SURVEYCONTRACT RENEWAL ANALYSIS MEMORANDUM

CURRENT CONTRACTOR(S)/(Names/Address)

1 LaGarda Security
2123 S. Center Rd.
Burton, MI 48519

3

CONTRACT DESCRIPTION
Security Guard Services

Using Dept(s) GSD/MPD
Orig. JCC Date 11/22/11
New JCC Date:

Date: December 3, 2014
Oracle P.O. #: 2853050
RFQ Number #
Est. Value: 1,968,200.00
No. of Contractors: 1
Exp. Date: 11/30/2014
Ext. Period: 12/01/2014
To: 11/30/2015

PREVIOUS BIDDERS

Item	Current Contractor(s) (If more than one, reference contractor number from above)	LaGarda Security									
		Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price	Previous Bid	Current Price
1	Armed Guard	$12.87	$13.35								
2	Unarmed Guard	$10.47	$11.19								
3	Mark Patrol Vehicle	$150.00	$150.00								
4	Personal Vehicle Use (additional cost)	$1.00	$1.00								
5											

COMMENTS
(Use reverse side if necessary)

Both the Department and Vendor wish to renew this contract. It is in the best interest of the City to renew this contract.

RECOMMENDATION AND APPROVALS *Only one approval is required from either the Principal or Purchase Manager

	Rebid	No. of Contracts	Renew	No. of Contracts	Signature	Date
Purchases Agent	☐		☒	1		12/03/14
Team Leader	☐		☐			
*Principal, or	☐		☐			
*Head Purchase Agent	☐		☐			
Purchasing Director	☐		☐			

_____Current pricing is a cost reduction Potential cost savings $_____

ACCOUNTING STRING ON NEXT PAGE.

CC DEC 19 2014

COD-PO-25-0998

LARGARDA CONTRACT NO. 2853050

12/3/14

ACCOUNTING STRINGS

GSD:

1000-470035-006004-617100-11830-000000-A4510	$1,237,000.00

MPD:

5102	340030	000145	617100	04108	000000	00000	$ 422,445
1000	340080	000144	617100	00102	000000	00000	$ 64,561
5102	340010	000145	617100	04108	000000	00000	$ 23,275
1000	340083	000144	617100	00102	000000	00000	$ 199,235
5102	340030	000145	617100	04108	000000	00000	$ 13,884
1000	340083	000144	617100	00102	000000	00000	$ 7,800
							$ 731,200

TOTAL AMOUNT	$1,968,200.00

City Council Contract Agenda Items Review Checklist

Reviewer: **Date Received: 12/3/14**

Date: 12/3/14 Department Municipal Parking Division: _____

Dept Head/Contact Person: Eunice Williams No.: 313-221-2526

Description: Security Guard Services
brief explanation of function or need of the goods/services

Contract No.: 2853050 PO Type: BPO Est. Value: $ ~~725,200.00~~ 731,200.00 .

Contract Term (if applicable): 12/1/2014 to 11/30/2015

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

Recommended Supplier: LaGarda Security Required Date: 12/01/2014

1. The business being awarded is **RENEWAL**. If a renewal, provide justification for renewal: This renewal is so that the Security Guard Services for the City of Detroit can continue.

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: not available.

4. Were savings achieved?
   ☐Yes Amount $_____ ☒No

5. Does this agreement represent an increase? Yes
   ☒ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)
   Armed Guard Current unit price $12.87 Armed Guard Proposed Unit Price $13.35
   Unarmed Guard Current unit price $10.47 Unarmed Guard Proposed Unit Price $11.19
   ☐ 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

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NOTES: Buyer: Y. Gaines
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes X No____

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Jennie Williams DATE: 12/3/14
(Department)

INFORMATION PROVIDED BY: _____

TITLE: Manager II

PHONE: 221-2526

City Council Contract Agenda Items Review Checklist

Reviewer: **Date Received: 11/25/2014**

Date: 12/3/14 Department GSD Division: _____

Dept Head/Contact Person: Ed Porche Phone No.: 313-628-0910

Description: Security Guard Services
brief explanation of function or need of the goods/services

Contract No.: 2853050 PO Type: BPO Est. Value: $ 1,237,000.00 .

