

Budget log #5036 5689

CONTRACT TRANSMITTAL RECORD

PERSONAL SERVICE PROFESSIONAL SERVICE

CONTRACT PO #
 PERSONAL SERVICE # 2884498
 STANDARD PO #2887046
 CHANGE ORDER # 3
 REVISION
 REVISION

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> PERSONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PUBLIC LIGHTING DEPARTMENT (PLD)
FUNDING SOURCE % FEDERAL STATE CITY 100% OTHER	DEPARTMENT CONTACT PERSON DANIEL WOITULEWICZ	PHONE NO. 267-7302
CONTRACTOR'S NAME: TMC ALLIANCE LLC		DATE PREPARED JULY 13, 2015
CONTRACTOR'S ADDRESS: 5671 TRUMBULL AVENUE DETROIT MI 48208	CHANGE <input type="checkbox"/> CURRENT CONTRACT AMOUNT \$10,448,923.00 CONTRACT CHANGE AMOUNT \$ 2,000,000.00 TOTAL CONTRACT AMOUNT \$12,448,923.00	
PHONE NO. (313) 333-5220	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 46-3767151		MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO
PURPOSE OF CONTRACT: MAINTENANCE OF PLD ELECTRICAL SERVICE FROM DTE ENERGY TO PUBLIC LIGHTING AUTHORITY AND EMERGENCY RESPONSE FOR DOWNED POLES, WIRES, AND TRAFFIC SIGNAL OUTAGES		
ACCOUNT STRING: 1000 - 380200 - 000000 - 617900 - 00128 - 000000 - 00000		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT AUTHORIZED DEPARTMENT REPRESENTATIVE	
JUL 13 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL BUDGET DIRECTOR OR DEPUTY	15 JUL 22 PM 3:48 JUL 17 2015
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL _____ GRANT ACCOUNTANT	
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL 7/22/15 CORPORATION COUNSEL	
	PURCHASING DIVISION _____ PURCHASING DIRECTOR	

RECEIVED

PURCHASING DIVISION
JUL 20 2015

CITY OF DETROIT CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE **AUG 20 2015**

Use Only One Set For Each Contract Package

FRC APPROVAL
SEP 28 2015

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 3
TO CONTRACT NO. 2884498**

THIS AMENDMENT AGREEMENT NO. 3 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its Public Lighting Department ("City"), and TMC Alliance LLC ("Contractor"), a Michigan Limited Liability Corporation, with its principal place of business located at 5671 Trumbull Ave., Detroit MI 48208.

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 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 is amended only to increase the maximum amount of compensation for the complete and proper performance of the Services under this Contract from Ten Million Four Hundred Forty-Eight Thousand Nine Hundred Twenty-Three and 00/100 Dollars (\$10,448,923.00) to an amount not to exceed Twelve Million Four Hundred Forty-Eight Thousand Nine Hundred Twenty-Three and 00/100 Dollars (\$12,448,923.00).

2. **AMENDMENT TO EXHIBIT A**

2.01 Exhibit A of the Contract is amended by deleting the existing language and by substituting the attached Third Amended Exhibit A in its place.

Revised Exhibit A attached

3. **AMENDMENT TO EXHIBIT B**

3.01 Exhibit B of the Contract is amended by deleting the existing language and by substituting the attached Third Amended Exhibit B in its place.

Revised Exhibit B attached

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

4.01 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.

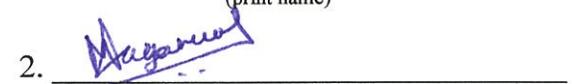
5. PAYMENT AUTHORIZATION

5.01 The Finance Director of the City shall not authorize any payment pursuant to this Amendment until the Amendment has been approved by resolution of the Detroit City Council, all appropriate departmental approvals have been obtained and the Purchasing Director for the City has executed this Amendment.

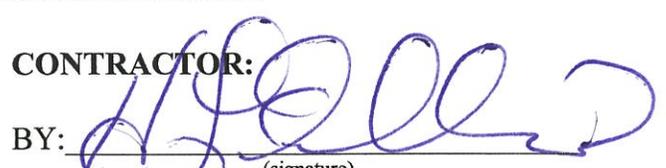
IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorized officers and representatives, have executed this Amendment.

WITNESSES:

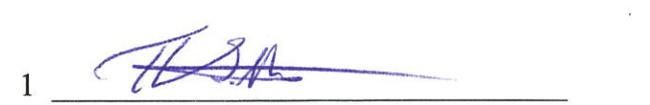
1. 
(signature)
RAIG S. LARSON
(print name)

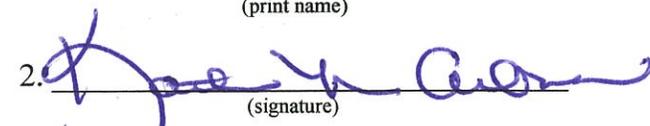
2. 
(signature)
MAYANK AGARWAL
(print name)

CONTRACTOR:

BY: 
(signature)
H.L. ELLIS
(print name)
ITS: PRESIDENT & MEMBER
(title)

WITNESSES:

1. 
(signature)
THOMAS MATHIEW
(print name)

2. 
(signature)
Katherine M. Ambrosi
(print name)

CITY OF DETROIT
DEPARTMENT:

Public Lighting
BY: 
(signature)
Bezu Teglol
(print name)
ITS: Administrator
(title)

