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Shekia Sewell - Checker Fwd: RE: resend

From: Arnita Clark
To: Shekia Sewell
Date: 10/30/2015 1:24 PM
Subject: Checker Fwd: RE: resend

>>> Don Piotrowski <Don.Piotrowski@CheckerCab-Det.com> 10/30/15 1:05 PM >>>
Arnita,
I agree to the contract language change effective upon the execution date of the Jarc/NewFreedom amendment.
Don Piotrowski
Checker Cab

From: Arnita Clark [arnitac@detroitmi.gov]
Sent: Friday, October 30, 2015 11:51 AM
To: Don Piotrowski; Matt Oddy
Cc: Donald Bryant; Warren Montague
Subject: resend

Good morning,

There is a required contract language change for the JARC/New Freedom program. The phrase Performance Penalties has been replaced with "Liquidated Damages".

I will need Mr. Piotrowski's agreement to these changes. Checker's acceptance may be made by email. Also, the insurance requirements for the JARC program is different from the Para Transit, as such please forward a copy of the updated insurance requirement that has the additional 3 million for each occurrence and aggregate per the original coverage that was used for this contract. Please review and return as soon as possible. If you have any further questions please contact me. Thank you.

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CITY OF DETROIT
AMENDMENT AGREEMENT NO. 2
TO CONTRACT NO. 2883536

THIS AMENDMENT AGREEMENT NO. 2 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its TRANSPORTATION Department ("City"), and **S.W. TRANSPORT CO. DBA CHECKER CAB** a MICHIGAN LLC, with its principal place of business located at **2128 TRUMBULL, DETROIT, MI 48216**.

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 17 of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

1. AMENDMENT TO ARTICLE 7
COMPENSATION

1.01 Section 7.01, which now reads:

> Compensation for Services provided shall not exceed the amount of **One Million Eight Hundred and Thousand and 00/100 Dollars ($1,800,000.00),** inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

Is now amended to read:

> Compensation for Services provided shall not exceed the amount of **Six Million Five Hundred Seventy Thousand and 00/100 Dollars ($6,570,000.00),** inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

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1.02 Section 7.02, which now reads:

Payment for Services provided under this Contract is governed by the terms of Ordinance No. 42-98, entitled "Prompt Payment of Vendors", being Sections 18-5-71 through 18-5-79 of the 1984 Detroit City Code.

The City employee responsible for accepting performance under this Contract is:

Rovella Phillips
Project Manager for T2782
1301 E. Warren
Detroit, Michigan 48207
Telephone: (313) 833-9647
Facsimile: (313) 833-5493

The City employee from whom payment should be request is:

Kurian Matthew
Principal Accountant
1301 E. Warren
Detroit, Michigan 48207
Telephone: (313) 833-0264
Facsimile: (313) 833-7890

Is amended to read:

Payment for Services provided under this Contract is governed by the terms of Ordinance No. 42-98, entitled "Prompt Payment of Vendors", being Sections 18-5-71 through 18-5-79 of the 1984 Detroit City Code.

The City employee responsible for accepting performance under this Contract is:

Michael Stanbrough
Project Coordinator for T2782
1301 E. Warren
Detroit, Michigan 48207
Telephone: (313) 833-9647
Facsimile: (313) 833-5493

The City employee from whom payment should be request is:

Kurian Matthew
Principal Accountant
1301 E. Warren
Detroit, Michigan 48207
Telephone: (313) 833-0264
Facsimile: (313) 833-7890

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2. AMENDMENT TO EXHIBIT A
SCOPE OF SERVICES –

2.01 Exhibit A, Section III - Service Features, Service Overview- Service Area part b which now reads:

The Contractor shall provide trips to all origins and destinations within Wayne, Oakland, Macomb and Washtenaw Counties.

Is now amended to read:

The Contractor shall provide trips to all origins and destinations within Wayne, Oakland, and Macomb Counties with a perimeter of 30 miles from Detroit.

2.02 Exhibit A, Section III - Service Features, Service Overview part c which now reads:

DDOT will set the fare structure and notify the Contractor, win writing, of free changes and the effective date (s).

The following is DDOT's complete fare structure, which includes fares for all elderly, disabled, and lower-income rider programs. The structure identifies all rider types (client, guest, or PCA), DDOT's various programs, the fares which shall be collected for each client-type and companions, and the fares to be paid by DDOT. DDOT will only pay for those vouchers and/or transfers submitted with the Contractor's monthly invoice.

CLIENT OF THE PROGRAMS:	FARE
JARC	$1.50
New Freedom	$2.50
PCA of the Program	FARE

(Must be noted on Trip Manifest to rider free of charge).

**DDOT will notify the Contractor, in writing, of any fare changes and the effective date(s).

The Contractor shall collect the above fares as dictated by the Trip Manifest. The Contractor shall retain all fares collected as partial payment for the trips performed. For security purposes, the Contractor, and not DDOT, shall be responsible for lost, stolen or missing fares. The Contractor shall not be paid by DDOT for lost, stolen or missing fares. The Contractor shall collect all fares prior to moving the vehicle, as DDOT will not pay the Contractor for fares not paid by the client. All clients are required to board the vehicle with the exact fare(s), as drivers are not required to make change. Some rates are not applicable to this RFP.

The contractor and its employees shall not solicit or accept tips, gifts or gratuities of any kind, no matter the value. Any employee of the Contractor doing so shall be excluded from driving or otherwise participating in the Services.

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Is amended to read:

DDOT will set the fare structure and notify the Contractor, win writing, of free changes and the effective date (s).

The following is DDOT's complete fare structure, which includes fares for all elderly, disabled, and lower-income rider programs. The structure identifies all rider types (client, guest, or PCA), DDOT's various programs, the fares which shall be collected for each client-type and companions, and the fares to be paid by DDOT.

CLIENT OF THE PROGRAMS:	FARE
JARC	$1.50
New Freedom	$2.50
PCA of the Program	FARE

(Must be noted on Trip Manifest to rider free of charge).

**DDOT will notify the Contractor, in writing, of any fare changes and the effective date(s).

The Contractor shall collect the above fares as dictated by the Trip Manifest. The Contractor shall retain all fares collected as partial payment for the trips performed. For security purposes, the Contractor, and not DDOT, shall be responsible for lost, stolen or missing fares. The Contractor shall not be paid by DDOT for lost, stolen or missing fares. The Contractor shall collect all fares prior to moving the vehicle, as DDOT will not pay the Contractor for fares not paid by the client. All clients are required to board the vehicle with the exact fare(s), as drivers are not required to make change. Some rates are not applicable to this RFP.

The contractor and its employees shall not solicit or accept tips, gifts or gratuities of any kind, no matter the value. Any employee of the Contractor doing so shall be excluded from driving or otherwise participating in the Services.

2.03 Exhibit A, Section III - Service Features, Operating Policies for Services: b) Trip Assignment Policy which now reads:

A Trip Manifest and a Cross Reference report shall be developed by the Contractor, and the Contractor shall perform all trips according to the approved upon schedule between the passenger and Contractor. If the Contractor is unable to perform an assigned trip, the Contractor shall notify DDOT within thirty (30) minutes. Habitual performance of missed assignments shall cause DDOT to evaluate the Contractor's noncompliance to contractual obligations. Each incident that negatively affects the Contractor's overall performance my result in the Contractor's removal from the Services.

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Is now amended to read:

Remains the same.

2.04 Exhibit A, Section III - Service Features, Operating Policies for Services: e) Trip Performance Policy which now reads:

The Contractor's staff shall act with courteousness, professionalism, and with special sensitivity for all riders.

Riders shall be advised by the Contractor to be prepared and at the requested location at the start of their scheduled pick-up time.

Drivers shall maintain accurate logs of trip performances. Upon arriving to transport the client, drivers shall record the actual arrival time, departure time, and the mileage; and shall record no-shows, cancellations, transferred trips, and any other changes made to the schedule throughout the day. At the end of each workday, the Contractor's drivers shall review his/her Driver's Trip Log to confirm it is completed in its entirety, before signing and returning it to the Contractor daily.

The on-time performance and accurate logging of trips performed is mandatory. Any employee of the Contractor who fails to do so shall be excluded from driving or otherwise participating in the Service.

Is now amended to read:

The Contractor's staff shall act with courteousness, professionalism, and with special sensitivity for all riders.

Riders shall be advised by the Contractor to be prepared and at the requested location at the start of their scheduled pick-up time.

Contractors are encouraged to effectively combine eligible client trips (especially for longer trips) when possible. However, clients served under this contract may not be subjected to unreasonably long travel and wait times. Accordingly, the Contractor may combine client trips, as long as 1) pickup and drop off locations are within 1 mile of each other, and 2) all pickups occur within 30 minutes of each other. Contractors may not combine non-eligible passenger trips that they would perform outside of the scope of services of this contract with JARC or New Freedom funded trips.

Timeliness of service is important, drivers are to reliably arrive at all assigned pick-up locations within a +/- 10 minute period before/after the scheduled pick-up time. Early pick-up arrivals are to be avoided so that clients are not rushed to leave before their planned pick-up times. Late pick-ups and late drop offs are to be avoided because many of the trips provided under this contract may be time-sensitive for the clients, for example, begin on time for doctor's appointments or employment shift times.

Contractor is expected to have proper capacity and availability according with our service hour requirements. If unable to meet these requirements, performance penalties are subject to being enforced as outlined in performance requirement #2 of this document.

