

Budget Log # 5076

# CONTRACT TRANSMITTAL RECORD

PERSONAL SERVICE

PROFESSIONAL SERVICE

CHANGE ORDER # 1

STANDARD PO #

CONTRACT PO # 2886496

PERSONAL SERVICE # 2886496

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> PERSONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE <i>Deborah Whiting/BC</i>	DEPARTMENT HEALTH & WELLNESS PROMOTION
FUNDING SOURCE % FEDERAL STATE 100 CITY OTHER : WAYNE COUNTY	DEPARTMENT CONTACT PERSON BARBARA CERDA VERONICA BENJAMIN	PHONE NO. 876-0349 876-0348	REVISION
CONTRACTOR'S NAME: RAMONA H. PEARSON , CPA P.C		DATE PREPARED 7/7/2015	REVISION
CONTRACTOR'S ADDRESS: 26789 WOODWARD AVE SUITE 107 HUNTINGTON WOODS, MI 48070		CHANGE <input checked="" type="checkbox"/> CURRENT CONTRACT AMOUNT \$350,000 CONTRACT CHANGE AMOUNT \$137,875 TOTAL CONTRACT AMOUNT \$487,875	
PHONE NO. 313-876-0349	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL		
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-2556277	MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF CONTRACT: MONITOR COMPLIANCE OF HEALTH CONTRACTS, GRANTS & FINANCIAL REQUIREMENTS			
ACCOUNT STRING: SEE ATTACHED <i>2104-258328-000096-612110-13914-000000-A1530</i> <i>2104-252975-000096-612110-13920-000000-A1530</i> <i>2104-252985-000096-612110-13930-000000-A1530</i>			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT <i>Deborah Whiting/BC</i> AUTHORIZED DEPARTMENT REPRESENTATIVE	<i>7/7/15</i>
<b>JUL - 7 2015</b>	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>Jerry Mendemien</i> BUDGET DIRECTOR OR DEPUTY	<b>JUL - 9 2015</b>
<b>JUL 31 2015</b>	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>Michelle [Signature]</i> GRANT ACCOUNTANT	<b>JUL 31 2015</b>
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>[Signature]</i> CORPORATION COUNSEL	<i>7/20/15</i>
	PURCHASING DIVISION <b>RECEIVED</b> JUL 13 2015 <i>Boyan [Signature]</i> PURCHASING DIRECTOR	<i>9/29/15</i>
CITY OF DETROIT CONTRACTS SECTION LAW DEPARTMENT CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE <b>SEP 29 2015</b>		

Use Only One Set For Each Contract Package

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 1  
TO CONTRACT NO. 2886496**

**THIS AMENDMENT AGREEMENT NO. 1** is entered into by and between the City of Detroit, a municipal corporation of the State of Michigan, acting by and through its **Health and Wellness Department ("City")** and **Ramona H. Pearson, CPA, P.C.**, a Professional Corporation, incorporated in the State of Michigan, with its principal place of business located at 26789 Woodward Ave., Suite #107, Huntington Woods, MI 48070 ("**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 17.01 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 **Three Hundred Fifty Thousand Dollars (\$350,000)**, inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall

be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

Is amended to read:

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Compensation for Services provided shall not exceed the amount of Four hundred sixty four thousand eight hundred ninety six dollars (\$464,896), inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

### **3. AMENDMENT TO EXHIBIT A**

#### **3.01**

##### **I. Notice to Proceed**

The term of this Contract shall begin on November 25, 2014 and shall terminate on September 30, 2015. The City may, at its option, extend the term of this contract for one (1) additional year upon sixty (60) days written notice to Contractor prior to the termination date. The contractor shall commence performance of this Contract on the effective date of this Contract. It is acknowledged by all parties that due to the late effective date of this contract, that many of the monitoring activities will be performed retroactively.

##### **II. Services to be Performed**

Under the direction of the Public Health Officer, and on behalf of the DHWP, the firm will assume the operations of the Office of Compliance and Assurance. In that capacity the firm will monitor compliance with certain financial requirements as detailed in section D. The financial monitoring will only apply to financial transactions that occurred prior to March 31, 2015. The firm will monitor compliance with certain programmatic requirements, as detailed below, for the entire contractual period. These services would include but not be limited to the following:

##### **A. OVERALL OVERSIGHT AND MONITORING STRATEGY**

- The firm will advise the DHWP on an overall strategy to effectively monitor all public health services.

- Monitor that the 2014 Corrective Plans of Action (CPAs) were developed, submitted, and implemented.
- Monitor and evaluate compliance with all future accreditation activities and timelines.
- Assure the timely and complete preparation of the self-assessment tool for all future accreditation reviews. The assessment tool serves as an internal review of the department's ability to meet minimum program requirements for the delivery of essential local health functions and categorical grant-funded services.
- Preparation and participation in the On-site Review conducted by State agency reviewers.
- If the contractor does not fully meet all requirements for accreditation, the firm will assist DHWP in assuring the affected programs develop and submit CPAs for missed indicators.
- The firm will also follow up with the affected state agency(s) to assure the CPAs are implemented.