Contract Term (if applicable): 12/1/2014 to 11/30/2015

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

Recommended Supplier: LaGarda Security Required Date: 12/01/2014

1. The business being awarded is **RENEWAL .** If a renewal, provide justification for renewal: This renewal is so that the Security Guard Services for the City of Detroit can continue.

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: not available.

4. Were savings achieved?
   ☐Yes Amount $____ ☒No

5. Does this agreement represent an increase? Yes
   ☒ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)
   Armed Guard Current unit price $12.87 Armed Guard Proposed Unit Price $13.35
   Unarmed Guard Current unit price $10.47 Unarmed Guard Proposed Unit Price $11.19
   ☐ 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

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NOTES: Buyer: Y. Gaines
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes X No____

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Ed Parche DATE: 12/3/14
(Department)

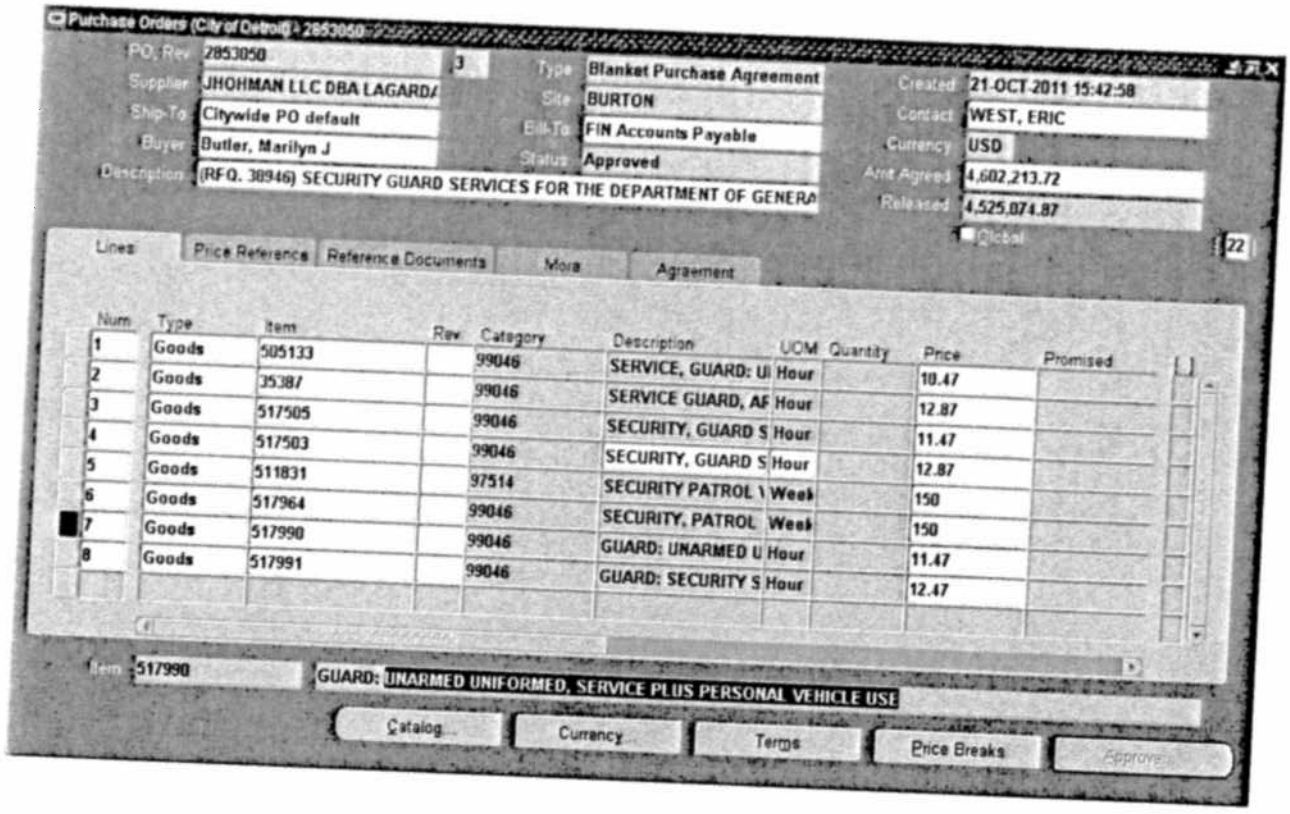
INFORMATION PROVIDED BY: Ed Parche

TITLE: Contracts Manager

PHONE: 628-0910

LaGarda Request for Price Increase - Minimum Wage Increase

ASSUMPTIONS	Supplier 1			PROPOSED INCREASE	% In
		LaGarda Jodi Hohman 877-944-8400			
Desc	UNITS	UNIT PRICE	TOTAL PRICE	UNIT PRICE	TOTAL PRICE
Unarmed Guard	368,628	$10.47	$3,859,535.16	$0.00	$0.00
Armed Guard	29,328	$12.87	$377,451.36	$0.00	$0.00
Unarmed Supervisor	18,720	$11.47	$214,718.40	$0.00	$0.00
Armed Supervisor	6,240	$12.87	$80,308.80	$0.00	$0.00
Vehicle 3 location (weeks)	156	$150.00	$23,400.00	$0.00	$0.00
[redacted] Purchase order TOTAL			$4,555,413.72		$0.00


Purchase Orders (City of Detroit) 2853050
PO; Rev 2853050 3
Supplier JHOHMAN LLC DBA LAGARDA
Ship-To Citywide PO default
Buyer Butler, Marilyn J
Description (RFQ. 38946) SECURITY GUARD SERVICES FOR THE DEPARTMENT OF GENERA
Type Blanket Purchase Agreement
Site BURTON
Bill-To FIN Accounts Payable
Status Approved
Created 21-OCT-2011 15:42:58
Contact WEST, ERIC
Currency USD
Amt Agreed 4,602,213.72
Released 4,525,874.87
Global
22
Lines
Price Reference
Reference Documents
More
Agreement