THIS AMENDMENT WAS APPROVED

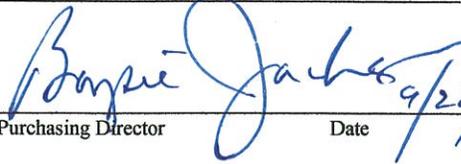
APPROVED BY LAW DEPARTMENT

BY THE CITY COUNCIL ON

PURSUANT TO SECTION 7.5-206 OF THE
CHARTER OF THE CITY OF DETROIT

AUG 20 2015

FRC APPROVAL


Purchasing Director

Date

SEP 28 2015
9/28/15


Corporation Counsel

Date

7/22/15

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

LIMITED LIABILITY COMPANY
CERTIFICATE OF AUTHORITY

I H. L. ELLIS, a Manager or Member of
(name of manager)
TMC ALLIANCE, L.L.C., a limited liability company (the "Company"), DO
(name of company)

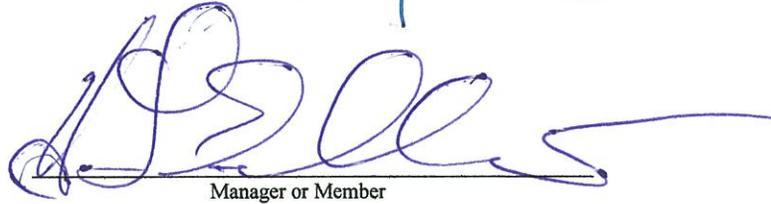
HEREBY CERTIFY that I am a Manager or Member of the Company who has the authority to act as an agent of the Company in executing this Certificate of Authority. I further certify that the following individuals are Managers or Members of the Company who have the authority to execute and commit the Company to the conditions, obligations, stipulations and undertakings contained in Contract No. 2884498 between the City and the Company:

<u>H. L. ELLIS</u>	<u>VIM KREBS</u>
<u>DAN FRANKIS</u>	_____
<u>JOSEPH LENTINE</u>	_____
<u>CARL WALKER-MILLER</u>	_____

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 13 day of JULY, 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.

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN)
)SS.
COUNTY OF WAYNE)

The foregoing contract was acknowledged before me the 13 day of JULY,
2015, by BRAD TAYLOR,
(name of person who signed the contract)
the ADMINISTRATOR,
(title of person who signed the contract as it appears on the contract)
of PUBLIC LIGHTING DEPARTMENT,
(complete name of the City department)

on behalf of the City. DANIEL WITHEGGINZ
[Signature]

Notary Public, County of WAYNE

State of MICHIGAN

My commission expires: FEBRUARY 12, 2022

THIRD AMENDED EXHIBIT A

SCOPE OF SERVICES

I. Notice to Proceed

The term of this Contract shall begin on **October 7, 2013** and will be for three (3) years, terminating on **October 6, 2016** and renewed, unless terminated by the parties as set forth herein, on an annual basis for so long as the EDSA is in effect, but in no event longer than seven (7) years. The Contractor shall commence performance of this Contract upon receipt of a written

"Notice to Proceed" from the City and in the manner specified in the Notice to Proceed.

II. Plan Development Phase- 100 Days

The TMC Alliance Team recognizes the criticality of this Plan Development Phase and the 100 days allocated for this development. The TMC Alliance Team is committed to work with the PLD, the City of Detroit, and DTE Energy to assure the successful management of the PLD operations and maintenance during this 5 to 7 year transition from the City to DTE.

Mobilization

The TMC Alliance Team proposes to begin the engagement by assigning key individuals to perform functions as described below:

- Team Leads
 - o Operating/Dispatch
 - O Preventative maintenance plan and implementation
 - D Meter conversion support
 - O Decommissioning implementation
 - o Oversight of Gallery/Engineering
 - D System mapping
 - O Work order development process
 - O Emergent work processes
 - D System and circuit transition
 - o Overhead/Administration
 - D Safety program
 - O Receivables and Payables
 - O Procurement
 - D Inventory systems for parts and equipment
 - D System decommissioning and salvage
 - o Work Plan Schedules

- O Plan Development Phase - 100 days
- O Meter conversion Phase – 5 to 6 months
- O Transition Phase – 5 to 7 years

Personnel Evaluation and Transition

The TMC Alliance Team proposes to begin the engagement with an all-hands meeting to introduce the TMC Alliance Team presenting who we are, what the transition team objectives are, and how we plan to work with the PLD staff during the next 5 to 7 years. This meeting will outline the TMC Alliance Team's plan to meet with individual PLD staff during the next 100 days of the Plan Development Phase. The follow-up meetings with individual PLD staff will be used to assess skills, capabilities, and commitment to the 5 to 7 year program.

PLD currently has approximately 8 employees, including those related to electricity generation at Mistersky Power Plant. Optimal staffing levels are yet to be determined but it is anticipated that staffing levels may need to be adjusted depending upon needs and available skill sets.

Further, emphasis of these meetings will focus on Safety Procedures and Processes, Work Order Management and Dispatch, Managing Emergent Work, Inventory Control for Spare Parts and Supplies, and Procurement Practices and Processes.

Safety Conscious Work Environment

Safety Plan

The TMC Alliance Team understands that the PLD Facilities may present potential health and safety hazards which need to be analyzed. Certain aspects of PLD may not operate at optimal industry standard levels, and the TMC Alliance Team, as part of its 100-day plan, will provide a process for identifying health and safety risks.

Once these risks, if any, are identified, the TMC Alliance Team will work with the City and PLD to provide short and long term measures to reduce and/or eliminate these risks.

