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City Council Contract Agenda Items Review Checklist

Reviewer: [signature] **Date Received:** 12/1/15

Date: 12/1/15 Department Fire and Police Division: Fire Fighting, EMS and Police

Dept Head/Contact Person: Eric Jones Phone No.: 313-596-2901

Description: Time extension of uniform contract with Enterprise
brief explanation of function or need of the goods/services

Contract No.: 2874673 A-2 PO Type: Prof Svc-CPO___ Est. Value: $400,000
Contract Term (if applicable): January 1, 2016 thru June 30, 2016

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

Recommended Supplier: Enterprise Required Date: 01/01/16

(Police)
1000-240110-000087-623100-00715-000000-A1040 (Fire) 1000-370675-000165-623100-00119-0000

6 Month: Extension of time and money Police A-1081

1. The business being awarded is ~~renewal-time extension~~ If a renewal, provide justification for renewal: Additional time needed for new city wide uniform contract bidding and award

2. Was the product or service competitively bid? ☐ Yes **X** No
   Attach Copy of Bid Tabulation/Evaluation score sheets as needed
   If the answer to #2 is "NO" explain why there was no competition: [redacted] extension only

3. Was a Co-Operative Agreement Considered? ☐ Yes **X** No Co-Operative Name: ____
   If answer to #3 is "No" explain why a Co-Op was not considered: Time extension - 6 months money

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

5. Does this agreement represent an increase? NO
   ☐ 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.

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6. Does the supplier currently provide other goods and services to the City? Yes X No
   If yes please list: MPD, POLICE, FIRE, DDOT

7. Is this good/service used by other departments? Yes X 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 X No
   Is this a service that City employees can be trained to do? ☐ Yes X No

---

NOTES: Buyer:
a. Excluded Parties List / Supplier Award Management Website Reviewed? (Yes)/No____ ____

•

☐ **PLACE ON EMERGENCY MANAGER AGENDA**

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Debra Brawley DATE: _12/1/15_
(Department)

INFORMATION PROVIDED BY: _Debra Brawley_

TITLE: __General Manager_

PHONE: 313-596-2904

BID TABULATION

ASSUMPTIONS	Supplier 1		
D-BB's		Enterprise Uniforms	
D-RB's		2862 East Grand Blvd.	
D-BB's w/HQ in Detroit		Detroit, MI 48202	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Shirts, long sle. 14-17 1/2	1	$55.95	$55.95
Shirts, long sle. 18-21 1/2	1	$63.95	$63.95
Shirts, long sle. 22-22 1/2	1	$66.95	$66.95
Shirts, Short sle. 14-17 1/2	1	$52.95	$52.95
Shirts, Short sle. 18-21 1/2	1	$59.95	$59.95
Shirts, Short sle. 22-22 1/2	1	$69.95	$69.95
Crown Hats	1	$42.95	$42.95
Purchase order TOTAL			$412.65
UP TO $10,000.00	0.05		$20.63
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$412.65

ASSUMPTIONS	Supplier 2		
D-BB's			
D-RB's			
D-BB's w/HQ in Detroit			
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
Purchase order TOTAL			$0.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$0.00

ASSUMPTIONS	Supplier 3		
D-BB's			
D-RB's			
D-BB's w/HQ in Detroit			
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
Purchase order TOTAL			$0.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$0.00

This bid tab is to show the price per item only.

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REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASING

E-MAIL ADDRESS: gainesy@detroitmi.gov

CONTACT NAME: YOLANDA GAINES PHONE: 224-4612 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. 512, Detroit, MI 48226. Phone: (313) 224-3328 or 224-3329, Fax: (313) 224-4588

For: Individual or Company Name: ENTERPRISE UNIFORM CO.

Address: 2862 E. GRAND BLVD. DET., MI. 48202

City: DETROIT

State: MICHIGAN Zip Code: 48202

Telephone: 313- 871-4667 Fax #: 313- 871-8319

E-mail Address: enterprisesuniforms@gmail.com

B. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above): Lynne Burgess-Holmes

Telephone #: 313/ 871-4667

Fax #: 313/ 871-8319

Employer Identification or Social Security Number: 38-2211610

Spouse Social Security Number:

Nature of Contract: POLICE UNIFORMS

BID CONTRACT AMOUNT (If known): Labor: $ 5000.00 Material: $ 45,000.00

2874673

Contract # (If known): 2874673

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 o a someone else's tax return? ☐ Yes ☐ No
3. Were you employed 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: OCT 27 2014 Expires: OCT 27 2015

☐ Yes ☐ No Signature: Date: Expires:

☒ Yes ☐ No Signature: INCOME TAX INVESTIGATOR Date: NOV 24 2015 Expires: NOV 24 2016

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.cidetroit.mi.us

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

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CITY OF DETROIT

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

☐ **SECTION A:** | BUSINESS LICENSE | BUDGET | CITY COUNCIL | DDOT | DPW | FINANCE | FIRE | HEALTH | HUMAN RIGHTS | LAW | MAYOR | OMBUDSMAN | PLANNING& DEVELOPMENT | POLICE | PURCHASING | RECREATION | WATER & SEWAGE | OTHER _____

ADDRESS OF DEPARTMENT _____

DATE SENT _____ CONTACT PERSON _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

CONTRACT AMOUNT $ _____

XXX **SECTION B: CORPORATION** LICENSE TYPE **CONTRACT RENEWAL**

CORPORATION NAME **ENTERPRISE UNIFORM CO.**

ADDRESS **2862 E. GRAND BLVD.** CITY/STATE/ZIP **DET., MI. 48202** X OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER **03990285.00** **FID / EIN NUMBER** **38-2211610**

OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON **LYNNE BURGESS-HOLMES** PHONE NUMBER **313/ 871-4667** **EMAIL ADDRESS** **enterpriseuniform@gmail.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 _____

OTHER CITY-OWNED PROPERTY PARCELS _____ | OWN | LEASE

EMAIL ADDRESS _____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

☐ **SECTION E: PERSONAL SERVICES**

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:

