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WOLVERINE
WSG
Solutions Group
1601 Clay Street
Detroit, MI 48211-1902
T: (313) 873-6800
F: (313) 873-8730
www.wolverinemail.com

October 27, 2015

TO: Purchasing Department, City of Detroit

To Whom It May Concern,

#1. Wolverine Solutions Group has the front and back-end technology capable of printing Voter ID Cards in the exact format that is requested and required by the City of Detroit Elections Department.

#2. Pricing has been discounted at the 10% City required rate and final numbers are noted below:

Wolverine Solutions Group October 2015

**Service Cost:**

500 QTY = $550.00 Minimum =$1.10/EA
2,500 QTY =$775.00=$.31/EA
5,000 QTY =$850.00=$.17/EA
10,000 QTY =$1,000.00=$.10/EA
Over 10,000 QTY =$.10/EA
Postage Cost=$.49/EA

Stacey Blue
Sales Executive
Wolverine Solutions Group
1601 Clay Avenue
Detroit MI 48211-1913
Desk Line: 313-871-3547
Cell Line: 313-399-7772
Email: Sblue@wolverinemail.com

DocuSign Envelope ID: 3A305665-316C-4D1A-A2B2-4356634731C1

CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER DOES NOT AGREE WITH THE BID YOU SUBMITTED, PLEASE CONTACT THE PURCHASING DIVISION.

# Purchase Order

| PURCHASE ORDER NO. | REVISION | PAGE |
|---|---|---|
| 2873835 | 3 | 1 |

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

2978 W Grand Blvd
Detroit,MI 48202
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit,MI 48226
United States

SUPPLIER

WOLVERINE SOLUTION GROUP
1601 CLAY
DETROIT, MI 48211

| SUPPLIER NO. | DATE OF ORDER/BUYER | REVISED DATE/BUYER |
|---|---|---|
| 1099518 | 13-DEC-12 I Patterson | 15-JAN-16 I Patterson |

| PAYMENT TERMS | SHIP VIA | F.O.B. |
|---|---|---|
| Net 30 | Lowest Cost Carrier | Delivered |

| FREIGHT TERMS | REQUESTOR/DELIVER TO | CONFIRM TO / TELEPHONE |
|---|---|---|
| Account of Seller | | S BLUE (313) 871-3547 |

| LINE | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|---|---|---|---|---|---|---|---|

This Sole Source Purchase Order was created in accordance with Period Agreement Request.

CC APPROVAL DATE 2ND RENEWAL; JANUARY 12, 2016
CC APPROVAL DATE 1ST RENEWAL: JULY 21, 2015.

FURNISH: PRINTING OF VOTER ID CARDS FOR TWO (2) YEARS WITH THREE (3) ONE-YEAR RENEWAL OPTIONS.

TERMINATION OF CONTRACT:
The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at it sole discreation on thirty (30) days written notice to the vendor.

TERMS: NET 30 DAYS

RENEWALS:1

The Individuals responsible for accepting performance under this Contract is Christian Maduka, who may be reached at, 313-876-0080.

The contact person from whom payment should be requested is Christian Maduka who may be reached at
313-876-0080.

A valid invoice meets the following requirements:

Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit

**Total** 171,600.00

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS **INCLUDING, BUT NOT LIMITED TO,** EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION •THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE• NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT• ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION •WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

DocuSigned by:
Boysie Jackson 1/21/2016
E7BD9F26E53A4D0...

