

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

APPROVED

OCT 14 2014

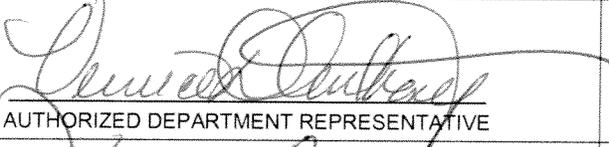
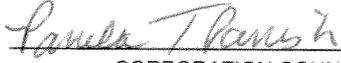
CONTRACT PO NUMBER
STANDARD PO NUMBER
CHANGE ORDER #

0884809

Insurance Requirement

ACCOUNTS PAYABLE WILL HOLD UP ALL CONTRACT PAYMENTS UNTIL ALL INSURANCE CERTIFICATES/POLICIES REQUIRED UNDER THE CONTRACT HAVE BEEN RECEIVED. CONTRACTORS SHOULD BE MADE AWARE OF THIS REQUIREMENT.

| | | | |
|---|--|--|--|
| TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES | | DEPARTMENT HEAD'S SIGNATURE  | DEPARTMENT Health + Wellness Promotion |
| FUNDING SOURCE (Percent) FEDERAL % STATE 100% CITY % OTHER % | | DEPARTMENT CONTACT PERSON Vernice Anthony | PHONE NO. 313-876-4000 |
| CONTRACTOR'S NAME: Institute for Population Health | | DATE PREPARED 9/25 | |
| CONTRACTOR'S ADDRESS: 1400 Woodbridge St. Detroit, MI 48207 | | ENGINEER'S ESTIMATE <input type="checkbox"/> | CONTRACT <input type="checkbox"/> CHANGE <input checked="" type="checkbox"/> |
| | | TOTAL CONTRACT AMOUNT | \$ 14,356,000.00 |
| | | TOTAL CPO AMOUNT | \$ 11,640,000.00 |
| | | CHANGE AMOUNT | \$ 2,716,000.00 |
| PHONE NO. 313-309-9350 | | <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL | |
| FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: | | MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| PURPOSE OF CONTRACT: Medicaid Substance Abuse Services | | | |
| CHARGE ACCOUNT: 3601 - 258152 - 000096 - 612110 - 13447 - 000003 - A1630 | | | |

| TIME & DATE IN | APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER | TIME & DATE IN |
|--|--|----------------|
| | REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE | |
| OCT 01 2014 | BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY | OCT 01 2014 |
| | GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL _____ GRANT ACCOUNTANT | |
| | FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY | 10/1/14 |
| | LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL | 10/2/14 |
| | PURCHASING DIVISION  PURCHASING DIRECTOR | |
| CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE _____ | | |

Detroit City Council
Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter
DATE: October 8, 2014

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

There were no contracts approved on September 30, 2014, that were Reconsidered

*The following contracts and purchase orders were reported to the City Council, by the Standing Committee, at the Regular Session of October 7, 2014 and **APPROVED**.*

Reported by the Budget, Finance and Audit Committee:

| | | | |
|---------|--|-----------------------|-----------|
| 2898197 | Crystal Clear Images | \$61,663.55 / 4 years | CITY-WIDE |
| | Submitted in the List and Referred September 30, 2014. | | |

Reported by the Internal Operations Committee:

| | | | |
|---------|---|-----------------------|----------------------|
| 2897893 | Munn Tractor and Lawn | \$199,639.14 / 3 yrs. | GENERAL SERVICE |
| | Submitted in the List and Referred September 30, 2014. | | |
| 2897917 | Detroit Salt Co. (Seasonal backup) | \$60,000 | GENERAL SERVICE |
| | Submitted in the List and Referred September 30, 2014. | | |
| 2896736 | Computech Corporation | \$3,775,500 | INFORM.TECH.SERVICES |
| | Submitted in the List and Referred September 30, 2014. | | |
| 2896739 | Futurenet Group | \$6,091,200 | INFORM.TECH.SERVICES |
| | Submitted in the List and Referred September 30, 2014. | | |
| 86978 | Ari Ruttenberg (Sheffield) | \$48,000 | CITY COUNCIL |
| | Submitted in the List for October 7, 2014; Placed on Consent Agenda; Approved with <i>WAIVER</i> . | | |
| 86982 | Mariela Rodriquez (Castaneda-Lopez) | \$1,200 | CITY COUNCIL |
| | Submitted in the List for October 7, 2014; Placed on Consent Agenda; Approved with <i>WAIVER</i> . | | |

Reported by the Neighborhood and Community Services Committee:

No Contracts Reported and Approved

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of October 7, 2014

Page 2

The following contracts and purchase orders were reported to the City Council, by the Standing Committee, at the Regular Session of October 7, 2014 and APPROVED.

