

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER
C.P.O.#/2888789 AM #1

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT POLICE
FUNDING SOURCE (Percent) FEDERAL % STATE % CITY 100%	DEPARTMENT CONTACT PERSON TINA TOLLIVER	PHONE NO. 596-1922
CONTRACTOR'S NAME: WAYNE STATE UNIVERSITY		DATE PREPARED 05-19-15
CONTRACTOR'S ADDRESS: 5057 WOODWARD AVE., 13 TH FLOOR, DETROIT, MI. 48202	AMOUNT <input type="checkbox"/> ENGINEER'S ESTIMATE \$ <input checked="" type="checkbox"/> CONTRACT <input type="checkbox"/> CHANGE \$ <input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
PHONE NO. (313) 577-2291	FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-6028429 MINORITY FIRM <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
PURPOSE OF CONTRACT: PROFESSIONAL SERVICES CONTRACT AMENDMENT #1 (JUNE 3, 2015 THRU DECEMBER 3, 2015. TIME ONLY) DPD COMPSTAT TECHNICAL ASSISTANCE <p style="text-align: center; color: blue; font-size: 1.2em;">37050-00012-0000-0000</p>		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
5/21/15	REQUESTING DEPARTMENT AUTHORIZED DEPARTMENT REPRESENTATIVE	
JUN 10 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL BUDGET DIRECTOR OR DEPUTY	15 JUL 10 AM 11:56 JUL - 7 2015
*	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL GRANT ACCOUNTANT	
JL 07 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL FINANCE DIRECTOR OR DEPUTY	7/7/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL CORPORATION COUNSEL	7/10/15
	PURCHASING DIVISION PURCHASING DIRECTOR	11/5/15

RECEIVED

JUL 07 2015

CITY OF DETROIT
CONTRACT COUNCIL APPROVAL
LAW DEPARTMENT

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2888789**

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its Police Department ("*City*"), and Wayne state University a Public University of the State of Michigan, with its principal place of business located at 5057 Woodward Ave., 13th Floor, Detroit Michigan 48202 ("*Contractor*").

WITNESSETH:

WHEREAS, the City desires to engage the Contractor to render certain technical and/or professional services, hereinafter called the "Services" as set forth in this document and Exhibits, which are incorporated by reference herein; and

WHEREAS, the City engaging the Contractor as named herein, desire to provide for the efficient and orderly performance of the designated Services; and

WHEREAS, Article 16.01 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 #1* to amend the Contract to provide additional time to complete the required *Services* as set forth in detail in the following sections of this *Amendment*;

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. CONTRACT EFFECTIVE DATE AND TIME OF PERFORMANCE

1.0 Article 4.01, which now reads:

The award of this Contract to the Contractor shall not become effective until, the Contract has been approved by the required City departments, the award of the Contract has been authorized by resolution of the City Council. The effective date of this Contract shall be the date upon which the Contract has been authorized by resolution of the City Council. The Term of this Contract shall terminate on June 3, 2015.

Is amended to read:

4.01 This Contract shall be approved by the required City departments, approved by the City Council, and signed by the City's Purchasing Director. The effective date of this Amended Contract shall be the date upon which the Contract has been authorized by resolution of the City Council. The term of this Amendment #1 shall terminate on December 3, 2015.

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

2.01 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.

3. AMENDMENT AUTHORIZATION

3.01 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 #1.