✓ APPROVED ☐ DENIED SEP 03 2015 ☐ DENIED WITH ATTACHMENTS JAN 15 2016

SIGNATURE _____ DATE _____ CLEARANCE VALID UNTIL _____

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REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being duly authorized representative of the Enterprise Uniform Co, (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) 2874673

Duration of Covenant 6 MONTHS

Printed Name of Contractor/Organization ENTERPRISE UNIFORM CO.
(Type or Print Legibly)

Contractor Address: DETROIT (City), MI (State), 48202 (Zip)

Contractor Phone/E-mail 313/ 871-4667 / enterpriseuniform@gmail.com

Printed Name & Title of Authorized Representative LYNNE BURGESS-HOLMES

Signature of Authorized Representative Lynne Burgess Holmes

Date 8/28/15

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

Signature of Notary:

Printed Name of Seal of Notary: RILEY DORTCH

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne

My Commission Expires: __/__/__

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

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/31/2015

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	CONTACT NAME: SBU REP/PC
Buhl Insurance A Daly Merritt Company 3701 West Road Trenton MI 48183	PHONE (A/C, No, Ext): (734) 676-0100 FAX (A/C, No): (734) 676-1159 E-MAIL ADDRESS:

INSURED	INSURER(S) AFFORDING COVERAGE	NAIC #
ENTERPRISE UNIFORM INC 2862 E GRAND BLVD DETROIT MI 48202-3130	INSURER A: Harleysville Lake States Ins	14516
	INSURER B: Accident Fund General	12304
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CL1583109899 **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 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			BOP00000070976B	5/16/2015	5/16/2016	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 $ $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CMB00000041078K	5/16/2015	5/16/2016	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV0314621	5/16/2015	5/16/2016	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holders are additional insured with respects to the General Liability to the extent provided in form # BP04500106.

CERTIFICATE HOLDER

City of Detroit
Detroit Police and Detroit Fire Departmen
1301 Third Avenue
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

Benjamin Brown/BBROWN

ACORD 25 (2010/05)
INS025 (2010/05).01

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Hiring Policy Compliance Affidavit

I, LYNNE BURGESS-HOLMES, being duly sworn, state that I am the _____

PRESIDENT (Title) of ENTERPRISE UNIFORM CO. (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,

Lynne Burgess Holmes

Title: PRESIDENT Date: 8/28/15

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing Affidavit was acknowledged before me the 31ST day of AUGUST, 2015, by _____.

Notary Public, County of Wayne

State of Michigan

My commission expires: Sept 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne

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CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: ENTERPRISE UNIFORM CO.

2. Address of Contractor: 2862 E. GRAND BLVD.
DET., MI. 48202

3. Name of Predecessor Entities (if any): -0-

4. Prior Affidavit submission? ___ No _X_ Yes, on: 11-18-14
(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.

LYNNE BURGESS-HOLMES (Printed Name) PRESIDENT (Title)

Lynne Burgess-Holmes (Signature) 8/28/15 (Date)

Subscribed and sworn to before me
this 31 day of AUGUST
2015

Notary Public, WAYNE County, Michigan
My Commission expires: Sept 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF

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ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?

EDUCATION HISTORY

NAME & LOCATION OF SCHOOL		YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

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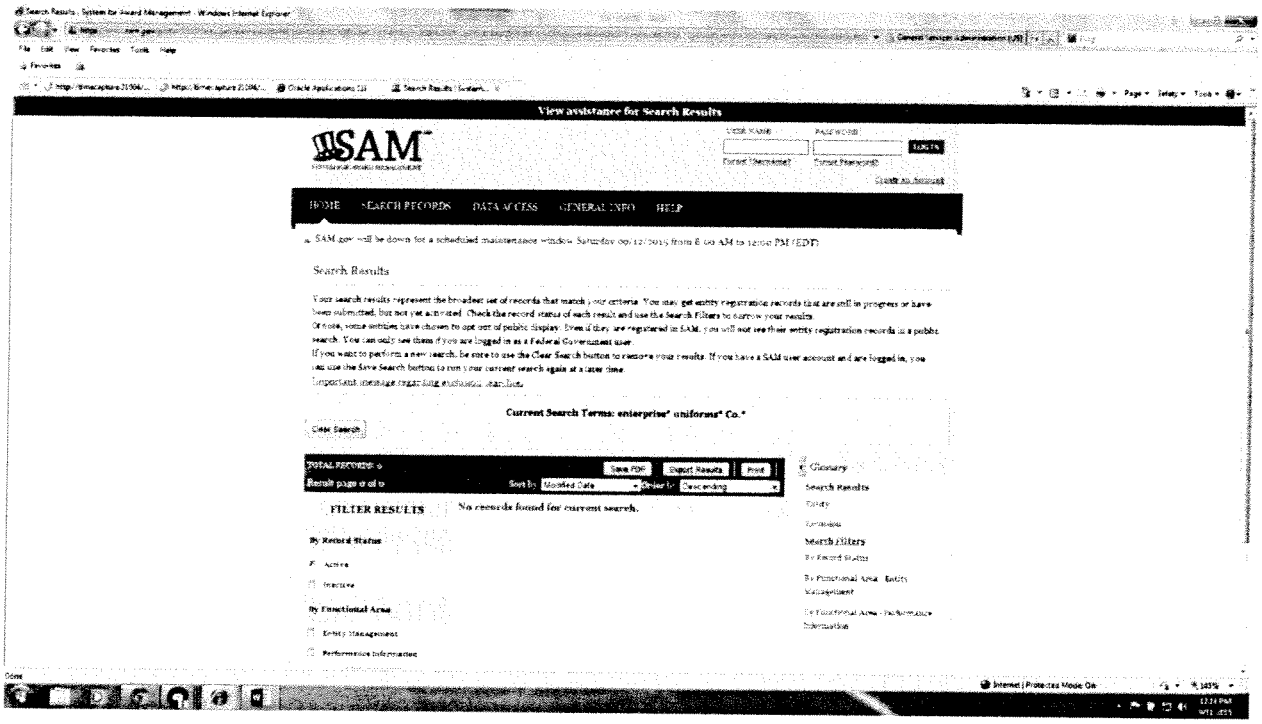

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ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

11/16/15

Yolanda Gaines
Procurement Specialist
Office of Contracting & Procurement
CAYMC
Two Woodward Ave., Ste. 1008
Det., MI. 48226

Ms. Gaines,

Please accept this written notice that we, Enterprise Uniform Co. would like to extend contract #2874673 for Detroit Police and Detroit Fire uniforms under the same pricing, terms and conditions expiring June 30, 2016.