Num Type Item Rev Category Description UOM Quantity Price Promised
1 Goods 505133 99046 SERVICE, GUARD: U Hour 10.47
2 Goods 35387 99046 SERVICE GUARD, AF Hour 12.87
3 Goods 517505 99046 SECURITY, GUARD S Hour 11.47
4 Goods 517503 99046 SECURITY, GUARD S Hour 12.87
5 Goods 511831 97514 SECURITY PATROL \ Week 150
6 Goods 517964 99046 SECURITY, PATROL Week 150
7 Goods 517990 99046 GUARD: UNARMED U Hour 11.47
8 Goods 517991 99046 GUARD: SECURITY S Hour 12.47
Item 517990
GUARD: UNARMED UNIFORMED, SERVICE PLUS PERSONAL VEHICLE USE
Catalog...
Currency...
Terms
Price Breaks
Approve...

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION Revenue Collections

E-MAIL ADDRESS elenarathburn@lagardasecurity.com

CONTACT NAME Elena Rathburn PHONE (877) 944-8400 FAX (810) 742-5033

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

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

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

For:
Individual or Company Name Jhohman LLC dba Lagarda Security
Address 2123 S. Center Rd.
City Burton
State MI Zip Code 48519
Telephone (877) 944-8400 Fax # (810) 742-5033
E-mail Address elenarathburn@lagardasecurity.com

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

Telephone # (877) 944-8400
Fax # (810) 742-5033

Employer Identification or Social Security Number
38-3624764

Spouse Social Security Number

Nature of Contract Security 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 ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4) ☐ Yes ☑ No
6. Will the company have employees working in Detroit? ☑ Yes ☐ No
7. Will the company use sub contractors or independent contractors in Detroit? ☐ Yes ☑ No

D. FOR INCOME TAX USE ONLY

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

☐ Yes ☒ No Signature LUCRETIA JENNINGS ☐ Date APR 29 2014 Expires
☒ Yes ☐ No Signature LUCRETIA JENNINGS ☐ Date NOV 22 2014 Expires DEC 31 2014
☐ Yes ☐ No Signature INCOME TAX INVESTIGATOR 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: Income Tax Clearance@detroitmi.gov

PURCHASING DIVISION
VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections
Purchasing Vendor
1012 Coleman A. Young Municipal Center
Detroit, MI 48226
(313) 224 – 1849 (Telephone)
(313) 224 – 4238 (Fax)