WITNESSES:

1. Liane Howey 9/6/15
(signature)

Liane Howey
Grant and Contract Officer III

(print name)

2. [Signature]
(signature)

Rissa L Long
Grant and Contract Officer III

(print name)

CONTRACTOR Wayne State University

BY: Pyl Kulczynski, 5/6/15
(signature)

Patty Yuhas Kieleszewski
Associate Director, Contract Admin
Sponsored Program Administration

(print name)

ITS: _____
(title)

PREVIOUSLY APPROVED
BY GENERAL COUNSEL

APPROVAL# 11/16/09

WITNESSES:

1. [Signature]
(signature)

OTIS W. MILHOUSE
(print name)

2. [Signature]
(signature)

Vera I. Brownlee
(print name)

CITY OF DETROIT POLICE
DEPARTMENT:

BY: [Signature]
(signature)

James E. Craig

ITS: Chief of Police

THIS AMENDMENT WAS APPROVED
BY THE CITY COUNCIL ON

OCT 27 2015

APPROVED BY LAW DEPARTMENT
PURSUANT TO SECTION 6-106 OF THE
CHARTER OF THE CITY OF DETROIT

7.5-206

[Signature] 11/5/15
Purchasing Director Date

[Signature] 7/10/15
Corporation Counsel Date

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

[Signature]
DoIT, 10/5/15

Exhibit B-1

Wayne State University Contract # 2888789 SPO #2888796 Status as of April 24, 2015

Contract Amount: \$125,000.00

Invoice Date	Invoice Period	Invoice #	Date Paid	Check #	Invoice Amt.
July	6/01 - 6/30/15	N/A	N/A	N/A	N/A
June	5/01 - 5/31/15	N/A	N/A	N/A	N/A
May	4/01 - 4/30/15	N/A	N/A	N/A	N/A
April	3/01 - 3/31/15	N/A	N/A	N/A	N/A
3/09/15	2/01 - 2/28/15	24072-6-T9	--	--	\$7,649.11
2/09/15	01/01 - 01/31/15	24072-5-T7	--	--	\$6,151.17
1/06/15	12/01 - 12/31/14	24072-4-T4	4/10/15	3319747	\$11,278.03
12/01/14	11/01 - 11/30/14	24072-3-T3	1/16/15	3313508	\$5,570.32
11/03/14	10/01 - 10/31/14	24072-2-T2	1/16/15	3313508	\$3,283.23
10/01/14	05/26 - 09/30/14	24072-1-T1	2/6/15	3315174	\$11,760.10
Total Paid					\$45,691.96
Remaining Balance					\$79,308.04
Est. Average Monthly Amount					\$8,000.00
April 2015 - July Invoice Estimate					\$32,000.00
Remaining Balance After Apr. 2015 - July 2015					\$47,308.04
Estimated Extension (Months)					6

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)

)SS.

COUNTY OF WAYNE)

The foregoing contract was acknowledged before me the 6th day of May,
2015, by Patty Yuhas Kieleszewski,
(name of person who signed the contract)

the Associate Director, Contract Administration, Sponsored Program Administration,
(title of person who signed the contract as it appears on the contract)

of Wayne State University,
(complete name of the corporation)

on behalf of the Corporation.

Deletta Vernier

Notary Public, County of Wayne
State of Michigan

DELETTA VERNIER
Notary Public, State of Michigan
County of Oakland
My Commission Expires Apr. 07, 2017
Acting in the County of Wayne

My commission expires: 4/7/2017



WAYNE STATE UNIVERSITY
BOARD OF GOVERNORS
OFFICE OF THE SECRETARY

RESOLUTION OF CORPORATE AUTHORITY

I, Julie H. Miller, Secretary to the Board of Governors of Wayne State University, non-profit Corporation, DO HEREBY CERTIFY that the following is a true and correct excerpt from the minutes of the meeting of the Board of (Directors) Governors duly called and held on July 16, 1993, and that the same is now in full force and effect as of the meeting of the Board of Governors duly called and held on May 1, 2015.

All contracts for sponsored educational and research programs and supplements thereto, including agreements for fellowships, scholarships, and grants-in-aid may be executed by the President or his/her designee, and his/her signature shall be certified by the Secretary where such certification is requested.

