

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2887459**

THIS AMENDMENT AGREEMENT NO. 2887459 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Labor Relations/Benefits Department** ("City"), and **RDS Services, LLC, a Michigan Company**, with its principal place of business located at **50 W. Big Beaver Road, #220, Troy, MI 48084**.

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 ____
COMPENSATION**

1.01 NO CHANGES TO COMPENSATION SECTION:

**2. AMENDMENT TO SECTION ____
MISCELLANEOUS**

2.01 NO CHANGES TO MISCELLANEOUS SECTION:

3. AMENDMENT TO EXHIBIT A

3.01 Exhibit A, which now reads:

The term of this *Contract* shall begin on the approval date, and shall terminate **one year later**. 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*.

Is amended to read:

The term of this *Contract* shall begin on **August 6, 2014**, and shall terminate **December 31, 2015**. 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*.

4. AMENDMENT TO EXHIBIT B

4.01 NO CHANGES TO EXHIBIT B:

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

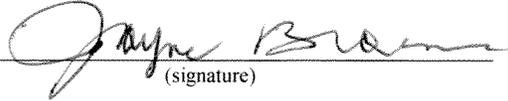
6.01 This Amendment to the Contract shall not become effective until:

- (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.

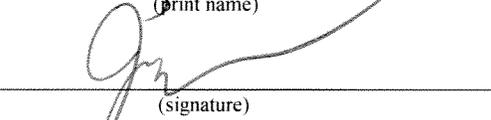
Prior to the approvals set forth in this Section, the Finance Director shall not authorize any payments to the Contractor pursuant to this Amendment, nor shall the City incur any liability to pay for any services or to reimburse the Contractor for any expenditure authorized by this Amendment.

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

WITNESSES:

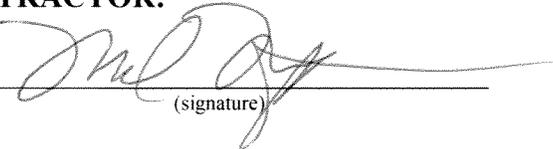
1. 
(signature)

Jayne Brown
(print name)

2. 
(signature)

John Vance
(print name)

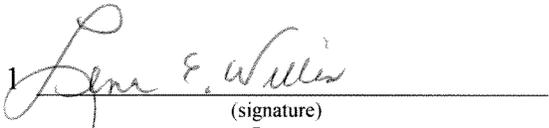
CONTRACTOR:

BY: 
(signature)

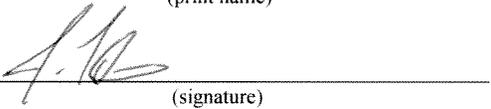
Mark Manguen
(print name)

ITS: President
(title)

WITNESSES:

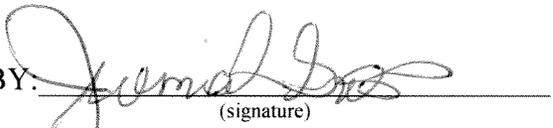
1. 
(signature)

Lena E. Willis
(print name)

2. 
(signature)

Terolyn Tolbert
(print name)

**CITY OF DETROIT Labor Relations/Benefits
DEPARTMENT:**

BY: 
(signature)

Jeremiah Gross
(print name)

ITS: Interim Benefits Manager
(title)

**THIS AMENDMENT WAS APPROVED
BY THE CITY COUNCIL ON**

AUG 27 2015


Purchasing Director Date

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

Corporation Counsel Date

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

CITY ACKNOWLEDGMENT

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the 17th day of July,
2015, by Jeremiah Gross
(name of person who signed the contract)
the Interim Benefits Manager
(title of person who signed the contract as it appears on the contract)
of Labor Relations/Benefits
(complete name of the City department)

on behalf of the City.

Malinda Davis
Notary Public, County of Wayne
State of Michigan
My commission expires: 8-31-2019

LIMITED LIABILITY COMPANY
ACKNOWLEDGMENT

STATE OF Michigan)SS.
COUNTY OF Oakland

The foregoing contract was acknowledged before me the 17th day of July,
2015, by Mark Manguer
(name of person who signed the contract)
the President / Member
(title of person who signed the contract as it appears on the contract)
of RDS Services, LLC
(complete name of the limited liability company)

on behalf of the limited liability company.