Nature of Contract / Contract Amount: Security Guard and Patrol

Business Type: (✓) Corp ( ) Partnership ( ) Sole Proprietorship ( ) Personal Services

Business Name: Thohman, LLC. DBA Lagarda Security

Business Address: 2123 S. Center Road, Burton, MI 48519

Ward/Item #:

F.I.D. NO.:

City Personal Property I.D. #: 13009539-42 13009543-8
Detroit

Owner(s) Name: Jodi Cannon Hohman

Owner(s) SS#: 364 88 3552

Contact Person: Jodi Hohman
Phone Number: 810 · 625 · 9982
Fax Number: 810 - 742 - 5033
Owner(s) Home Address: 2129 Ledgepole Ct Grand Blanc MI 48439 ( ) Lease (✓) Own

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

Real Property	Special Assessment	Personal Property	Other Receivable
( ) Denied (✓) Approved	( ) Denied (✓) Approved	( ) Denied (✓) Approved	( ) Denied (✓) 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 responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid package.

Signature (City of Detroit)

11-14-14
Date

AUG 30 2015
Expiration Date

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being duly authorized representative of the Lagarda Security, (hereinafter "Contractor"), am hereby authorized to 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/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; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) _____

Duration of Covenant December 1, 2014 through November 30, 2015

Printed Name of Contractor/Organization Jhohman, LLC DBA Lagarda Security
(Type or Print Legibly)

Contractor Address: Burton (City), MI (State), 48519 (Zip)

Contractor Phone/E-mail jodihohman@gmail.com

Printed Name & Title of Authorized Representative Jodi C. Hohman, CEO

Signature of Authorized Representative _____

Date November 13, 2014

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

Signature of Notary: _____

Printed Name of Seal of Notary: Samantha L. Bowman

My Commission Expires: 06 / 14 / 2019

SAMANTHA L BOWMAN
Notary Public - Michigan
Wayne County
My Commission Expires Jun 14, 2019
Acting in the County of Wayne

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: __/__/__ **Received by:** _____ **Title:** _____

Please fax a copy of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/31/2014

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
WINDSOR INSURANCE SERVICES
746 W. Jefferson Blvd.
Dallas, TX 75208

CONTACT NAME:
PHONE (A/C, No, Ext): (214) 943-7381 FAX (A/C, No): (214) 943-6531
E-MAIL ADDRESS: imainsurance@yahoo.com

INSURER(S) AFFORDING COVERAGE — NAIC #

INSURER A: Philadelphia Insurance Company
INSURER B: Liberty Mutual Insurance Co.
INSURER C: Berkley Regional Insurance Co
INSURER D: Zurich Insurance Company
INSURER E:
INSURER F:

INSURED
J.HOHMAN LLC
dba LA GARDA SECURITY, INC.
P.O. BOX 90131
BURTON, MI 48509
810-742-8189

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY [ ] PRO-JECT [ ] LOC OTHER:	X	Y	PHPK1095724	11-06-14	11-06-15	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$1,000,000 $ 100,000 $ 10,000 $1,000,000 $1,000,000 $1,000,000
D	AUTOMOBILE LIABILITY X ANY AUTO X ALL OWNED AUTOS X HIRED AUTOS X SCHEDULED AUTOS X NON-OWNED AUTOS	X	Y	BAP5547631-00	11-06-14	11-06-15	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$1,000,000 $ $ $
A	X UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE X DED [ ] RETENTION $ 10,000	10, SIR	Y	PHUB439864	11-06-14	11-06-15	EACH OCCURRENCE AGGREGATE	$10,000,000 $10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [ ] N/A If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WC5-34S544115-013	12-14-14	12-14-15	X PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$1,000,000 $1,000,000 $1,000,000
C	3rd PartyFidelity Crime	X	Y	BCR-71000725-14	02-14-14	02-14-15	$1,000,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Detroit and Coleman A.Young Municpal Center are named as additional insureds.