- Short term safety implementation measures include identifying and correcting unsafe practices during initial inspections of the systems and substations.
 - o The TMC Alliance Team will instruct and train PLD staff in electrical safety and tagging procedures.
- Long term measures include:

- o Develop written safety policies and procedures;
- o Training PLD staff in safety policies, procedures, and work practices.

• An objective of these measures is to ensure that the City is in compliance with State and Federal regulations. Further, depending upon the nature of these risks, such remedial actions may include tracking maintenance procedures and development of standard operating procedures and training manuals.

DTE Safety Coordination Plan

The TMC Alliance Team will work directly with PLD to assess, document, and define, a state-of-the-art, Utility Safety Program for all current and future work teams. Safety implementation and training will begin upon acceptance of the plan and follow into the Meter Conversion Phase and the Transition Period Phase.

At a minimum, the Safety Program will include the following:

1. Safety and Health Policy
2. Safety and Health Objectives
3. Job Site Inspections
4. Contractor Safety Administrator
5. Personal Protective Equipment
6. Safety Rules
7. Job Safety Training
8. Safety Discipline
9. Power Tagout Procedure
10. Confined Space Entry
11. Confined Space Entry Procedures
12. Emergency Procedures

Technical Oversight/Engineering- (Oversight of Gallery)

During the first 100 days, the TMC Alliance Team, with its proven operational knowledge and capabilities for electrical distribution, proposes to gather and assess information related to the 31 substations, 120 customers, and 1400 meters.

Inventorizing System Maps

• System mapping includes gathering documentation and recording the experience and knowledge of PLD employees about the distribution systems, substations, and overhead and underground lines. The TMC Alliance Team may have to develop or enhance the System Mapping documents and will centralize the System Maps and have copies

available for PLD staff to use. Gaps in the System Mapping will be identified and corrective action will be taken.

Inventorizing Spare Parts and Equipment

- The TMC Alliance Team will perform an inventory of spare parts and equipment. The inventory, as it is accounted for and its fit-for-duty condition is determined, will be recorded in an inventory system.
 - o The TMC Alliance Team proposes the use of a TMC Alliance Team recommended inventory system to track the use and replenishment of parts and equipment as necessary. This is an existing system and is intended for diminishing use over the 5 to 7 year transition period;
 - o To provide a secure environment for the inventory, the TMC Alliance Team may relocate the parts and equipment to a secure area;
 - o A fit-for-duty asset presentation report will be delivered to PLD, the City, and DTE.

Inventorizing Work Order Procedures and Practices

- The TMC Alliance Team will gather information and document practices for initializing and responding to work orders for required and planned maintenance. Origination of work orders, work order logs, work order crew assignments, and work order performance and final disposition will be reported.
 - o The TMC Alliance Team Work Order System will differentiate and track planned maintenance work orders, PLD customer initiated work orders, emergent work, and DTE issued work orders;
 - o Additionally, work orders originating within the City for PLD assistance will be collected and tracked;
- Procedures for responding to emergent work (service interruptions) will also be examined and documented;
- The TMC Alliance Team is experienced in the use of Primavera P6 and Contract Manager for managing work orders and the crews performing the work;
- Emergency response plans and procedures will be developed for forced outages, line clearance, etc.

Preventative Maintenance Plan Development

- Based on the inventories of system mapping, spare parts and equipment, a fit-for-duty condition assessment will be prepared and serve as the basis for a preventative maintenance plan.
- The TMC Alliance Team working with the City and DTE will determine a priority list for transitioning customers to DTE.
- The TMC Alliance Team prepares a decommissioning and salvage plan for the transitioned systems.

Work Plan Schedule Development

As Attachment II, the TMC Alliance Team has included a Preliminary Schedule for the Plan Development Phase based on the above Scope of Work to be accomplished within the first 100 days of the engagement. The TMC Alliance Team, using Primavera Project Management Software, will implement this plan and monitor progress against this plan. The plan will be modified during the first two weeks to reflect additional details and concurrence with the City and DTE.

- The TMC Alliance Team recognizes that all schedules, regardless of the level, will meet the following criteria:
 - Possess well defined goals and/or objectives, including timetables;
 - Be complete – one of the most common failures of a plan is that it does not reflect all of the activities, constraints, and /or other necessary considerations;
 - Be realistic and achievable;
 - Best schedules are those resulting from participation by the parties required to carry them out;
 - The resulting schedules will be communicated to those required to carry them out.

Plan Development Phase Work Schedule

The TMC Alliance Team will develop a work schedule for the Plan Development Phase Work Scope subject to review and finalization during the first three weeks of the engagement. Progress performance by the TMC Alliance Team, PLD, Contractors, DTE, and the City will be captured and reported on this schedule during the first 100 days.

Changes to the Scope of Work will be identified and assessed against the plan for impact to completion dates.

Meter Conversion Phase - Work Schedule

Concurrent with the restructuring efforts and conversion with DTE finalization of the Plan Development Phase Work Schedule, the TMC Alliance Team will begin development of the Meter Conversion Phase.

- Using information gathered from the City and DTE meetings the TMC Alliance Team will prepare a meter conversion work plan schedule for the prioritized 120 customers and 1400 meters;
- The TMC Alliance Team will manage the PLD staff to support the work plan;
- The schedule will integrate work orders assigned to the meter conversion team and performance will be tracked and reported.