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2.05 Exhibit A, Section III - Service Features, Operating Policies for Services: g) Service Interruptions Policy which now reads:

In the event of service difficulties, including, but not limited to, inclement weather or vehicle failures, which result in an interruption of service, the Contractor shall, immediately upon notification by the driver or otherwise, define a plane for continuing service at the earliest possible time to ensure riders are sagely transported to their destinations in a timely manner.

The contractor is responsible for all notifications of construction work on their route that would impeded their ability to service the client on time. Please see website www.michigan.gov/mdot or www.twitter.com/mdot_metrodet for details for all construction projects.

Is now amended to read:

In the event of service difficulties, including, but not limited to, inclement weather or vehicle failures, which result in an interruption of service, the Contractor shall, immediately upon notification by the driver or otherwise, define a plane for continuing service at the earliest possible time to ensure riders are sagely transported to their destinations in a timely manner.

The contractor is responsible for all notifications of construction work on their route that would impeded their ability to service the client on time. Please see website www.michigan.gov/mdot or www.twitter.com/mdot_metrodet for details for all construction projects.

All accidents or incidents associated with the Services (regardless of the severity or location) shall be reported to DDOT within one (1) hour of occurrence. Accidents involving any injuries are to be reported to DDOT immediately or as soon as reasonably possible. The initial report shall be made by telephone. Written reports shall follow within five (5) working days. A police report shall be filed immediately by the Contractor for any accident involving DDOT's or the Contractor's vehicles. The Contractor shall obtain a copy of any police report pertaining to the Services provided on behalf of DDOT and provide the report to DDOT.

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2.06 Exhibit A, Section II – Contractor's Qualifications Requirements, Vehicle Requirements: a) In-Service Vehicles which now reads:

The Contractor must be capable of performing the majority of the services outlined in the RFP for operating elderly, disabled, or lower-income related services. In all such cases, the Contractor shall ensure that its service vehicles meet all Federal Motor Vehicle Safety Standards (FMVSS), federal and State of Michigan vehicle design standards, ADA design standards, and other applicable industry standards.

The Contractor shall equip all vehicles with fire extinguishers, and 10 person minimum first aid kits that shall include, but not be limited to: a variety of plastic gauze and fabric bandages; dressing pads, triangular sling bandage, antiseptic cleansing wipes, first aid/burn cram, first aid tape, scissors, tweezers, exam gloves suitable for handling exposure to blood and other bodily fluids and a first aid guide regulation.

The Contractor shall equip each vehicle with a DDOT issued placard that contains the driver's name and DDOT's telephone number for purposes of comments or complaints by riders. This placard must be affixed to the interior of each vehicle in plain sight of the client(s) which the vehicle is performing a trip under the Contract.

Is now amended to read:

The Contractor must be capable of performing the majority of the services outlined in the RFP for operating elderly, disabled, or lower-income related services. In all such cases, the Contractor shall ensure that its service vehicles meet all Federal Motor Vehicle Safety Standards (FMVSS), federal and State of Michigan vehicle design standards, ADA design standards, and other applicable industry standards.

The Contractor shall equip all vehicles with fire extinguishers, and 10 person minimum first aid kits that shall include, but not be limited to: a variety of plastic gauze and fabric bandages; dressing pads, triangular sling bandage, antiseptic cleansing wipes, first aid/burn cram, first aid tape, scissors, tweezers, exam gloves suitable for handling exposure to blood and other bodily fluids and a first aid guide regulation.

The contractor vehicles are required to have readily identifiable markings of their company logo visible to the client/rider. These markings are to be visible during both the day and evening hours.

2.07 Exhibit A, Section III - Service Features, Performance Requirements with Resulting Performance Penalties or Service Exclusions which now reads:

a) The Contractor's quality of service, as reflected in the eight (8) performance requirements detailed in this Section 3.3.11 is very important. Therefore, the Contractor shall meet all stated performance requirements, as its failure to do so shall result an assessment of penalties against the Contractor; and may also require the implementation by the contractor of corrective actions or termination by the City of the Contract.

DDOT reserves the right to make unannounced visits to the Contractor's facilities for inspecting records and equipment relating to safety and quality of service. Such inspection

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shall include, but are not limited to, trip records, billing records, accident records, vehicle records, training procedures, employee training and performance records.

The Contractor and DDOT agree that the amount of actual damages caused by the Contractor because of the failure to meet a specific performance requirement would be difficult to calculate precisely, but that the sums set forth in this Section for each failure by the Contractor to meet a performance requirement represents a reasonable approximation of such damages. This provision is intended by the parties to compensate the City in the event of the Contractor's failure to meet a performance requirement, not to penalize the Contractor, and shall not be intended to bar the City from recovering actual, consequential damages or from seeking other legal or equitable remedies for other breaches of this Contract.

When DDOT assesses the performance penalties against the Contractor, DDOT shall reduce the amount paid for a future invoice by the amount of performance penalties 1. This assessment of performance penalties may occur for up to one (1) year after DDOT becomes aware of any failure by the Contractor to perform in accordance with this Section. If performance penalties are going to be assessed, DDOT shall notify the Contractor, in writing, of the Contractor's specific failure to perform in accordance with this Section before DDOT reduces the amount paid for an invoices.

b) The performance requirements that the Contractor must meet or exceed are set forth below. The consequence(s) of the Contractor's failure to meet each performance requirement are set forth under each performance requirement. This includes failed corrective actions or performance penalties.

1. ON-TIME PERFORMANCE REQUIREMENT

DDOT's goal is for **100%** of all pick-ups to be on-time and **100%** of all drop-offs to be on-time.

2. "MISSED" AND "MISSED, BUT TRANSPORTED" TRIP REQUIREMENTS

All "missed" and/or "missed, but transported" trip occurrences shall negatively affect the Contractor's performance percentage and shall be documented in the Contractor's performance file.

Adequate documentation of circumstances outside of the Contractor's control that caused the "Missed" or "Missed, but transported" trip may be included in the Contractor's Daily Incident Log, and could, at DDOT's sole discretion, result in the determination that a trip was not missed. Situations outside the control of the Contractor shall include extreme weather, extreme traffic delays, vehicle breakdown (unless it is determined that required preventive maintenance has not been performed on the vehicle involved), and vehicle accidents in which the Contractor was not to any extent at fault.

3. DRIVER'S TRIP LOG AND MANIFEST REQUIREMENT

The Contractor is expected to complete 100% of all information required for each trip on each driver's trip log.

All trip assignments are developed by the Contractor. For each scheduled trip, the manifest shall include the client's name, scheduled pick-up or drop-off window, address, any special rider or directional notes, any applicable appointment or desired drop-off times, any mobility aids used by the

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client, and the fare(s) to be collected. Upon performing each trip assigned to them, the driver shall record the actual arrival time, departure time, and mileages on his/her driver's trip log. Drivers shall also record no-shows, cancellations and any other changes to the schedule on their trip logs.

The Contractor shall ensure that drivers collect and complete all information required on the driver's trip log.

4. COMPLAINT RESPONSE REQUIREMENT

The Contractor is expected to have not more than one (1) valid complaint for every 1,000 one-way passenger-trips provided.

Contractor must respond to customers issues and concerns with five (5) business days. Complaints received by DDOT may be forwarded to the Contractor for investigation. If forwarded, the Contractor shall thoroughly investigate the complaint and provide a detailed response of findings, along with proposed corrective actions, within five (5) business days of receipt.

5. ACCIDENTS AND INCIDENTS REQUIREMENT

The Contractor is expected to have not more than one (1) preventable accident for every 100,000 vehicle-miles of service provided.

All accidents or incidents associated with the Services (regardless of the severity or location) within twelve (12) hours of occurrence. The initial report shall be made by telephone. Written reports shall follow within five (5) working days. A standardized report shall be provided by DDOT for all incidents that occur in DDOT's Services. A police report shall be filed immediately by the Contractor for any accident involving DDOT's or the Contractor's vehicles. The Contractor shall obtain a copy of any police report pertaining to the Services provided on behalf of DDOT and provide the report to DDOT.

Consequence of Failure to Meet Accidents and Incidents Requirement

Performance Penalties

If the Contractor fails to report an accident or incident to DDOT within the required period identified above, the Contractor may be charged $500.00 per occurrence, per day, that the report is late for accidents/incidents that did not involve passenger injury and $5,000.00 per accident/incident, per day, for occurrences that did involve a passenger injury. After 3 days of failure to report, your contract is subject to termination.

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6. STAFF'S QUALIFICATION REQUIREMENT

The Contractor is expected to have not more than four (4) staff qualification violations within a twelve (12) month period.

The Contractor shall ensure that its staff has met all qualifications set forth in this Scope of Services. Qualifications include, but are not limited to, undergoing the appropriate training, being in consistent possession of all DDOT issued identification cards and plaques, complying with drug, alcohol and drivers' licensing requirements, etc.

Consequence of Failure to Meet Staff's Qualification Requirement

Performance Penalties

The Contractor may be assessed $1,000.00 per staff, per day, commencing the day the driver was placed in the Services without the necessary qualifications, if an audit or inspection by DDOT, or an authorized agent, documents that an individual was in violation of the qualifications set forth in this Contract. Upon DDOT's request, the individual shall be immediately removed from the Services and shall not be permitted to participate again until DDOT is satisfied that the individual is properly qualified and/or has been properly trained.

7. VEHICLE MAINTENANCE REQUIREMENT

The Contractor is expected to have not more than eight (8) improper vehicle maintenance violations within a twelve (12) month period.