**D. FINANCIAL COMPLIANCE (Financial transactions prior to March 31, 2015)**

- **The firm will monitor IPH's payroll allocations and indirect cost allocations as to compliance with federal and state requirements.**
- **The firm will monitor IPH's procurement procedures as to compliance with federal requirements.**
- **The firm will review the Financial Status Reports (FSRs) submitted to MDCH for the fiscal year ending September 30, 2014 as to compliance with approved budgets.**
- **The firm will review the FSRs submitted to MDCH for the first 6 months of the 2015 fiscal year (i.e. October 2014 through March 2015) as to compliance with approved budgets.**

**E. OTHER REPORTING**

- Prepare annual compliance report for the DHWP
- Prepare summary reports for the MDCH as requested

- Review monthly reports from contractor consistent with State program requirements

#### 4. AMENDMENT TO EXHIBIT B

##### 4.01

**General**

- (a) The Contractor shall be paid for those Services performed pursuant to this Contract a maximum amount of **Four hundred sixty four thousand eight hundred ninety six dollars (\$464,896)**, for the term of this Contract as set forth in Exhibit A, Scope of Services.

FY 2014	\$350,000.00
FY 2015	\$114,896
<b><i>FY 2014-2015 Total</i></b>	<b><i>\$464,896</i></b>

- (b) Payment for the proper performance of the Services shall be contingent upon receipt by the City of 12 equal monthly 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.

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

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

#### 6. AMENDMENT AUTHORIZATION

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

- (a) The Amendment has been approved by the required City departments;
- (b) The Amendment has been authorized by resolution of the City Council; and
- (c) The Amendment has been signed by the City's Purchasing Director.

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

IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorized officers and representatives, have executed this Amendment. Page | 6

WITNESSES:

1. [Signature]  
(signature)  
Charlene Thompson  
(print name)  
2. [Signature]  
(signature)  
Jonalyn R Wilson  
(print name)

CONTRACTOR:

BY: [Signature]  
(signature)  
RAMONA H. PEARSON  
(print name)  
ITS: PRESIDENT  
(title)

WITNESSES:

1. [Signature]  
(signature)  
Veronica Benjamin  
(print name)  
2. [Signature]  
(signature)  
Jennifer Flye  
(print name)

CITY OF DETROIT Health + Wellness  
DEPARTMENT:

BY: [Signature]  
(signature)  
Deborah Whiting  
(print name)  
ITS: Director and Health Officer  
(title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON

SEP 29 2015

[Signature] 9/29/15  
Purchasing Director Date

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

[Signature] 7/20/15  
Corporation Counsel Date

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

**FIRST AMENDED EXHIBIT A**

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**SCOPE OF SERVICES**

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

**I. Notice to Proceed**

The term of this Contract shall begin on November 25, 2014 and shall terminate on September 30, 2015. The City may, at its option, extend the term of this contract for one (1) additional year upon sixty (60) days written notice to Contractor prior to the termination date. The contractor shall commence performance of this Contract on the effective date of this Contract. It is acknowledged by all parties that due to the late effective date of this contract, that many of the monitoring activities will be performed retroactively.

**II. Services to be Performed**

Under the direction of the Public Health Officer, and on behalf of the DHWP, the firm will assume the operations of the Office of Compliance and Assurance. In that capacity the firm will monitor compliance with certain financial requirements as detailed in section D. The financial monitoring will only apply to financial transactions that occurred prior to March 31, 2015. The firm will monitor compliance with certain programmatic requirements, as detailed below, for the entire contractual period. These services would include but not be limited to the following:

**A. OVERALL OVERSIGHT AND MONITORING STRATEGY**

- The firm will advise the DHWP on an overall strategy to effectively monitor all public health services.
- This strategy will also integrate quality measures such as performance based contracting and benchmarking mechanisms.

- The firm will assist DHWP in the development of a coordinated communication strategy with MDCH related to the progress of monitoring activities and coordination of all state evaluations, accreditation standards and required audits.

## **B. CITY OF DETROIT MONITORING AND COMPLIANCE REQUIREMENTS**

- Improve accountability by establishing appropriate goals and measures consistent with the performance outcomes required of all City departments.
- Develop & monitor results by establishing scorecards and dashboards that track:
  - Performance results
  - Response times
  - And customer feedback
- Assist in establishing quality measures are in place at DHWP including protocols and standards as required by each grant and minimum program requirements

## **C. COMPREHENSIVE AGREEMENT WITH MDCH**

Continually monitor and evaluate activities of contractor to assure that all public health services and state funded categorical programs comply with requirements laid out in the Comprehensive Agreement with MDCH and meet the minimum program requirements established by the Michigan Local Public Health Accreditation Program.

- The firm will monitor compliance with the Comprehensive Agreement.
- The firm will monitor and evaluate the contractor's compliance with minimum program requirements.
- Monitor and evaluate whether there has been appropriate follow up on any 2014 on-site review conducted by State agencies.
- Monitor that the 2014 Corrective Plans of Action (CPAs) were developed, submitted, and implemented.

- Monitor and evaluate compliance with all future accreditation activities and timelines.
- Assure the timely and complete preparation of the self-assessment tool for all future accreditation reviews. The assessment tool serves as an internal review of the department's ability to meet minimum program requirements for the delivery of essential local health functions and categorical grant-funded services.
- Preparation and participation in the On-site Review conducted by State agency reviewers.
  