If you have any questions or concerns please do not hesitiate to call or email.

Thank You,

Lynne Burgess-Holmes
President, Enterprise Uniform Co.

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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
2874673	9	1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit,MI 48226
United States

BILL TO

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

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	07-JAN-16 Y Gaines
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	This Formal Purchase Order was completed in accordance with Department request. FURNISH: UNIFORMS AND ACCESSORIES FOR THE DETROIT POLICE AND FIRE DEPARTMENTS UNTIL 6/30/2016. EXTENSION OF TIME: 12/31/2015 - 06/30/2016 AN ADDITIONAL 400,000 WAS ADDED TO CONTRACT CC Approved: 01/12/2016 The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Jesse Uduma for the Detroit Fire Department, who may be reached at 313 596-2997. The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Allison Phillips for the Detroit Police Department, who may be reached at 313 596-1924. TERMS: Net 30 days Prices are firm. A valid invoice meets the following requirements: Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)						

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

Total ,296,000.00

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

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

DocuSign Envelope ID: 02D059CF-4ABD-4F12-8773-1670C9C46889

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
2874673	9	2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit,MI 48226
United States

BILL TO

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

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	07-JAN-16 Y Gaines
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4667

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

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)

Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)

INVOICING:
All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment:
a)Price on invoice must correspond to the pricing listed on purchase order and/or contract.
b)Contractor must submit price lists in accordance with bid requirements.
c)Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.
d)Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.

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

Total ,296,000.00

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.

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1/21/2016

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DocuSign Envelope ID: 02D059CF-4ABD-4F12-8773-1670C9C46889

CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
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IF THIS PURCHASE ORDER DOES NOT AGREE WITH THE BID YOU SUBMITTED, PLEASE CONTACT THE PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
2874673	9	3

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Detroit,MI 48226
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Coleman A Young Municipal Ce
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SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	07-JAN-16 Y Gaines
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FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreemetn by giving a 30- calendar day written notice to terminate.						
	Purchase Agreement Effective From: 31-OCT-13 To: 30-JUN-16				Amount Agreed:	1,296,000.00	

Total 1,296,000.00

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.

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Boysie Jackson
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1/21/2016

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here) **Date Received: 00/00/2014**

Date: 09/09/15 Department ~~Fire~~ Police / Division: _Fire Fighting and EMS

Dept Head/Contact Person: Edsel Jenkins Phone No.: 313-596-2901

Description: Time extension of uniform contract with Enterprise
brief explanation of function or need of the goods/services

Contract No.:_2874673_____ PO Type: Prof Svc-CPO___ Est. Value: $96,000.00
Contract Term (if applicable): October 1, 2015 _December 31, 2015

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

Recommended Supplier: ENTERPRISE UNIFORM Required Date: 11/18/2014
1000-240110-000087-623100-00715-000000-A1510

1. The business being awarded is **renewal-time extension** If a renewal, provide justification for renewal: Additional time needed for new city wide uniform contract bidding and award

2. Was the product or service competitively bid? ☐ Yes **X** No
   Attach Copy of Bid Tabulation/Evaluation score sheets as needed
   If the answer to #2 is "NO" explain why there was no competition: _time extension only

3. Was a Co-Operative Agreement Considered? ☐ Yes **X** No Co-Operative Name: _____
   If answer to #3 is "No" explain why a Co-Op was not considered: Time extension only

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

5. Does this agreement represent an increase?
   ☐ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)

X Change in amount/volume of the good or service to be used. **Contract extension for three months.**

6. Does the supplier currently provide other goods and services to the City? Yes X No
   If yes please list: _____

7. Is this good/service used by other departments? X Yes No
   If "yes" can this Req/PAR be combined other department requirements? X Yes No

8. Is this a service that can be performed by City employees? ☐ Yes X No
   Is this a service that City employees can be trained to do? ☐ Yes X No

---

NOTES: Buyer:
a. Excluded Parties List / Supplier Award Management Website Reviewed? (Yes)/No ___ ___

•

☐ **PLACE ON EMERGENCY MANAGER AGENDA**

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: Debra Brawley DATE: _09/09/2015_
(Department)

INFORMATION PROVIDED BY: _Debra Brawley_____

TITLE: __General Manager_____

PHONE: 313-596-2904_____

FIRE/EMS UNIFORMS
PO 2874673

BID TABULATION

ASSUMPTIONS		Supplier 1	
D-BB's		Enterprise Uniforms	
D-RB's		2862 East Grand Blvd.	
D-BB's w/HQ in Detroit		Detroit, MI 48202	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Shirts, long sle. 14-17 1/2	1	$55.95	$55.95
Shirts, long sle. 18-21 1/2	1	$63.95	$63.95
Shirts, long sle. 22-22 1/2	1	$66.95	$66.95
Shirts, Short sle. 14-17 1/2	1	$52.95	$52.95
Shirts, Short sle. 18-21 1/2	1	$59.95	$59.95
Shirts, Short sle. 22-22 1/2	1	$69.95	$69.95
Crown Hats	1	$42.95	$42.95
Purchase order TOTAL			$412.65
UP TO $10,000.00	0.05		$20.63
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$412.65

ASSUMPTIONS		Supplier 2	
D-BB's			
D-RB's			
D-BB's w/HQ in Detroit			
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
Purchase order TOTAL			$0.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$0.00

ASSUMPTIONS		Supplier 3	
D-BB's			
D-RB's			
D-BB's w/HQ in Detroit			
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
Purchase order TOTAL			$0.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$0.00

This bid tab is to show the price per item only.