Reported by the Planning and Economic Development Committee:

2887980 Detroit Windsor Dance Academy \$60,000 PLANNING & DEVELOPMT
Submitted in the List and Referred September 30, 2014; Approved with *WAIVER*.

Reported by the Public Health and Safety Committee:

2897849 Apollo Fire Equipment \$101,400 FIRE
Submitted in the List and Referred September 23, 2014.

2897255 Jorgensen Ford \$41,397 TRANSPORTATION
Submitted in the List and Referred September 23, 2014.

2897503 Gerald Hanson & Associates \$70,610 TRANSPORTATION
Submitted in the List and Referred September 23, 2014.

2896238 Ft. Wayne / Ajax Paving Industries Jt. Vent. \$1,693,331.89 PUBLIC WORKS
Submitted in the List and Referred September 30, 2014; Approved with *WAIVER*.

2898250 Institute of Population Health \$2,933,579 HEALTH AND WELLNESS
Walked on to Committee Agenda Oct. 6, 2014; Approved for New Business; Approved with *WAIVER*.

2884809,Amd 2 Institute of Population Health + \$2,716,000 to \$11,640,000 HEALTH AND WELL
Walked on to Committee Agenda Oct. 6, 2014; Approved for New Business; Approved with *WAIVER*.

2884810,Amd.2 Institute of Population Health + \$1,746,000 to \$5,550,821 HEALTH AND WELL
Walked on to Committee Agenda Oct. 6, 2014; Approved for New Business; Approved with *WAIVER*.

2898252 Southeast Mich. Health Association \$3,971,327 HEALTH AND WELLNESS
Walked on to Committee Agenda Oct. 6, 2014; Approved for New Business; Approved with *WAIVER*.

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of October 7, 2014

Page 3

*The following contracts and purchase orders were reported to the City Council, at the Regular Session of October 7, 2014 by the Committee and **TABLED FOR 1 WEEK.***

Reported by the Internal Operations Committee:

| | | | |
|--|-------------------------|-----------|-----------------|
| 2897014,Emg.Prcmt. | J-Mac Tree and Debris | \$400,000 | GENERAL SERVICE |
| Submitted in the List and Referred September 9, 2014; Union issues / privatization. | | | |
| 2897312,Emg.Prcmt. | Tree Man Services | \$400,000 | GENERAL SERVICE |
| Submitted in the List and Referred September 9, 2014; Union issues / privatization. | | | |
| 2897313,Emg.Prcmt. | All Metro Tree Services | \$400,000 | GENERAL SERVICE |
| Submitted in the List and Referred September 9, 2014; Union issues / privatization. | | | |
| 2898282 | Dan's Tree & Landscape | \$400,000 | GENERAL SERVICE |
| Submitted in the List and Referred September 30, 2014; Union issues / privatization. | | | |

*The following contracts were **REFERRED** on October 7, 2014 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee

No Contracts Referred

Referred to Internal Operations Committee

| | | |
|----------------|------------------------------|----------------------|
| 2819573,Exten. | Payne Landscaping | GENERAL SERVICES |
| 2895887 | Navitas Advanced Solutions | GENERAL SERVICES |
| 2896738 | Data Consulting Group | INFORM.TECH.SERVICES |
| 2896772 | VTP, Inc. | MEDIA SERVICES |
| 2770687,Exten. | Michigan Chronicle | CITY-WIDE |
| 2898660 | Pinnacle Actuarial Resources | LAW |

Referred to Neighborhood and Community Services Committee

No Contracts Referred

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of October 7, 2014

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*The following contracts were **REFERRED** on October 7, 2014 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Planning and Economic Development Committee

| | | |
|---------|--------------------------|--------------------|
| 2896965 | The Heat and Warmth Fund | PLAN. & DEVELOPMT. |
|---------|--------------------------|--------------------|

Referred to Public Health and Safety Committee

| | | |
|---------|------------------------------------|-------------------|
| 2893989 | QOE Consulting | AIRPORT |
| 2897736 | T & N Services | FIRE |
| 2897829 | Bill Snethkamp (105 vehicles) | POLICE |
| 2898549 | Automated Investigation Management | POLICE |
| 2898663 | Woverine Freightliner | PUBLIC WORKS |
| 86985 | Theresa A. Kozak | MUNICIPAL PARKING |
| 86987 | Khalid Hussain | MUNICIPAL PARKING |
| 86988 | Brandon Marcel Patton | MUNICIPAL PARKING |
| 86952 | Michael Lehto (legal instructor) | POLICE |

The following items have been HELD for review, discussion or report to the Standing Committee.