Patrice Anne Kanaras

Notary Public, County of OAKLAND

State of Michigan

My commission expires: _____



PATRICE ANNE KANARAS
Notary Public, State of Michigan
County of Oakland
My Commission Expires Jun. 22, 2018
Acting in the County of OAKLAND

LIMITED LIABILITY COMPANY
CERTIFICATE OF AUTHORITY

I Mark Manquen, a Manager or Member of
(name of manager)
RDS Services, L.L.C., a limited liability company (the "Company"), DO
(name of company)

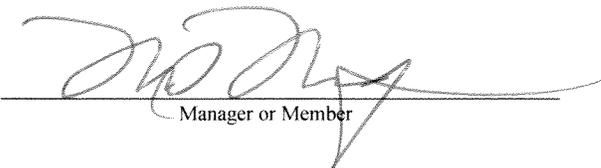
HEREBY CERTIFY that I am a Manager or Member of the Company who has the authority to act as an agent of the Company in executing this Certificate of Authority. I further certify that the following individuals are Managers or Members of the Company who have the authority to execute and commit the Company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

N/A _____

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 11th 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.

Detroit City Council

Legislative Policy Division

TO: Purchasing Division Staff

FROM: David Teeter

DATE: August 27, 2015

RE: **PURCHASING ITEMS SUBMITTED TO THE CITY COUNCIL FOR THE WEEK OF August 24, 2015**

The following contracts and purchase orders were reported to the City Council during the Recess Week of August 24, 2015. Under the Recess procedures, approved by the City Council on July 14, 2015, contracts submitted for the Week of August 24 are considered approved and can be processed on Thursday, August 27, 2015, if not held by a Council Member.

The City Clerk's office received 1 request to hold a contract from the list submitted for the Week of August 24, 2015.

Contract Requested to Be HELD

2912468,Confirming Req.	Randy Lane	\$31,058	TRANSPT.& PARKING
Requested to be Held by Council Member Scott Benson			

*The following contracts were submitted for the Week of August 24, 2015; No requests to hold the contracts were received in the City Clerk's Office and are considered **APPROVED**.*

2911380	Wright Tool Co.	\$51,071	GENERAL SERVICES
---------	-----------------	----------	------------------

288749,Ext.	RDS Services	No change to \$50,000	HUMAN RESOURCES
<i>Includes correction to Contract Number, initially reported as 2911380.</i>			

87414	Dennis Mazurek	\$84,500	CITY CLERK
<i>Includes correction to date, to begin JULY 1, 2015, not June 1 as reported</i>			
<i>Waiting correction to Contract Number, reported incorrectly as 87332.</i>			

87332	Tatiana Rodriquez (Castaneda-Lopez)	\$200	CITY COUNCIL
<i>Includes correction to term and amount, reported as Sept. 8, 2015 through June 30, 2015 for \$3,012.</i>			
<i>Waiting correction to Contract Number, reported incorrectly as 87414.</i>			

87357	Mary Barber	\$10,100	RECREATION
-------	-------------	----------	------------

cc: City Council Members

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 2 Woodward Ave Room 1008
DATE SENT 7/31/15 CONTACT PERSON Lena Willis
PHONE NUMBER 628-0773 FAX NUMBER EMAIL williste@detroitmi.gov
CONTRACT AMOUNT \$ Revenue

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME RDS Services LLC
ADDRESS 50 W Big Beaver Rd CITY/STATE/ZIP Troy MI 48034 OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER 38-3776625
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON Marc Manguen PHONE NUMBER 248-375-2112 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

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 JUL 31 2015 CLEARANCE VALID UNTIL AUG 31 2015



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: OCP -

CONTACT NAME: Lena Willis E-MAIL ADDRESS: willis1e@detroitmi.gov
PHONE: 628-8773 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 RDS Services, LLC
Address 50 W. Big Beaver
Suite 220
City Troy
State MI Zip Code 48084
Telephone 248-878-2110 Fax 248-878-2120
E-mail Address info@rdsservices.us