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASING

E-MAIL ADDRESS: gainesv@detroitmi.gov

CONTACT NAME: YOLANDA GAINES PHONE: 224-4612 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. 512
Detroit, MI 48226

Phone: (313) 224-3320 or 224-3329
Fax: (313) 224-4584

For:
Individual or Company Name: ENTERPRISE UNIFORM CO.
Address: 2862 E. GRAND BLVD.
DET., MI. 48202
City: DETROIT
State: MICHIGAN Zip Code: 48202
Telephone: 313- 871-4667 Fax #: 313- 871-8319
E-mail Address: enterpriseuniform@gmail.com

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above): Lynne Burgess-Holmes

Telephone #: 313/ 871-4667
Fax #: 313/ 871-8319

Employer Identification or Social Security Number: 38-2211610

Spouse Social Security Number:

Nature of Contract: POLICE UNIFORMS
2874673

BID CONTRACT AMOUNT (if known): Labor $ 5000.00 Material $ 45,000.00
Contract # (if known): 2874673

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 o a 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 DIS-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: ZUCHETIA JENNINGS - INCOME TAX INVESTIGATOR Date: OCT 27 2014 Expires: OCT 27 2015
☐ Yes ☐ No Signature: Date: Expires:
☐ Yes ☐ No Signature: Date: Expires:

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

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

CITY OF DETROIT

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

☐ **SECTION A:** BUSINESS LICENSE | BUDGET | CITY COUNCIL | DDOT | DPW | FINANCE | FIRE | HEALTH | HUMAN RIGHTS | LAW | MAYOR | OMBUDSMAN | PLANNING& DEVELOPMENT | POLICE | PURCHASING | RECREATION | WATER & SEWAGE | OTHER _____

ADDRESS OF DEPARTMENT _____

DATE SENT _____ CONTACT PERSON _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

CONTRACT AMOUNT $ _____

XX **SECTION B: CORPORATION** LICENSE TYPE **CONTRACT RENEWAL**

CORPORATION NAME **ENTERPRISE UNIFORM CO.**

ADDRESS **2862 E. GRAND BLVD.** CITY/STATE/ZIP **DET., MI. 48202** X OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER **03990285.00** **FID / EIN NUMBER** **38-2211610**

OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON **LYNNE BURGESS-HOLMES** PHONE NUMBER **313/ 871-4667** **EMAIL ADDRESS** **enterpriseuniform@gmail.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 _____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

☐ **SECTION E: PERSONAL SERVICES**

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:

✓ APPROVED ☐ DENIED ☐ DENIED WITH ATTACHMENTS

SIGNATURE _____ DATE SEP 03 2015 CLEARANCE VALID UNTIL JAN 15 2016

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being duly authorized representative of the Enterprise Uniform Co., (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) 2874673

Duration of Covenant 6 MONTHS

Printed Name of Contractor/Organization ENTERPRISE UNIFORM CO.
(Type or Print Legibly)

Contractor Address: DETROIT (City), MI (State), 48202 (Zip)

Contractor Phone/E-mail 313/ 871-4667 / enterpriseuniform@gmail.com

Printed Name & Title of Authorized Representative LYNNE BURGESS-HOLMES

Signature of Authorized Representative Lynne Burgess Holmes

Date 8/28/15

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

Signature of Notary:

Printed Name of Seal of Notary: RILEY DORTCH

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne

My Commission Expires: ___/___/___

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/31/2015

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
Buhl Insurance
A Daly Merritt Company
3701 West Road
Trenton MI 48183

CONTACT NAME: SBU REP/PC
PHONE (A/C, No, Ext): (734) 676-0100 **FAX (A/C, No):** (734) 676-1159
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Harleysville Lake States Ins	14516
INSURER B: Accident Fund General	12304
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
ENTERPRISE UNIFORM INC
2862 E GRAND BLVD
DETROIT MI 48202-3130

COVERAGES **CERTIFICATE NUMBER:** CL1583109899 **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 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			BOP00000070976B	5/16/2015	5/16/2016	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 $ $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CMB00000041078K	5/16/2015	5/16/2016	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV0314621	5/16/2015	5/16/2016	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ $ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holders are additional insured with respects to the General Liability to the extent provided in form # BP04500106.

CERTIFICATE HOLDER
City of Detroit
Detroit Police and Detroit Fire Departmen
1301 Third Avenue
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
Benjamin Brown/BBROWN

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The ACORD name and logo are registered marks of ACORD

Hiring Policy Compliance Affidavit

I, **LYNNE BURGESS-HOLMES**, being duly sworn, state that I am the _____

PRESIDENT of **ENTERPRISE UNIFORM CO.**

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,

Lynne Burgess Holmes

Title: **PRESIDENT** Date: **8/28/15**

STATE OF **MICHIGAN**)
) SS
COUNTY OF **WAYNE**)

The foregoing Affidavit was acknowledged before me the **31ST** day of **AUGUST**, 20**15**, by _____.

Notary Public, County of WAYNE

State of Michigan

My commission expires: SEPT 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF WAYNE

ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)			SOCIAL SECURITY NO.
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: ENTERPRISE UNIFORM CO.

2. Address of Contractor: 2862 E. GRAND BLVD.
DET., MI. 48202

3. Name of Predecessor Entities (if any): -0-

4. Prior Affidavit submission? ____ No __X__ Yes, on: 11-18-14
(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.

LYNNE BURGESS-HOLMES (Printed Name) PRESIDENT (Title)

Lynne Burgess-Holmes (Signature) 8/28/15 (Date)

Subscribed and sworn to before me
this 31 day of AUGUST
2015

Notary Public, Wayne County, Michigan
My Commission expires: Sept 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF Wayne

View assistance for Search Results
SAM
USER NAME
PASSWORD
LOGIN
Forgot Username?
Forgot Password?
Create an Account
HOME
SEARCH RECORDS
DATA ACCESS
GENERAL INFO
HELP
SAM.gov will be down for a scheduled maintenance window Saturday 09/12/2015 from 8:00 AM to 12:00 PM (EDT)
Search Results
Your search results represent the broadest set of records that match your criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the record status of each result and use the Search Filters to narrow your results.
Of note, some entities have chosen to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you are logged in as a Federal Government user.
If you want to perform a new search, be sure to use the Clear Search button to remove your results. If you have a SAM user account and are logged in, you can use the Save Search button to run your current search again at a later time.
Important message regarding exclusion search hits.
Current Search Terms: enterprise* uniforms* Co.*
Clear Search
TOTAL RECORDS: 0
Result page 0 of 0
Save PDF
Export Results
Print
Sort by Modified Date
Order by Descending
FILTER RESULTS
No records found for current search.
By Record Status
Active
Inactive
By Functional Area
Entity Management
Performance Information
Glossary
Search Results
Entity
Exclusion
Search Filters
By Record Status
By Functional Area - Entity Management
By Functional Area - Performance Information

ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

8/31/15

Yolanda Gaines
Procurement Specialist
Office of Contracting & Procurement
CAYMC
Two Woodward Ave., Ste. 1008
Det., MI. 48226

Ms. Gaines,

Please accept this written notice that we, Enterprise Uniform Co. would like to extend contract #2874673 for Detroit Police and Detroit Fire uniforms under the same pricing, terms and conditions for a 6 month period expiring 12/31/15 per your request.