FURTHER, I CERTIFY that the President has designated the Treasurer and the Vice President for Research to execute such contracts of \$3,000,000 or more; has designated the Associate Vice President for Sponsored Program Administration to execute such contracts of \$1,000,000 or more but less than \$3,000,000; has designated the Director of Sponsored Program Administration to execute such contracts of \$500,000 or more but less than \$1,000,000; has designated the Manager of Sponsored Program Administration to execute contracts where the amount involved is less than \$500,000 per contract where the commitments anticipated fall within the normal activities of the University.

FURTHER, I CERTIFY that M. Roy Wilson is President, Rick Nork is Treasurer, Stephen M. Lanier is Vice President for Research, Gail L. Ryan is Associate Vice President for Sponsored Program Administration, Lashonda Cooley is Director of Sponsored Program Administration, and Patty M. Yuhas Kieleszewski is Manager of Sponsored Program Administration.

FURTHER, I CERTIFY that any of the aforementioned officers of the University are authorized to execute or guarantee and commit the University to the conditions, obligations, stipulations and undertakings contained in the contract between the City of Detroit and Wayne State University and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 6th day of May 2015.

CORPORATE SEAL
(if any)


Corporation Secretary

{G:\docs\contract\cdwaj\32000\form\JE0861.DOC}

01/11/12

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: September 30, 2015 Department: Police Division: Grants and Contracts

Dept Head/Contact Person: Tina Tolliver Phone No.: 313-596-1922

Description: Professional Services Contract Amendment #1 (June 3, 2015 thru December 3, 2015. Time Only)
DPD COMPSTAT Technical Assistance. Contract No.: PO Type: Prof Svc - CPO #2888789 Am #1 Est.
Value: Time Only

Contract Term (if applicable): June 3, 2015 thru December 3, 2015

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

Recommended Supplier: Wayne State University Required Date: June 3, 2015 thru December 3, 2015

1. Is the product or service ESSENTIAL to department operations? Yes No

If "Yes" please explain why:

Consequence of not buying: _____

2. Was the product or service competitively bid? Yes No
(Request copies 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
Were additional savings requested? Yes No

5. Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: _____

6. The business being awarded is RENEWAL OF EXISTING CONTRACT
If #6 is a renewal provide justification for renewal: _____
If #6 is a increase/decrease does this represent:

01/11/12

Variance in unit price only (Current unit price \$ Suggest Unit Price \$)

Change in amount/volume of the good or service to be used (no change in unit price)

7. Is this good/service used by other departments? Yes No

If "yes" can this req/par be combined other department requirements.? Yes No

8. Is this a service that can be performed by City employees? Yes No

Is this a service that City employees can be trained to do? Yes No

NOTES:

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____



DATE: September 30, 2015

INFORMATION PROVIDED BY: Otis Milhouse

TITLE: Police Assistant

PHONE NO. 596-1922

Purchasing - Sole Source Justification

To be Completed and Approved before a commitment is made.

Purchasing Division

Expectation: Except in cases of emergency, Purchases shall require competitive bidding per procedures established by ordinance to protect the interest of the City and to assure fairness.

What is a sole source?

A sole source purchase is defined as the awarding of a purchase order / contract for services or products whereby the process to competitively bid was not performed.

When is a sole source applicable?

A sole source is applicable when documentation is provided that the product or service is supported by any of the following:

- Proprietary (protected by Law)
- New technology (data or product)
- Public Threat
- Licenses
- Specialized facility
- Specialized test equipment
- Unique skills

Check all that applies:

- provide supporting documentation (mandatory)
- provide how cost/price was benchmarked

Department Name: Police Department

Date: 09-30-2015

Description of Goods/Services to be Purchased: Detroit Police Department
COMPSTAT Technical Assistance.