The Contractor shall ensure that vehicles are maintained in accordance with the requirements set forth herein for operating within DDOT's Services. Major body damage to vehicles shall be reported to DDOT immediately. Minor body damage shall be reported to DDOT within twelve (12) hours of occurrence. If a vehicle is in service with body damage, the Contractor shall provide proof that there is a reason the vehicle could not be immediately repaired. DDOT may order that a vehicle be immediately removed from the Services, if it fails to meet any of the required standards.

To facilitate customer service and improve vehicle life, vehicles shall remain clean and free from body damage (other than minor scratches). If vehicles are inspected by DDOT staff and found not in compliance with these requirements, written notice shall be served. If the Contractor does not bring its vehicles up to standard within 30 days, the Contractor may be subject to liquidated damages.

Consequence of Failure to Meet Vehicle Maintenance Requirement

Performance Penalties

Performance Penalties equal to $100.00 may be deducted from the Contractor's invoice for each review by DDOT, or an authorized agent of DDOT, that finds vehicles not to have been maintained according to the requirements described herein or within the Vehicle Assignment Agreement (VAA). All such vehicles shall also be taken out of the Services until deficiencies have been corrected and DDOT approves the vehicle for Services.

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8. UNIFORM DRESS AND APPEARANCE REQUIREMENT

The Contractor is expected to have not more than twelve (12) uniform dress and appearance violations within a twelve (12) month period.

The Contractor shall require a uniform, which conveys a professional image, to be worn by all drivers when operating a vehicle in-service. The selected uniform shall be of like quality to those worn by DDOT's drivers. For example, a uniform may consist of dark color trousers, light color shirt and a dark color outer garment.

The Contractor shall see that drivers' uniforms remain in good repair and do not appear old or worn out. Uniforms that are not in good repair shall be replaced at no additional cost to DDOT. DDOT may require all drivers to have new uniforms should appearances not meet the defined standard. Drivers shall follow the grooming and appearance standards listed below:

- Uniforms shall be neat, clean and pressed, and in good condition and proper fitting. All shirts/blouses shall be tucked in and only the top button may be left unbuttoned;
- Hair and beards shall be clean and neatly trimmed;
- Black shoes or boots, leather or synthetic leather, soft or hard sole, shall cover the foot completely and shall be in good repair, polished and cleaned;

Is now amended to read:

1. ON-TIME PERFORMANCE REQUIREMENT

DDOT's goal is for **90 to 95%** of all pick-ups to be on-time and **90 to 95%** of all drop-offs to be on-time.

All trips reported not on time by way of the customer, agency or employee are subject to being audited as well as trips reported through complaint process.

Consequence Failure to Missed and Early/Late, but Transported Trip Requirements

Contractors invoices shall be reduced by the amount of two (2) per trip fees for each missed trip in a billing period and one (1) per trip fee for each Early/Late trip in a billing period. The fee classification used for these deductions shall be the appropriate per trip fee for the type of trip as originally scheduled.

2. "MISSED" AND "MISSED, BUT TRANSPORTED" TRIP REQUIREMENTS

All "missed" and/or "missed, but transported" trip occurrences shall negatively affect the Contractor's performance percentage and shall be documented in the Contractor's performance file.

Missed Trip: Occurs when the Contractor fails to transport a client for one of the following reasons:

a. Never Arrived: The Contractor never arrived at a scheduled pick-up address to transport the client;

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b. Late Arrivals: The Contractor arrived late to a scheduled pick-up address and the client was not present or refused the late trip; or

c. Unauthorized No-Shows: The Contractor recorded unauthorized No-Show violations on a driver's Trip Log, without first receiving DDOT's approval to assess a No-Show violation against the client, and departed the pick-up location without the client.

Early/Late, but Transported Trip: Occurs when the Contractor still transports a client even after one of the following has occurred:

a. Early Arrivals: The Contractor arrived at the scheduled pick-up address sixteen (16) minutes, or more, before the start of a client's pick-up window, and still transported the client;

b. Late Arrivals: The Contractor arrived at the scheduled pick-up address sixteen (16) minutes, or more, after the end of a client's pick-up window, and still transported the client; or

c. Late Appointment Arrivals: The Contractor arrived at the scheduled drop-off address sixteen (16) minutes, or more, after an identified appointment time, but still transported the client.

Adequate documentation of circumstances outside of the Contractor's control that caused the "Missed" or "Missed, but transported" trip may be included in the Contractor's Daily Incident Log, and could, at DDOT's sole discretion, result in the determination that a trip was not missed. Situations outside the control of the Contractor shall include extreme weather, extreme traffic delays, vehicle breakdown (unless it is determined that required preventive maintenance has not been performed on the vehicle involved), and vehicle accidents in which the Contractor was not to any extent at fault.

Contractors invoices shall be reduced by the amount of two (2) per trip fees for each missed trip in a billing period and one (1) per trip fee for each Early/Late trip in a billing period. The fee classification used for these deductions shall be the appropriate per trip fee for the type of trip as originally scheduled.

3. DRIVER'S TRIP LOG AND MANIFEST REQUIREMENT

The Contractor is expected to complete 100% of all information required for each trip on each driver's trip log.

Consequence of Failure to Meet Manifest and Drivers Trip Log Requirements

Performance Penalties

Performance penalties equal to the per-trip rate for a Type A trip designated by the Contractor shall be deducted from the Contractors invoice for each day that there are incomplete manifest entries. Performance penalties equal to the per-trip rate for a Type A trip designated by the Contractor shall be deducted for each day for each driver who has incomplete Trip Log entries. No more than 15 such deductions will be made by DDOT for a given month.

All trip assignments are developed by the Contractor. For each scheduled trip, the manifest shall include the client's name, scheduled pick-up or drop-off window, address, any special rider or directional notes, any applicable appointment or desired drop-off times, any mobility aids used by the client, and the fare(s) to be collected. Upon performing each trip assigned to them, the driver shall

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record the actual arrival time, departure time, and mileages on his/her driver's trip log. Drivers shall also record no-shows, cancellations and any other changes to the schedule on their trip logs.

The Contractor shall ensure that drivers collect and complete all information required on the driver's trip log.

4. COMPLAINT RESPONSE REQUIREMENT

The Contractor is expected to have not more than one (1) valid complaint for every 1,000 one-way passenger-trips provided.

Contractor must respond to customers issues and concerns with five (5) business days. Complaints received by DDOT may be forwarded to the Contractor for investigation. If forwarded, the Contractor shall thoroughly investigate the complaint and provide a detailed response of findings, along with proposed corrective actions, within five (5) business days of receipt.

Consequence of Failure to Meet Complaint Response Requirement

Performance Penalties

The Contractor's failure to respond with five (5) business days shall result in performance penalties equal to $50 per incident, per day, for every day beyond the first (5) days that the Contractor has to respond.

5. ACCIDENTS AND INCIDENTS REQUIREMENT

The Contractor is expected to have not more than one (1) preventable accident for every 100,000 vehicle-miles of service provided.

All accidents or incidents associated with the Services (regardless of the severity or location) within one (1) hour of occurrence. Accidents involving any injuries are to be reported to DDOT immediately or as soon as reasonably possible. The initial report shall be made by telephone. Written reports shall follow within five (5) working days. A standardized report shall be provided by DDOT for all incidents that occur in DDOT's Services. A police report shall be filed immediately by the Contractor for any accident involving DDOT's or the Contractor's vehicles. The Contractor shall obtain a copy of any police report pertaining to the Services provided on behalf of DDOT and provide the report to DDOT.

Consequence of Failure to Meet Accidents and Incidents Requirement

Performance Penalties

If the Contractor fails to report an accident or incident to DDOT within the required period identified above, the Contractor may be charged $500.00 per occurrence, per day, that the report is late for accidents/incidents that did not involve passenger injury and $5,000.00 per accident/incident, per day, for occurrences that did involve a passenger injury. After 3 days of failure to report, your contract is subject to termination.

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6. STAFF'S QUALIFICATION REQUIREMENT

The Contractor is expected to have not more than four (4) staff qualification violations within a twelve (12) month period.

The Contractor shall ensure that its staff has met all qualifications set forth in this Scope of Services. Qualifications include, but are not limited to, undergoing the appropriate training, being in consistent possession of all DDOT issued identification cards and plaques, complying with drug, alcohol and drivers' licensing requirements, etc.

Consequence of Failure to Meet Staff's Qualification Requirement

Performance Penalties

The Contractor may be assessed $1,000.00 per staff, per day, commencing the day the driver was placed in the Services without the necessary qualifications, if an audit or inspection by DDOT, or an authorized agent, documents that an individual was in violation of the qualifications set forth in this Contract. Upon DDOT's request, the individual shall be immediately removed from the Services and shall not be permitted to participate again until DDOT is satisfied that the individual is properly qualified and/or has been properly trained.

7. VEHICLE MAINTENANCE REQUIREMENT

The Contractor is expected to have not more than eight (8) improper vehicle maintenance violations within a twelve (12) month period.

The Contractor shall ensure that vehicles are maintained in accordance with the requirements set forth herein for operating within DDOT's Services. Major body damage to vehicles shall be reported to DDOT immediately. Minor body damage shall be reported to DDOT within twelve (12) hours of occurrence. If a vehicle is in service with body damage, the Contractor shall provide proof that there is a reason the vehicle could not be immediately repaired. DDOT may order that a vehicle be immediately removed from the Services, if it fails to meet any of the required standards.