If you have any questions or concerns please do not hesitiate to call or email.

Thank You,

Lynne Burgess-Holmes
President, Enterprise Uniform Co.

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
2874673	6	1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit,MI 48226
United States

BILL TO

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

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	04-JUN-15 Y Gaines
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4666

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

FURNISH: UNIFORMS AND ACCESSORIES FOR THE DETROIT POLICE AND FIRE DEPARTMENTS, FOR ONE-YEAR, WITH TWO ONE-YEAR RENEWAL OPTIONS, FOR THE DETROIT POLICE DEPARTMENT, IN ACCORDANCE WITH YOUR ACCEPTED QUOTE.

FRC Approved Increase: May 18, 2015
CC Approved Increase: April 28, 2015

CC Approved: March 17, 2015

The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Debra Brawley for the Detroit Fire Department, who may be reached at 313 596-2904..

The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Tina Tolliver for the Detroit Police Department, who may be reached at 313 596-5494.

TERMS: Net 30 days

Prices are firm.

A valid invoice meets the following requirements:
Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)

Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or

Total 896,000.00

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.

Brysie Jackson

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

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
2874673	6	2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit,MI 48226
United States

BILL TO

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

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	04-JUN-15 Y Gaines
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4666

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

services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)

Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)

INVOICING:
All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment:
a)Price on invoice must correspond to the pricing listed on purchase order and/or contract.
b)Contractor must submit price lists in accordance with bid requirements.
c)Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.
d)Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.

TERMINATION OF CONTRACT:
The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the vendor. At any time during the contract the City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent

Total 896,000.00

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Boysie Jackson

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

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

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Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
2874673	6	3

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SHIP TO

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Detroit,MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
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SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	04-JUN-15 Y Gaines
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4666

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreemetn by giving a 30- calendar day written notice to terminate.						
	Purchase Agreement Effective From: 31-OCT-13 To: 30-SEP-15				Amount Agreed:	896,000.00	

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

Total	896,000.00

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Net 30	Lowest Cost Carrier	Delivered
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Account of Seller		L BURGESS (313) 871-4667

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

This Formal Purchase Order was completed in accordance with Department request.

FURNISH: UNIFORMS AND ACCESSORIES FOR THE DETROIT POLICE AND FIRE DEPARTMENTS UNTIL 12/31/2015.

EXTENSION OF TIME: 10/1/2015 - 12/31/2015

CC Approved Time Extenesion: October 13, 2015
FRC Approved Time Extension: October 26, 2015

FRC Approved Increase: May 18, 2015
CC Approved Increase: April 28, 2015

CC Approved: March 17, 2015

The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Debra Brawley for the Detroit Fire Department, who may be reached at 313 596-2904..

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Prices are firm.

Total	896,000.00

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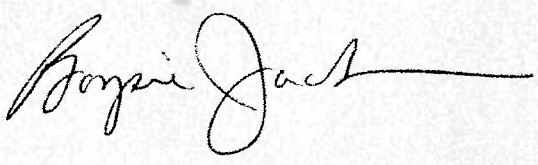

PURCHASING DIRECTOR'S SIGNATURE
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2874673	8	2

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Account of Seller		L BURGESS (313) 871-4667

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

A valid invoice meets the following requirements:
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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)

Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)

INVOICING:
All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment:
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b)Contractor must submit price lists in accordance with bid requirements.
c)Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.
d)Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone

Total 896,000.00

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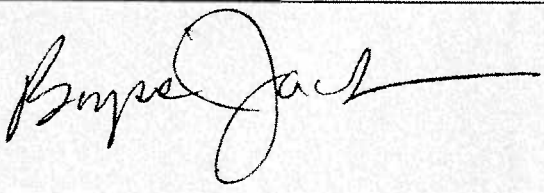

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PHONE 313-224-4600
FAX 313-224-4374

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

Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
2874673	8	3

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

see release for actual agenc
Detroit,MI 48226
United States

BILL TO

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

SUPPLIER

ENTERPRISE UNIFORM
2862 E GRAND BLVD
DETROIT, MI 48202

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1013051	11-JAN-13 M Butler	02-NOV-15 Y Gaines
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Account of Seller		L BURGESS (313) 871-4667

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	number of the contact person responsible for processing payment. TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty (30) days written notice to the vendor. At any time during the contract the City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreemetn by giving a 30- calendar day written notice to terminate.						
	Purchase Agreement Effective From: 31-OCT-13 To: 31-DEC-15 Amount Agreed: 896,000.00						

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

Total	896,000.00

Boyce Jacks

PURCHASING DIRECTOR'S SIGNATURE
NOT VALID WITHOUT AUTHORIZED SIGNATURE

The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of October 13, 2015 and ***APPROVED***

Reported by the Planning and Economic Development Committee:

2913036 ClearCorp / SEMHA $510,000 PLAN & DEVELOPMT.
Submitted in the List and Referred October 6, 2015

Reported by the Public Health and Safety Committee:

2914129,MiDeal Detroit Salt $3,157,830 PUBLIC WORKS
Submitted in the List and Referred September 29, 2015.

2874673,Ext. to 12-30-15 Enterprise Uniforms + $0 to $896,000 POLICE & FIRE
Submitted in the List and Referred October 6, 2015.

2914870,MiDeal Detroit Salt $43,184 TRANSPORTATION
Submitted as Special Letter and Referred October 6, 2015.