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)
Mark A. Manquen Telephone# 248-878-2112
Fax # 248-878-2122
Employer Identification or Social Security Number 30-3314660 38-3776225 Spouse Social Security Number N/A

Nature of Contract: RDS Program 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 and 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 contractor complied with the provisions of the City Income Tax Ordinance?
 Yes No Signature: LUCIFETA JENNINGS INCOME TAX INVESTIGATOR Date: AUG 17 2015 Expires: SEP 17 2015
 Yes No Signature _____ Date _____ Expires _____
 Yes No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR MORE 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

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

I, being a duly authorized representative of RDS Services, LLC (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) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization RDS Services, LLC
(Type or Print Legibly)

Contractor Address Troy MI 48084
(City) (State) (Zip)

Contractor Phone/E-mail 248-878-2100 / info@rdsservices.us
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Jayne Brown RDS Program Director

Signature of Authorized Representative: Jayne Brown

Date: June 13, 2013

This document **MUST** be notarized

Signature of Notary: Sandra T Sokara

Printed Name of Seal of Notary: Sandra T Sokara

My Commission Expires: 01-05-2017

SANDRA T. SOKARA
Notary Public, Oakland County, Michigan
My Commission Expires 01-05-2017

FOR CONTRACTING DEPARTMENT USE ONLY

Date Rec'd: ___/___/___ Received by: _____ Title: _____

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/17/2015

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 Ralph C. Wilson Agency, Inc Box 5069 Southfield MI 48086-5069	CONTACT NAME: Lauren Francis
	PHONE (A/C No. Ext): (248) 355-1414 FAX (A/C No.): (248) 304-0877
INSURED Cornerstone Municipal Advisory Group, LLC RDS Services, LLC 50 W. Big Beaver Road. Suite 220 Troy MI 48084	E-MAIL ADDRESS:
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Travelers Group
	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 14/15 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			680-569M0247-13-42	12/29/2014	12/29/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			680-569M0247-13-42	12/29/2014	12/29/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> RETENTION \$ 5,000			CUP-568M9710-13-42	12/29/2014	12/29/2015	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	IJUB-3617T669-9-13	12/29/2014	12/29/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTH-ER E.L EACH ACCIDENT \$ 500,000 E.L DISEASE - EA EMPLOYEE \$ 500,000 E.L DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Detroit is an ADDITIONAL INSURED. Cornerstone Municipal Advisory Group, LLC and RDS Services, LLC are the primary insured for the commercial general liability and not excess over any commercial liability insurance already carried by the City of Detroit and shall provide blanket contractual liability insurance for all written contracts. The general aggregate applies only to the services that are provided under the Retiree Drug Subsidy Administration Services contract. In the event of a claim being made hereunder by one insured for which another insured is or may be liable, then this policy shall cover such insured against whom a claim is or may be made in the same manner as if separate

CERTIFICATE HOLDER City of Detroit Finance Department - Purchasing Division Coleman A. Young Municipal Center, 1008 Two Woodward Avenue 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 Steve Vannelli/SARAHM

Hiring Policy Compliance Affidavit

I, Jayne Brown being duly sworn, state that I am the Program Director
of RAS Services, LLC
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-B 1 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,

Jayne Brown
Title: Program Director Date: 9/27/13

STATE OF Michigan SS
COUNTY OF Oakland

The foregoing Affidavit was acknowledged before me the 27th day of Sept., 2013,
by Jayne Brown / RAS Services LLC

Notary Public, County of Oakland

State of Michigan

My commission expires: 6/22/2018

Patrice Anne Kanaras



PATRICE ANNE KANARAS
Notary Public, State of Michigan
County of Oakland
My Commission Expires Jun. 22, 2018
Acting in the County of Oakland



