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	N	N	CPO 5819126-00	1/31/2014	1/31/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTION \$ 50 <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	N	N	AUC 5819128-00	1/31/2014	1/31/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WC 5819127-00	1/31/2014	1/31/2015	<input checked="" type="checkbox"/> WC STAT/TORTORY LIMITS E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liability	N	N	MTP903067600	1/31/2014	1/31/2015	\$5,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.  
Re: Agreement # 2857149 & 2821501. City of Detroit is an additional insured to the extent provided by policy language and/or endorsement(s) issued or approved by the insurance carrier. Coverage afforded to certificate holder is primary and non-contributory.

<b>CERTIFICATE HOLDER</b>  12777233 City of Detroit Info Technology Services Dept 2 Woodward Ave., Ste 526 Detroit MI 48226	<b>CANCELLATION</b>  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  

## Hiring Policy Compliance Affidavit

I, Jim Byrnes, being duly sworn, state that I am the \_\_\_\_\_  
CEO of CW Professional Services LLC  
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,

J. A. Byrnes  
Title: CEO Date: 2/6/14

STATE OF Michigan )  
COUNTY OF Wayne ) SS

The foregoing Affidavit was acknowledged before me the 12 day of February 2014  
by \_\_\_\_\_.

Notary Public, County of Wayne  
State of Michigan  
My commission expires: 9-13-2014

SHELLEY L. OSENROTH  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Sep 13, 2014  
ACTING IN COUNTY OF Wayne

# Employment Application

## Contact Information

Last or Family Name Name (Legal Name) _____  Preferred Name _____  Address _____  Home Phone _____  Cell/Mobile Phone _____  E-mail _____	First Name _____    City _____  Work Phone No. _____  Preferred Method of Contact _____	Middle Name _____    State _____  ZIP Code _____
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## Employment History

An accurate and complete full-time and part-time employment record must be provided. Start with present or most recent employer. SPECIFIC INFORMATION MUST BE PROVIDED. REFERENCE TO ATTACHMENTS (i.e., resumes) WILL NOT BE ACCEPTED.

### Most Recent Employer

Address _____  Telephone _____  Employed from Mo./Yr. _____ To Mo./Yr. _____  Annual base salary _____  Amount of Overtime Compensation Earned _____  Amount of Incentive Plan/Bonuses/Commissions _____  Total Cash Compensation Paid Annually _____	State job title and primary responsibilities: _____      Reason for looking for a new job _____   Name of supervisor _____
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### Past Employer

Address _____  Telephone _____  Employed from Mo./Yr. _____ To Mo./Yr. _____  Annual base salary _____  Amount of Overtime Compensation Earned _____	State job title and primary responsibilities: _____      Reason for looking for a new job _____
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Amount of Incentive Plan/Bonuses/Commissions \_\_\_\_\_  
 Total Cash Compensation Paid Annually \_\_\_\_\_ Name of supervisor \_\_\_\_\_

**Past Employer**

State job title and primary responsibilities \_\_\_\_\_  
 Address \_\_\_\_\_  
 Telephone \_\_\_\_\_  
 Employed from Mo./Yr. \_\_\_\_\_ To Mo./Yr. \_\_\_\_\_  
 Annual base salary \_\_\_\_\_  
 Amount of Overtime Compensation Earned \_\_\_\_\_ Reason for looking for a new job \_\_\_\_\_  
 Amount of Incentive Plan/Bonuses/Commissions \_\_\_\_\_  
 Total Cash Compensation Paid Annually \_\_\_\_\_ Name of supervisor \_\_\_\_\_

**Education and Training**

	High School	College	Additional Graduate or other
Name of school			
Location of school			
Course of study			
No. of years completed			
Did you graduate?			
Degree			

**General Information**

Have you ever applied for employment with us? Yes  No  If yes, Mo./Yr. \_\_\_\_\_ Location \_\_\_\_\_  
 Position desired \_\_\_\_\_ Pay desired \$ \_\_\_\_\_  
 When are you available to begin work? \_\_\_\_\_ Are you interested in full-time work?   
 Do you have an employment agreement or a non-disclosure/confidentiality agreement from a current or prior employer? If yes, please provide copy to your recruiter.  
 Yes  No

If your job requires, are you willing to:

Work overtime Yes  No

Work weekends Yes  No

Travel Yes  No

If yes, how much?  25%  50%  100%

Are you interested in relocation?  
 Yes  No

If yes, to what areas?  
 \_\_\_\_\_

Are you 18 years of age or older?  
 Yes  No

Do you have a current passport?  
 Yes  No

Do you have any relatives working at CW Professional Services? Yes  No

If yes, please provide their name(s) \_\_\_\_\_

Do you have any friends working at CW Professional Services? Yes  No

If yes, please provide their name(s) \_\_\_\_\_

How did you learn about our organization? \_\_\_\_\_

If other/referral, please specify name \_\_\_\_\_

Are you consistently able, with or without accommodation, to perform safely and efficiently all of the essential duties and requirements of the position(s) for which you would like to be considered? Yes  No

(If no, please explain) \_\_\_\_\_

Do you require CW Professional Services to sponsor you for a working visa? Yes  No

If yes, have you been on "H1-B" status within the last 6 years? Yes  No

If yes, how many years and months have you been on "H1-B" status? \_\_\_\_\_

## References

Please provide three references. CW Professional Services prefers that you include at least one current or former manager. Be sure to list home and work telephone numbers with area codes, as well as fax numbers and e-mail addresses, where possible

### Reference #1

Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Current Position \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Company \_\_\_\_\_ Email \_\_\_\_\_  
Relationship \_\_\_\_\_

### Reference #2

Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_  
Current Position \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Company \_\_\_\_\_ Email \_\_\_\_\_  
Relationship \_\_\_\_\_

### Reference #3

Name \_\_\_\_\_ Home Phone No. \_\_\_\_\_

Current  
Position

Work Phone  
No.

Company

Email

Relationship

## Authorization and Signature

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I understand falsified or omitted information may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I understand that any offer of employment extended to me by CW Professional Services will be in writing. I further understand that my employment would be for an indefinite period and that I would have the right to terminate my employment with CW Professional Services at any time, for any reason. I further understand that CW Professional Services has the right to terminate my employment with or without cause, and with or without notice, at any time. I also understand that any offer of employment extended to me will be contingent upon my signing CW Professional Services Employee Agreement, being free from any contractual obligations that would prevent me from performing my job duties, and any other conditions of employment that may be stated in my offer letter/confirmation.

I hereby authorize persons, schools, institutions and employers named in this application and/or resume, and any other source deemed appropriate by CW Professional Services, to provide any relevant information that may be required to arrive at an employment decision. I also acknowledge and agree that CW Professional Services may conduct or request third party investigations to provide additional relevant information that may be required to arrive at an employment decision or as requested by a client.

If you are submitting this application electronically, type your Legal Name below on the Electronic Signature Line, enter today's date, and check the I AGREE box after you have completed the entire Application and only if you agree that its contents are complete and accurate. This is your Electronic Signature.

I AGREE

Electronic  
Signature Line\*  
(required)

Today's  
Date

\* I confirm that the Legal Name listed on the Signature Line and the Contact Information section above matches the Legal Name as it appears on my photo identification.

CW Professional Services is an Equal Opportunity Employer. We do not discriminate against any employee or applicant on the basis of race, color, religion, gender, age, sexual orientation, national origin, citizenship, handicap or disability, military or veteran status, marital status or for any other reason prohibited by federal, state or local law. As an equal opportunity employer (EOE), CW Professional Services is required to provide EEO information to the federal government. Providing CW Professional Services your EEO information is optional and will not affect your candidacy in any way. Any EEO data you provide will be kept separate from any information reviewed during the hiring process.

CW Professional Services  
One Campus Martius, Detroit, MI 48226

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: CW Professional Services LLC  
2. Address of Contractor: 1 Campus Martius  
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 2014 (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.