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE
CC 1/12/2016

DocuSign Envelope ID: 3A305665-316C-4D1A-A2B2-4356634731C1

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# Purchase Order

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|---|---|---|
| 2873835 | 3 | 2 |

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United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit,MI 48226
United States

SUPPLIER

WOLVERINE SOLUTION GROUP
1601 CLAY
DETROIT, MI 48211

| SUPPLIER NO. | DATE OF ORDER/BUYER | REVISED DATE/BUYER |
|---|---|---|
| 1099518 | 13-DEC-12 I Patterson | 15-JAN-16 I Patterson |
| **PAYMENT TERMS** | **SHIP VIA** | **F.O.B.** |
| Net 30 | Lowest Cost Carrier | Delivered |
| **FREIGHT TERMS** | **REQUESTOR/DELIVER TO** | **CONFIRM TO / TELEPHONE** |
| Account of Seller | | S BLUE (313) 871-3547 |

| LINE | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|---|---|---|---|---|---|---|---|
| | purchase order number, part of item number (as referenced in the purchase order)<br><br>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)<br><br>Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)<br><br>INVOICING:<br>All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment:<br>a)Price on invoice must correspond to the pricing listed on purchase order and/or contract.<br>b)Contractor must submit price lists in accordance with bid requirements.<br>c)Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.<br>d)Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment. | | | | | | |

**Total** 171,600.00

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Boysie Jackson 1/21/2016
E7BD9E26E53A4D0...
PURCHASING DIRECTOR'S SIGNATURE
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1601 CLAY
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| LINE | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|---|---|---|---|---|---|---|---|
| | Purchase Agreement<br>Effective From: 01-FEB-13 To: 30-JUN-17 | | | Amount Agreed: | | 171,600.00 | |

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**Total** 171,600.00

DocuSigned by:
Boysie Jackson
E7BD9F26E53A4D0...

1/21/2016

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

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Sales Executive
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Desk Line: 313-871-3547
Cell Line: 313-399-7772
Email: Sblue@wolverinemail.com

# CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

X SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING& DEVELOPMENT POLICE PURCHASING RECREATION WATER & SEWAGE OTHER DETROIT BUILDING AUTHORITY

ADDRESS OF DEPARTMENT 1301 THIRD ST DETROIT MI 48226

DATE SENT 9/2/15 CONTACT PERSON IVA PATTERSON

PHONE NUMBER 313-224-1785 FAX NUMBER 313-596-2825 EMAIL pattersonI@detroitmi.gov

CONTRACT AMOUNT $_____

X SECTION B: CORPORATION LICENSE TYPE_____

CORPORATION NAME WOLVERINE SOLUTION GROUP

ADDRESS 1601 CLAY ST. CITY/STATE/ZIP DETROIT, MI 48211 OWN X LEASE

CITY PERSONAL PROPERTY NUMBER_____ FID / EIN NUMBER 38-2233061

OTHER CITY-OWNED PROPERTY PARCELS_____

CONTACT PERSON STACY BLUE PHONE NUMBER 313-399-7772 EMAIL ADDRESS SBLUE@WOLVERINEMAIL.COM

SECTION C: PARTNERSHIP LICENSE TYPE_____

BUSINESS NAME_____

BUSINESS ADDRESS_____ CITY/STATE/ZIP_____ OWN LEASE

CITY PERSONAL PROPERTY NUMBER_____ FID / EIN NUMBER_____

A: PARTNER'S NAME _____ PHONE NUMBER_____

HOME ADDRESS_____ CITY/STATE/ZIP_____ OWN LEASE

DRIVER'S LICENSE #_____ OTHER CITY-OWNED PROPERTY PARCELS _____

B. PARTNER'S NAME_____ PHONE NUMBER_____

HOME ADDRESS_____ CITY/STATE/ZIP_____ OWN LEASE

DRIVER'S LICENSE #_____ OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON_____ PHONE NUMBER_____ EMAIL ADDRESS_____

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE_____

BUSINESS NAME_____

BUSINESS ADDRESS_____ CITY/STATE/ZIP _____ OWN LEASE

CITY PERSONAL PROPERTY NUMBER_____ FID / EIN NUMBER_____

OWNER'S NAME_____ DRIVER'S LICENSE #_____ PHONE NUMBER_____

HOME ADDRESS_____ CITY/STATE/ZIP _____ OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS_____

EMAIL ADDRESS_____

SECTION E: PERSONAL SERVICES

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

NAME_____ ADDDRESS_____ OWN LEASE

CITY/STATE/ZIP_____

PHONE NUMBER_____ DRIVER LICENSE#_____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT_____