Transition Phase-Work Schedule

Near completion of the first 100 days, the TMC Alliance Team will develop a Master Plan for the Transition Phase Work Schedule in order to incorporate findings of the inventories for system mapping, spare parts, and planned maintenance, work order system, and prioritized transition of customers and circuits from PLD to DTE.

- This Master Plan will represent the TMC Alliance Team's detailed approach to the transition of energy delivery services.
 - o Procedures for addressing operating orders;
 - o Responding to DTE's questions;
 - o Responding to the City and PLD's questions regarding comments and concerns by revising the master plan.
- The Master Plan work schedule will include the decommissioning and salvage of existing equipment and hardware after the transitioning of the customers to DTE.
- This Master Plan for the Transition Phase is expected to cover the entire 5 to 7 years of the transition.

Meter Conversion Phase

The TMC Alliance Team will meet with DTE and the City to support development of the plan to prioritize conversion of customer meters. The PLD has 120 customers with 1400 meters. It is anticipated this development will be preliminarily outlined in the first thirty days of the 100 days.

The TMC Alliance Team will manage PLD staff and/or contractor staff to assist DTE during the meter conversion phase. It is anticipated a TMC and

PLD crew will accompany the DTE meter conversion specialists. The current plan estimates the time frame for conversion of the 1400 meters to be 5 to 6 months.

Transition Period Phase

Near completion of the first 100 days, the TMC Alliance Team will implement the operations and maintenance management of the PLD systems to be transitioned to DTE. Findings from the fit-for-duty, DTE, the City prioritization of system transition, work order process and inventories findings.

- Completing the physical inventory, if not previously completed, and replacement of necessary equipment and supplies;
- Completing the Safety Procedures and Policies;
- Following assessment of assets, and in accordance with the transition priorities, planned maintenance will be performed on systems to assure operations until such time as DTE takes over ownership

III. Street Light Repair

Street light repair, as requested by the PLD Director, City of Detroit.

IV. Transition Phase

The purpose of this scope of work is the implementation of the 5 to 7 year transition phase of this project approved by the PLD, City of Detroit Contract #2884498 that is to be funded by PLD, City of Detroit through July 2014 and will then be funded by DTE through the terms of the EDSA.

TMC Alliance will provide all facets of Program Management in addition to:

- Project Management
- Cost Control
- Cost Engineering
- Scheduling and Estimating
- Inventory Procurement
- Warehouse Controls
- System Mapping

TMC Alliance will provide all material and skilled labor to maintain PLD's electrical grid until the completion of the load transfer to DTE.

Included is:

- Routine, preventative and emergency repairs and response to all equipment issues at PLD's 31 substations, which includes: 400 breakers, 109 transformers, 35 regulators, 64 control batteries, 500 miles of underground cabling system, 11,000 manholes, 1,500 miles of overhead lines and 62,000 poles.

The skills required to perform these tasks are:

- Overhead Lineman
- Line Clearance Journeyman
- Station Operator
- Station Maintenance Technician
- Cable Testing Engineer
- Station Engineer
- System Supervisor
- Underground Splicer

TMC Alliance will also provide a Master Plan work schedule to include the decommissioning and salvage of existing equipment and hardware after the transitioning of the customers to DTE.

The aforementioned activities are in compliance with the EDSA and customer reliability consistent with DTE's expectations.

THIRD AMENDED EXHIBIT B

FEE SCHEDULE

I. General

(a) The Contractor shall be paid for those Services performed pursuant to this Contract as follows: an amount of Twelve million four hundred forty-eight thousand nine hundred twenty three and 00/100 dollars (\$12,448,923.00) for the term of this Contract as set forth in Amended Exhibit A, Scope of Services and detailed below:

- (i) \$548,923 for the performance of the Plan Development Phase – 100 Days, as referenced in Exhibit A, Article II.
- (ii) \$1,900,000 for the performance of Street Light Repair (labor, equipment, material, fixtures) as requested by the PLD Director, City of Detroit, as referenced in Exhibit A, Article III. Notwithstanding the foregoing, the parties understand and agree that, depending on the requests made by the PLD Director, the \$1.9 million may not cover the cost of the Services to be performed by Contractor for Street Light Repair throughout the term of this Agreement. After such initial funding is spent, additional funding will be required for Contractor to continue such Services throughout the term of this agreement.
- (iii) \$6,000,000 for the transition phase of this project approved by the PLD, City of Detroit Contract #2884498 that is to be funded by PLD, City of Detroit through July 2014 as referenced in Exhibit A, Article IV.
- (iv) \$3,500,000 for maintaining the “gap” between where DTE Energy defines their electricity distribution ends and the Public Lighting Authority (PLA) defines their street light maintenance agreement begins.
- (v) \$500,000 to cover contractual expenses incurred prior to July 1, 2014 in excess of previously approved contract amendments.

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the City of invoices for payment. Each invoice shall certify the total cost, itemizing costs when applicable. Each invoice must be received by the City not more than thirty (30) days after the close of the calendar month in which the services were rendered and must be signed by an authorized officer or designee of the Contractor.

(c) Any Additional Services to be provided by Contractor beyond the 100 Days or in addition to the amount initially allocated for Street Light Repair in Article I(a)(ii) above, shall be billed and paid in accordance with the Rate Schedules below.

PRICING PROPOSAL:

Plan Development Phase – 100 Days

Based on the scope of services, and plan for the Plan Development Phase listed above, the TMC Alliance's quotation for the first 100 days is \$548,923.