To facilitate customer service and improve vehicle life, vehicles shall remain clean and free from body damage (other than minor scratches). If vehicles are inspected by DDOT staff and found not in compliance with these requirements, written notice shall be served. If the Contractor does not bring its vehicles up to standard within 30 days, the Contractor may be subject to liquidated damages.

Consequence of Failure to Meet Vehicle Maintenance Requirement

Performance Penalties

Performance Penalties equal to $100.00 may be deducted from the Contractor's invoice for each review by DDOT, or an authorized agent of DDOT, that finds vehicles not to have been maintained according to the requirements described herein or within the Vehicle Assignment Agreement (VAA). All such vehicles shall also be taken out of the Services until deficiencies have been corrected and DDOT approves the vehicle for Services.

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

8. UNIFORM DRESS AND APPEARANCE REQUIREMENT

The Contractor is expected to have not more than twelve (12) uniform dress and appearance violations within a twelve (12) month period.

The Contractor shall require a uniform, which conveys a professional image, to be worn by all drivers when operating a vehicle in-service. The selected uniform shall be of like quality to those worn by DDOT's drivers. For example, a uniform may consist of dark color trousers, light color shirt and a dark color outer garment.

The Contractor shall see that drivers' uniforms remain in good repair and do not appear old or worn out. Uniforms that are not in good repair shall be replaced at no additional cost to DDOT. DDOT may require all drivers to have new uniforms should appearances not meet the defined standard. Drivers shall follow the grooming and appearance standards listed below:

- Uniforms shall be neat, clean and pressed, and in good condition and proper fitting. All shirts/blouses shall be tucked in and only the top button may be left unbuttoned;
- Hair and beards shall be clean and neatly trimmed;
- Black shoes or boots, leather or synthetic leather, soft or hard sole, shall cover the foot completely and shall be in good repair, polished and cleaned;

Consequence of Failure to Meet Uniform and Appearance Requirement

Performance Penalties

Performance Penalties equal to $25 per driver, per occurrence, shall be deducted from the Contractor's invoice for each on-street inspection by DDOT, or an authorized agent of DDOT, which documents that the driver is out of uniform or wearing dirty or damaged uniform. If three (3) occurrences occur for the same driver, within a six-month period, DDOT shall notify the Contractor and the driver shall be excluded from performing further trips.

2.08 Exhibit A, Section III - Service Features, Payment Terms which now reads:

During the Contract period, the Contractor shall submit to DDOT monthly invoices with appropriate documentation. Original invoices shall be submitted to DDOT's Accounting Division to the attention of the Grants Principal Accountant, Kurian Mathews and copies of said invoices shall be forwarded to the Project Manager, Rovella Phillips. Payments will be made within forty-five (45) days of verification and acceptance of the invoices by DDOT.

The Contractor's invoice shall include:

1. The Invoice Cover Sheet
2. Contract Purchase Order Number
3. Invoice Number
4. Billing Period
5. Total Invoice Amount

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Is now amended to read:

During the Contract period, the Contractor shall be submit to DDOT monthly invoices with appropriate documentation. Original invoices shall be submitted to JARC/New Freedom Program Coordinator. Payments should be make within thirty (30) days from approved invoice by DDOT.

The Contractor's invoice shall include:

1. The Invoice Cover Sheet
2. Invoice Sheet
3. Invoice Summary Sheet
4. Pre-Trip Log for the Billing Period
5. Post Trip Log for completed trips

Please note trips will be validated using shortest distance from pick-up to drop off locations using Google Maps software.

Contractors will be responsible for reporting fares collected on both JARC and New Freedom trips. This will be noted in their weekly invoices.

Invoice Disputes
Providers may have 4 weeks to dispute corrected invoices from previous months billing. Invoicing challenges beyond the 4 weeks are subject to rejection.

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3. AMENDMENT TO EXHIBIT B
FEE SCHEDULE

3.01 Exhibit B, Section I - General which now reads:

(a) The Contractor shall be paid for those Services performed pursuant to this Contract a maximum amount of **One Million and Eight Dollars and 00/100 Dollars ($1,800,000.00),** for the term of this three (3) year Contract as set forth in Exhibit A, Scope of Services.

Is now amended to read:

(a) The Contractor shall be paid for those Services performed pursuant to this Contract a maximum amount of **Six Million, Five Hundred and Seventy Thousand Dollars and 00/100 ($6,570,000.00),** for the term of this three (3) year Contract as set forth in Exhibit A, Scope of Services.

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

4. AMENDMENT – EXHIBIT C
DISADVANTAGE BUSINESS ENTERPRISE AFFIDAVIT – ADDED

DBE AFFIDAVIT

THIS PAGE MUST BE COMPLETED BY NON-DBE PRIME PROPOSER/BIDDER TO INDICATE THE PERCENTAGE OF DISADVANTAGE BUSINESS ENTERPRISE PARTICIPATION.

The undersigned Proposer hereby agrees that the goal established for DBE participation in this project through subcontracting or entering into a joint venture with Disadvantaged Business Enterprise(s) in conformity with the Requirements, Terms, and Conditions of this Attachment is:

10 % Disadvantage Business Enterprise (DBE) goal

THIS PERCENTAGE RELATES TO DBE SUBCONTRACTING ONLY AND IS CONSISTENT WITH THE DISADVANTAGED BUSINESS ENTERPRISE STATEMENT LISTED IN THE BID/PROPOSAL FORM.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING STATEMENTS IS TRUE AND CORRECT, AND THAT I AM AUTHORIZED, ON BEHALF OF

SW Transport Co LLC TO MAKE THIS AFFIDAVIT.
(Name of Business Entity)

City of Detroit State of Michigan

Donald J Piotrowski General Manager/Vice President
(affiant) (title)

City and County of Wayne:

On this 9 day of September ~~19~~ 2015, before me, the undersigned officer,

personally appeared Donald J Piotrowski, known to me to be the person described in the foregoing Affidavit, and acknowledged that he (she) executed the same in the capacity therein stated and for the purposed therein contained.

In witness thereof, I hereunto set my hand and official seal.

My Commission Expires: 12-07-2020

Katherine Gun Crockett (SEAL)
(Notary Public)

KATHERINE GUN CROCKETT
Notary Public - Michigan
Macomb County
My Commission Expires Dec 7, 2020
Acting in the County of Wayne

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

5. EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT

5.01 With the exception of the provisions of the Contract specifically contained in this Amendment, all other terms, conditions and covenants contained in the Contract shall remain in full force and effect and as set forth in the Contract.

6. AMENDMENT AUTHORIZATION

6.01 This Amendment to the Contract shall not become effective until:

(a) The Amendment has been approved by the required City departments;

(b) The Amendment has been authorized by resolution of the City Council; and

(c) The Amendment has been signed by the City's Purchasing Director.

Prior to the approvals set forth in this Section, the Finance Director shall not authorize any payments to the Contractor pursuant to this Amendment, nor shall the City incur any liability to pay for any services or to reimburse the Contractor for any expenditure authorized by this Amendment.

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorized officers and representatives, have executed this Amendment.

WITNESSES:

1. Matt Oddy
(signature)

Matthew Oddy
(print name)

2. Dale Knopsnider
(signature)

DALE KNOPSNIDER
(print name)

CONTRACTOR:

BY: [signature]
(signature)

Donald J. Piotrowski
(print name)

ITS: General Manager / Vice President
(title)

WITNESSES:

1 Jamie Ringo
(signature)

Jamie Ringo
(print name)

2. Laura Williams
(signature)

LAURA WILLIAMS
(print name)

CITY OF DETROIT DEPARTMENT:

BY: [signature]
(signature)

Dan G. Dirks
(print name)

ITS: Director
(title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON

CC Appr 11/24/15 FRC Approval 12/21/15

DocuSigned by:
Boysie Jackson 1/6/2016
E7BD9F26553A4D0...
Purchasing Director Date

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF THE CHARTER OF THE CITY OF DETROIT

DocuSigned by:
Thomas Cipollone 1/6/2016
F33FAB70EF714C5...
Corporation Counsel Date

THIS AMENDMENT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE PURCHASING DIRECTOR.

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

CITY ACKNOWLEDGMENT

STATE OF ___**MICHIGAN**_)
)SS.
COUNTY OF _**WAYNE**___)

The foregoing contract was acknowledged before me the_____day of_____ ,

20 ___, by _____**DAN DIRKS**_____,
(name of person who signed the contract)

the_____**DIRECTOR**_____,
(title of person who signed the contract as it appears on the contract)

of _____**DETROIT DEPARTMENT OF TRANSPORTATION**_____,
(complete name of the City department)

on behalf of the City.

_____

Notary Public, County of _____

State of _____

My commission expires: _____

(G:\DOCS\CONTRACT\turnj\99\contract\JT2150.DOC)

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

LIMITED LIABILITY COMPANY
ACKNOWLEDGMENT

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the 9 day of September, 2015, by Donald J. Piotrowski,
(name of person who signed the contract)

the General Manager/Vice President,
(title of person who signed the contract as it appears on the contract)

of SW Transport Co. LLC,
(complete name of the limited liability company)

on behalf of the limited liability company.