SOCIAL SECURITY NUMBER_____ EMAIL ADDRESS_____

FOR TREASURY COLLECTION USE ONLY:

X APPROVED DENIED SEP 03 2015 DENIED WITH ATTACHMENTS

SIGNATURE Annette Smith DATE CLEARANCE VALID UNTIL JAN 15 2016

Bidsync MAY 20 2015

# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: CONTRACTING & PROCUREMENT

E-MAIL ADDRESS: pattersoni@detroitmi.gov

CONTACT NAME: Iva Patterson PHONE 224-4609 FAX: 628-1160

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. 1220
Detroit, MI 48226

Phone: (313) 224-3328 or224-3329
Fax: (313) 224-4588

For:
Individual or
Company Name Wolverine Solutions Group
Address 1601 Clay
City Detroit
State MT Zip Code 48211
Telephone (313) 873-6800 Fax # (313) 873-8730
E-mail Address kmirkovic@wolverinemail.c

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

Telephone # (313) 871-6176
Fax # (313) 873-8730

Employer Identification or Social Security Number
38-2233061

Spouse Social Security Number

Nature of Contract printing 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, incude spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent o n someone else's tax return? ☐ Yes ☐ No
3. Were you employed in the City of Detroit durnig 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 INCOME TAX INVESTIGATOR Date JUN 16 2015 Expires JUN 16 2016

☐ Yes ☐ No Signature _____ Date _____ Expires _____

☐ Yes ☐ No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

# Hiring Policy Compliance Affidavit

I, TERESA KERCHKOF, being duly sworn, state that I am the _____

PAYROLL MANAGER of WOLVERINE SOLUTIONS GROUP
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,

Title: PAYROLL MANAGER Date: 3-20-13

STATE OF Michigan )
) SS
COUNTY OF Wayne )

The foregoing Affidavit was acknowledged before me the 20 day of March, 2013, by K.M.

KSENIJA MIRKOVIC
Notary Public, State of Michigan
County of Macomb
My Commission Expires Jun. 28, 2019
Acting in the County of Wayne

Notary Public, County of Wayne

State of Michigan

My commission expires: 2019

# WOLVERINE SOLUTIONS GROUP
# APPLICATION FOR EMPLOYMENT

*An Equal Opportunity Employer*

Appt: _____

In: _____

Wolverine Solutions Group is an equal opportunity employer dedicated to a policy of nondiscrimination in employment upon any basis, including race, color, creed, religion, age, sex, national origin, ancestry, sexual orientation, marital status, military status, or the presence of any non-job-related medical condition or disability. Please keep in mind that the questions contained in this application are not intended to be discriminatory based on any non-job information.

**PERSONAL**

| | | |
|---|---|---|
| Last Name First Middle | | Today's Date |
| Street Address | | Home Phone ( ) |
| City, State, Zip | | Work Phone ( ) |
| Have you ever applied for employment with us? ☐ Yes ☐ No<br>If Yes, Month and Year Location Position | | Social Security No. |
| Position Desired: | Type of work desired:<br>☐ Full-time ☐ Part-time ☐ Temporary | Pay Expected |
| What shifts do you prefer ? | | Will you work overtime if asked?<br>☐ Yes ☐ No |
| When would you be available to begin work? | | Are you under 18 years of age?<br>☐ Yes ☐ No |
| In case of emergency contact: Address City State Zip | | Daytime Phone ( ) |
| Special training or skills (languages, machine operation, etc.) | | |
| Please list any interests or hobbies that may apply.<br>1. 2. 3. | | |
| How did you learn about our company?<br>☐ Sign in window ☐ Advertisement ☐ Referred by: ☐ Other: | | |

**EDUCATION**

| SCHOOL | NAME AND LOCATION OF SCHOOL | COURSE OF STUDY | NO. OF YEARS COMPLETED | DID YOU GRADUATE? | DEGREE OR DIPLOMA |
|---|---|---|---|---|---|
| HIGH SCHOOL | | | | | |
| | | | | | |
| COLLEGE | | | | | |
| | | | | | |
| OTHER | | | | | |

# EMPLOYMENT

Please give an accurate, complete full-time and part-time employment record. Start with your present or most recent employer. Even though a resumé may accompany your application, this section must be completed.

