

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 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 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 \$ _____ 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: *[Signature]*

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: *[Signature]*

(Department)

DATE: 09/09/2015

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904



BID TABULATION

ASSUMPTIONS		Supplier 1		Supplier 2		Supplier 3	
	UNITS	UNIT PRICE	TOTAL PRICE	UNITS	UNIT PRICE	TOTAL PRICE	TOTAL PRICE
D-BB's							
D-RB's							
D-BB's w/HQ in Detroit		2862 East Grand Blvd. Detroit, MI 48202					
D-BSB's							
D-BMBC							
Joint Venture							
Mentor Venture							
Shirts, long sle: 14-17 1/2	1	\$55.95	\$55.95				\$0.00
Shirts, long sle: 18-21 1/2	1	\$63.95	\$63.95				\$0.00
Shirts, long sle: 22-22 1/2	1	\$66.95	\$66.95				\$0.00
Shirts, Short sle: 14-17 1/2	1	\$52.95	\$52.95				\$0.00
Shirts, Short sle: 18-21 1/2	1	\$59.95	\$59.95				\$0.00
Shirts, Short sle: 22-22 1/2	1	\$69.95	\$69.95				\$0.00
Crown Hats	1	\$42.95	\$42.95				\$0.00
Purchase order TOTAL			\$412.65			\$0.00	\$0.00
UP TO \$10,000.00	0.05		\$20.63	0.05		\$0.00	\$0.00
\$10,000.01-\$100,000.00	0.04		\$0.00	0.04		\$0.00	\$0.00
\$100,000.01-\$500,000.00	0.03		\$0.00	0.03		\$0.00	\$0.00
\$500,000.01 AND OVER	0.02		\$0.00	0.02		\$0.00	\$0.00
D-RB's							
D-BB's w/HQ in Detroit	0.03		\$0.00	0.03		\$0.00	\$0.00
D-BSB's	0.01		\$0.00	0.01		\$0.00	\$0.00
D-BMBC	0.02		\$0.00	0.02		\$0.00	\$0.00
Joint Venture	0.02		\$0.00	0.02		\$0.00	\$0.00
Mentor Venture	0.01		\$0.00	0.01		\$0.00	\$0.00
BID TABULATION GRAND TOTAL:			\$412.65			\$0.00	\$0.00

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

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DEVISION: PURCHASING
EMAIL ADDRESS: gabinesv@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
 Economic Tax Division
 Coleman A. Young Municipal Center
 1 Woodward Avenue, Ste. 511
 Detroit, MI 48226
 Phone (313) 224-3328 or 224-3329
 Fax (313) 224-4928

Person: Individual or Company Name: ENTERPRISE UNIFORM CO.
 Address: 2862 N. GRAND BLVD.
DET., MI. 48202
 City: DETROIT
 State: MICHIGAN Zip Code: 48202
 Telephone: 313- 871-4667 Fax: 313- 871-8319
 Email 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
 Employer Social Security Number

Name of Contract: POLICE UNIFORMS **2874673**
2874673
 BID CONTRACT AMOUNT (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 1-4

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5-7

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form 001-6). Yes No
- Will the company have employees working in Detroit? Yes No
- Will the company use sub-contractors or independent contractors in Detroit? Yes No

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City License Tax Ordinance?
 Yes No **LOCHETIA JENNINGS** Date: OCT 27 2014 OCT 27 2015
 Yes No **INCOME TAX INVESTIGATOR** 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.detroitmi.gov

NOTE: An approved Juror Tax Certificate may be used to complete 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 \$

SECTION B: CORPORATION LICENSE TYPE CONTRACT RENEWAL
CORPORATION NAME ENTERPRISE UNIFORM CO.
ADDRESS 2862 E. GRAND BLVD. CITY/STATE/ZIP DET., MI. 48202 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

SECTION E: PERSONAL SERVICES
NAME ADDRESS 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

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

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, (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 MI 48202
(City) (State) (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: *Riley Dortch*

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:	
INSURED ENTERPRISE UNIFORM INC 2862 E GRAND BLVD DETROIT MI 48202-3130		INSURER(S) AFFORDING COVERAGE INSURER A: Harleysville Lake States Ins NAIC # 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 <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			BOP00000070976B	5/16/2015	5/16/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CMB00000041078K	5/16/2015	5/16/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	B WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A		WCV0314621	5/16/2015	5/16/2016	WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 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

CANCELLATION

City of Detroit Detroit Police and Detroit Fire Departmen 1301 Third Avenue Detroit, MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Benjamin Brown/BBROWN <i>Ben Brown</i>
--	---

ACORD 25 (2010/05)

INS025 (201005) 01

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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)
COUNTY OF WAYNE) SS

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: SEPTEMBER 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? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> 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 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

Search Results | System for Award Management - Windows Internet Explorer

General Services Administration (USA) | Log Out

File Edit View Favorites Tools Help

http://sam.gov/... http://timecapture21204... Oracle Applications:11 Search Results System...

View assistance for Search Results

SAM
System for Award Management

USER NAME: _____ PASSWORD: _____ LOGIN

Forgot Username? Forgot Password? SEARCH RESULTS

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 exclusive search links.](#)

Current Search Terms: enterprise' uniforms' Co.*

Clear Search

TOTAL RECORDS: 0
Result page 0 of 0

Show: 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

Category

- Search Results
- Entity
- Executive
- Search Filters
- By Record Status
- By Functional Area - Entity Management
- By Functional Area - Performance Information

Done

Internet | Protected Mode On

10:59 9/12/2015



ENTERPRISE UNIFORM COMPANY

8/31/15

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

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 hesitate to call or email.

Thank You,

A handwritten signature in black ink that reads "Lynne Burgess-Holmes".

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. 2874673 REVISION 6 PAGE 1

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. 1013051	DATE OF ORDER/BUYER 11-JAN-13 M Butler	REVISED DATE/BUYER 04-JUN-15 Y Gaines
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE L BURGESS (313) 871-4666

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	<p>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.</p> <p>FRC Approved Increase: May 18, 2015 CC Approved Increase: April 28, 2015 CC Approved: March 17, 2015</p> <p>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..</p> <p>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.</p> <p>TERMS: Net 30 days Prices are firm.</p> <p>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)</p> <p>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or</p>						
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.

Boypie 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						

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

Boypie Jackson
 PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



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PURCHASE ORDER NO. 2874673 REVISION 6 PAGE 3

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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 agreemeth 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	

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