DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2890503

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Human Resources Department ("City"), and Health Management Systems of America, a Corporation** with its principal place of business located at **601 Washington Blvd, Detroit, MI 48226** ("Contractor").

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 17 of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

1. AMENDMENT TO SECTION 1
COMPENSATION

1.01 Section 1, which now reads:

> Compensation for *Services* provided shall not exceed the amount up to **$300,960**, Inclusive of expenses, and will be paid as provided for in Exhibits A and B. Unless this *Contract* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Contractor* is entitled for the performance of *Services* under this *Contract.*

DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

Is amended to read:

Compensation for *Services* provided shall not exceed the amount up to **$362,520**, Inclusive of expenses, and will be paid as provided for in Exhibits A and B. Unless this *Contract* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Contractor* is entitled for the performance of *Services* under this *Contract.*

2. AMENDMENT TO SECTION ___ MISCELLANEOUS

2.01 NO CHANGES TO THE MISCELLANEOUS SECTION

3. AMENDMENT TO EXHIBIT A

3.01 Exhibit A, which now reads:

Twelve (12) Cases per year where by the Human Resources Department may refer an employee and/or their family for face to face counseling.

Is amended to read:

Twelve (12) Cases per year where by the Human Resources Department may refer an employee and/or their family for face to face counseling.

Eight (8) Cases per year where by the Police Department may refer an employee and/or their family for face to face counseling .

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.

DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

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.

DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

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

WITNESSES:

1. Nancy L Collins
(signature)

Nancy L Collins
(print name)

2. Sidney Ireson
(signature)

Sidney Ireson
(print name)

CONTRACTOR:

BY: [signature]
(signature)

Dennis G. Rice
(print name)

ITS: President
(title)

WITNESSES:

1 [signature]
(signature)

[illegible]
(print name)

2. Keeley Chappell
(signature)

Keeley Walker-Chappell
(print name)

CITY OF DETROIT DEPARTMENT: Human Resources Dept

BY: Denise Starr
(signature)

Denise Starr
(print name)

ITS: Director
(title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON

DocuSigned by:
Boysie Jackson
E7BD9F26E53A4D0...
Purchasing Director

10/23/2015
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

DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the 6th day of August,
2015, by Denise Stein,
(name of person who signed the contract)
the Director,
(title of person who signed the contract as it appears on the contract)
of Human Resources,
(complete name of the corporation)

on behalf of the Corporation.

Ericka Y Crawford

Notary Public, County of Wayne

State of Michigan

My commission expires: 2-12-2022

ERICKA Y CRAWFORD
Notary Public, State of Michigan
County of Wayne
My Commission Expires 02-12-2022
Acting in the County of Wayne

DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

CORPORATE ACKNOWLEDGMENT

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the 26th day of May,
20 15, by Dennis G. Rice,
(name of person who signed the contract)
the President,
(title of person who signed the contract as it appears on the contract)
of Health management Systems of America, Inc.,
(complete name of the corporation)

on behalf of the Corporation.

Sidney Ireson

Notary Public, County of Macomb acting in Wayne County

State of Michigan

My commission expires: 02/20/2019

SIDNEY IRESON
Notary Public - Michigan
Macomb County
My Commission Expires Feb 20, 2019
Acting in the County of WAYNE

DocuSign Envelope ID: 8807D618-1425-457A-829B-AC486A960A0A

CORPORATION CERTIFICATE OF AUTHORITY

I, Dennis Rice (name of corporate secretary), Corporate Secretary of Health Management Systems Inc. (complete name of corporation), a Michigan (state of incorporation) for profit (non-profit or for profit) corporation (the "Corporation"), **DO HEREBY CERTIFY** that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on 5/26/15 (date of meeting), and that the same is now in full force and effect

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

FURTHER, I CERTIFY that J. William Sumner is Chairman,
Dennis G. Rice is President,
Beth Combs is (are) Vice President(s),
J. William Sumner is Treasurer,
Dennis G. Rice is Secretary,
J. William Sumner 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. 2890503 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 26 day of May, 2015.

CORPORATE SEAL
(if any)

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.

CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER DOES NOT AGREE WITH THE BID YOU SUBMITTED, PLEASE CONTACT THE PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
2890503	0	1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 316
Detroit,MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit,MI 48226
United States

SUPPLIER

HEALTH MANAGEMENT SYSTEMS OF
601 WASHINGTON BLVD
DETROIT, MI 48226

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1043088	14-MAR-14 B Washington	
PAYMENT TERMS	**SHIP VIA**	**F.O.B.**
Net 30	Unspecified	Delivered
FREIGHT TERMS	**REQUESTOR/DELIVER TO**	**CONFIRM TO / TELEPHONE**
Your Delivery		

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	FURNISH: PROFESSIONAL SERVICES FOR AN EMPLOYEE ASSISTANCE PROGRAM & SUBSTANCE ABUSE FOR CITY OF DETROIT EMPLOYEES FOR THREE (3) YEARS OPTION #1 - RATE $0.95 PER EMPLOYEE PER MONTH - THREE (3) TELEPHONIC COUNSELING SESSIONS PER PROBLEM PER YEAR FOR EMPLOYEES AND FAMILY MEMBERS						

CITY OF DETROIT
FINANCE DEPARTMENT
PURCHASING DIVISION
1008 COLEMAN A. YOUNG
MUNICIPAL CENTER
DETROIT, MICHIGAN 48226
PHONE 313-224-4600
FAX 313-224-4374

IF THIS PURCHASE ORDER DOES NOT AGREE WITH THE BID YOU SUBMITTED, PLEASE CONTACT THE PURCHASING DIVISION.