LLO-00415 Lloyd Hanton (Chaplain) $14,876 FIRE
Submitted in the List for Oct. 13, 2015; Moved to New Business; Approved with ***WAIVER***.

2911396 Qualified Abatement $41,615 BUILD.SAFE.ENGIN.ENVIRON.
Submitted in the List and Referred July 28, 2014; Approved. as No. 2865739 for $40,782 on Sept. 22, 2015; Change in Contract No., dates and cost submitted as Special Letter for Oct. 13, 2015; Moved to New Business.

*The following contracts were **REFERRED** on October 13, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee:

No Contracts Referred

Referred to Internal Operations Committee:

87073,Ext.	Hagar Marcella Davis	GENERAL SERVICES
2890503,Amend.1	Health Management Syst.	HUMAN RESOURCES
2909514	The Allen Group	LAW
2913161	Dykema Gossett	LAW

Referred to Neighborhood and Community Services Committee:

No Contracts Referred

Referred to Planning and Economic Development Committee:

2895769,Amend.1	Neighborhood Legal Serv.	PLANNING & DEVELOPMT.
2911480	GS Group	PLANNING & DEVELOPMT.

Correction to No. 2911480 Referred

Referred to Public Health and Safety Committee:

2888789,Amend.1	Wayne State Univ.	POLICE
2876966,Amend.1	Det.Build.Authority	POLICE
2902713	Michigan Joint Sealing	PUBLIC WORKS
2913189	Ft.Wayne / Ajax Paving jt.vent.	PUBLIC WORKS

The following are contracts that are currently HELD for review, discussion or report to the Standing Committees:

Budget, Finance and Audit Committee:

2904969,Purch.Incr. BD Transport + $252,000 to $956,000 CITY-WIDE
Increase for Police Dept. Submitted in the List and Referred on Oct. 6, 2015.

Neighborhood and Community Services Committee:

87284 Ronald Lee Brown (Coca-Cola Troop) $4,800 RECREATION
Submitted in the List and Referred September 29, 2015.

87382 Craig Sultana (Coca-Cola Troop) $2,400 RECREATION
Submitted in the List and Referred September 29, 2015; Approved in Comm. 10-8

Planning and Economic Development Committee:

2896965,Amend.1 Heat and Warmth Fund (THAW) + $100,000 to $347,589.40 PLAN & DEVELPT
Submitted in the List and Referred June 16, 2015; Waiting for Law Opinion on Ethics question

Detroit City Council

Legislative Policy Division

TO: Office of Contracting and Procurement Staff
FROM: David Teeter
DATE: October 13, 2015

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

There were no contracts, approved at the October 6, 2015 Session, requested to be Reconsidered.

The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of October 13, 2015 and ***APPROVED***

Reported by the Finance, Budget and Audit Committee:

No Contracts Reported

Reported by the Internal Operations Committee:

2908624,Confirm.Requist. G4s Secure Solutions $41,135 GENERAL SERVICE
Submitted in the List and Referred on October 6, 2015.

2914201,MiDeal Detroit Salt $75,000 GENERAL SERVICE
Submitted as Special Letter and Referred on October 6, 2015.

LES-00389 Leslie Howard Ellison $44,928 GENERAL SERVICE
Submitted in the List and Referred on October 6, 2015, with amendment to beginning date.

DEB-00399 Deborah Goldstein (Hist.Designa) $32,500 CITY COUNCIL
Submitted in the List for Oct. 13, 2015; Placed on Consent Agenda; Approved with ***WAIVER***.

WIL-00524 Willie Donwell II (Ayers) $4,802 CITY COUNCIL
Submitted in the List for Oct. 13, 2015; Placed on Consent Agenda; Approved with ***WAIVER***.

ALY-00452 Alyssa Avila (Castaneda-Lopez) $1,000 CITY COUNCIL
Submitted in the List for Oct. 13, 2015; Amendment to termination date
Moved to New Business; Approved with ***WAIVER***.

86907,Amend.1 Darren Craddieth + $840 to $37,950 ELECTIONS
Submitted in the List for Oct. 13, 2015; Moved to New Business.

Reported by the Neighborhood and Community Services Committee:

No Contracts Reported

City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here) **Date Received: 00/00/2014**

Date: 09/09/15 Department Police/Fire Division: _Fire Fighting and EMS

Dept Head/Contact Person: Edsel Jenkins Phone No.: 313-596-2901

Description: Time extension of uniform contract with Enterprise
brief explanation of function or need of the goods/services

Contract No.:_2874673_____ PO Type: Prof Svc-CPO___ Est. Value: $ 896,000.00
Contract Term (if applicable): October 1, 2015 _December 31, 2015

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

Recommended Supplier: ENTERPRISE UNIFORM Required Date: 11/18/2014
1000-240110-000087-623100-00715-000000-A1510

1. The business being awarded is **renewal-time extension** If a renewal, provide justification for renewal: Additional time needed for new city wide uniform contract bidding and award

2. Was the product or service competitively bid? ☐Yes **X** No
   Attach Copy of Bid Tabulation/Evaluation score sheets as needed
   If the answer to #2 is "NO" explain why there was no competition: _time extension only

3. Was a Co-Operative Agreement Considered? ☐Yes **X** No Co-Operative Name: _____
   If answer to #3 is "No" explain why a Co-Op was not considered: Time extension only

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

5. Does this agreement represent an increase?
   ☐ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)

X Change in amount/volume of the good or service to be used. **Contract extension for three months.**

6. Does the supplier currently provide other goods and services to the City? Yes X No
   If yes please list: _____

7. Is this good/service used by other departments? X Yes No
   If "yes" can this Req/PAR be combined other department requirements? X Yes No

8. Is this a service that can be performed by City employees? ☐ Yes X No
   Is this a service that City employees can be trained to do? ☐ Yes X No

---

NOTES: Buyer:
a. Excluded Parties List / Supplier Award Management Website Reviewed? (Yes) No ____ ____

☐ **PLACE ON EMERGENCY MANAGER AGENDA**

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: _____ DATE: _09/09/2015_
(Department)