Kathryn Ann Crockett

Notary Public, County of MACOMB

State of Michigan

My commission expires: 12-07-2020

KATHRYN ANN CROCKETT
Notary Public - Michigan
Macomb County
My Commission Expires Dec 7, 2020
Acting in the County of Wayne

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

LIMITED LIABILITY COMPANY
CERTIFICATE OF AUTHORITY

I Donald J Piotrowski (name of manager), a Manager or Member of SW Transport Co. (name of company), L.L.C., a limited liability company (the "Company"), **DO**

HEREBY CERTIFY that I am a Manager or Member of the Company who has the authority to act as an agent of the Company in executing this Certificate of Authority. I further certify that the following individuals are Managers or Members of the Company who have the authority to execute and commit the Company to the conditions, obligations, stipulations and undertakings contained in Contract No. 2883536 between the City and the Company:

Donald J Piotrowski
Matthew Oddy

FURTHER, I CERTIFY that all necessary approvals by the Managers or Members of the Company have been obtained with respect to the execution of said Contract.

IN WITNESS THEREOF, I have set my hand this 9 day of September, 2015.

COMPANY SEAL
(if any)

Manager or Member

PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR LIMITED LIABILITY COMPANY MUST BE ONE OF THE INDIVIDUALS LISTED ABOVE AS A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE LIMITED LIABILITY COMPANY.

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL

DEPARTMENT: Department of Transportation	**DATE REC: 10/23/2015** **ELEC NOT:**
CPO: 2883536 – A2	**SPO:**
NAME: S.W. Transport Co. DBA Checker Cab	**AMOUNT: $6,570,000.00**
ADDRESS: 2128 Trumbull, Detroit, MI 48216	**Budget Log #:**
PURPOSE: Provide Paratransit Services	

RECOMMENDATION:

APPROVE: XXXX	**DATE COMPLETED: 10/26/2015**
DENY: _____	**ANALYST:** L. Walker
	DATE RELEASED:

COMPLETE BELOW WHEN DOCUMENT DELAYED, USE DC1 FOR FIRST DELAY AND DC2 FOR SECOND DELAY

DELAY CODE 1 (DC1): 01,02,06	0 NO DELAY	4 REQ DEPT IMPOSED HOLD	DELAY CODE 2 (DC2):_____
DC1 DELAY START DATE: 10/23	1 MORE INFORMATION	5 MANAGEMENT DELAY	DC2 DELAY START DATE:_____
DC1 DELAY END DATE: 10/26	2 LACK FUNDS 3 HUMAN RES COORD	6 OTHER Change in contract profile	DC2 DELAY END DATE:_____

Amendment #2
Appropriation #13874 – FY08-10 Sec 5316 MI 37 X041
Appropriation #13877 FY06 Sec 5317 MI 57-X005
Appropriation #13876 FY12 Sec 5316 MI 37 X041 02
Project 000059 New and Specialized Services

The DDOT Professional Service contracted with Checker Cab Company to provide services to the elderly, disabled and low income rider programs for the period October 31, 2013 through October 31, 2016.

The Scope of Services in Exhibit A, II Services to be performed - is to provide non-exclusive, curb-to-curb Para transit transportations services and in some instances door to door service ("trip" or "trips") for DDOT's eligible clients. Payments made on a per-trip basis for all trips successfully completed.

The Fee Schedule Exhibit B specifies that the term of the contract maximum amount is $6,570,000.00 for 8 months (3yr contract). Client of the programs JARC (Job Access Reverse Commute) $1.50, New Freedom $2.50, and PCA (noted on rooster).

Set up Charge - Funds available $3,243.42
5303-207020-000059-617900-13874-000000-DOT51 $1,800,000.00

Amendment-1 no dollar change

Set up Charge - Funds available (see attached)

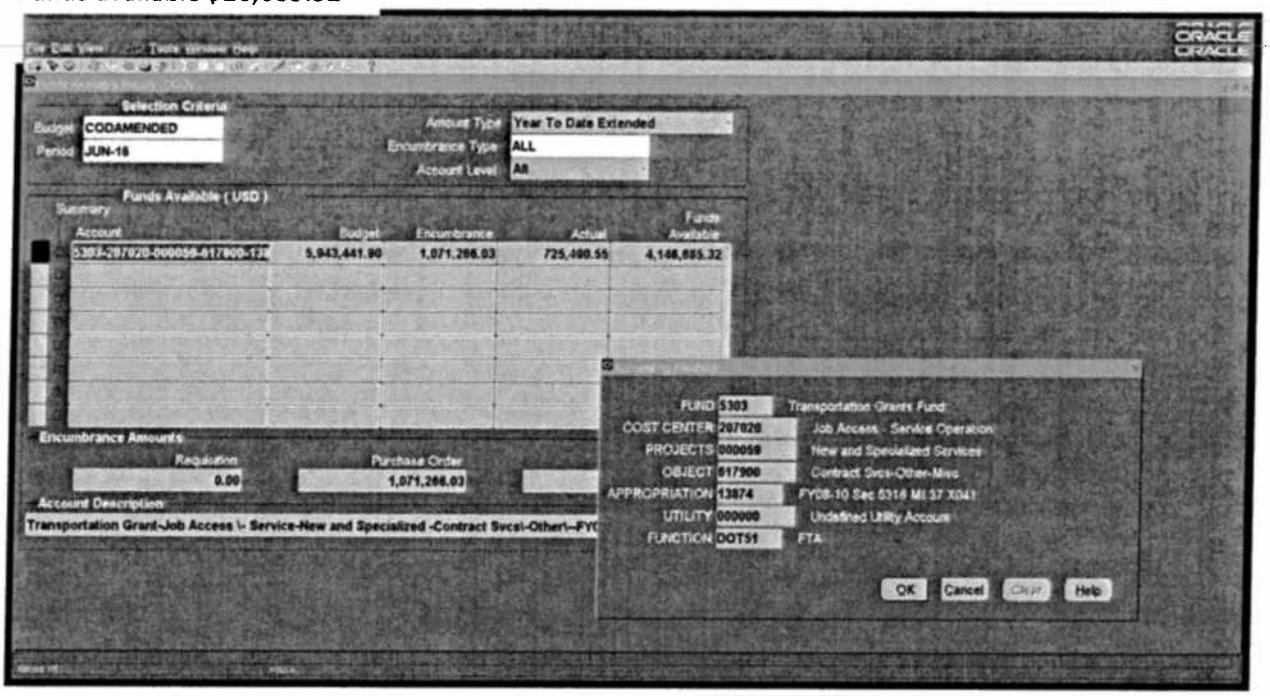
5303 207014 000059 617900 13872 000000 DOT51	300,000.00
5303 207030 000059 617900 13877 000000 DOT51	350,000.00
5303 207020 000059 617900 13874 000000 DOT51	4,120,000.00
Amendment-2	$4,770,000.00
Total Contract Amount	$6,570,000.00

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

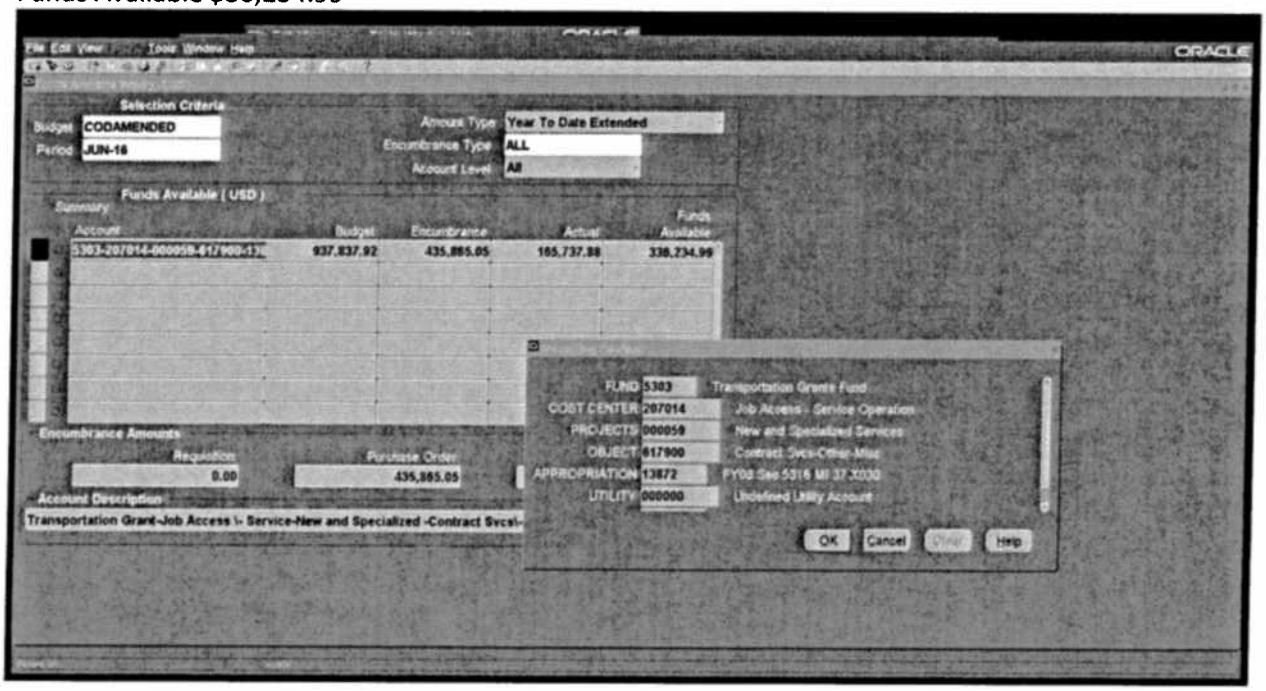
Analyst Notes: Contacted the department to change the proposed contact amount to match the total amount in Article 7 compensation 1.01 of $6,570,000. A conference call with Bid Sync -consultant, department to allow fix within the hour. This will be a group communication to alert all buyers of the fix.

DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

Revised 10/26/15
DDOT
Amendment#2 $4,120,000.00
CPO 2883536-A2
5303-207020-000059-617900-13874-000000-DOT51
Funds available $26,685.32

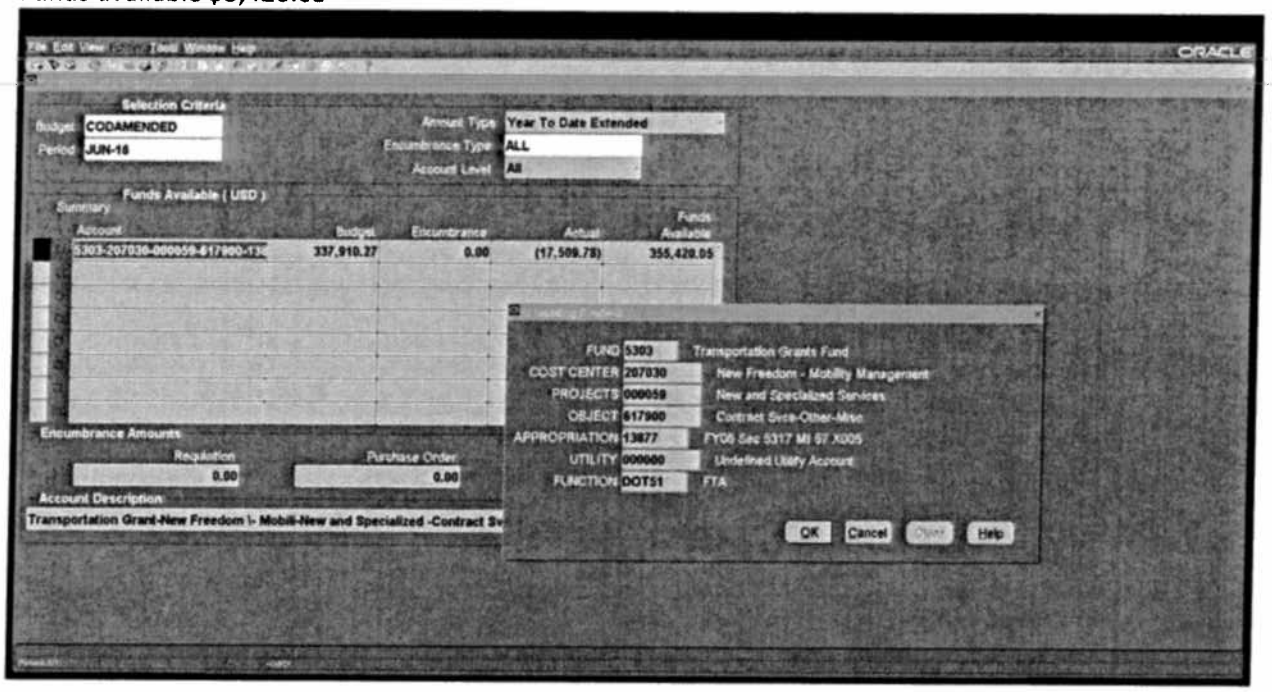


DDOT – Amendment #2 $300,000.00
5303 207014 000059 617900 13872 000000 DOT51
Funds Available $36,234.99

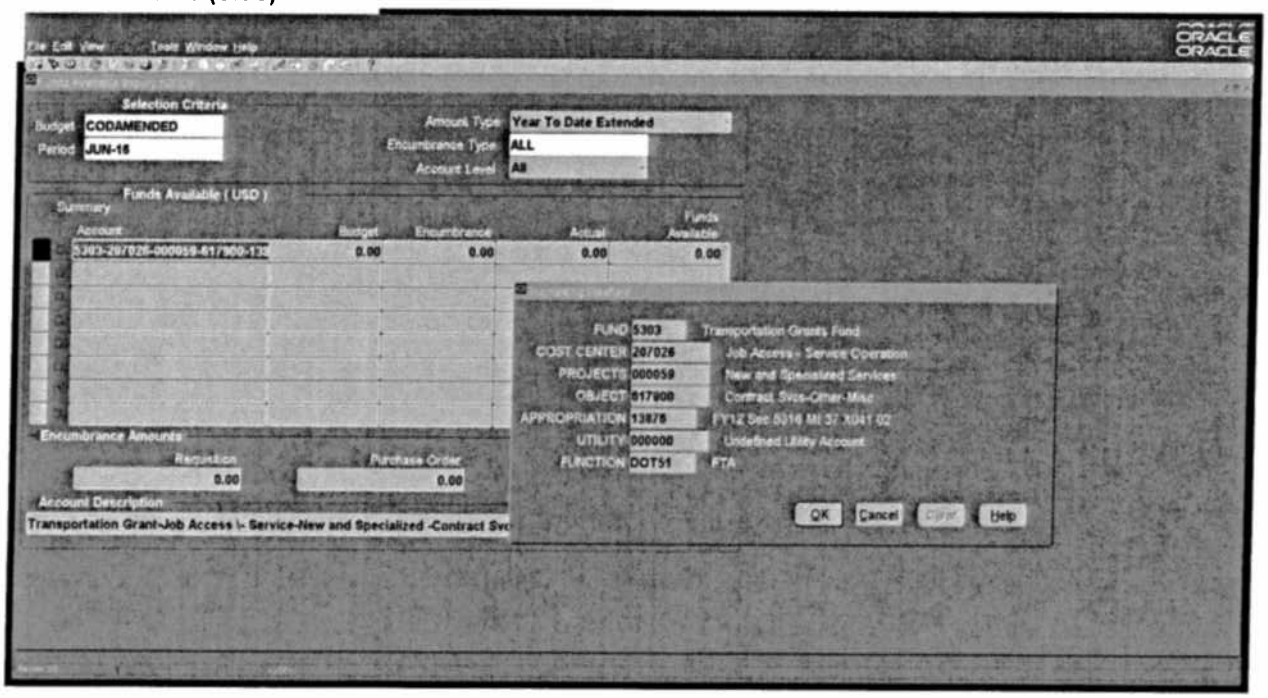


DocuSign Envelope ID: 15691CB9-391F-4A1E-B573-ABFD4D6BCC83

DDOT – Amendment #2 $350,000.00
5303 207030 000059 617900 13877 000000 DOT51
Funds available $5,420.05



DDOT – Amendment #2 $770,000.00
5303-207026-000059-617900-13876-000000-DOT51
Funds available (0.00)



Lenetta Walker - Re: CPO 2883536-A2

From: Kurian Mathew
To: Lenetta Walker; Arnita Clark
Date: 10/26/2015 1:39 PM
Subject: Re: CPO 2883536-A2

Hi Lenetta/Arnita:

Cost Center: 207026 is for the additional JARC funding approved by FTA recently. I don't know this grant approved by City Council yet. I will make budget journal when I get the information.

You can replace that account with the following accounts:

5303	207014	000059	617900	13872	000000	DOT51	300,000.00
5303	207030	000059	617900	13877	000000	DOT51	350,000.00
Thanks							650,000.00

Kurian Mathew
Principal Accountant
City of Detroit, Department of Transportation
1301 East Warren Avenue, Room 304,
Detroit, MI 48207
(313) 833-0264 (O)
(313) 833-7890 (F)
KurMath@detroitmi.gov

Mike Duggan, Mayor

>>> Lenetta Walker 10/26/2015 12:17 PM >>>
Arnita

Funds needed for the contract total $626,558.10.

Lenetta

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/8/2015

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
LSG Insurance Partners
2600 S. Telegraph Rd.
Suite 100
Bloomfield Hills MI 48302-0968

CONTACT NAME: Karen Kovacs-Stanford
PHONE (A/C, No, Ext): (248)332-3100 FAX (A/C, No): (248)332-6396
E-MAIL ADDRESS: kkovacs@lsgip.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Amerisure Mutual Insurance	23396
INSURER B: Amerisure Mutual Ins Co	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
SW Vehicle Co LLC
SW Transport Co LLC DBA Checker Cab Company
2128 Trumbull
Detroit MI 48216

COVERAGES CERTIFICATE NUMBER: CL1522711630 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 [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER [X] POLICY [ ] PRO-JECT [ ] LOC	X		CPP2078054	3/1/2015	3/1/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
B	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [X] HIRED AUTOS [ ] SCHEDULED AUTOS [X] NON-OWNED AUTOS	X		CA2086079	3/3/2015	3/3/2016	COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
							Hired And Non Owned	$ 1,000,000
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
A	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		WC2078056	3/1/2015	3/1/2016	[X] WC STATU-TORY LIMITS [ ] OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
It is agreed that City of Detroit is included as an additional insured as respects to general liability and auto liability.