Rate Schedules

Meter Conversion, Transition Period Services, and Street Light Repair

TMC Alliance Team Hourly Pricing- Calendar Year 2013

CLASSIFICATION	ST	OT	DT
Substation Operator			
Station Operator	\$70.	\$95.	\$120.
Station Electrician	\$70.	\$95.	\$120.
Office Admin & Data Input	\$47.	\$64.	\$80.
Relay Station Technician (Includes all tools, vehicles and test equipment)	\$137.	\$159.	\$192.
Overhead Line			
General Foreman - Overhead Linemen	\$85.	\$115.	\$146.
Foreman - Overhead Lineman	\$75.	\$105.	\$133.
Journeyman Lineman	\$70.	\$95.	\$120.
Bucket Truck- Overhead Lines	\$35.	\$35.	\$35.
Digger	\$35.	\$35.	\$35.
Overhead Line Composite Crew			
Two Man Crew 1 vehicle	\$180.	\$235.	\$288.
Three Man Crew 2 vehicles	\$285.	\$365.	\$443.
Underground Line Construction			
Cable Splicer - Certified	\$73.	\$100.	\$127.
Cable Splicer	\$70.	\$95.	\$120.
Service Truck	\$30.	\$30.	\$30.
General Foreman	\$85.	\$115.	\$146.
Pickup Truck	\$ 15.	\$ 15.	\$15.
CLASSIFICATION	ST	OT	DT
Line Clearance Tree Trimming			
General Foreman-Tree Trimmer	\$85.	\$115.	\$146.
Foreman -Tree Trimmer	\$52.	\$70.	\$87.
Journeyman Tree Trimmer	\$48.	\$65.	\$80.
Bucket Truck- Tree	\$28.	\$28.	\$28.
Chip Truck	\$ 18.	\$ 18.	\$18.
Chipper	\$ 10.	\$ 10.	\$10.
Pickup Truck	\$ 15.	\$ 15.	\$ 15.
Tree Trimming Composite Crew Rate			
Two Man Crew with Truck / Chipper	\$138.	\$173.	\$205.
Three Man Crew with Truck / Chipper	\$186.	\$238.	\$285.

Cost of clearing lines per mile of line:

The cost range is \$5,000 - \$15,000 per line mile, with the price varying by circuit depending on variables associated with each circuit such as growth conditions, tree density, easement access, prior trim cycles, and trim/removal specifications.

Trimming includes pole to pole distribution wires, duplex streetlight feeds, and streetlight wires.

TMC Flat Rate Pricing- Calendar Year 2013

CLASSIFICATION	MONTHLY RATE
Overall TMC Project Manager	\$25,333.33
Safety/Compliance Manager	\$18,750.00
Operating Supervisor	\$18,750.00
Lead Project Controls / Primavera	\$20,800.00
Work Order System Management	\$15,600.00
Budget & Maintenance Planner / Scheduler	\$15,600.00
Operations System Supervisor	\$15,600.00
System Manager Procurement	\$21,666.67
System Control Manager - Procurement	\$17,333.33

As this is a multi-year contract, an annual 3% increase maybe realized for recoverable expenses with proper authorization from DTE, beginning January 1, 2014.

Decommissioning Process

TMC would propose an alternative option rather than provide a price to decommission PLD substations. TMC would secure an acceptable firm to PLD and the City of Detroit to recover the substation metals and reusable equipment, thus providing the City with a revenue stream and a potential cap and seal, decommission or complete demolition of the substation.

Detroit City Council

Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter *DT*
DATE: August 20, 2015
RE: **PURCHASING ITEMS SUBMITTED TO THE CITY COUNCIL FOR THE WEEK OF August 17, 2015**

The following contracts and purchase orders were reported to the City Council during the Recess Week of August 17, 2015. Under the Recess procedures, approved by the City Council on July 14, 2015, contracts submitted for the Week of August 17 are considered approved and can be processed on Thursday, August 20, 2015, if not held by a Council Member.

The City Clerk's office received 3 requests to hold contracts from the list submitted for the Week of August 10, 2015.

Contracts Requested to Be HELD

2867153,Extension	Genuine Parts (NAPA)	+ \$1,746,836 to \$16,735,684	GENERAL SERVICE
Requested to be Held by Council Members Gabe Leland and Andre Spivey.			
2884809,Amend.2	Inst. For Population Health	+ \$396,220 to \$14,752,220	HEALTH & WELL.
Requested to be Held by Council Member Gabe Leland.			
2884810,Amend.2	Inst. For Population Health	+ \$164,004 to \$7,460,825	HEALTH & WELL
Requested to be Held by Council Member Gabe Leland.			
2906609,Conf.Reg.	Motor City Electric	\$318,605	POLICE
Requested to be Held by Council Member Scott Benson			
2912431	Heritage Crystal Clean	\$121,500	TRANSPORTATION
Requested to be Held by Council Member Scott Benson			

Purchasing Staff
Contracts and Purchase Orders submitted for
Recess Week of August 17, 2015

Page 2

*The following contracts were submitted for the Week of August 17, 2015; No requests to hold the contracts were received in the City Clerk's Office and are considered **APPROVED**.*

2909631	Motor City Electric Technologies	\$995,815/ 3 yrs	POLICE
2911201,Conf.Req.	Motorola Solutions	\$42,624.47	POLICE
2884498,Amend.3	TMC Alliance	+ \$2,000,000 to \$12,448,923	PUBLIC LIGHTS
2882001,Extens.	Shrader Tire & Oil	\$74,957.48	TRANSPORTATION

cc: City Council Members

City Council Contract Agenda Items Review Checklist

Reviewer: (purchasing agent sign here)