INFORMATION PROVIDED BY: _Debra Brawley_____

TITLE: __General Manager_____

PHONE: 313-596-2904_____

FIRE/EMS UNIFORMS
PO 2874673

BID TABULATION

ASSUMPTIONS		Supplier 1	
D-BB's		Enterprise Uniforms	
D-RB's		2862 East Grand Blvd.	
D-BB's w/HQ in Detroit		Detroit, MI 48202	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Shirts, long sle. 14-17 1/2	1	$55.95	$55.95
Shirts, long sle. 18-21 1/2	1	$63.95	$63.95
Shirts, long sle. 22-22 1/2	1	$66.95	$66.95
Shirts, Short sle. 14-17 1/2	1	$52.95	$52.95
Shirts, Short sle. 18-21 1/2	1	$59.95	$59.95
Shirts, Short sle. 22-22 1/2	1	$69.95	$69.95
Crown Hats	1	$42.95	$42.95
Purchase order TOTAL			$412.65
UP TO $10,000.00	0.05		$20.63
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$412.65

ASSUMPTIONS		Supplier 2	
D-BB's			
D-RB's			
D-BB's w/HQ in Detroit			
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
Purchase order TOTAL			$0.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$0.00

ASSUMPTIONS		Supplier 3	
D-BB's			
D-RB's			
D-BB's w/HQ in Detroit			
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
			$0.00
Purchase order TOTAL			$0.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00
BID TABULATION GRAND TOTAL:			$0.00

This bid tab is to show the price per item only.

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASING

E-MAIL ADDRESS: gainesv@detroitmi.gov

CONTACT NAME: YOLANDA GAINES PHONE: 224-4612 FAX: 628-1160

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

A. Tax
City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
1 Woodward Avenue, Ste. 811
Detroit, MI 48226

Phone: (313) 224-3320 or 224-3320
Fax: (313) 224-4588

For:
Individual or Company Name: ENTERPRISE UNIFORM CO.
Address: 2862 E. GRAND BLVD.
DET., MI. 48202
City: DETROIT
State: MICHIGAN Zip Code: 48202
Telephone: 313- 871-4667 Fax #: 313- 871-8319
E-mail Address: enterpriseuniform@gmail.com

B. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above): Lynne Burgess-Holmes

Telephone #: 313/ 871-4667
Fax #: 313/ 871-8319

Employer Identification or Social Security Number: 38-2211610

Spouse Social Security Number:

Nature of Contract: POLICE UNIFORMS 2874673

BID CONTRACT AMOUNT (if known): Labor $ 5000.00 Materials $ 45,000.00

Contract # (if known): 2874673

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 o a nonresid elm'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 D615-4). ☐ 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: LUCHETIA JENNINGS - INCOME TAX INVESTIGATOR Date: OCT 27 2014 Expires: OCT 27 2015

☐ Yes ☐ No Signature: _____ Date: _____ Expires: _____

☐ Yes ☐ No Signature: _____ Date: _____ Expires: _____

To check the status of a clearance, please call (313) 224-3320 or (313) 224-3320
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.ci.detroit.mi.us

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

CITY OF DETROIT

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

☐ **SECTION A:** | BUSINESS LICENSE | BUDGET | CITY COUNCIL | DDOT | DPW | FINANCE | FIRE | HEALTH | HUMAN RIGHTS | LAW | MAYOR | OMBUDSMAN | PLANNING& DEVELOPMENT | POLICE | PURCHASING | RECREATION | WATER & SEWAGE | OTHER _____

ADDRESS OF DEPARTMENT _____

DATE SENT _____ CONTACT PERSON _____

PHONE NUMBER _____ FAX NUMBER _____ EMAIL _____

CONTRACT AMOUNT $ _____

XXX **SECTION B: CORPORATION** LICENSE TYPE CONTRACT RENEWAL

CORPORATION NAME ENTERPRISE UNIFORM CO.

ADDRESS 2862 E. GRAND BLVD. CITY/STATE/ZIP DET., MI. 48202 X OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER 03990285.00 **FID / EIN NUMBER** 38-2211610

OTHER CITY-OWNED PROPERTY PARCELS _____

CONTACT PERSON LYNNE BURGESS-HOLMES PHONE NUMBER 313/ 871-4667 EMAIL ADDRESS enterpriseuniform@gmail.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 _____

OTHER CITY-OWNED PROPERTY PARCELS _____ | OWN | LEASE

EMAIL ADDRESS _____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

☐ **SECTION E: PERSONAL SERVICES**

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:

✓ APPROVED ☐ DENIED ☐ DENIED WITH ATTACHMENTS

SIGNATURE _____ DATE SEP 03 2015 CLEARANCE VALID UNTIL JAN 15 2016

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being duly authorized representative of the Enterprise Uniform Co., (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) 2874673

Duration of Covenant 6 MONTHS

Printed Name of Contractor/Organization ENTERPRISE UNIFORM CO.
(Type or Print Legibly)

Contractor Address: DETROIT (City), MI (State), 48202 (Zip)

Contractor Phone/E-mail 313/ 871-4667 / enterpriseuniform@gmail.com

Printed Name & Title of Authorized Representative LYNNE BURGESS-HOLMES

Signature of Authorized Representative Lynne Burgess Holmes

Date 8/28/15

*** This document MUST be notarized ***

Signature of Notary:

Printed Name of Seal of Notary: RILEY DORTCH

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF WAYNE

My Commission Expires: ___/___/___

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 8/31/2015

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
Buhl Insurance
A Daly Merritt Company
3701 West Road
Trenton MI 48183

CONTACT NAME: SBU REP/PC
PHONE (A/C, No, Ext): (734) 676-0100 **FAX (A/C, No):** (734) 676-1159
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Harleysville Lake States Ins	14516
INSURER B: Accident Fund General	12304
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
ENTERPRISE UNIFORM INC
2862 E GRAND BLVD
DETROIT MI 48202-3130

COVERAGES **CERTIFICATE NUMBER:** CL1583109899 **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 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY PRO-JECT LOC			BOP00000070976B	5/16/2015	5/16/2016	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 $ $ 2,000,000 $ 2,000,000
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
A	X UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			CMB00000041078K	5/16/2015	5/16/2016	EACH OCCURRENCE AGGREGATE	$ 1,000,000 $ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WCV0314621	5/16/2015	5/16/2016	WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 500,000 $ 500,000 $ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Certificate holders are additional insured with respects to the General Liability to the extent provided in form # BP04500106.