- If the contractor does not fully meet all requirements for accreditation, the firm will assist DHWP in assuring the affected programs develop and submit CPAs for missed indicators.
- The firm will also follow up with the affected state agency(s) to assure the CPAs are implemented.

**D. FINANCIAL COMPLIANCE (Financial transactions prior to March 31, 2015)**

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- **The firm will monitor IPH's procurement procedures as to compliance with federal requirements.**
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- **The firm will review the FSRs submitted to MDCH for the first 6 months of the 2015 fiscal year (i.e. October 2014 through March 2015) as to compliance with approved budgets.**

**D. OTHER REPORTING**

- Prepare annual compliance report for the DHWP
- Prepare summary reports for the MDCH as requested
- Review monthly reports from contractor consistent with State program requirements

**FIRST AMENDED EXHIBIT B**  
**FEES AND REIMBURSABLE EXPENSES**

**General**

- (a) The Contractor shall be paid for those Services performed pursuant to this Contract a maximum amount of **Four hundred and sixty four thousand eight hundred ninety six dollars (\$464,896)**, for the term of this Contract as set forth in Exhibit A, Scope of Services.

FY 2014	\$350,000.00
FY 2015	\$114,896
<b><i>FY 2014-2015 Total</i></b>	<b><i>\$464,896</i></b>

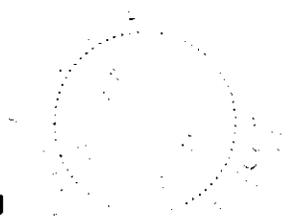
- (b) Payment for the proper performance of the Services shall be contingent upon receipt by the City of 12 equal monthly invoices for payment. Each invoice shall certify the total cost, itemizing costs when applicable. Each invoice must be received by the City not more than thirty (30) days after the close of the calendar month in which the services were rendered and must be signed by an authorized officer or designee of the Contractor.

**CITY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 )SS.  
COUNTY OF \_\_\_\_\_ )

The foregoing contract was acknowledged before me the 30<sup>th</sup> day of June,  
20 16, by Ramona H. Pearson  
(name of person who signed the contract)  
the President  
(title of person who signed the contract as it appears on the contract)  
of Ramona H. Pearson CPA PC  
(complete name of the City department)  
on behalf of the City.

Madge M. White  
Notary Public, County of Wayne



State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

**CORPORATE ACKNOWLEDGMENT**

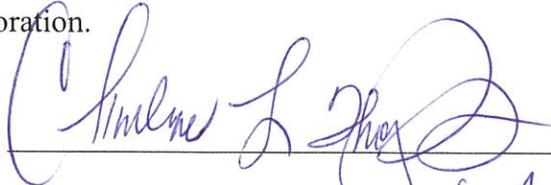
STATE OF MI )  
 )SS.  
COUNTY OF Oakland )

The foregoing contract was acknowledged before me the 30<sup>th</sup> day of June,  
20 15, by Ramona H. Pearson,  
(name of person who signed the contract)

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

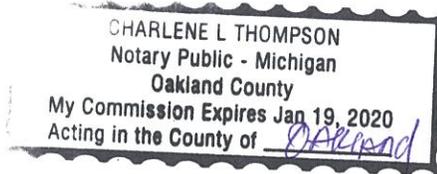
of Ramona H. Pearson CPA PC,  
(complete name of the corporation)

on behalf of the Corporation.

  
\_\_\_\_\_  
Notary Public, County of Oakland

State of MI

My commission expires: 1-19-2020



**CORPORATION CERTIFICATE OF AUTHORITY**

I, Ramona H. Pearson, CPA, Corporate Secretary of  
(name of corporate secretary)

RAMONA H. PEARSON CPA PC, a MICHIGAN  
(complete name of corporation) (state of incorporation)

FOR PROFIT 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 \_\_\_\_\_, and that the same is now in full force and effect  
(date of meeting)

"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,  
Ramona H. Pearson is President,  
\_\_\_\_\_ is (are) Vice President(s),  
Ramona H. Pearson is Treasurer,  
Ramona H. Pearson 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 Contract No. \_\_\_\_\_ between the City 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 30<sup>th</sup> day of June, 2015.  
CORPORATE SEAL  
(if any)

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\_\_\_\_\_  
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 A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE CORPORATION.**

**Detroit City Council**  
Legislative Policy Division

TO: Purchasing Division Staff  
FROM: David Teeter  
DATE: September 30, 2015

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

There were no contracts, approved at the September 22, 2015 Session, requested to be Reconsidered.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of September 29, 2015 and **APPROVED***

**Reported by the Finance, Budget and Audit Committee:**

2911783	Plante & Moran	\$766,089	FINANCE
Submitted in the List and Referred Sept. 22, 2015; Correction to cost submitted Sept. 28, 2015.			

**Reported by the Internal Operations Committee:**

86998,Amend.1	Leslie Howard Ellison	+ \$13,446 to \$49,158	GENERAL SERVICE
Submitted in the List and Referred September 15, 2015.			