Date Received:

Date: 07JUL2015 Department PLD Division: Administration

Contact Person: Daniel Woitulewicz Phone No.: 313-267-7302

Description: Flagging of underground wires and cables to prevent property damage, injury, and death when outside entities are required to dig in city owned rights of way.

brief explanation of function or need of the goods/services

Contract No.: 2884498 Amendment 3 PO Type: CPO Est. Value: \$ 12,448,923.00

Contract Term (if applicable): October 7, 2013 to October 6, 2016

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

Recommended Supplier TMC Alliance, LLC Required Date: October 7, 2015

1. The business being awarded is RENEWAL If a renewal, provide justification for renewal: continue to provide electrical maintenance services for PLD assets where such services are not covered by the EDSA nor PLA

2. Was the product or service competitively bid? Yes No Sole response
Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: _____

3. Was a Co-Operative Agreement Considered? Yes No Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: None available

4. Were savings achieved? N/A
 Yes Amount \$ _____ No

5. Does this agreement represent an increase? Yes
 Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)
 Change in amount/volume of the good or service to be used. \$2,000,000.00
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? Yes No
 If "yes" can this Req/PAR be combined other department requirements? Yes X 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 It would take longer to train new employees to do the work than the work will be required.

NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes ___ No ___

PLACE ON FINANCIAL REVIEW COMMISSION AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: [Signature] DATE: 07/31/15
 (Department)

INFORMATION PROVIDED BY: DANIEL WORTHEN

TITLE: FINANCIAL CONSULTANT

PHONE: 207 7302

[View Instructions for Search Results](#)

Search Results

Current Search Terms: TMC* alliance* LLC*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

Search

Results

Entity

Exclusion

Search

Filter

By Record

Status

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Area - Entity

Management

By

Functional

Area -

Performance

Information

SAM | System for Award Management 3.0

OMB # 2.34-2015-0770-1415



Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

To:
A. City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 1220
Detroit, MI 48226

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

For:
Individual or
Company Name Leocom, Inc.
Address 29377 Hoover Rd

City Warren
State MO Zip Code 48093
Telephone 586-573-7180 Fax # 586-573-8720
E-mail Address joseph.lentine@leocominc.com

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)	Telephone # <u>586-573-7180</u>
<u>Joseph S. Lentine</u>	Fax # <u>586-573-8720</u>
Employer Identification or Social Security Number <u>38-2321119</u>	Spouse Social Security Number

Nature of Contract Public Lighting BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Materials: \$ _____
SERVICES Contract # (if known) 72884498

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- 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 on someone else's tax return? Yes No
- Were you employed in the City of Detroit 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 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). 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 Income Tax Ordinance?

Yes No
 Yes No
 Yes No

COURTNEY JONES
 SUPERVISING INCOME TAX INV Date JUL 25 2016 Expires JUL 25 2016
 Signature _____ Date _____ Expires _____
 Signature _____ Date _____ Expires _____

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

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

CITY OF DETROIT
ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
 2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
 REVENUE COLLECTIONS UNIT (313) 224-4007 / FAX: 224-4238 / RevenueCollections@CityofDetroit.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOOT 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 Lecom, Inc LICENSE TYPE N/A
 CORPORATION NAME _____
 ADDRESS 29377 Hoover Rd CITY/STATE/ZIP Warren, MI 48093 OWN LEASE
 CITY PERSONAL PROPERTY NUMBER 089-90554-02 FID / EIN NUMBER 38-2321119
 OTHER CITY-OWNED PROPERTY PARCELS _____
 CONTACT PERSON Joseph Lentine PHONE NUMBER 586-573-7180 EMAIL ADDRESS joseph.lentine@lecominc.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 REVENUE COLLECTIONS USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS
Kenneth Smith DATE JUL 17 2015 CLEARANCE VALID UNTIL JAN 15 2016

**REVENUE COLLECTIONS
 APPROVED
 CONTRACT CLEARANCES**



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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 ENERGY GROUP INC
Address 8837 LYNDON ST.

City DETROIT

State MI Zip Code 48238

Telephone 313-491-8411 Fax # 313-491-1482

E-mail Address mdonnellan@energygroupusa.com

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

MATT DONNELLAN

Telephone # 313-491-8411

Fax # 313-491-1482

Employer Identification or Social Security Number

38-3074704

Spouse Social Security Number

Nature of Contract UTILITY / PLD

BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ _____

TMC ALLIANCE TEAM LLC

Contract # (if known) 2884498

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- 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 on 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 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). 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 Income Tax Ordinance?