Justification of Sole Source: The Detroit Police Department's Crime Control Strategies Division is requesting to enter into a sole source Professional Services Contract Am #1 (Time Only) with Wayne State University C.P.O. #2888789. Wayne State University is the only source capable of providing the data necessary to complete this project. This project supports the ongoing development of real-time crime analysis and research capacities in its CompStat unit. The project is also designed to enhance data-driven crime fighting capacities at precincts by supporting precinct captains and officers through training, crime analysis assistance, and computerized tools that provide accurate and timely intelligence. Six graduate-level students will continue to assist the department's CompStat Unit and two pilot precincts during 2014/2015. Their efforts will focus on conducting analyses to identify crime patterns, hot spots, repeat offenders, and in evaluating the impact of police tactics and operations. The team of students are working under the direction of David Martin (Wayne State University), Ed McGarrell (Michigan State University) and Captain Aric Tosqui (DPD Crime Control Strategies).

When are Goods or Services Required:

*Approval required by Department Executive (Director level or above)

Requestor (Name)
TINA TOLLIVER

Department Exec or Director (Name)

Signature
[Signature] 596-5494 10/15

Signature Phone /Date

Purchasing Representative (Name)
[Signature]

Chief Procurement Officer (Name)

Signature
[Signature]

Signature Phone/ Date
10/6/15

File: procedure/solesource.v4.071111



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Housing & Revitalization

E-MAIL ADDRESS: Craschke@detroitmi.gov

CONTACT NAME: Chris Raschke PHONE: (313) 224-6519 FAX: _____

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

To: **A. City of Detroit**
 Income Tax Division
 Coleman A. Young Municipal Center
 2 Woodward Avenue, Ste. 1220
 Detroit, MI 48226
 Phone: (313) 224-3328 or 224-3329
 Fax: (313) 224-1741 or 224-4588

For: Individual _____ and/or _____
 Company Name Wayne State University
 Address 5057 Woodward
 City Detroit
 State MI Zip Code 48202
 Telephone (313) 577-0192 Fax # (313) 577-5055
 E-mail Address aa3817@wayne.edu

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above) <u>Rissa Long</u>	Telephone # _____ Fax # _____
Employer Identification or Social Security Number <u>38-6028929</u>	Spouse Social Security Number _____

Nature of Contract Fair Housing Analysis BID CONTRACT AMOUNT (if known):
 Labor: \$ _____ Material: \$ 44,012
 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.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

D. FOR INCOME TAX USE ONLY

Has the contractor complied with the provisions of the City Income Tax Ordinance?
 Yes No Signature LUCHETIA JENNINGS **INCOME TAX INVESTIGATOR** Date NOV 11 2014 Expires NOV 29 2015
 Yes No Signature _____ Date _____ Expires _____
 Yes No Signature _____ Date _____ Expires _____

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

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

APR 01 2015



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Business Reorganization

E-MAIL ADDRESS: COO@reorg.detroitmi.gov

CONTACT NAME: Chris Roschke PHONE: (313) 224-6319 FAX: _____

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

<p>A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Ste. 1220 Detroit, MI 48226</p> <p>Phone: (313) 224-5328 or 224-5329 Fax: (313) 224-1741 or 224-4588</p>	<p>From: Individual _____ and/or Company Name: <u>Wayne State University</u> Address: <u>5257 Woodward</u> City: <u>Detroit</u> State: <u>MI</u> Zip Code: <u>48202</u> Telephone: <u>(313) 577-0972</u> Fax: <u>(313) 577-5455</u> E-mail Address: <u>chris.roschke@wayne.edu</u></p>
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<p>B. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)</p> <p><u>Russ Long</u></p> <p>Employer Identification or Social Security Number <u>38-6028729</u></p>	<p>Telephone # _____ Fax # _____ Spouse Social Security Number _____</p>
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Nature of Contract: Fair Housing Analysis BID CONTRACT AMOUNT (if known):
 Labor: \$ _____ Material: \$ 12,000
 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.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

D. FOR INCOME TAX USE ONLY

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

Yes No Signature: CHRISTINA JEMMIGS Date: NOV 11 2014 Expires: NOV 11 2015

Yes No Signature: _____ Date: _____ Expires: _____

Yes No Signature: _____ Date: _____ Expires: _____

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

NOTE: An approved Income Tax Clearance may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (if applicable 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 Wayne State Univ (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 Wayne State University (Type or Print Legibly)