**1**

Company Name

Address

State Job Title and Describe Your Work

Salary
Starting Pay: _____ Per _____ Final Pay: _____ Per _____

Telephone
( )

Employed (State Month and Year)
From To

Name of Supervisor

Reason For Leaving

**2**

Company Name

Address

State Job Title and Describe Your Work

Salary
Starting Pay: _____ Per _____ Final Pay: _____ Per _____

Telephone
( )

Employed (State Month and Year)
From To

Name of Supervisor

Reason For Leaving

**3**

Company Name

Address

State Job Title and Describe Your Work

Salary
Starting Pay: _____ Per _____ Final Pay: _____ Per _____

Telephone
( )

Employed (State Month and Year)
From To

Name of Supervisor

Reason For Leaving

**4**

Company Name

Address

State Job Title and Describe Your Work

Salary
Starting Pay: _____ Per _____ Final Pay: _____ Per _____

Telephone
( )

Employed (State Month and Year)
From To

Name of Supervisor

Reason For Leaving

**5**

Company Name

Address

State Job Title and Describe Your Work

Salary
Starting Pay: _____ Per _____ Final Pay: _____ Per _____

Telephone
( )

Employed (State Month and Year)
From To

Name of Supervisor

Reason For Leaving

## *CITY OF DETROIT*

## SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1 Name of Contractor: Wolverine Solutions Group

2. Address of Contractor: 11601 Clay Avenue
Detroit MI 48211-1913

3 Name of Predecessor Entities (if any): _____

4. Prior Affidavit submission? ___ No ✓ Yes, on: 11-5-2010
(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 _____ (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.

Stacey Blue (Printed Name) Sales Executive (Title)

Stacey Blue (Signature) 4-8-2011 (Date)

Subscribed and sworn to before me
this 8 day of April

Notary Public, Macomb County, Michigan
My Commission expires: 2012

KSENIJA MIRKOVIC
Notary Public, State of Michigan
County of Macomb
My Commission Expires Jun. 28, 2012
Acting in the County of Wayne

EXHIBIT C
STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

"**City Charter § 4-122, ¶ 2:** For purposes of conflicts of interest, the City shall require in all of its contractual agreements, including, but not limited to, leases, service and equipment agreements and including contract renewals, that the contractor provide a statement listing all political contributions and expenditures ("**Statement of Political Contributions and Expenditures**"), as defined by the Michigan Campaign Finance Act, MCL 169.201, et seq., made by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents or assigns to elective city officials within the previous four (4) years. Individuals shall also list any contributions or expenditures from their spouses."

**Instructions: In accordance with Section 4-122 of the 2012 Detroit City Charter, you must provide the following information, sign this document, have it notarized, and submit it to the City. If additional space is needed, please enter "see additional sheet(s)" on the last row and attach additional sheets.**

In Column A, enter the name of the person or company that made the contribution or expenditure. If there were no political contributions or expenditures made, enter NONE.
In Column B, enter the relationship of the donor to the contractor or vendor, that is, contractor, affiliate, subsidiary, principal, officer, owner, director, agent, assignee, or spouse of any of the foregoing who are individuals.
In Column C, enter the name of the recipient, an elective city official which under Charter § 3-107, includes only the Mayor, the City Clerk, and members of the City Council and the Board of Police Commissioners.
In Column D, enter the amount of the contribution or expenditure, as defined in the Michigan Campaign Finance Act, 1976 PA 388, MCL 169.204 and MCL 169.206.
In Column E, enter the date of the contribution or expenditure. This statement must include all contributions and expenditures within the previous four years.

| A<br>**Donor** | B<br>**Relationship to Contractor/Vendor** | C<br>**Recipient** | D<br>**Amount of Contribution or Expenditure** | E<br>**Date** |
|---|---|---|---|---|
| NONE | NONE | NONE | NONE | 10-7-15 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

(EXHIBIT C - continued)
STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

Except as set forth above, I certify that no contributions or expenditures were made to elective city officials within the previous four (4) years by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents, assigns, and, if any of the foregoing are individuals, their spouses.