Yes No Signature COURTNEY JONES Date JUL 16 2015 Expires JUL 16 2016

Yes No Signature SUPERVISING INCOME TAX INV. Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

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

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

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 ENERGY GROUP INC.
ADDRESS 8837 LYNDON ST CITY/STATE/ZIP DETROIT () OWN () LEASE
CITY PERSONAL PROPERTY NUMBER 16990837-03 FID / EIN NUMBER 38-3074704
OTHER CITY-OWNED PROPERTY PARCELS N/A
CONTACT PERSON MAT DONNELLON PHONE NUMBER 313-491-8111 EMAIL ADDRESS MDONNELLON@ENERGYGROUPUSA.CO

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

REVENUE COLLECTIONS APPROVED CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:
APPROVED [Signature] DENIED () DENIED WITH ATTACHMENTS ()
DATE JUL 17 2015 CLEARANCE VALID UNTIL JAN 15 2016



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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 Walker-Miller Energy Services, LLC
 Address 440 Burroughs Street
Suite 517
 City Detroit
 State MI Zip Code 48202
 Telephone 313.366.8535 Fax # 313.366.4946
 E-mail Address allen@wmenergy.com

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

Carla Walker-Miller

Telephone # 313.366.8535

Fax # _____

Employer Identification or Social Security Number

38-3381940

Spouse Social Security Number

386-56-6433

Nature of Contract

SERVICES

BID CONTRACT AMOUNT (if known):

Labor: \$ _____ Material: \$ _____

Contract # (if known)

2884498

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 LLC

Partnership

Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- 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 on 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 5,6,7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). 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 Income Tax Ordinance?

Yes No

Signature COURTNEY JONES
SUPERVISING INCOME TAX INV.

Date JUL 17 2015 Expires JUL 17 2016

Yes No

Signature _____ Date _____ Expires _____

Yes No

Signature _____ Date _____ Expires _____

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

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

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 Walker-Hiller Energy Services, LLC
 ADDRESS 440 Burroughs-Suites 517 CITY/STATE/ZIP Detroit, MI 48202 OWN LEASE
 CITY PERSONAL PROPERTY NUMBER B4990195.01 FID / EIN NUMBER 38-3381940
 OTHER CITY-OWNED PROPERTY PARCELS N/A
 CONTACT PERSON Carla Walker-Hiller PHONE NUMBER 313.366.8833 EMAIL ADDRESS willhiller@wmeenergy.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 _____
 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 REPORT COLLECTION USE ONLY
 APPROVED DENIED DENIED WITH ATTACHMENTS
 SIGNATURE [Signature] DATE JUL 17 2015 CLEARANCE VALID UNTIL JAN 15 2016



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

To:
A. 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 Transmission Maintenance Center
Address 28175 Haggerty Rd.
Suite 152
City Novi
State MI Zip Code 48377
Telephone 313.333.5220 Fax # 248.994.8090
E-mail Address tellis@transmcd.com

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

H.L. Ellis

Telephone # 313.333.5220

Fax # _____

Employer Identification or Social Security Number

45-40260284

Spouse Social Security Number

Nature of Contract services

BID CONTRACT AMOUNT (if known):

Labor: \$ _____ Material: \$ _____

Contract # (if known) 2884498

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1.2.3.4.

- 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 on 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 5.6.7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). 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 Income Tax Ordinance?

Yes No Signature: LUCRETIA JENNINGS Date: JUL 17 2015 Expires: JUL 17 2016
 Yes No Signature: _____ Date: _____ Expires: _____
 Yes No Signature: _____ Date: _____ Expires: _____

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

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

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 Transmission Maintenance Construction, LLC
ADDRESS 28175 Hogearty Rd. Suite 152 CITY/STATE/ZIP Novi, MI 48377 OWN LEASE
CITY PERSONAL PROPERTY NUMBER N/A FID / EIN NUMBER 45-4026284
OTHER CITY-OWNED PROPERTY PARCELS N/A
CONTACT PERSON Lee Ellis PHONE NUMBER 313.333.5200 EMAIL ADDRESS lellis@transmco.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
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
Amnette Smith

JUL 17 2015

DENIED WITH ATTACHMENTS
CLEARANCE VALID UNTIL

JAN 15 2016

CERTIFICATE OF LIABILITY INSURANCE

REF 10017

DATE (MM/DD/YY)
7/8/2015

PRODUCER
GLOBAL RISK PARTNERS, LLC
1S376 SUMMIT, COURT B
OAKBROOK TERRACE, IL 60181
PHONE: (630)-261-6300 FAX (630) 261-6975

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

TRANSMISSION MAINTENANCE CONSTRUCTION, LLC
28175 HAGGERTY ROAD, SUITE 152
NOVI, MI 48377

INSURERS AFFORDING COVERAGE	
INSURER A:	LEXINGTON INSURANCE COMPANY
INSURER B:	TRAVELERS INDEMNITY COMPANY
INSURER C:	ILLINOIS NATIONAL INSURANCE COMPANY
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY	031710932	3/11/2015	3/11/2016	GENERAL AGGREGATE	\$ 2,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS - COMP/OP AGG	\$ 2,000,000	
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				EACH OCCURRENCE	\$ 1,000,000	
					PERSONAL & ADV INJURY	\$ 1,000,000	
					DAMAGES TO PREMISES RENTED TO YOU	\$ 50,000	
<small>GENERAL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC</small>							
C	AUTOMOBILE LIABILITY	CA3632468	6/18/2015	6/18/2016	COMBINED SINGLE LIMIT (Each accident)	\$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ INCL	
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$ INCL	
	<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident)	\$ INCL	
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
B	EXCESS LIABILITY	6KUB-9987M22-A-14	10/16/2014	10/16/2015	<input type="checkbox"/> OCCUR <input type="checkbox"/>	AGGREGATE	\$
					EA. OCCURRENCE	\$	
						\$	
						\$	
						\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	6KUB-9987M22-A-14	10/16/2014	10/16/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER	E.L. EACH ACCIDENT	\$ 500,000
					E.L. DISEASE - EA EMPLOYEE	\$ 500,000	
					E.L. DISEASE - POLICY LIMIT	\$ 500,000	
	OTHER:						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

IT IS AGREED THAT THE CITY OF DETROIT IS DEEMED AN ADDITIONAL INSURED ON THE LIABILITY POLICIES LISTED HEREIN AS THEIR INTEREST MAY APPEAR AND TO THE EXTENT REQUIRED BY CONTRACT.