CERTIFICATE HOLDER

City of Detroit
Detroit, MI

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

Mark Fisher/KAREKO

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REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASING CONTACT: DDOT PHONE: _____

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: SW TRANSPORT LLC.
dba: CHECKER CAB CO.
Address: 2128 TRUMBULL
City: DETROIT
State: MICH. Zip Code: 48216
Telephone: (313) 963-5005 Fax #: (313) 965-4485

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

Telephone #: (313) 963-5005
Fax #: (313) 965-4485

Employer Identification or Social Security Number: 38-3406793

Spouse Social Security Number: _____

Nature of Contract: TRANSPORTATION

BID/CONTRACT AMOUNT (If known): Labor: $_____ Material: $_____

Contract # (If known) _____

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: ☐ Individual ☐ Corporation ☒ Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

D FOR INCOME TAX USE ONLY

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

☒ Yes ☐ No Signature LAMONT FISHER INCOME TAX INVESTIGATOR Date MAY 23 2015 Expires MAY 23 2016

☐ Yes ☐ No Signature _____ Date _____ Expires _____

☐ Yes ☐ No Signature _____ Date _____ Expires _____

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

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 ____

CORPORATION NAME ____

ADDRESS ____ CITY/STATE/ZIP ____ ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER ____ FID / EIN NUMBER ____

OTHER CITY-OWNED PROPERTY PARCELS ____

CONTACT PERSON MATTHEW ODDY PHONE NUMBER (313) 963-5005 EMAIL ADDRESS MATT.ODDY@Checkercab-det.com

☒ SECTION C: PARTNERSHIP LICENSE TYPE ____

BUSINESS NAME S.W. TRANSPORTATION CO., LLC/dba Checker Cab Co.

BUSINESS ADDRESS 2128 Trumbull Ave. CITY/STATE/ZIP Det, Mi. 48216 ☐ OWN ☒ LEASE

CITY PERSONAL PROPERTY NUMBER 06990352.11 FID / EIN NUMBER 38-3406793

A. PARTNER'S NAME S.W. INVESTORS, Co llc PHONE NUMBER (313) 963-5005

HOME ADDRESS 2128 Trumbull Ave, CITY/STATE/ZIP Det, Mi 48216 ☐ OWN ☐ LEASE

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

FID: 38-3418334

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 ____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

☐ APPROVED ☐ DENIED ☐ DENIED WITH ATTACHMENTS

SIGNATURE ____ DATE SEP 08 2015 CLEARANCE VALID UNTIL JAN 15 2016

Hiring Policy Compliance Affidavit

I, Donald Pistrucci, being duly sworn, state that I am the Vice President / General Manager of SW Transport Co. LLC
Title — Name of Proposal 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, [signature]

Title: V.P. General Manager Date: 3-31-2014

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 31 day of March (2014)

County of Wayne
State of Michigan

My Commission expires: 12-07-2020

KATHRYN ANN CROCKETT
Notary Public - Michigan
Macomb County
My Commission Expires Dec 7, 2020
Acting in the County of WAYNE

Kathryn Ann Crockett
(Notary Public)

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

Checker Cab is an equal opportunity employer that is committed to our affirmative action program that includes the recruitment of females, minority group members, handicapped individuals, disabled veterans and veterans of the Vietnam Era in areas of work where they may be underutilized.

The information requested is needed to comply with government record keeping, reporting, and other legal requirements. Periodic reports are sent to the government.

The completion of this form is **voluntary** and **will not** be used in the evaluation of your application. The requested information is kept in a **confidential file** and is not part of your application for employment or personnel file.

Date

Name

Address

City State Zip

Position Applying For:

Birthdate:

Please check one: ☐ Male ☐ Female

Please check one of the following:

☐ White ☐ Hispanic ☐ Black ☐ Other

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Please check if any are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

How did you learn about us?

☐ AD Which paper? _____ ☐ MESA ☐ Employment Agency ☐ Walk in

☐ College Posting ☐ Referred by _____ ☐ Online ☐ Other _____

For Department Use Only

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER(S) _____ SOCIAL SECURITY NUMBER _____

How Did You Learn About Us?
☐ Advertisement ☐ Employment Agency ☐ Friend ☐ Relative ☐ Walk-In ☐ Other _____

Are you related to or have you been referred by an employee at this company? ☐ Yes ☐ No

If yes, please indicate employee's name and your relationship: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

Have you been previously employed here? If yes, give dates _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION

	High School				Undergraduate College / University				Graduate / Professional			
List School Name												
School Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

Describe any honors you have received _____

List professional, trade, business, civic activities or affiliations and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

_____

REFERENCES:
Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If Yes, please describe _____

EMPLOYMENT EXPERIENCE (List most recent employer first):

Employer | Dates Employed From To | Work Performed

Address

Telephone Number(s) | Hourly Rate / Salary Starting Final

Job Title | Supervisor

Reason for Leaving

Employer | Dates Employed From To | Work Performed

Address

Telephone Number(s) | Hourly Rate / Salary Starting Final

Job Title | Supervisor

Reason for Leaving

Employer | Dates Employed From To | Work Performed

Address

Telephone Number(s) | Hourly Rate / Salary Starting Final

Job Title | Supervisor

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

CHECKER CAB COMP
2128 TRUMBULL
DETROIT, MI 48216

NAME _____ DATE _____

Listed below are some Detroit streets commonly misspelled.
If the spelling shown is correct, underline it.

If not, please give correct spelling in the space provided and circle E. or W. to indicate whether the street is East or West of Woodward Ave.

1. St. Antwine _____ East or West
2. Caddilac _____ East or West
3. Chene _____ East or West
4. Cavelry _____ East or West
5. Beaufait _____ East or West
6. Trumball _____ East or West
7. Belvidere _____ East or West
8. Deqwindre _____ East or West
9. Bowbien _____ East or West
10. Selden _____ East or West
11. Buauna Vista _____ East or West
12. Bellevue _____ East or West
13. Slimpson _____ East or West
14. Lafayette _____ East or West
15. Brooklin _____ East or West
16. Schaefer _____ East or West
17. Davison _____ East or West
18. Irokois _____ East or West
19. Fenkle _____ East or West
20. Junktion _____ East or West

SAM Search Results
List of records matching your search for :

Search Term : checker* cab* company*
Record Status: Active

No Search Results

CITY OF DETROIT

Owned Automobile Certification and Request for Waiver

Re: Owned Auto Certification and Request for Waiver of Insurance Coverage therefore

This will certify and affirm that **[SW Transport Co. L.L.C., dba Checker Cab Co.]** the Contractor under Contract No. **[2883536]**, is an organization which owns no automobiles and will further affirm that the Contractor has no plans to acquire any automobiles during the term of the contract, but if the Contractor acquires any automobiles during the term of the contract, it shall provide insurance coverage in the same amount as it has for un-owned automobiles. Under these circumstances, it is requested that the requirement for Owned Auto Coverage be waived.

Signed: _____ Dated: 5-29-2015
[Name of person signing for Contractor]

{G:\DOCS\CONTRACT\CIPOT\A32000\FORM\T-C1344.DOC}
G:\docs\contract\edwaj\a32000\form\JE0812.WPD

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 10/30/2015

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
LSG Insurance Partners
2600 S. Telegraph Rd.
Suite 100
Bloomfield Hills MI 48302-0968

CONTACT NAME: Karen Kovacs-Stanford
PHONE (A/C, No, Ext): (248) 332-3100 FAX (A/C, No): (248) 332-6396
E-MAIL ADDRESS: kkovacs@lsgip.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Amerisure Mutual Insurance Company	23396
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
SW Vehicle Co LLC
SW Transport Co LLC DBA Checker Cab Company
2128 Trumbull
Detroit MI 48207

COVERAGES **CERTIFICATE NUMBER:** CL15103013704 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:	X		CPP2078054	3/1/2015	3/1/2016	EACH OCCURRENCE	$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$ 5,000
							PERSONAL & ADV INJURY	$ 1,000,000
							GENERAL AGGREGATE	$ 2,000,000
							PRODUCTS - COMP/OP AGG	$ 2,000,000
								$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS / X SCHEDULED AUTOS X HIRED AUTOS / X NON-OWNED AUTOS	X		CA2078053	3/1/2015	3/1/2016	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
							BODILY INJURY (Per person)	$
							BODILY INJURY (Per accident)	$
							PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB / OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $ 0			CU2078055	3/1/2015	3/1/2016	EACH OCCURRENCE	$ 3,000,000
							AGGREGATE	$ 3,000,000
								$
A	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		WC2078056	3/1/2015	3/1/2016	X PER STATUTE / OTH-ER	
							E.L. EACH ACCIDENT	$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

It is agreed that City of Detroit is included as an additional insured as respects to general liability and auto liability.