2902499	Alliant Insurance Services	\$6,845,858	RISK MANAGEMENT
Submitted Week of August 3, 2015 and Approved; Correction to cost referred Sept. 15, 2015.			

87288	Tony S. Rumphly	\$39,520	GENERAL SERVICE
Submitted in the List and Referred September 22, 2015.			

VIB-00322	Vibha Venkatesha (Ayers)	\$3,012	CITY COUNCIL
Submitted in the List for Sept. 29, 2015; Placed on Consent Agenda; Approved with <b><i>WAIVER</i></b> .			

**Reported by the Neighborhood and Community Services Committee:**

No Contracts Reported

**Reported by the Planning and Economic Development Committee:**

No Contracts Reported

Purchasing Division  
 Contracts and Purchase Orders Received, Considered at Regular Session  
 of September 29, 2015

Page 2

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of September 29, 2015 and **APPROVED***

**Reported by the Public Health and Safety Committee:**

2886496,Amend.1	Ramona H. Pearson	+ \$137,875 to \$487,875	HEALTH & WELL.
Submitted in the List of the Recess Week of August 3, 2015; Referred back to Committee on September 22, 2015			
2912431	Heritage Crystal Clean	\$121,500	TRANSPORTATION
Submitted in the List for the Recess Week of Aug. 17, 2015.			
2912468,Conf.Req.	Randy Lane	\$31,058	TRANSPORTATION & PARKING
Submitted in the List for the Recess Week of Aug. 24, 2015.			
2909352	Industrial Door and Weatherstrip	\$220,000	TRANSPORTATION
Submitted in the List and Referred September 8, 2015.			
87085,Amend.1	Thomas James Shannon	+ \$1,323 to \$24,948	MUNICI.PARKING
Submitted in the List and Referred September 15, 2015.			
JAN-00093	Janette Cheryl Christine	\$56,000	MUNICI.PARKING
Submitted in the List and Referred September 15, 2015.			
2912085,Lease	MBPIA Title Holding Co.	\$994,500 (5yrs)	HEALTH & WELL.
Submitted in the List and Referred September 22, 2015; Approved with <b><i>WAIVER</i></b> .			
2912914,Revenue	Center for Innovations / Base II	\$840,000 (10yrs)	AIRPORT
Submitted in the List and Referred September 22, 2015; Approved with <b><i>WAIVER</i></b> .			
2913660	Jorgensen Ford (Ambulances)	\$1,014,862.74	FIRE / EMS
<u>Quality of Life fund</u> ; Submitted in the List and Referred September 22, 2015; Approved with <b><i>WAIVER</i></b> .			
2913765	Stryker Sales Corp. (Cots)	\$274,407.24	FIRE / EMS
<u>Quality of Life fund</u> ; Submitted in the List and Referred September 22, 2015; Approved with <b><i>WAIVER</i></b> .			
UNI-00342	Robert B. Dunne (Med.Director)	\$97,200	FIRE / EMS
Submitted in the List and Referred September 22, 2015.			
UNI-00344	Marlo Pryzbylski (Comm.Trainer)	\$72,800	FIRE / EMS
Submitted in the List and Referred September 22, 2015.			

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of September 29, 2015

Page 3

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of September 29, 2015 and **APPROVED***

**Reported by the Public Health and Safety Committee:** *continued*

KEI-00487 Keith Pendell Hutchings (8-19-15 to 10-31-15) \$17,00-0 MUNICI.PARKING  
Submitted in the List and Referred September 22, 2015.

*The following contract was referred to the indicated Standing Committee; at the meeting of the Committee the contract was requested by Mayor's Office to be **WITHDRAWN**.*

**Referred to the Internal Operations Committee:**

REB-00470 Rebecca Christensen (Direc.Operations-Restruct) \$130,000 MAYOR'S OFFICE  
Submitted in the List and Referred September 22, 2015; Withdrawn on Sept. 23, 2015.

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of September 29, 2015

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*The following contracts were **REFERRED** on September 29, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Budget, Finance and Audit Committee:**

No Contracts Referred

**Referred to Internal Operations Committee:**

2508299, Renew 2913866	Allen Systems Group Vocus, Inc.	INNOVATION & TECHNOLOGY MEDIA SERVICES
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**Referred to Neighborhood and Community Services Committee:**

87284	Ronald Lee Brown (Coca-Cola)	RECREATION
87382	Craig Sultana (Coca-Cola)	RECREATION

**Referred to Planning and Economic Development Committee:**

No Contracts Referred

**Referred to Public Health and Safety Committee:**

2914129	Detroit Salt (MiDeal)	PUBLIC WORKS
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Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of September 29, 2015

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

**Planning and Economic Development Committee:**

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

**Public Health and Safety Committee:**

2912044 Wayne County Registrar of Deeds \$120,000 PUBLIC WORKS  
Submitted in the List for the Recess Week of Aug. 10, 2015; *Appr. in Comm. on 9-28-15.*

# City Council Contract Agenda Items Review Checklist

Reviewer:

Date Received:

Date: 7/7 Department DHWP Division: 25

Dept Head/Contact Person: D. Whiting Phone No.: 876-0349

Description: Monitoring compliance of health contracts, grants & Finance requirements  
brief explanation of function or need of the goods/services

Contract No.: 2886496 PO Type: \_\_\_\_\_ Est. Value: \$ 487,875

Contract Term (if applicable): 11/25/14 to 11/25/15

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

Recommended Supplier: Ramona Pearson Required Date: Immediately

1. The business being awarded is NEW / RENEWAL. If a renewal, provide justification for renewal: Contractor is already providing state mandated services.