CERTIFICATE HOLDER	CANCELLATION
CITY OF DETROIT	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
	AUTHORIZED REPRESENTATIVE <div style="text-align: center; margin-top: 10px;"> John P. Cornelius </div>

IMPORTANT

If the certificate holder is an **ADDITIONAL INSURED**, certain policy(ies) may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

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).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

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) 224-6588

For:
Individual or
Company Name Administrative Controls Management, Inc.
Address 525 Avis Drive, Suite 2

City Ann Arbor
State Michigan Zip Code 48108
Telephone (734) 995-9640 Fax # (734) 995-9638
E-mail Address _____

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

Patricia A. Mirek

Employer Identification or Social Security Number
38-2578672

Telephone # (734) 995-9640

Fax # (734) 995-9638

Spouse Social Security Number _____

Nature of Contract SERVICES

BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Materials: \$ _____

Contract # (if known) 2884498

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1.2.3.4.

- 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 on 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 5.6.7.

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4). 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 Income Tax Ordinance?

Yes No Signature _____ Date JUL 2 4 2018 Expires JUL 2 4 2018

Yes No Signature _____ Date _____ Expires _____

Yes No Signature _____ Date _____ Expires _____

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

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

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 Administrative Controls Management, Inc
ADDRESS 525 Avis Drive, Suite 2 CITY/STATE/ZIP Ann Arbor, MI 48106 OWN LEASE
CITY PERSONAL PROPERTY NUMBER N/A FID / EIN NUMBER 38-2578672
OTHER CITY-OWNED PROPERTY PARCELS N/A
CONTACT PERSON Patricia Micek PHONE NUMBER 734.995.9164 EMAIL ADDRESS

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

FINAL

LICENSE TYPE
CITY/STATE/ZIP OWN LEASE
FID / EIN NUMBER
DRIVER'S LICENSE # PHONE NUMBER
CITY/STATE/ZIP OWN LEASE
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 Annette Smith DATE JUL 17 2015 CLEARANCE VALID UNTIL JAN 15 2016



CERTIFICATE OF LIABILITY INSURANCE

ADMIN-1 OP ID: MAM1

DATE (MM/DD/YYYY)

05/19/2015

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 Benz Insurance Agency 3101 E Eisenhower Prkwy Ann Arbor, MI 48108 Daniel H. Iott	CONTACT NAME: Daniel Iott PHONE (A/C, No, Ext): 734-971-1000 FAX (A/C, No): 734-971-8543 E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Secura INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Administrative Controls Management Inc. 525 Avis Dr. Ste. 2 Ann Arbor, MI 48108-9616	

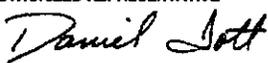
COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> XCU included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		BP3114339-1	05/27/2015	05/27/2016	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BP3114339-1	05/27/2015	05/27/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ deductible \$ 500
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 5,000	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE	20-CU-003114340-3	05/27/2015	05/27/2016	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N / A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
						PROPERTY 460,000

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

CERTIFICATE HOLDER**CANCELLATION**

CITYDET City of Detroit Purchasing Division 2 Woodward Ave Room 10-008 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 
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/03/2015

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.

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PRODUCER State Farm - Matt Fahoome Agency 2221 Jackson Ave Ann Arbor, MI 48103 	CONTACT NAME: Matt Fahoome PHONE (A/C, No. Ext): 734-761-2666 E-MAIL ADDRESS: matt@mattfahoome.com	FAX (A/C, No.): 734-761-7558
	INSURER(S) AFFORDING COVERAGE	
INSURED ADMINISTRATIVE CONTROLS MANAGEMENT, INC 525 AVIS DR STE 2 ANN ARBOR MI 48108-9616	INSURER A: State Farm Fire and Casualty Company NAIC#: 28143	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL. NUMB (INSR, WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	92-MC-A189-0 F 92-MC-A213-2 F 92-MC-A297-9 F	03/09/2013 03/09/2014 03/09/2015	03/09/2014 03/09/2015 03/09/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER 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)

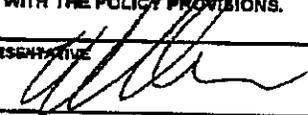
CERTIFICATE HOLDER

CANCELLATION

The City of Detroit
 Purchasing Division
 2 Woodward Avenue, Room 10-008
 Detroit, Michigan 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

Matt Fahoome X 



ADMI001

OP ID: S1

CERTIFICATE OF LIABILITY INSURANCEDATE (MM/DD/YYYY)
06/24/2015

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.

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PRODUCER Professional Services JLT Facilities 22 Century Hill Dr. Ste. 103 Latham, NY 12110-1423	CONTACT NAME: JGSC - P & C	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Administrative Controls Mgmt 525 Avis Drive, Suite 2 Ann Arbor, MI 48108	INSURER A: Beazley Ins Co Inc.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Misc Professional Liability			V11CVR15PNPM	06/27/2015	06/27/2016	Per Claim 1,000,000 Aggregate 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Deductable: \$50,000

CERTIFICATE HOLDER**CANCELLATION**

THEC006 The City of Detroit Purchasing Division 2 Woodward Ave, Room 10-008 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
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