CERTIFICATE HOLDER

City of Detroit
Coleman A. Young Municpal Center
2 Woodward Ave., Ste. 642
Detroit, MI 48226

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Laura Virtue

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Hiring Policy Compliance Affidavit

I, Jodi Hohman, being duly sworn, state that I am the CEO
Title of Jhohman, LLC DBA Lagarda Security
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,

Title: CEO Date: 11/13/14

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 13th day of November 2014, by Samantha L. Bowman

Notary Public, County of Wayne
State of Michigan
My commission expires: 06/14/2019

SAMANTHA L BOWMAN
Notary Public - Michigan
Wayne County
My Commission Expires Jun 14, 2019
Acting in the County of Wayne

Hiring Policy Compliance

Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation,* Article V, *Purchases and Supplies,* by adding Division 6, *Criminal Conviction Questions for City Contractors,* which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non-responsive and the City is permitted to deem contractor(s) in breach.

Lagarda Security

APPLICATION FOR EMPLOYMENT

PLEASE PRINT CLEARLY

To the Applicant: We appreciate your interest in Lagarda Security and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position, which, in our judgment, best meets, your qualifications. We are an Equal Opportunity Employer and will not unlawfully discriminate on the basis of race, color, sex, religion, national origin, age, marital or veteran status, or the presence of a medical condition or handicap.

PERSONAL:

Name: _____ Social Security Number: _____
(Last) (First) (Middle)

E-Mail Address: _____

Telephone Number - Home: (____)_____ Cell: (____)_____ Other(____)_____

Myspace ID: _____ Face Book: _____ Are you over 18 years of age? θ YES θ NO

Current Address: _____
(Number) (Street) (City) (State) (Zip)

How long lived here? _____ Yrs., _____ Mos. Circle One: Own Rent Board Live w/parents
Landlord's Name and Telephone: _____
Previous: (1)_____
(2)_____ From____/____/____
(3)_____ From____/____/____
From____/____/____

Are you a U.S. citizen? θ YES θ NO If no, are you authorized to work in the United States? θ YES θ NO

Have you been previously employed here? θ YES θ NO If yes, date(s)_____ Supervisor(s)_____

Have you filed an application here before, and if so, date(s): θ YES θ NO _____

List any friends or relatives working here: _____

Transportation you will use to come to work? θ Bus θ Taxi θ Auto, Year _____ Make_____ θ Other_____

Do you have a valid Driver's licenses? θ YES θ NO State_____ License Number:_____

Has your driver's license ever been revoked or suspended? θ YES θ NO If yes, when?_____

List all traffic violations for the past 5 years:

1. Date: ____/____/____ Offense: _____ City: _____ Penalty: _____
2. Date: ____/____/____ Offense: _____ City: _____ Penalty: _____

STATE LAW REQUIRES ALL EMPLOYEES TO BE FINGERPRINTED. **Have you ever been convicted of a crime?**
θ YES θ NO If yes, list where, when and nature of offenses: _____

EMPLOYMENT DESIRED: (Applicants Fill Out This Section)

Position(s) applied for: security officer θ Full time θ Part time _____hours/week
Lagarda Security is a Drug Free Workplace. Are you willing to take a physical examination and/or drug screen? θ YES θ NO
Do you have any special training, skills, qualifications or other experiences that relate to the position(s) applied for? _____
List professional, trade, business, or civic activities and offices held, **excluding groups that the name or character of which indicate race, color, religion, sex, national origin, handicap, marital or veterans status** _____
State any additional information that you feel may be helpful to us in considering your application_____
Salary/Wage desired $_____. Date available to start work:____/____/____.
Name, address, telephone number and relation of person to be notified in the event of an accident or emergency:_____

PERSONAL CHARACTER REFERENCES (Do NOT include relatives or former employers): **MUST LIST 3**

Name	Relationship	Years Known	Address & Phone #	Best time to Call

EDUCATION:

Name & Location	Years Completed	Degree/Diploma	Courses of Study
Elementary			
High School			
College			
Graduate			
Vocational/Training			

***'EMPLOYMENT:** List below all present and past employment, beginning with the MOST recent through last 10 years. (Use extra page if necessary):"*

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
1.	From ___/___/___		Starting:(hr/wk/yr) $	θ Quit θ Discharge	
	To ___/___/___			θ Layoff Comments:	
( )					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
2.	From ___/___/___		Starting:(hr/wk/yr) $	θ Quit θ Discharge	
	To ___/___/___			θ Layoff Comments:	
( )					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
3.	From ___/___/___		Starting:(hr/wk/yr) $	θ Quit θ Discharge	
	To ___/___/___			θ Layoff Comments:	
( )					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
4.	From ___/___/___		Starting:(hr/wk/yr) $	θ Quit θ Discharge	
	To ___/___/___			θ Layoff Comments:	
( )					