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

Attach Copy of Bid Tabulation/Evaluation score sheets as needed

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

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: \_\_\_\_\_

4. Were savings achieved?

Yes Amount \$ \_\_\_\_\_

No



### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT / DIVISION: Detroit Health & Wellness Promotion

E-MAIL ADDRESS: mutebye@detroitmi.gov

CONTACT NAME: \_\_\_\_\_ PHONE: 313 876 4347 FAX: 313-876-0475

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, Suite. 1220  
Detroit, MI 48226

For:  
Individual or  
Company Name Ramona H. Pearson  
Address 19331 Canterbury Rd

Phone: (313) 224-3328 or 224-3329  
Fax: (313) 224-1741 or 224-4588

City Detroit  
State MI Zip Code 48221  
Telephone 313 863 5606 Fax # \_\_\_\_\_  
Email Address \_\_\_\_\_

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

Telephone # \_\_\_\_\_  
Fax # \_\_\_\_\_

Employer Identification or Social Security Number  
218-58-3137

Spouse Social Security Number \_\_\_\_\_

Nature of Contract \_\_\_\_\_

BID CONTRACT AMOUNT (if known):  
Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_  
Contract # (if known) \_\_\_\_\_

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

Check One:  Individual  Corporation  Partnership  Estate & Trust

##### INDIVIDUALS ANSWER QUESTIONS 1, 2, 3, 4.

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

##### CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5, 6, 7.

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

#### D. FOR INCOME TAX USE ONLY

Has the employer/employee complied with **EUORETIA BENNINGS** City Income Tax Ordinance?  
 Yes  No  
 Signature INCOME TAX INVESTIGATOR Date FEB 06 2015 Expires \_\_\_\_\_  
 Yes  No Signature INCOME TAX INVESTIGATOR Date FEB 24 2015 Expires FEB 24 2016  
 Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.DetroitMI.gov](http://www.DetroitMI.gov)

Note: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please email your completed request form (preferably in PDF format) to: [IncomeTaxClearance@DetroitMI.gov](mailto: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 RAMONA H. PEARSON CPA PC
ADDRESS 26789 WOODWARD AVE #107 CITY/STATE/ZIP HUNTINGTON WOODS, MI
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER 38-2556277
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON RAMONA PEARSON PHONE NUMBER 248-397-8501 EMAIL ADDRESS PEARSON@PEARSONGROUPINC.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

REVENUE COLLECTIONS APPROVED CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE FEB 06 2015 CLEARANCE VALID UNTIL AUG 30 2015

**REVISED 7-12-2012**  
**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance - Terms Enforced After Contract is Awarded)**

I, being a duly authorized representative of Ramona H. Pearson, (hereinafter "Contractor"); am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) 46981

Duration of Covenant \_\_\_\_\_ to \_\_\_\_\_

Printed Name of Contractor/Organization Ramona H. Pearson, CPA, P.C.  
(Type or Print Legibly)

Contractor Address Huntington Woods MI 48070  
(City) (State) (Zip)

Contractor Phone/E-mail 248-397-8501 rpearson@thepearsongrouponline.com  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Ramona H. Pearson, President

Signature of Authorized Representative: Ramona H. Pearson

Date: 2/9/2015

Signature of Notary: [Signature]

Printed Name of Seal of Notary: Charlene L Thompson

My Commission Expires: 11/19/2020

**CHARLENE L THOMPSON**  
Notary Public - Michigan  
Oakland County  
My Commission Expires Jan 19, 2020  
Residing in the County of Oakland

FOR CONTRACTING DEPARTMENT USE ONLY  
Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_ Title: \_\_\_\_\_

Please fax a COPY of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434.

**CERTIFICATE OF INSURANCE**

This certifies that  STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
 STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario  
 STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida  
 STATE FARM LLOYDS, Dallas, Texas

insures the following policyholder for the coverages indicated below:

Policyholder Ramona H. Pearson, CPA, PC  
 Address of policyholder 26789 Woodward Ave. ste 107, Huntington Woods, Mich 48070  
 Location of operations 26789 Woodward Ave. Ste 107, Huntington Woods, Mich 48070  
 Description of operations City of Detroit: Additional Insured

The policies listed below have been issued to the policyholder for the policy periods shown. The insurance described in these policies is subject to all the terms exclusions, and conditions of those policies. The limits of liability shown may have been reduced by any paid claims.