CERTIFICATE HOLDER

City of Detroit
Detroit Police and Detroit Fire Departmen
1301 Third Avenue
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

Benjamin Brown/BBROWN

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The ACORD name and logo are registered marks of ACORD

Hiring Policy Compliance Affidavit

I, LYNNE BURGESS-HOLMES, being duly sworn, state that I am the _____

PRESIDENT (Title) of ENTERPRISE UNIFORM CO. (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,

Lynne Burgess Holmes

Title: PRESIDENT Date: 8/28/15

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing Affidavit was acknowledged before me the 31ST day of AUGUST, 2015, by _____.

Notary Public, County of WAYNE

State of Michigan

My commission expires: SEPT 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF WAYNE

EU

ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

APPLICATION FOR EMPLOYMENT

PRE-EMPLOYMENT QUESTIONNAIRE
EQUAL OPPORTUNITY EMPLOYER

PERSONAL INFORMATION

DATE _____

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO. — —	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO. ( )	REFERRED BY		

EMPLOYMENT DESIRED

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED? ☐ YES ☐ NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ☐ YES ☐ NO	
EVER APPLIED TO THIS COMPANY BEFORE? ☐ YES ☐ NO	WHERE?	WHEN?

EDUCATION HISTORY

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

GENERAL INFORMATION

SUBJECTS OF SPECIAL STUDY/RESEARCH WORK OR SPECIAL TRAINING/SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

FORMER EMPLOYERS (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

DATE MONTH AND YEAR	NAME & ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				

CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: ENTERPRISE UNIFORM CO.

2. Address of Contractor: 2862 E. GRAND BLVD.
DET., MI. 48202

3. Name of Predecessor Entities (if any): -0-

4. Prior Affidavit submission? ____ No __X__ Yes, on: 11-18-14
(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.

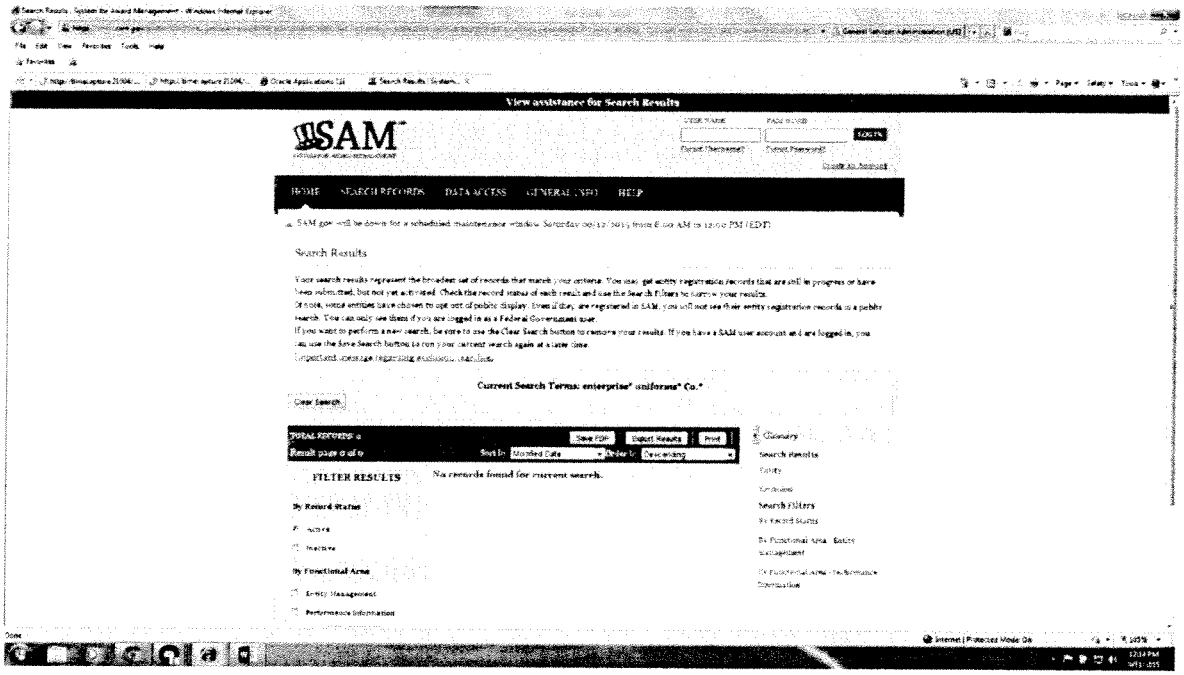
LYNNE BURGESS-HOLMES (Printed Name) PRESIDENT (Title)

Lynne Burgess-Holmes (Signature) 8/28/15 (Date)

Subscribed and sworn to before me
this 31 day of AUGUST
2015

Notary Public, WAYNE County, Michigan
My Commission expires: Sept 14, 2021

RILEY DORTCH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Sep 14, 2021
ACTING IN COUNTY OF


View assistance for Search Results
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HOME
SEARCH RECORDS
DATA ACCESS
GENERAL INFO
HELP
Search Results
Current Search Terms: enterprise* uniforms* Co.*
Clear Search
FILTER RESULTS
No records found for current search.
By Record Status
By Functional Area
Search Filters

ENTERPRISE UNIFORM COMPANY

2862 EAST GRAND BOULEVARD • DETROIT, MICHIGAN 48202
PHONE: (313) 871-4667 • FAX: (313) 871-8319

8/31/15

Yolanda Gaines
Procurement Specialist
Office of Contracting & Procurement
CAYMC
Two Woodward Ave., Ste. 1008
Det., MI. 48226

Ms. Gaines,

Please accept this written notice that we, Enterprise Uniform Co. would like to extend contract #2874673 for Detroit Police and Detroit Fire uniforms under the same pricing, terms and conditions for a 6 month period expiring 12/31/15 per your request.

If you have any questions or concerns please do not hesitiate to call or email.

Thank You,

Lynne Burgess-Holmes
President, Enterprise Uniform Co.