Contractor Address Detroit Michigan 48202 (City) (State) (Zip)

Contractor Phone/E-mail 313-577-3726 / pyuhas@wayne.edu (Phone) (E-mail) Patty Yuhas Kieleszewski

Printed Name & Title of Authorized Representative Associate Director, Contract Administration

Signature of Authorized Representative: [Handwritten Signature] Date: 4/29/15

*** This document MUST be notarized ***

Signature of Notary: [Handwritten Signature]

Printed Name of Seal of Notary: Deletta Vernier

My Commission Expires: 04 / 07 / 2017

DELETTA VERNIER Notary Public, State of Michigan County of Oakland My Commission Expires Apr. 07, 2017 Acting in the County of Wayne

FOR CONTRACTING DEPARTMENT USE ONLY Date Rec'd: 5/18/15 Received by: [Handwritten Name] Title: Police Assistant

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

WAYNE STATE UNIVERSITY

SPONSORED PROGRAM ADMINISTRATION

September 29, 2015

Boysie Jackson, Chief Procurement Officer
Purchasing Division
City of Detroit
Coleman A. Young Municipal Center, Suite 1008
Detroit, MI 48226

**Re: Detroit Police Department Compstat Technical Assistant with Wayne State University
Center for Urban Studies**

Dear Mr. Jackson:

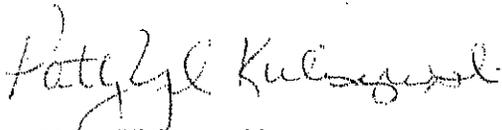
Wayne State University requests exemption from City of Detroit Ordinance No. 29-11 approved by City Council on November 22, 2011, amending the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, Finance and Taxation, Article V, Purchases and Supplies, by adding Division 6, Criminal Conviction questions for City Contractors, which consists of Sections 18-5-81, 18-5-83, 18-5-84, 18-5-85 and 18-5-86 for the above referenced contract.

The intent of the grant is to improve policing activities and reduce crime within Midtown and North End areas. Due to its nature, it is not possible to hire individuals with convictions on this grant.

We ask that a waiver be granted and the contract is presented to City Council as soon as possible.

If there are any questions regarding this agreement, please contact me at (313) 577-9227.

Sincerely,



Patty Yuhas Kieleszewski
Associate Director
Sponsored Program Administration

cc: Sophia Johnson Parks
Rissa Long

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Wayne State University
2. Address of Contractor: 5057 Woodward Ave. 13th Floor
Detroit, MI 48202
3. Name of Predecessor Entities (if any): n/a
4. Prior Affidavit submission? ___ No X Yes, on: various
(Date of prior submission)

If "No", complete Items 5 and 6.

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

5. X Contractor was established in 1868 (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.

Associate Director, Contract Admin
Sponsored Program Administration (Printed Name) _____ (Title)
P. Zyl Kuleszowski (Signature) 4/29/15 (Date)

Subscribed and sworn to before me
this 29th day of April 2015
Deletta Vernier
Notary Public, Wayne County, Michigan
My Commission expires: 4/7/2017

DELETTA VERNIER Notary Public, State of Michigan County of Oakland My Commission Expires Apr. 07, 2017 Acting in the County of <u>Wayne</u>

[View assistance for Search Results](#)

Search Results

Current Search Terms: wayne* state* university*

Your search for "wayne* state* university*" returned the following results...

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

Entity	Wayne State University	Status: Active
DUNS: 001962224	CAGE Code: 2B019	View Details...
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/06/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	University Physician Group	Status: Active
DUNS: 790642933	CAGE Code: 4NLD7	View Details...
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 10/29/2015	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		

Glossary

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Entity

Exclusion

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By Record

Status

By

Functional Area - Entity Management

By

Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.36.20150930-1631

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