Held in the Public Health and Safety Committee

| | | | |
|---------|--------------|----------|----------------|
| 2897659 | Wright Tools | \$99,000 | TRANSPORTATION |
|---------|--------------|----------|----------------|

Submitted in the List and Referred September 23, 2014; *To be Corrected.*

CITY OF DETROIT
LAW DEPARTMENT
Office of Corporation Counsel
-CONTRACTS SECTION-

INTERDEPARTMENTAL MEMORANDUM

TO: Contracts Desk
Purchasing

FROM: Christopher S. Ammerman
Senior Assistant Corporation Counsel
Writer's Direct Dial: (313) 237-3053

SUBJECT: EXPIRED DOCUMENTS - CONTRACT NUMBER: 2884809
Vendor Name: IPH

DATE:

The documents checked below have expired. Prior to placement of this contract on City Council's agenda, please insure that the documents identified below are current or have been renewed. The department has been notified on the date listed below.

Thank you for your cooperation in this request.

CLEARANCES

Property Tax Income Tax
 Human Rights Other

INSURANCE

The coverage required by this contract per the certificate of insurance furnished with this contract was not provided or has expired as follows:

Entire Certificate: General Liability:
Prof. Liability: Excess Liability:
Automobile:
Workers' Comp.: Employers' Liability
*Other (Identify)

***Insurance coverage must include the City of Detroit as an additional insured. Please provide the City of Detroit Purchasing Department with an insurance certificate that complies with the contract requirement.**

The departmental requestor was notified by this writer on 10/2/14

cc: DHWJ

Attn: Kizza Montgomery



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
9/30/2014

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).

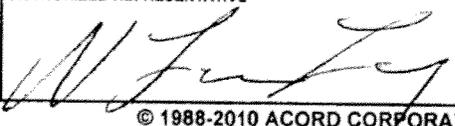
| | | |
|--|--|--|
| PRODUCER Long Insurance Services LLC 3031 W. Grand Boulevard Suite 529 Detroit MI 48202 | CONTACT NAME: Mary Greenhill PHONE (A/C No. Ext): (313) 873-0300 FAX (A/C No.): (313) 873-0363 E-MAIL ADDRESS: mgreenhill@longinsuranceservices.com | |
| | INSURER(S) AFFORDING COVERAGE | |
| INSURED Institute for Population Health, Inc, 1400 Woodbridge Suite 100 Detroit, MI 48207 | INSURER A: Landmark American Ins Company | |
| | INSURER B: Liberty Mutual Insurance Co | |
| | INSURER C: Chubb Insurance Co | |
| | INSURER D: Amerisure Insurance Co. | |
| | INSURER E: INSURER F: | |

COVERAGES **CERTIFICATE NUMBER:** CL1493000476 **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 | ADD'L INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS |
|----------|--|------------|----------|--|-------------------------|-------------------------|---|
| A | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$5,000 Deductible GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | | | #LHC741462 | 9/26/2014 | 9/26/2015 | EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Fire Damage (any one) \$ 50,000 |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> No-Fault | | | #CA3084500007 | 11/16/2013 | 10/16/2014 | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 \$ \$ |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below | | N/A | 9325058-000 | 10/2/2013 | 10/2/2014 | 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 |
| A | Professional Liability 09-26-2012 Retro Date | | | #LHC741462 Subject to \$50,000 Ded. | 09/26/2014 | 09/26/2015 | Per Claim \$3,000,000 Aggregate \$5,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 (C) Chubb Group Ins. - 10/1/14 to 10/1/15
 Policy# 3592-70-03 Each Location Business Personal: Ded. of \$1,000
 (1) 9641 Harper Ave, Detroit, MI. 48215 (WIC Office) - \$27,000
 (2) 14585 Greenfield Rd., Detroit, MI. 48227 (Grace Ross Health Center) - \$15,000
 (3) 5400 E. 7 Mile Rd. Detroit, MI. 48205 (Northeast Health Center) - \$15,000

| | |
|---|--|
| CERTIFICATE HOLDER Additional Insured - A.T.I.M.A. City of Detroit Finance Department Voucher Audit Section 1200 Coleman A. Young Municipal Center Detroit, MI 48226 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  |
|---|--|