Name, Address & Telephone No.	Dates	Title and Duties	Wages	Reason for Leaving	Supervisor's Name, Title
5.	From ___/___/___		Starting:(hr/wk/yr) $	θ Quit θ Discharge	
	To ___/___/___			θ Layoff Comments:	

AVAILABILITY- *What* days and hours are you available to work? _____

_____

PERSONAL INFORMATION:

Have you ever worked or applied to a law enforcement or security agency? θ YES θ NO If yes, who?_____
Have you ever been bonded, and if so, by whom? _____
Have you ever been refused for bond, and if so, why? _____
(Clerical applicants not required to answer these questions.)
Have you ever handled a weapon? θ YES θ NO
Have you ever had a concealed weapons permit and if so, when and why?_____

MILITARY SERVICE RECORD:

Have you had any experience in the Armed Forces of the United States or in a State National Guard? θ YES θ NO
If yes, Type of duty and list date of active duty: _____
From:_____/_____/_____ To:_____/_____/_____
What Branch:_____ Rank at discharge:_____ Discharge: θ Honorable θ Dishonorable θ Medical θ General

Applicant: Please Read Carefully:

** Michigan law requires employers to make accommodations to handicapped applicants and employees where the accommodation does not impose an undue hardship on the employer. Handicapped employees and applicants may request an accommodation of their handicap by notifying the company in writing of the need for accommodation within 182 days of the date the handicapper knows or should know that an accommodation is needed. Failure to properly notify the company will preclude any claim that the employer failed to accommodate the handicapper.

RELEASE, AUTHORIZATION AND UNDERSTANDING:

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true and complete. I authorize you to verify all of the information concerning my employment, education, credit or medical history with the appropriate individuals, companies, institutions or agencies, and I authorize them to release such information and copies of any and all employment record, without any obligation to give me written notice of such disclosure. I also authorize you to release any information requested by any of my prospective or subsequent employers without any obligation to give me written notice of such disclosure. I hereby release you and them from any liability whatsoever as a result of any such inquiries and disclosures. I agree that I will not divulge to anyone other than as I may be directed by Lagarda Security, any information acquired by me during any employment with Lagarda Security.

I agree, understand and acknowledge that my employment with Lagarda Security is for an indefinite term and "AT-WILL" and may be terminated by Lagarda Security or myself at any time for any reason, with or without cause and without prior notice.

I agree that either party may terminate the employment relationship, with or without cause, at any time, and I further agree that this arrangement may only be altered in writing directed to me personally and signed by the President of the company. I agree that I shall be bound by the other rules, policies, regulations and terms and conditions of employment of the Company as they are from time to time changed, and no representatives. I hereby authorize the Company to deduct from each and every period of my pay any amounts necessary to offset any damages caused by me for the value of the property or money entrusted to me by, or owed by me to the company during the course of my employment.

I agree that any action or suit against the Company arising out of my employment or termination of employment, including but not forever barred. I waive any limitation period to the contrary. I further agree that if I should bring any action or claim arising out of my employment against the Company in which the Company prevails, I will pay to the Company any and all costs incurred by the firm in defense of said claims or actions, including attorney fees. I further agree that my employment is conditional until such time as the results of my entire background investigation is completed and my pre-employment drug screen and physical (if such physical) are known.

I hereby release every person or entity that shall comply with the authorization and request made herein from any and all liability of every nature and kind.

_____ _____ ____/____/____

Print Name Signature Date

CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Thohman, LLC DBA Lagarde Security

2. Address of Contractor: 2123 S. Centre Road
Burton, MI 48519

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. JCH ✓ Contractor was established in 1988 (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.

JCH ✓ 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.

JCH ✓ 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.