RDS SERVICES

- Application for Employment -

50 W. Big Beaver Road, Suite 220
Troy, MI 48084
Telephone: (248) 878-2140
www.rdsservices.us

RDS Services, LLC is an equal opportunity employer

I. GENERAL INFORMATION (please print)

Date _____ Social Security No. _____

Name _____
Last First Middle

Street Address _____

City, State, Zip Code _____

Telephone No. _____ Cell No. _____

Previous name(s), if different than current name: _____

Position Desired _____

Salary Desired \$ _____/annual

How did you learn of this position? _____

If hired, can you provide the documents required to prove that you are legally able to work in the U.S.?
___ Yes ___ No

Can you perform the essential functions of the position for which you are applying, with or without reasonable accommodation?
___ Yes ___ No

Are you over 18 years of age? ___ Yes ___ No

Have you filed an application here before? ___ Yes ___ No If yes, give date _____

Have you ever been employed here before? ___ Yes ___ No If yes, give date _____

Are you employed now? ___ Yes ___ No If so, may we contact your present employer? ___ Yes ___ No

On what date would you be available for work? _____

Are you on lay-off and subject to recall? ___ Yes ___ No

Are you available to work full-time? ___ Yes ___ No

Are you available to work part-time? ___ Yes ___ No

Are you able to work overtime, if a job requires it? ___ Yes ___ No

Are you able to travel, if a job requires it? ___ Yes ___ No

II. EDUCATION

	Name and Location of School	Major Subject(s) Studied	Total Years Attended	Did you graduate? (Yes or No)	Degree, Diploma or Certificate
High School					
Technical Training					
College					
Graduate/ Professional					
Other					

List any additional training, courses, or seminars you have attended and the date of such attendance:

III. EMPLOYMENT HISTORY

List your four most recent employers, beginning with your most recent position. Answer all questions even if submitting a resume.

Dates (Month and Year)	Employer's Name, Address & Phone No.	Supervisor's Name & Title	Position(s)	Salary	Reason for leaving
From:				Start:	
To:				End:	
From:				Start:	
To:				End:	
From:				Start:	
To:				End:	
From:				Start:	
To:				End:	

May we contact the employers listed above? ___ Yes ___ No

If not, indicate which one(s) you do not wish us to contact: _____

For each position above, list relevant job duties associated with such position:

IV. SPECIAL SKILLS AND QUALIFICATIONS

Summarize relevant special skills and/or qualifications acquired from employment or other experience:

Computer Skills:

V. CAREER OBJECTIVES

Describe your career and income objectives, and how your employment with this company fits those objectives:

Short-Term

Long-Term

VI. REFERENCES

Give the name of three persons not related to you, whom you have known at least one year.

Name/Address/Telephone/Employer/Title/Years Acquainted

1.

2.

3.

VII. EMERGENCY CONTACT

Provide information for the person to be notified in case of emergency or accident:

Name/Relation Telephone No. _____

VIII. NOTICE TO APPLICANTS AND EMPLOYEES

Please read the following terms and conditions that govern employment at RDS Services, LLC.

This application will only be considered for the 90-calendar day period after its receipt by RDS Services, LLC. Should you wish to be considered after the expiration of this period, you must reapply.

Screening tests for alcohol and/or controlled substance use may be required before hiring and during your employment here. I authorize the physician or clinic to release to RDS Services, LLC results of any such test. I waive any claims based on any alcohol and/or controlled substance test, and the release of the test results to RDS Services, LLC.

RDS Services, LLC is an equal opportunity employer and complies with all laws prohibiting discrimination on the basis of race, color, age, sex, national origin, religion, citizenship, disability, height, weight, and marital status. RDS Services, LLC will work with a job applicant or employee with a disability to accommodate the ability to perform the essential functions of the job, unless the accommodations would impose an undue hardship on the employer. Under the Michigan Persons with Disabilities Civil Rights Act, a disabled person must notify RDS Services, LLC in writing of the need for accommodation within 182 days after the date the disabled person knew or reasonably should have known that an accommodation was needed.

I certify that information given herein is true and complete to the best of my knowledge. I understand that may investigate my work and personal history and verify all data given on this application, on related papers, and in interviews. I authorize all individuals, schools and employers named herein, except as specifically limited on this application, to provide information requested about me, and I release them and from all liability for any damage arising from obtaining and/or providing this information. I understand and acknowledge that any false information, misrepresentation or omission of fact on this application or in an interview can result in rejection or immediate discharge.