City Council Contract Agenda Items Review Checklist

Reviewer: _____

Date Received: 00/00/2014

Date: 10/01/2014 Department Health and Wellness Promotion Division: 25

Dept Head/Contact Person: Vernice Anthony Phone No.: 313-876-0301

Description: To provide Medicaid Substance Abuse Services to the eligible population in the city of Detroit.

_____ brief explanation of function or need of the goods/services

Contract No.: 2884809 PO Type: _____ Est. Value: \$ 14,356,000.00

Contract Term (if applicable): 10/1/2013 to 9/30/14

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

Recommended Supplier: Institute for Population Health Required Date: 10/1/2013

1. The business being awarded is NEW / RENEWAL. If a renewal, provide justification for renewal: Amendment #1

2. Was the product or service competitively bid? Yes x No

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

If the answer to #2 is "NO" explain why there was no competition: This amendment adds additional funding to an existing contract.

3. Was a Co-Operative Agreement Considered? Yes x No Co-Operative Name: _____

If answer to #3 is "No" explain why a Co-Op was not considered: n/a

4. Were savings achieved?

Yes Amount \$ _____ x No

5. Does this agreement represent an increase?
 Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)
 Change in amount/volume of the good or service to be used. n/a
6. Does the supplier currently provide other goods and services to the City? Yes No
 If yes please list: Supplier provides public health services on behalf of the city.
7. Is this good/service used by other departments? Yes No
 If "yes" can this Req/PAR be combined other department requirements? Yes No
8. Is this a service that can be performed by City employees? Yes No
 Is this a service that City employees can be trained to do? Yes No

NOTES: Buyer:

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

PLACE ON EMERGENCY MANAGER AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____ DATE: _____
 (Department)

INFORMATION PROVIDED BY: _____

TITLE: _____

PHONE: _____

SERVICES CONTRACT
BETWEEN
CITY OF DETROIT, MICHIGAN
AND

Institute for Population Health

For

The Provision of Medicaid Substance Abuse Services

CONTRACT NO.

2884809 Amendment #1

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2884809**

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Health and Wellness Promotion Department ("City")**, and **The Institute for Population Health a Corporation** with its principal place of business located at 1400 Woodbridge St., Detroit MI 48207 ("Contractor").

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 SECTION 7.
COMPENSATION**

1.01 Section 7.01, which now reads: Compensation for Services provided shall not exceed the amount of **Eleven Million Six Hundred Forty Thousand Dollars (\$11,640,000.00)** inclusive of expenses and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 17, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this contract.

Is amended to read: The maximum amount of Compensation for the complete and proper performance of Services under this contract is increased by **Two Million Seven**

Hundred Sixteen Thousand Dollars from Eleven Million Six Hundred Forty Thousand Dollars (\$11,640,000.00) to an amount not to exceed Fourteen Million Three Hundred Fifty Six Thousand Dollars (\$14,356,000.00) inclusive of expenses and any Disallowed Costs, 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.

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 **Emergency Manager**;
- (c) The Amendment has been signed by the **Emergency Manager** and 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.

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

WITNESSES:

1. Betsy Pash
(signature)

Betsy Pash
(print name)

2. [Signature]
(signature)

TRACY DAVIS
(print name)

CONTRACTOR:

BY: [Signature]
(signature)

Loretta V. Davis
(print name)

ITS: President and CEO
(title)

WITNESSES:

1. [Signature]
(signature)

Kizzi E. Montgomery
(print name)

2. [Signature]
(signature)

Veronica Benjamin
(print name)

CITY OF DETROIT Health + Wellness
DEPARTMENT: Promotion

BY: [Signature]
(signature)

Veronica D. Anthony
(print name)

ITS: Director, DHWD
(title)

THIS AMENDMENT WAS APPROVED
DEPARTMENT
BY THE CITY COUNCIL ON
THE
OCT 07 2014
DETROIT

[Signature]
Purchasing Director Date

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

[Signature] 10/2/14
Corporation Counsel Date

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

AMENDED EXHIBIT B

FEES AND REIMBURSABLE EXPENSES

1. General

The contractor shall be paid for those services performed pursuant to this contract a maximum amount of **Fourteen Million Three Hundred Fifty Six Thousand Dollars (\$14,356,000.00)** for the term of this contract as set forth in Exhibit A, Scope of Services.