James A. Byrnes (Printed Name) CEO (Title)  
[Signature] (Signature) 2/12/14 (Date)

Subscribed and sworn to before me  
this 12 day of February  
[Signature]  
Notary Public, Wayne County, Michigan  
My Commission expires: 9-13-2014

SHELLEY L. OSENROTH  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Sep 13, 2014  
NOTARY IN COUNTY OF Wayne



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 #2821501– CW Professional LLC**

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
- 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**  
**Law Department**  
**-Contracts Section-**  
INTERDEPARTMENTAL MEMORANDUM

TO: Zenola Holland, Contracts Desk  
Purchasing Division, Finance Department

FROM: Thomas Cipollone  
Senior Assistant Corporation Counsel  
Direct Dial: (313) 237-3015

SUBJECT: EXPIRED DOCUMENTS - CONTRACT NUMBER: 2821501  
Vendor Name: CW Professionals, LLC

DATE: 8-5-14

The documents checked below have expired, or are missing. Before this contract is placed on City Council's agenda, the department originating the contract must ensure that the documents identified below are current or have been renewed, and have been provided to the Purchasing Division of the Finance Department. The department originating the contract has been notified on the date listed below.

Thank you for your cooperation in this request.

CLEARANCES

<input checked="" type="checkbox"/> Property Tax	<input checked="" type="checkbox"/> Income Tax
<input checked="" type="checkbox"/> Human Rights	<input type="checkbox"/> Other (Identify: _____)

INSURANCE

The coverage required by this contract per the certificate of insurance furnished with this contract is missing or has expired as follows:

Entire Certificate: <input checked="" type="checkbox"/>	General Liability: _____
Professional Liability: _____	Excess Liability: _____
Automobile: _____	Workers Compensation: _____

Other (Identify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The departmental requestor was notified by this writer on 8-5-14.

cc: ITS Department - Attn: Janice Evans

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

**CITY OF DETROIT**  
**AMENDMENT AGREEMENT NO. 4**  
**TO**  
**CONTRACT NO. 2821501**

**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 CW Professional Services LLC, a Michigan Corporation, with its principal place of business located at 1 Campus Martius, Detroit, Michigan 48226 ("*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)  
JEFF SANSCHAIWIE  
(Print Name)

2. [Signature]  
(Signature)  
James F. Latnam  
(Print Name)

CONTRACTOR:

BY: [Signature]  
(Signature)  
DANIEL R. HUGHES  
(Print Name)

ITS: VICE PRESIDENT  
(Title)

WITNESSES:

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

2. [Signature]  
(Signature)  
Marquita L. Vaughn  
(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 ~~86-406~~ <sup>7.5-206</sup> OF THE CHARTER OF THE CITY OF DETROIT SEP 24 2014

[Signature]  
Purchasing Director

Date

[Signature]  
Corporation Counsel

Date

8/6/14

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 23 day of July 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: \_\_\_\_\_

*Sarah M. McGarry*  
SARAH M. MCGARRY  
Notary Public, State of Michigan  
County of Wayne  
My Commission Expires Jan. 12, 2018  
Acting in the County of Wayne

**CORPORATE ACKNOWLEDGMENT**

STATE OF Michigan )  
 )SS.  
COUNTY OF Wayne )

The foregoing contract was acknowledged before me the 1 day of July, 2014,  
by Daniel R. Hughes,  
(name of person who signed the contract)  
the Vice President,  
(title of person who signed the contract as it appears on the contract)  
of CW Professional Services,  
(complete name of the corporation)  
on behalf of the Corporation.

Shelley L. Osenroth

Notary Public, County of Wayne

State of Michigan

My commission expires: 9-13-14

SHELLEY L. OSENROTH  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Sep 13, 2014  
ACTING IN COUNTY OF Wayne

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  
FOR ASSIGNEE CORPORATION

I, Robb C. Warwick, Corporate Secretary of  
(name of corporate secretary)  
CW Professional Services LLC, a Delaware  
(complete name of corporation) (state of incorporation)  
for-profit 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 \_\_\_\_\_, and that the same is now in full force and effect:  
(date of meeting)

"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 \_\_\_\_\_ is Chairman,  
James A. Byrnes is President,  
Daniel R. Hughes, Robin L. Pederson is (are) Vice President(s),  
\_\_\_\_\_ is Treasurer,  
Robb C. Warwick is Secretary,  
\_\_\_\_\_ is Executive Director, and  
\_\_\_\_\_ is \_\_\_\_\_

FURTHER, I CERTIFY that any of the aforementioned officers or employees of the Company are authorized to execute and commit the Company to the conditions, obligations, stipulations and undertakings contained in the foregoing contract 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 10<sup>th</sup> day of February, 2014.

CORPORATE SEAL  
(if any)

Robb Warwick  
Corporation Secretary