I understand and acknowledge that, if employed, my employment and compensation will be at the will of RDS Services, LLC and can be terminated, with or without cause, and with or without notice, at any time at the option of RDS Services, LLC or myself. I further understand and agree that no company manager, company representative, agent or employee of RDS Services, LLC other than its President, has now or has had in the past any authority to enter into any agreement for employment for any specified period of time or to make any agreement which is contrary to or a modification of the at-will employment relationship, and that any such agreement or representation must be in writing and signed by both myself and the President of RDS Services, LLC in order to be effective.

I understand that the authorizations and acknowledgements above state terms and conditions governing my employment with RDS Services, LLC and that my signature below indicates that I have read the terms and conditions stated above and accept them.

Applicant's Signature

Date

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: RDS Services, LLC
2. Address of Contractor: 50 W. Big Beaver Rd.
Suite 220
Troy, MI 48084
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 2005 (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.

Jayne Brown (Printed Name)

RDS Program Director (Title)

 (Signature)

June 13, 2013 (Date)

Subscribed and sworn to before me
this 13th day of June, 2013


Notary Public, Oakland County, Michigan
My Commission expires: 01-05-2017

SANDRA T. SEKENA
Notary Public, Oakland County, Michigan
My Commission Expires 01-05-2017



CITY OF DETROIT FINANCE DEPARTMENT PURCHASING DEPARTMENT PO SUPPLIER APPLICATION

ALL INFORMATION SHOULD BE TYPED OR PRINTED AND RETURNED TO PURCHASING 1008 CAYMC, DETROIT, MI 48226 313 224-4600,
OR E-MAIL TO: Purchasing@detroitmi.gov

<input checked="" type="checkbox"/> NEW APPLICATION <input type="checkbox"/> CHANGE (EXPLAIN IN COMMENTS P.2) SUPPLIER NO. _____	<input type="checkbox"/> TO BE COMPLETED BY USING AGENCY (COMPLETE SECTIONS A, B & C ONLY) AGENCY PHONE# _____ AGENCY NAME _____ PRINT REQUESTOR NAME _____ AUTHORIZED SIGNATURE _____	W-9 ENCLOSED? <input checked="" type="checkbox"/> http://www.irs.gov/foi/pub/forms.html W-9 NOT ENCLOSED? <input type="checkbox"/> (SEE SECTION C.3 OF THIS FORM)
--	---	--

SECTION A - PRIMARY BUSINESS INFORMATION (THIS SECTION MUST BE COMPLETED)

BUSINESS NAME RDS Services, LLC			
ADDRESS: (PLEASE ENTER FOR ALL CORRESPONDENCE) 50 W. Big Beaver Rd. #220		ADDRESS: (PLEASE ENTER FOR PAY ONLY)	
CITY Troy	STATE MI	ZIP 48064	
COUNTRY USA	COUNTRY		
PHONE NUMBER 248-878-2142	PHONE NUMBER		
FAX NUMBER 248-878-2152	FAX NUMBER		
CONTACT NAME Jayne Brown	CONTACT NAME		
E-MAIL ADDRESS jbrown@rdservices.us	E-MAIL ADDRESS		

SECTION B - SUPPLIER'S NIGP COMMODITY CLASS (IDENTIFY EQUIPMENT, SUPPLIES, AND/OR SERVICES ON WHICH YOU DESIRE TO QUOTE FROM THE ATTACHED NIGP COMMODITY CLASS LISTING. A SECOND MAILING WILL BE SENT TO FURTHER IDENTIFY THE NIGP COMMODITY CODE LISTING)

SELECT THE APPROPRIATE CODES FROM THE ATTACHED NIGP COMMODITY CLASS LIST

918 _____

SECTION C - BUSINESS OWNERSHIP

<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR/INDIVIDUAL	FEDERAL TAX ID 38-3776625 SSN _____	1099 SUPPLIER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO ARE YOU A HEALTH CARE SUPPLIER OR HEALTH CARE VENDOR? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
--	---	---