Purchase Order

PURCHASE ORDER NO.	REVISION	PAGE
2890503	0	2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 316
Detroit,MI 48226
United States

BILL TO

Coleman A Young Municipal Ce
2 Woodward Avenue
Ste 642
Detroit,MI 48226
United States

SUPPLIER

HEALTH MANAGEMENT SYSTEMS OF
601 WASHINGTON BLVD
DETROIT, MI 48226

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1043088	14-MAR-14 B Washington	

PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Unspecified	Delivered

FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
Your Delivery		

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	Purchase Agreement Effective From: 17-MAR-14 To: 16-MAR-17			Amount Agreed:		300,960.00	

HMSA HEALTH MANAGEMENT SYSTEMS OF AMERICA

Michael Hall
Director Human Resources and Labor Relations
Coleman A. Young Municipal Center
2 Woodward Avenue, Suite 316
Detroit, Michigan 48226

Mr. Hall:

Thank you for taking the time to meet with me regarding reinstituting the City of Detroit Employee Assistance Program (EAP) with Health Management Systems of America (HMSA). As we discussed I have included two program design options and contracts. The fundamental difference between the two options are as follows:

Option 1 – Rate $0.95 per employee per month (9,600 assumed employee lives):

- Three (3) telephonic counseling sessions per problem per year for employees and family members
- Twelve (12)

Option 2 – Rate $1.25 per employee per month (9,600 assumed employee lives):

- Three (3) face to face counseling sessions per problem per year for employees and family members
- All Substance Abuse Professional services for employees covered under the U.S. Department of Transportation regulations are included under this rate
- Fifteen (15) hours of onsite standard EAP employee orientation and supervisor training services are included (standard materials)
- Ten (10) hours onsite critical incident stress management services are included

Enclosed are program descriptions for options one and two along with two original contracts for signature. I want to point out specific items in the contract:

- Effective date of March 15, 2014
- Section 7.0 includes a 3.5 percent annual inflation fee increase.

Please contact me if you have any questions and I would like to setup a time to discuss program implementation

HMSA HEALTH MANAGEMENT SYSTEMS OF AMERICA

EAP/WORK-LIFE CONTRACT

THIS AGREEMENT, as governed under Michigan law entered into by and between **HEALTH MANAGEMENT SYSTEMS INC.**, a Michigan Corporation (hereinafter referred to as "**HMSA**"), whose address is 601 Washington Blvd., Detroit, Michigan 48226, and **City of Detroit** (hereinafter referred to as "Client Organization"), whose address is 2 Woodward Detroit Michigan 48226, on March 15, 2014 (hereinafter referred to as **"Start Date").**

WHEREAS, HMSA provides Employee Assistance Program (EAP) and Work-Life services as defined below and

WHEREAS, the Client Organization is seeking to offer an EAP Work-Life program to its eligible employees and dependents;

NOW THEREFORE, in consideration of the mutual promises, both parties agree to the following:

1.0 HMSA SCOPE OF SERVICES

HMSA agrees to provide the services detailed under the attached program summary sheet which shall be incorporated into this agreement. HMSA is acting as a Business Associate as defined under the Health Insurance Accountability and Portability Act. The Client Organization shall comply with the attached Business Associate Agreement reference herein.

2.0 PROGRAM PROMOTION

Both parties agree to publicize the program's existence to employees, managers, supervisors, and union representatives, (as appropriate). HMSA will assist Client Organization in preparing management guides for the EAP and will furnish ideas, copy, suggestions, and other assistance on a continuing basis for use in Client Organization publications, mailings or other media to maintain the awareness of the program. Any included

4.0 DURATION OF AGREEMENT

This Agreement shall be for a term of three (3) years (unless otherwise agreed to) commencing on Start Date. Upon expiration, this Agreement shall be automatically renewed provided written notice of termination is not initiated by either party. In the event this Agreement is terminated by Client Organization or HMSA, Client Organization shall continue to make payments, prorated through the effective date of said termination and HMSA shall continue to provide interim services. Following termination, any covered employees caught in treatment on the date of termination may transition or conclude treatment for a maximum of 3 sessions. Client Organization agrees to compensate HMSA at a rate of $75/ session for any clinical close-out sessions.

Should any statute, regulation or rule be enacted which materially affect the ability of either party to perform, then both parties shall renegotiate the modified area of the service to preserve the overall integrity of the Agreement. This agreement shall be governed by and in accordance with the laws of the state of Michigan.