I understand that the information provided in this disclosure will be relied upon by the City of Detroit in evaluating the proposed bid, solicitation, contract, or lease. I swear [or affirm] that the information provided is accurate. If I am signing on behalf of an entity, I swear [or affirm] that I have the authority to provide this disclosure on behalf of the entity.

Sign name: _____

Print name: Robert Tokarczyk

Sworn and subscribed to before me
on October 07, 2015 [by Robert Tokarczyk the Owner of the above named contractor/vendor, an authorized representative or agent of the contractor/vendor]

Sign: _____
Print: Tracy Passalacqua
Notary Public, Macomb County, Michigan,
Acting in Macomb County
My Commission Expires: 7/23/2023

WOLVE-1 OP ID: LP

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 01/15/2015

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
Brown & Brown Insurance
360 Three Meadows Drive
Perrysburg, OH 43551
Damian J. Dorsten, CPCU, CIC

CONTACT NAME: Damian Dorsten
PHONE (A/C, No, Ext): 419-874-1974 FAX (A/C, No): 419-874-3583
E-MAIL ADDRESS:

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Grange Mutual Casualty Company | 14060 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED Wolverine Mailing, Packaging Warehouse, Inc.
1601 Clay St.
Detroit, MI 48211

**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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | GENERAL LIABILITY<br>[X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[ ] POLICY [ ] PRO-JECT [ ] LOC | X | | CPP2195674-00 | 12/15/2014 | 12/15/2015 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | $ 1,000,000<br>$ 100,000<br>$ 5,000<br>$ 1,000,000<br>$ 2,000,000<br>$ 2,000,000 |
| A | AUTOMOBILE LIABILITY<br>[X] ANY AUTO<br>[ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS<br>[X] HIRED AUTOS [X] NON-OWNED AUTOS | | | CPP2195674-00 | 12/15/2014 | 12/15/2015 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (PER ACCIDENT) | $ 1,000,000<br>$<br>$<br>$ |
| A | [X] UMBRELLA LIAB [X] OCCUR<br>[ ] EXCESS LIAB [ ] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | CUP2195676-00 | 12/15/2014 | 12/15/2015 | EACH OCCURRENCE<br>AGGREGATE | $ 10,000,000<br>$ 10,000,000 |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | | WCP2195675-00 | 12/15/2014 | 12/15/2015 | [X] WC STATU-TORY LIMITS [X] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 500,000<br>$ 500,000<br>$ 500,000 |
| A | Auto Physical Dama | | | CPP2195674-00 | 12/15/2014 | 12/15/2015 | Comprehen<br>Collision | $500 Ded<br>$1,000 Ded |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
City of Detroit is included as Additional Insured as required by written contract or agreement.

**CERTIFICATE HOLDER**

CTYDETP

City of Detroit
Purchasing Division
2 Woodward Ave.
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
Damian J Dorsten

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

I, being a duly authorized representative of the WSG, (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. 2844490

Printed Name of Contractor: Wolverine Solutions Group
(Type or Print Legibly)

Contractor Address: 1001 Clay St, Detroit, MI, 48211
(City) (State) (Zip)

Contractor Phone/E-mail: 313-871-6159 / dsienko@wolverine.net
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: DAVE SIENKO

Signature of Authorized Representative: [signature]

Date: 1-9-12

*** This document MUST be notarized ***

Signature of Notary [signature]

Printed Name of Seal of Notary: KSENIJA MIRKOVIC

My Commission Expires 06/28/2012

KSENIJA MIRKOVIC
Notary Public, State of Michigan
County of Wayne
My Commission Expires Jun. 28, 2012
Acting in the County of Wayne

**For Office Use Only:**

Cov. Rec'd: ___/___/___ in Department Name: _____

☐ Accepted by: _____ ☐ Rejected by: _____

Please email or fax Covenant and EOC to Director of Human Rights Department 1026 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434.