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
92-CA-C485-5	Comprehensive Business Liability	09/26/14	09/26/15	BODILY INJURY AND PROPERTY DAMAGE
This insurance includes:				
<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>				Each Occurrence \$ 1000000 General Aggregate \$ 2000000 Products - Completed Operations Aggregate \$
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
				Each Occurrence \$ Aggregate \$
Worker's Comp.	36-WEG-LW6582	08/15/2014	08/15/2015	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 500000 Disease - Each Employee \$ 500000 Disease - Policy Limit \$ 500000

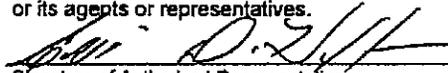
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
92-CA-C485-5	Office Policy	09/26/2014	09/26/2015	\$50,900 Bus Personal Property
MIL1110922-01	Prof. Liability	12/31/201	12/31/2015	\$500,000
258-2246-b06-22b	Auto Policy	02/06/2015	08/06/2015	\$250,000

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder

Additional Insured:  
 City of Detroit  
 1151 Taylor St. #3414C  
 Detroit, Mich. 48202-1732

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

  
 Signature of Authorized Representative  
 ERIC HUFFMAN 07/27/2015  
 Title Date

Agent's Code Stamp

AFO Code 6773

**CERTIFICATE OF INSURANCE**

This certifies that

- STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois
- STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois
- STATE FARM FIRE AND CASUALTY COMPANY, Scarborough, Ontario
- STATE FARM FLORIDA INSURANCE COMPANY, Winter Haven, Florida
- STATE FARM LLOYDS, Dallas, Texas

Insures the following policyholder for the coverages indicated below:

Policyholder Ramona H. Pearson, CPA, PC  
 Address of policyholder 26789 Woodward Ave. ste 107, Huntington Woods, Mich 48070  
 Location of operations 26789 Woodward Ave. Ste 107, Huntington Woods, Mich 48070  
 Description of operations City of Detroit: Additional Insured

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		Effective Date	Expiration Date	
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This insurance includes:		<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence \$ 1000000 General Aggregate \$ 2000000 Products - Completed Operations Aggregate \$
	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other	Effective Date	Expiration Date	(Combined Single Limit)
Worker's Comp.	36-WEG-LW6582	08/15/2014	08/15/2015	Part 1 STATUTORY Part 2 BODILY INJURY Each Accident \$ 500000 Disease - Each Employee \$ 500000 Disease - Policy Limit \$ 500000

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 City of Detroit  
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 Signature of Authorized Representative  
 ERIC HUFFMAN Title Date 07/27/2015

Agent's Code Stamp

AFO Code 6773

Hiring Policy Compliance Affidavit

I, RAMONA H. Pearson, being duly sworn, state that I am the President  
of RAMONA H. Pearson, CPA, P.C.  
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted, until such times as the employer interviews the applicant or determines that the applicant is qualified.

In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

Ramona H. Pearson  
Title: President Date: 2/9/2015

STATE OF MI )  
COUNTY OF Oakland ) SS

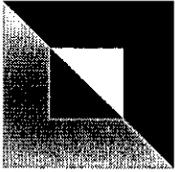
The foregoing Affidavit was acknowledged before me the 9th day of February 2015,  
by Charlene L. Thompson

CHARLENE L THOMPSON  
Notary Public - Michigan  
Oakland County  
My Commission Expires Jan 19, 2020  
Acting in the County of Oakland

Notary Public, County of Oakland  
State of MI  
My commission expires: 1-19-2020

Charlene L. Thompson

**Ramona H. Pearson, CPA, P.C.**  
**26789 Woodward Ave. Suite #107**  
**Huntington Woods, MI 48070**  
**Phone: 248.397.8501 Fax: 248.397.8529**



Lena Willis  
Deputy Director  
Purchasing Department, City of Detroit  
10<sup>th</sup> Floor, CAYMC  
Detroit, MI 48226

Ms. Willis:

This correspondence is in regards to your inquiry about the felony conviction question on Ramona H Pearson, CPA, P.C. employment application.

Based on the sensitive requirements of our work, i.e., dealing with children in charter schools and employee exposure to sensitive, private, w2federal state and local income tax data as well as the Firm's related securities practice, it is required that we conduct a full criminal background for all prospective employees of Ramona H. Pearson, CPA, P.C.

Please do not hesitate to contact me with any questions.

Sincerely,

RAMONA H. PEARSON, CPA, P.C.

Ramona H. Pearson, CPA, MBA  
President

/RHP



# RAMONA H. PEARSON CPA, P.C.

26789 Woodward Avenue Ste. 107  
Huntington Woods, MI 48070  
Phone: 248-397-8501 Facsimile: 248-397-8529

## EMPLOYMENT APPLICATION

Effective: Jan 2011  
PERSONAL INFORMATION

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Preferred Name \_\_\_\_\_

Present Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(day time) (evenings)

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Are any of your relatives already employed by this Firm? \_\_\_\_\_

List Name(s): \_\_\_\_\_  
\_\_\_\_\_

Are you eligible to work in the United States? Yes / No

### JOB TITLE, DESCRIPTION & SALARY

Position Applied For: Staff Accountant/Office Administrator (circle)

Salary Expectations (Please list range); \_\_\_\_\_ to \_\_\_\_\_ (per hour/month)

Referred by: \_\_\_\_\_

Hours Are: \_\_\_\_\_ to \_\_\_\_\_ (M/T/W/T/F/S)