CERTIFICATE HOLDER

City of Detroit
Detroit, MI

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

Mark Fisher/NICOPA

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FINAL SCORE RANKINGS OF PROJECT T-2782: TRANSPORTATION SERVICES FOR JARC/NEW FREEDOM PROGRAMS

Based on the combined scores of the seven (7) Evaluation Committee members (Rovella Phillips; Arnita Clark; Larry Tiller; Regina Coleman; Otis Gatson; Sheila Udeozor & Ralph Raynor) for Project T-2782: Transportation Services for JARC/New Freedom Programs it was collectively decided that the ranking of the Proposals is as follows:

RFP Proposal Ranking (Highest score ranked #1)	**Proposer's Name**	**Weighted Final Score (total weighted score from all five (5) sections)**
#1	**WRIGHTWAY TRANSPORTATION**	79.57%
#2	**MOE TRANSPORTATION**	62.29%
#3	**DETROIT AREA AGENCY ON AGING**	49.43%
#4	**COMFORT CARE TRANSPORTATION**	48.56%
#5	**SW TRANSPORT dba CHECKER CAB**	43.29%
#6	**A. BUTLER AND ASSOCIATES**	30.43%
#7	**GLOBAL MOBILITY GROUP**	3.57%

Signed by Team Facilitator: Regina Coleman

Date: 12-3-13

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PURCHASING CONTACT: DDOT PHONE:

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: SW TRANSPORT LLC.
dba: CHECKER CAB CO.
Address: 2128 TRUMBULL
City: DETROIT
State: MICH. Zip Code: 48216
Telephone: (313) 963-5005 Fax #: (313) 965-4485

B. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)
MATTHEW ODDY
Telephone # (313) 963-5005
Fax # (313) 965-4485

Employer Identification or Social Security Number: 38-3406793
Spouse Social Security Number:

Nature of Contract: TRANSPORTATION
BID/CONTRACT AMOUNT (if known): Labor: $ Material: $
Contract # (if known)

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One: ☐ Individual ☐ Corporation ☒ Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

D FOR INCOME TAX USE ONLY

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

☒ Yes ☐ No Signature LAMON FISHER INCOME TAX INVESTIGATOR Date MAY 23 2015 Expires MAY 23 2016
☐ Yes ☐ No Signature Date Expires
☐ Yes ☐ No Signature Date Expires

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

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4236 / 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 ____

CORPORATION NAME ____

ADDRESS ____ CITY/STATE/ZIP ____ ☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER ____ FID / EIN NUMBER ____

OTHER CITY-OWNED PROPERTY PARCELS ____

CONTACT PERSON MATTHEW ODDY PHONE NUMBER (313) 963-5015 EMAIL ADDRESS Matt.oody@Checkercab-det.com

☒ SECTION C: PARTNERSHIP LICENSE TYPE ____

BUSINESS NAME S.W. TRANSPORTATION CO., LLC/dba Checker Cab Co.

BUSINESS ADDRESS 2128 Trumbull Ave. CITY/STATE/ZIP Det, Mi. 48216 ☐ OWN ☒ LEASE

CITY PERSONAL PROPERTY NUMBER 06990352.11 FID / EIN NUMBER 38-3406793

A. PARTNER'S NAME S.W. INVESTORS, Co llc PHONE NUMBER (313)963-5005

HOME ADDRESS 2128 Trumbull Ave, CITY/STATE/ZIP Det, Mi 48216 ☐ OWN ☐ LEASE

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

FID: 38-3418334

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 ____

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

☐ APPROVED ☐ DENIED ☐ DENIED WITH ATTACHMENTS

SIGNATURE ____ DATE SEP 08 2015 CLEARANCE VALID UNTIL JAN 15 2016

CITY OF DETROIT

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: SW TRANSPORT CO. LLC

2. Address of Contractor: 2128 TRUMBULL
DETROIT, MI 48216

3. Name of Predecessor Entities (if any): _____

4. Prior Affidavit submission? X No ____ Yes, on: _____
(Date of prior submission)

If "No", complete Items 5 and 6.

If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.

5. X Contractor was established in 1921 (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.

Donald Piotrowski (Printed Name) VICE PRESIDENT/GM (Title)

[signature] (Signature) 3-31-2014 (Date)

Subscribed and sworn to before me
this 31ST day of MARCH 2014

Kathryn Ann Crockett
Notary Public, Macomb County, Michigan
My Commission expires: 12-07-2020

KATHRYN ANN CROCKETT
Notary Public - Michigan
Macomb County
My Commission Expires Dec 7, 2020
Acting in the County of Macomb

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

I, being duly authorized representative of the _____, (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current *Contract Specific* Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e).

RFQ/PO No. T-2752

Printed Name of Contractor: SW Transport Co. LLC
(Type or Print Legibly)

Contractor Address: 2125 Trumbull Detroit Michigan 48216
(City) (State) (Zip)

Contractor Phone/E-mail: 313-963-5005 /
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Donald Pietrowski, VP/General Manager

Signature of Authorized Representative: [signature]

Date: 3/31/14

*** This document MUST be notarized ***

Signature of Notary: Kathryn Ann Crockett

KATHRYN ANN CROCKETT
Notary Public - Michigan
Macomb County
My Commission Expires Dec 7, 2020
Acting in the County of Wayne

Printed Name of Seal of Notary: KATHRYN ANN CROCKETT

My Commission Expires: 12 / 07 / 2020

For Office Use Only:

Cov. Rec'd: 10/29/15 **in** **Department Name:** Purchasing

☐ **Accepted by:** [signature] ☐ **Rejected by:** _____

Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434

Hiring Policy Compliance Affidavit

I, Donald Pistrucci, being duly sworn, state that I am the Vice President / General Manager of SW Transport Co. LLC
Title — Name of Proposal 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, [signature]

Title: V.P General Manager Date: 3-31-2014

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 31 day of March (2014)

County of Wayne
State of Michigan

My Commission expires: 12-07-2020

Kathryn Ann Crockett
(Notary Public)

KATHRYN ANN CROCKETT
Notary Public - Michigan
Macomb County
My Commission Expires Dec 7, 2020
Acting in the County of WAYNE

EQUAL OPPORTUNITY EMPLOYMENT INFORMATION

Checker Cab is an equal opportunity employer that is committed to our affirmative action program that includes the recruitment of females, minority group members, handicapped individuals, disabled veterans and veterans of the Vietnam Era in areas of work where they may be underutilized.

The information requested is needed to comply with government record keeping, reporting, and other legal requirements. Periodic reports are sent to the government.

The completion of this form is **voluntary** and **will not** be used in the evaluation of your application. The requested information is kept in a **confidential file** and is not part of your application for employment or personnel file.

Date

Name

Address

City State Zip

Position Applying For:

Birthdate:

Please check one: ☐ Male ☐ Female

Please check one of the following:

☐ White ☐ Hispanic ☐ Black ☐ Other

☐ American Indian/Alaskan Native ☐ Asian/Pacific Islander

Please check if any are applicable:

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Handicapped Individual

How did you learn about us?

☐ AD Which paper? _____ ☐ MESA ☐ Employment Agency ☐ Walk in

☐ College Posting ☐ Referred by _____ ☐ Online ☐ Other _____

APPLICATION FOR EMPLOYMENT

To the Applicant: We appreciate your interest in our Company and assure you that we are interested in your qualifications. A clear understanding of your background and work history will aid us in seeking to place you in a position which, in our judgment, best meets your qualifications.

We are an equal opportunity employer and consider applicants for all positions without regard to race, color, sex, religion, national origin, age, marital or veteran status, the presence of a medical condition or handicap, height, weight or any other protected status.

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER(S) _____ SOCIAL SECURITY NUMBER _____

How Did You Learn About Us?
☐ Advertisement ☐ Employment Agency ☐ Friend ☐ Relative ☐ Walk-In ☐ Other _____

Are you related to or have you been referred by an employee at this company? ☐ Yes ☐ No

If yes, please indicate employee's name and your relationship: _____

If you are under 18 years of age, can you provide required proof of your eligibility to work? ☐ Yes ☐ No

Have you ever filed an application with us before? ☐ Yes ☐ No

Have you been previously employed here? If yes, give dates _____

Are you currently employed? ☐ Yes ☐ No

May we contact your present employer? ☐ Yes ☐ No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status? ☐ Yes ☐ No
Proof of citizenship or immigration status will be required upon employment.

On what date would you be available to work? _____

Are you available to work ☐ Full Time ☐ Part Time ☐ Shift Work ☐ Temporary

Are you currently on "lay-off" status and subject to recall? ☐ Yes ☐ No

Can you travel if a job requires it? ☐ Yes ☐ No

EDUCATION

	High School				Undergraduate College / University				Graduate / Professional			
List School Name												
School Location												
Years Completed	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree												

Describe Course of Study _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities. _____

Describe any honors you have received _____

List professional, trade, business, civic activities or affiliations and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

_____

REFERENCES:
Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? ☐ Yes ☐ No

If Yes, please describe _____

EMPLOYMENT EXPERIENCE (List most recent employer first):

Employer | Dates Employed From To | Work Performed

Address

Telephone Number(s) | Hourly Rate / Salary Starting Final

Job Title | Supervisor

Reason for Leaving

Employer | Dates Employed From To | Work Performed

Address

Telephone Number(s) | Hourly Rate / Salary Starting Final

Job Title | Supervisor

Reason for Leaving

Employer | Dates Employed From To | Work Performed

Address

Telephone Number(s) | Hourly Rate / Salary Starting Final

Job Title | Supervisor

Reason for Leaving

If you need additional space, please continue on a separate sheet of paper.

CHECKER CAB COMP
2128 TRUMBULL
DETROIT, MI 48216

NAME _____ DATE _____

Listed below are some Detroit streets commonly misspelled.
If the spelling shown is correct, underline it.

If not, please give correct spelling in the space provided and circle E. or W. to indicate whether the street is East or West of Woodward Ave.

1. St. Antwine _____ East or West
2. Caddilac _____ East or West
3. Chene _____ East or West
4. Cavelry _____ East or West
5. Beaufait _____ East or West
6. Trumball _____ East or West
7. Belvidere _____ East or West
8. Degwindre _____ East or West
9. Bowbien _____ East or West
10. Selden _____ East or West
11. Buauna Vista _____ East or West
12. Bellevue _____ East or West
13. Slimpson _____ East or West
14. Lafayette _____ East or West
15. Brooklin _____ East or West
16. Schaefer _____ East or West
17. Davison _____ East or West
18. Irokois _____ East or West
19. Fenkle _____ East or West
20. Junktion _____ East or West