(Rev from HRS2010-01)

Effective Date 12/1/10

**SAM Search Results**
**List of records matching your search for :**
**Record Status: Active**
**DUNS Number: 807408088**
**Functional Area: Entity Management, Performance Information**

**No Search Results** WOLVERINE Solutions Group

# City Council Contract Agenda Items Review Checklist

**Reviewer:** IVA PATTERSON (purchasing agent sign here) **Date Received: 10/21/2015**

Date: 10/16/2015 Department **Department of Elections** Division: Administration

Dept Head/Contact Person: Caven West Phone No.: 313-876-0010

Description: The vendor furnishes and prints our voter ID cards for the citizens to take with them to the polls on election day

brief explanation of function or need of the goods/services

Contract No.: 2873835 PO Type: CPO Est. Value: $ ~~110,000.00~~ 85,800.00

Contract Term (if applicable): ~~02-01-2013~~ 7-1-2016 to ~~06/30/2016~~ 6-30-2017

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

Recommended Supplier: Wolverine Solution Group Required Date: ~~11/15/2015~~ 7-1-2016

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1. The business being awarded is **NEW / RENEWAL** If a renewal, provide justification for renewal: Renewal. They are familiar with our works and have, have two one year renewal options and provide the service at reasonable cost compared to other vendors

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:
   They are a sole source vendor.

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? 10% Discount.
   ☒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)
☒ Change in amount/volume of the good or service to be used. Service to be used for more frequently in a presidential election year. $ 110,000.0

6. Does the supplier currently provide other goods and services to the City? ☒Yes ☐No
If yes please list: They provide folding and mailing services to us under CPO 2909757

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:
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes ✓ No____

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☒ **PLACE ON FINANCIAL REVIEW COMMISSION AGENDA**

☒ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Caven West Chief of Staff DATE: 10/22/15
(Department)

INFORMATION PROVIDED BY: Christian Maduka

TITLE: Sr. Governmental Analyst

PHONE: 313-876.0080

# *Purchasing - Sole Source Justification*

***Procedure Revised May 15, 2012***

**To be Completed and Approved before a commitment is made.**

**Purchasing Division**
Expectation: Except in cases of emergency, Purchases shall require competitive bidding per procedures established by ordinance to protect the interest of the City and to assure fairness.

**What is a sole source?**
A sole source purchase is defined as the awarding of a purchase order / contract for services or products whereby the process to competitively bid was not performed.

**When is a sole source applicable?**
A sole source is applicable when documentation is provided that the product or service is supported by any of the following:

_____ Proprietary (protected by Law)
_____ New technology (data or product)
_____ Public Threat
__✓__ Licenses
__✓__ Specialized facility
_____ Specialized test equipment
__✓__ Unique skills

Check all that applies:
- provide supporting documentation **(mandatory)**
- provide how cost/price was benchmarked

**Department Name** Elections **Date** 9-12-2012

**Description of Goods/Services to be Purchased:** ***(Must be Attached)*** Please See Attached Specification

**Justification of Sole Source:** ***(Must be specific and attached)*** Vendor has compatible Software enabling them to Reuse our Data File to populate Voter Information into the Voter Registration Cards.

**When are Goods or Services Required:** ***(Due Date MM/DD/Yr.)*** A.S.A.P.

***Approval required by Department Executive (Director level or above)**

| | | | |
|---|---|---|---|
| Requestor (Name) | | Signature | Phone / Date 876-0221 9-12-12 |
| Department Exec or Director (Name) | | Signature | Phone / Date 876-0221 9-12-12 |
| Purchasing Representative (Name) | IVA Patterson | Signature | Phone / Date 3294603 12-13-12 |
| Chief Procurement Officer (Name) | | Signature | Phone / Date 12/4/12 |