Are You Currently Employed? \_\_\_\_\_ If so, may we contact  
your present employer? \_\_\_\_\_ Have you ever applied to this  
Firm before? \_\_\_\_\_ When? \_\_\_\_\_ Where? \_\_\_\_\_

### BACKGROUND

Have you ever been convicted of a felony or misdemeanor?  
Yes or No (Please circle one)

If yes, please list the criminal offense and date and the status of any imposed  
fine/probation: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been bonded? Yes or No (Please circle one)  
If yes, give the name of the company you worked for and the period  
during which you worked. \_\_\_\_\_

**EMPLOYMENT APPLICATION - Continued**

**EDUCATION**

	List Name & Location	Circle Last Yr Completed	Did You Graduate?	Degree Received/Major
High School	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Tech, Trade or Business College	_____	1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Subject of Special Study or Research Work \_\_\_\_\_

Do you speak any foreign languages fluently? \_\_\_\_\_ Indicate which:  
 \_\_\_\_\_ Read? \_\_\_\_\_ Write? \_\_\_\_\_

List any CIVIC, HOBBY, OR ATLECTIC Activities that you are involved in:

\_\_\_\_\_  
 (Civic Organization Name) (Title: e.g., president, member, etc.)

\_\_\_\_\_  
 (Civic Organization Name) (Title: e.g., president, member, etc.)

**SKILLS**

(Complete all that apply)

<input type="checkbox"/> Ten Key By Touch	<input type="checkbox"/> Transcription
<input type="checkbox"/> Typewriter WPM _____	<input type="checkbox"/> Word Processing
<input type="checkbox"/> Shorthand WPM _____	<input type="checkbox"/> Personal Computer
<input type="checkbox"/> Speedwriting WPM _____	
<input type="checkbox"/> Data Entry [List Computer(s) & Word Processing and Tax Program(s) Proficient On]: _____	

PLEASE LIST AT LEAST THREE REFERENCES, INCLUDING THEIR TITLES, WHO ARE FAMILIAR WITH YOUR PROFESSIONAL ABILITIES [THIS LIST SHOULD NOT CONSIST OF ANY RELATIVES (UNLESS YOU WERE EMPLOYED BY A FAMILY CONTROLLED BUSINESS) AND SHOULD CONSIST OF AT LEAST ONE SUPERVISOR].

NAME: \_\_\_\_\_  
 EMPLOYER NAME: \_\_\_\_\_  
 JOB TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, ST, ZIP: \_\_\_\_\_, \_\_\_\_\_ PHONE NUMBER(S): ( )

EMPLOYMENT APPLICATION - Continued

CONTINUATION OF REFERENCES:

NAME: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_, \_\_\_\_\_

PHONE NUMBER(S): (     ) \_\_\_\_\_

NAME: \_\_\_\_\_  
EMPLOYER NAME: \_\_\_\_\_  
JOB TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
CITY, ST, ZIP: \_\_\_\_\_, \_\_\_\_\_

PHONE NUMBER(S): (     ) \_\_\_\_\_

EMPLOYMENT RECORD

(List only your last three position, most recently held position first).  
Note, if you have a resume that contains the requested information on your last three positions, you can state "SEE ATTACHED RESUME". Please make sure you provide the phone number, salary levels and supervisor's name.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone# \_\_\_\_\_

From Mo/Yr: \_\_\_/\_\_\_ To Mo/Yr: \_\_\_/\_\_\_ Position: \_\_\_\_\_

Your Duties: \_\_\_\_\_  
Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

From Mo/Yr: \_\_\_/\_\_\_ To Mo/Yr: \_\_\_/\_\_\_ Position: \_\_\_\_\_

Your Duties: \_\_\_\_\_

-----  
EMPLOYMENT APPLICATION - Continued

Supervisor: \_\_\_\_\_  
Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Continuation of Employment record:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone# (\_\_\_\_) \_\_\_\_\_

From Mo/Yr: \_\_\_\_/\_\_\_\_ To Mo/Yr: \_\_\_\_/\_\_\_\_ Position: \_\_\_\_\_

Your Duties: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Leaving Salary: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Unemployment Record

(Account for all periods of unemployment of four (4) weeks duration or more for the last five (5) years or since you left school.)

From Mon/Yr	To Mon/Yr	State What You Were Doing {Student, Volunteer, Looking for Employment, etc.}
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list at least one to two things you liked about your previous or current position (Please write complete sentences):

Please list one to two improvements you would have made in your last or current position (Please write complete sentences).

Please describe the best person you worked with or who worked for you in one to two sentences (do not include names).

EMPLOYMENT APPLICATION - Continued

By signing below, I understand that I am attesting to the accuracy of the information that I have set forth in this Employment Application. If it is determined that I have intentionally misrepresented any information, I agree and acknowledge that the Employer has the right to decline to hire me and if I am hired, to immediately TERMINATE MY EMPLOYMENT.

Signature of Applicant: \_\_\_\_\_ (Date) \_\_\_\_\_

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, creed, color, age, sex, sexual preference, religion or national origin.