Jodi C. Hohman (Printed Name) CEO (Title)

(Signature) November 13, 2014 (Date)

Subscribed and sworn to before me
this 13th day of November

Samantha Bowman · Samantha L Bowman
Notary Public, Wayne County, Michigan
My Commission expires: 06/14/2019

SAMANTHA L BOWMAN
Notary Public - Michigan
Wayne County
My Commission Expires Jun 14, 2019
Acting in the County of _____

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

NOTICE OF ENACTMENT OF ORDINANCE
TO: THE PEOPLE OF DETROIT, MICHIGAN
(On June 23, 2004, the City of Detroit adopted the following Ordinance)

ORDINANCE NO. 20-04
CHAPTER 18
ARTICLE V

AN ORDINANCE TO AMEND CHAPTER 18, ARTICLE V, OF THE 1984 DETROIT CITY CODE, TITLED "PURCHASES AND SUPPLIES." BY ADDING DIVISION 7. TITLED "SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE." WHICH SHALL CONSIST OF SECTIONS 18-5-91 THROUGH 18-5-93, TO REQUIRE, AS PART OF THE CONTRACTING PROCESS, THAT EACH CONTRACTOR WITH WHICH THE CITY ENTERS INTO A CONTRACT SEARCH ITS RECORDS AND THOSE OF ANY PREDECESSOR ENTITY, AND SUBMIT AN AFFIDAVIT DISCLOSING ANY RECORDS WITHIN ITS POSSESSION OR KNOWLEDGE RELATING TO INVESTMENTS OR PROFITS FROM THE SLAVE INDUSTRY, INCLUDING INSURANCE POLICIES ISSUED TO SLAVE HOLDERS THAT PROVIDED COVERAGE FOR INJURY, DEATH OR OTHER LOSS RELATED TO SLAVES WHO WERE HELD DURING THE SLAVERY ERA IN THE UNITED STATES.

AN ORDINANCE to amend Chapter 18, Article V, of the 1984 Detroit City Code, titled "Purchases and Supplies." by adding Division 7. titled "Slavery Era Records and Insurance Disclosure." which shall consist of Sections 18-5-91 through 18-5-93, to require, as part of the contracting process, that each contractor with which the City enters into a contract search its records and those of any predecessor entity, and submit an affidavit disclosing any records within its possession or knowledge relation to investments or profits from the slave industry, including insurance policies issued to slave holders that provided coverage for injury, death or other loss related slaves who were held during the slavery era in the United States.

IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:

Section 1. Chapter 18, Article V, of the 1984 Detroit City Code, titled "Purchases and Supplies." by adding Division 7. titled "Slavery Era Records and Insurance Disclosure." which shall consist of Sections 18-5-91 through 18-5-93, to read as follows:

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

(a) This division shall apply to each contractor for goods or services with which the City enters into a contract, whether or not the contract is subject to competitive bid.

(b) Each contactor shall be responsible for searching and disclosing records of the entity which proposes to enter into a contract with the City as well as all records of any predecessor entity that are within the possession or knowledge of the contractor regarding records of Investments or profits from the slave Industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the United States.

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

Sec. 18-5-92. Affidavit of disclosure required.

(a) As part of its contract package, each contractor with which the City enters into a contract shall submit to the Finance Department Purchasing Division prior to the submission to City Council or approval of such contract, an affidavit that discloses the information indicated in Subsection (b) and (c) of this section. The affidavit shall be on a form provided by the Finance Department Purchasing Division.

(b) The affidavit shall verify that the contractor has searched all records of the entity which proposes to enter into a contract with the City, as well as all records of any predecessor entity, that are within the possession or knowledge of the contractor regarding records of investments or profits from the slave industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the United states.

(c) The affidavit shall disclose ay information discovered during the search regarding investments or profits from slavery or slave holder insurance policies which accrued to the current entity or to any predecessor entity, including the names of any slaves or slave holders that are described in such records or are otherwise within the knowledge of the contractor.

Sec 18-5-93. Voidability of contract.

(a) Failure to comply with this division shall render the contract voidable by the City.

(b) A determination to void the contract for failure to comply with this division shall be made by the Director of the Finance Department at any time after reviewing, or become aware of, information which indicates that a contractor has failed to comply with this division.

Sec 18-5-94—18-5-100. Reserved.

Section 2. All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

Section 3. This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the People of the City of Detroit.