SECTION D - BUSINESS ACKNOWLEDGMENT OF TERMS & AUTHORIZED SIGNATURE (TO BE COMPLETED BY SUPPLIER ONLY)

1. I certify that the information supplied (including all pages attached) is correct and that neither the applicant nor any person or concern associated with the applicant as a principal or officer, so far as is known, is now debarred or otherwise declared ineligible by any government agency from bidding for furnishing materials, supplies, services, or construction to or for any government agency.
 2. That it is this firm's responsibility to update this data when changes occur and failure to do so may result in non-receipt of information for the City's requirements.
 3. I understand that I must **submit a completed IRS Form W-9 with this application** in order to register my business with the city and receive full consideration for awards and receive prompt payment for all invoices submitted.
- SIGNATURE *Jayne Brown* TITLE Program Director DATE 9/27/13

PURCHASING INTERNAL USE ONLY		
SUPPLIER NUMBER	DATE ENTERED	BY

RDS Services, LLC

Additional Site Address

N/A

ADDITIONAL ADDRESS					
ADDRESS: ((CHECK FOR RFO ONLY) RFO <input type="checkbox"/>					
ADDRESS					
CITY		STATE	ZIP		
COUNTRY					
PHONE NUMBER					
FAX NUMBER					
CONTACT NAME					
E-MAIL ADDRESS					
ADDITIONAL COMMODITY CODES					
SELECT THE APPROPRIATE CODES FROM THE ATTACHED NIGP COMMODITY CLASS LIST					
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Comments:

Use this space to explain reason for revisions or changes to an existing supplier. Ex. Name change (requires additional forms to be filled out, please see instructions on separate document) or address change (please indicate whether it is an additional address or new address).

THIS PAGE MAY BE PHOTOCOPIED



City of Detroit
 Finance Department – Purchasing Division
 RFP # 45405 - Retiree Drug Subsidy Administration

RFP FINALISTS EVALUATION RUBRIC

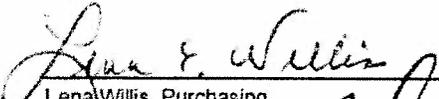
The following criteria shall be used by the City to evaluate all proposals which meet the minimum requirements specified in RFP

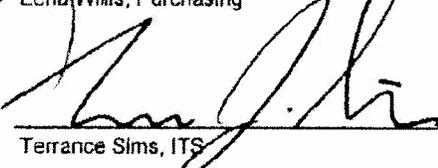
		RFP Scores	
		BCBSM	RDS Services
A. PHASE ONE CRITERIA - NON-ECONOMIC DEVELOPMENT			
A1: References	(5 points max)	5.00	5.00
A2: Technology/Resources	(25 points max)	25.00	25.00
A3: Process	(20 points max)	10.00	20.00
A4: Cost Proposal	(15 points max)	7.50	15.00
<i>Maximum points for Phase One Criteria not to exceed sixty five (65) points.</i>		47.50	65.00
B. PHASE TWO CRITERIA - PRIME AGREEMENT OR ECONOMIC DEVELOPMENT			
Detroit headquartered business	(10 points max)	0.00	0.00
Detroit based business	(5 points max)	0.00	0.00
<i>Maximum points for Phase Two Criteria not to exceed fifteen (15) points.</i>		0.00	0.00
C. PHASE THREE CRITERIA - ECONOMIC DEVELOPMENT & AGREEMENT PERFORMANCE OF PRIME AND SUBCONTRACTOR(S)			
Detroit headquartered business	(15 points max)	0.00	0.00
Detroit based business	(5 points max)	0.00	0.00
<i>Maximum points for Phase Three Criteria not to exceed twenty (20) points.</i>		0.00	0.00
<i>Maximum total points of ALL Three Criteria not to exceed one hundred (100) points.</i>		47.50	65.00

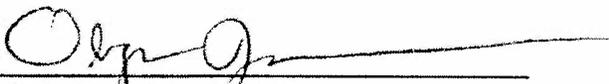
RFP Review Committee


 Wendy Brown, Benefits Manager

Consensus Selection: RDS Services


 Lena Willis, Purchasing


 Terrance Sims, ITS


 Olga Johnson, Labor Relations