EMPLOYMENT APPLICATION

=====  
For Personnel Use Only  
=====

Position: \_\_\_\_\_ Salary: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Hours: \_\_\_\_\_

Record Checks/Comments:

Police \_\_\_\_\_  
Employment \_\_\_\_\_  
Credit \_\_\_\_\_

Source: Walk-in \_\_\_\_\_ Mail-in \_\_\_\_\_  
Newspaper \_\_\_\_\_ Agency \_\_\_\_\_ Other: \_\_\_\_\_

Interviewer: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_

Disposition:

Hired \_\_\_\_\_ (Date) \_\_\_/\_\_\_/\_\_\_  
Not Hired \_\_\_\_\_ (Date) \_\_\_/\_\_\_/\_\_\_  
Terminated \_\_\_\_\_ (Date) \_\_\_/\_\_\_/\_\_\_

**CITY OF DETROIT**  
**SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT**

1. Name of Contractor: RAMONA H. Pearson, CPA, P.C.
2. Address of Contractor: 26789 Woodward Avenue  
Suite 107  
Huntington Woods, MI
3. Name of Predecessor Entities (if any): NONE

4. Prior Affidavit submission?  No  Yes, on: \_\_\_\_\_  
(Date of prior submission)

If "No", complete Items 5 and 6.

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

5. Contractor was established in \_\_\_\_\_ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

\_\_\_\_ Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

\_\_\_\_ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Ramona H. Pearson (Printed Name) President (Title)  
Ramona H. Pearson (Signature) 2/9/2015 (Date)

Subscribed and sworn to before me  
this 9th day of February 2015  
[Signature]  
Notary Public, Oakland County, Michigan  
My Commission expires: 1-19-2020

**CHARLENE L THOMPSON**  
Notary Public - Michigan  
Oakland County  
My Commission Expires Jan 19, 2020  
Acting in the County of Oakland

**CERTIFICATE OF INSURANCE**

This certifies that  STATE FARM FIRE AND CASUALTY COMPANY, Bloomington, Illinois  
 STATE FARM GENERAL INSURANCE COMPANY, Bloomington, Illinois  
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This insurance includes:		<input type="checkbox"/> Products - Completed Operations <input type="checkbox"/> Contractual Liability <input type="checkbox"/> Underground Hazard Coverage <input type="checkbox"/> Personal Injury <input type="checkbox"/> Advertising Injury <input type="checkbox"/> Explosion Hazard Coverage <input type="checkbox"/> Collapse Hazard Coverage <input type="checkbox"/> <input type="checkbox"/>		Each Occurrence \$ 1000000  General Aggregate \$ 2000000  Products - Completed Operations Aggregate \$

	EXCESS LIABILITY	POLICY PERIOD		BODILY INJURY AND PROPERTY DAMAGE (Combined Single Limit)
		Effective Date	Expiration Date	
	<input type="checkbox"/> Umbrella <input type="checkbox"/> Other			Each Occurrence \$ Aggregate \$

POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
Worker's Comp.	36-WEG-LW6582	08/15/2014	08/15/2015	Part 1 STATUTORY Part 2 BODILY INJURY  Each Accident \$ 500000 Disease - Each Employee \$ 500000 Disease - Policy Limit \$ 500000

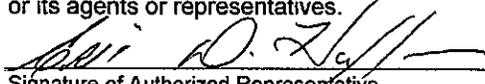
POLICY NUMBER	TYPE OF INSURANCE	POLICY PERIOD		LIMITS OF LIABILITY (at beginning of policy period)
		Effective Date	Expiration Date	
92-CA-C485-5	Office Policy	09/26/2014	09/26/2015	\$50,900 Bus Personal Property
MIL110922-01	Prof. Liability	12/31/201	12/31/2015	\$500,000
258-2246-b06-22b	Auto Policy	02/06/2015	08/06/2015	\$250,000

**THE CERTIFICATE OF INSURANCE IS NOT A CONTRACT OF INSURANCE AND NEITHER AFFIRMATIVELY NOR NEGATIVELY AMENDS, EXTENDS OR ALTERS THE COVERAGE APPROVED BY ANY POLICY DESCRIBED HEREIN.**

Name and Address of Certificate Holder

Additional Insured:  
 City of Detroit  
 1151 Taylor St. #3414C  
 Detroit, Mich. 48202-1732

If any of the described policies are canceled before its expiration date, State Farm will try to mail a written notice to the certificate holder 30 days before cancellation. If however, we fail to mail such notice, no obligation or liability will be imposed on State Farm or its agents or representatives.

  
 Signature of Authorized Representative  
 ERIC HUFFMAN 07/27/2015  
 Title Date

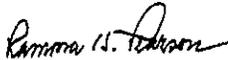
Agent's Code Stamp  
 AFO Code 6773

April 20, 2015

CITY OF DETROIT  
HEALTH AND WELLNESS DEPARTMENT  
DETROIT, MICHIGAN 48226

**AUTOMOBILE INSURANCE STATEMENT**

**RAMONA H. PEARSON, CPA, P.C. does not own any motor vehicles. No "firm" automobiles are used in conducting this business. The Company will not do any driving in providing this services to the City of Detroit. This condition has existed since the signing of the original contract with the City of Detroit Health & Wellness Department in November of 2014.**



Ramona H. Pearson  
President