2. Reimbursement

The contractor shall be reimbursed for expenditures in accordance with the following terms and conditions:

- a) Reimbursement shall be contingent upon submission to the City of a properly submitted Financial Status Report (FSR). The FSR shall be submitted on a monthly basis and must reflect total actual program expenditures. FSRs shall be submitted to the City no later than ten (10) days after the close of each calendar month. The FSR must be signed by an authorized officer or designate of the Contractor in order to avoid unnecessary delays in reimbursement.
- b) In order to qualify for reimbursement all expenditures must be necessary, reasonable, allowable, and allocatable to the proper and efficient administration of the applicable program.
- c) Unless otherwise provided by the Grantor Agency, Fees and collections earned by the contractor which are generated by the provision of services to clients shall be the first source of funding.
- d) The contractor agrees to refund to the City within thirty (30) days, upon notice any payment or portion thereof which the city determines was not properly due to the contractor.
- e) The city reserves the right to delay payment to the contractor without penalty or interest until receipt of grant funds from the applicable Grantor agencies.
- f) The city and the grantor agency shall have the right at any time without notice to examine and audit all record and other supporting data.

CITY ACKNOWLEDGMENT

STATE OF _____)
)SS.
COUNTY OF _____)

The foregoing contract was acknowledged before me the 25 day
of September, 2014, by Vernice Anthony
(name of person who signed the contract)
the Director of Public Health
(title of person who signed the contract as it appears on the contract)
of Department of Health and Wellness Promotion
(complete name of the City department)

on behalf of the City.

Madge M. White
Notary Public, County of Wayne
State of Michigan
My commission expires: 8/31/18

MADGE M. WHITE
NOTARY PUBLIC-STATE OF MICHIGAN
COUNTY OF WAYNE
My Commission Expires 8/31/18

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
)SS.
COUNTY OF _____)

The foregoing contract was acknowledged before me the 23rd day
of September, 2014, by Loretta V. Davis,
(name of person who signed the contract)

the President and CEO
(title of person who signed the contract as it appears on the contract)

of Institute for Population Health
(complete name of the corporation)

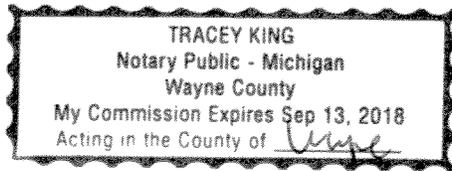
on behalf of the Corporation.

Tracey King

Notary Public, County of Wayne

State of Michigan

My commission expires: 2/13/18



CORPORATION CERTIFICATE OF AUTHORITY

I, Barbara Murray, Corporate Secretary of
(name of corporate secretary)
Institute for Population Health, Inc, a Non-profit
(complete name of corporation) (state of incorporation)

_____ corporation (the "Corporation"), DO HEREBY CERTIFY that the
(non-profit or for profit)
following is a true and correct excerpt from the minutes of the meeting of the Board of Directors
duly called and held on May 16, 2013, and that the same is now in full
force and effect:

"RESOLVED, that the Chairman, the President, each Vice President, the Treasurer, and
the Secretary and each of them, is authorized to execute and deliver, in the name of and
on behalf of the Corporation and under its corporate seal or otherwise, any agreement or
other instrument or document ("Contract") in connection with any matter or transaction
that shall have been duly approved; and the execution and delivery of any Contract by
any of the aforementioned officers shall be conclusive evidence of such approval."

FURTHER, I CERTIFY that _____ is Chairman,
_____ Loretta V. Davis is President,
_____ is (are) Vice President(s),
_____ is Treasurer,
_____ is Secretary,
_____ is Executive Director, and
_____ is _____

FURTHER, I CERTIFY that any of the aforementioned officers or employees of the
Corporation are authorized to execute and commit the Corporation to the conditions, obligations,
stipulations and undertakings contained in the foregoing Contract between the City of Detroit
and the above-referenced Corporation and that all necessary corporate approvals have been
obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 16th day of May, 20
13.
CORPORATE SEAL
(if any)

Barbara A. Murray
Corporation Secretary

PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF
YOUR CORPORATION MUST BE ONE OF THE INDIVIDUALS LISTED ABOVE AS