Section 4. In the event that this ordinance is passed by a two-thirds majority of City Council Members serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-116 of the 1997 Detroit City Charter,. Where this ordinance is passed by less than a two-thirds (2/3) majority of City Council Members serving., it shall become effective no later that thirty (30) days after enactment, or on the first business day thereafter in accordance with Section 4-115 of the 1997 Detroit City Charter.

(J.C.C.p.)
Passed: May 5, 2004
Published: June 23, 2004
Effective: July 19, 2004
July 19, 2004

JACKIE L. CURRIE
City Clerk

PURCHASING DIVISION
VENDOR CLEARANCE REQUEST

REVENUE COLLECTION CLEARANCE

All Purchasing Division vendors in compliance with Ordinance 52-H (No outstanding obligations to the City of Detroit) requirements will receive an approved Revenue Collection Clearance. Copies of the approved clearance may be submitted with bid packages until the clearance expiration date. Revenue Collection Unit clearances may have various validity dates--usually within the same fiscal year.

VENDOR CLEARANCE REQUESTS

Purchasing Division clearance requests will be called Purchasing Division Vendor Clearance Request.

The vendor request provides for submission of all pertinent data relating to the business or individual seeking the contract. It must be filled out in its entirety and submitted along with any additional documentation, such as:

(1) Copies of lease and/or rental agreements, if the real property does not belong to the applicant
(2) Federal I.D. number or SS#, if a sole proprietor.
(3) Personal Property tax I.D. number, if applicable. If you do not know your number or need to apply for one, you must go to Room 607 for this information.

Missing and/or inaccurate information may result in processing delays.

INTERNAL PROCESSING

DOCUMENT REVIEW TAKES FIVE (5) WORKING DAYS. IT IS THE VENDOR'S RESPONSIBILITY TO PROVIDE REQUIRED DOCUMENTATION IN TIME FOR A REVIEW AND RECOMMENDATION PRIOR TO THE BID ENDING DATE.

CLEARANCE REQUESTS MAY BE DROPPED OFF ON ALL NORMAL WORK DAYS BETWEEN 8:30 A.M. AND 4:30 P.M. IN ROOM 1012 OF THE COLEMAN A. YOUNG MUNICIPAL CENTER. A TRAY LABELED VENDOR CLEARANCES WILL BE AVAILABLE ON THE FRONT COUNTER. PICKUP OF COMPLETED FORMS CAN BE MADE AFTER 8:30 A.M. THE FIFTH WORKING DAY (NO SATURDAYS OR SUNDAYS) AFTER SUBMISSION

NO ONE WILL BE AVAILABLE TO ANSWER QUESTIONS AT THE TIME OF SUBMISSION.

DENIED REQUESTS WILL INCLUDE THE REASON FOR DENIAL.

VENDORS IN POSSESSION OF AN EXPIRED APPROVED CLEARANCE SHOULD SUBMIT THE EXPIRED CLEARANCE WITH THEIR REQUEST.

PURCHASING DIVISION
VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections
Purchasing Vendor
1012 Coleman A. Young Municipal Center
Detroit, MI 48226
(313) 224 – 1849 (Telephone)
(313) 224 – 4238 (Fax)

Nature of Contract: Security Guard and Patrol
Contract Amount:

Business Type: (✓) Corp ( ) Partnership ( ) Sole Proprietorship ( ) Personal Services

Business Name: Jhohman, LLC. DBA Lagarda Security

Business Address: 2123 S. Center Road, Burton, MI 48519

Ward/Item #:

F.I.D. NO.:

City Personal Property I.D. #: 13009539-42 13009543-8
Detroit

Owner(s) Name: Jodi Cannon Hohman

Owner(s) SS#: 364 88 3552

Contact Person: Jodi Hohman
Phone Number: 810 · 625 · 9982
Fax Number: 810 - 742 - 5033
Owner(s) Home Address: 2129 Ledgepole Ct Grand Blanc MI 48439 ( ) Lease (✓) Own

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

Real Property	Special Assessment	Personal Property	Other Receivable
( ) Denied (✓) Approved	( ) Denied (✓) Approved	( ) Denied (✓) Approved	( ) Denied (✓) 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 responsible for keeping the clearance and submitting a photocopy to Purchasing with your bid package.

Signature (City of Detroit)

11-14-14
Date

AUG 30 2015
Expiration Date