5.0 INDEMNIFICATION

Both parties agree to indemnify and hold each other harmless from any and all liability, loss or damage, including reasonable attorney's fees and expenses, which either party may suffer as a result of claims, demands, costs or judgments against it arising out of either party's failure to perform any of the obligations of this Agreement. In case a claim should be brought or an action filed with respect to the subject of indemnity herein, both parties may employ attorneys of its own selection to appear and defend or settle the claim or action on its own behalf.

6.0 OWNERSHIP OF RECORDS

Client Organization agrees that all client records, medical charts, progress charts, and other proprietary documents generated by HMSA in the performance of their services under this Agreement are and shall remain the sole property of HMSA. In the event Client Organization shall terminate this Agreement, HMSA agrees promptly to transfer, in confidence, all statistical records of services rendered and work in progress to a

In agreement the parties hereby affix their signatures below:

Client Organization Name:

Authorized Signer: Michael G. Hall

Title: Director Human Resources & Labor Relations

Date: 4/2/14 2013

Health Management Systems, Inc.

Authorized Signer:

Title: C.O.O.

Date: 3/5/ 2014

CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2890503

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Human Resources Department ("City"), and Health Management Systems of America, a Corporation** with its principal place of business located at **601 Washington Blvd, Detroit, MI 48226** ("Contractor").

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 17 of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

1. AMENDMENT TO SECTION 1 COMPENSATION

1.01 Section 1, which now reads:

> Compensation for *Services* provided shall not exceed the amount up to **$300,960.** Inclusive of expenses, and will be paid as provided for in Exhibits A and B. Unless this *Contract* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Contractor* is entitled for the performance of *Services* under this *Contract.*

Is amended to read:

Compensation for *Services* provided shall not exceed the amount up to **$362,520**, Inclusive of expenses, and will be paid as provided for in Exhibits A and B. Unless this *Contract* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Contractor* is entitled for the performance of *Services* under this *Contract.*

2. AMENDMENT TO SECTION ___ MISCELLANEOUS

2.01 **NO CHANGES TO THE MISCELLANEOUS SECTION**

3. AMENDMENT TO EXHIBIT A

3.01 Exhibit A, which now reads:

Twelve (12) Cases per year where by the Human Resources Department may refer an employee and/or their family for face to face counseling.

Is amended to read:

Twelve (12) Cases per year where by the Human Resources Department may refer an employee and/or their family for face to face counseling.

Five (8) Cases per year where by the Police Department may refer an employee and/or their family for face to face counseling.

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. Nancy R Collins
(signature)

Nancy L Collins
(print name)

2. Sidney Ireson
(signature)

Sidney Ireson
(print name)

CONTRACTOR:

BY: _____
(signature)

Dennis G. Rice
(print name)

ITS: President
(title)

WITNESSES:

1 _____
(signature)

_____
(print name)

2. _____
(signature)

_____
(print name)

CITY OF DETROIT Human Resources Dept
DEPARTMENT:

BY: Denise Starr
(signature)

Denise Starr
(print name)

ITS: Director
(title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON

_____

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

_____ _____
Purchasing Director Date

_____ _____
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 6th day of August,
2015, by Denise Stein,
(name of person who signed the contract)
the Director,
(title of person who signed the contract as it appears on the contract)
of Human Resources,
(complete name of the corporation)
on behalf of the Corporation.

Ericka Y Crawford

Notary Public, County of Wayne

State of Michigan

My commission expires: 2-12-2022

ERICKA Y CRAWFORD
Notary Public, State of Michigan
County of Wayne
My Commission Expires 02-12-2022
Acting in the County of Wayne

CORPORATE ACKNOWLEDGMENT

STATE OF Michigan)
)SS.
COUNTY OF Wayne)

The foregoing contract was acknowledged before me the 26th day of May,
20 15, by Dennis G. Rice,
(name of person who signed the contract)
the President,
(title of person who signed the contract as it appears on the contract)
of Health management Systems of America, Inc.,
(complete name of the corporation)
on behalf of the Corporation.

Sidney Ireson

Notary Public, County of Macomb acting in Wayne County

State of Michigan

My commission expires: 02/20/2019

SIDNEY IRESON
Notary Public - Michigan
Macomb County
My Commission Expires Feb 20, 2019
Acting in the County of WAYNE

CORPORATION CERTIFICATE OF AUTHORITY

I, Dennis Rice (name of corporate secretary), Corporate Secretary of Health Management Systems Inc. (complete name of corporation), a Michigan (state of incorporation) for profit (non-profit or for profit) corporation (the "Corporation"), **DO HEREBY CERTIFY** that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on 5/26/15 (date of meeting), and that the same is now in full force and effect

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

FURTHER, I CERTIFY that J. William Sumner is Chairman,
Dennis G. Rice is President,
Beth Combs is (are) Vice President(s),
J. William Sumner is Treasurer,
Dennis G. Rice is Secretary,
J. William Sumner 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. 2890503 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 26 day of May, 2015.

CORPORATE SEAL
(if any)

Corporation Secretary

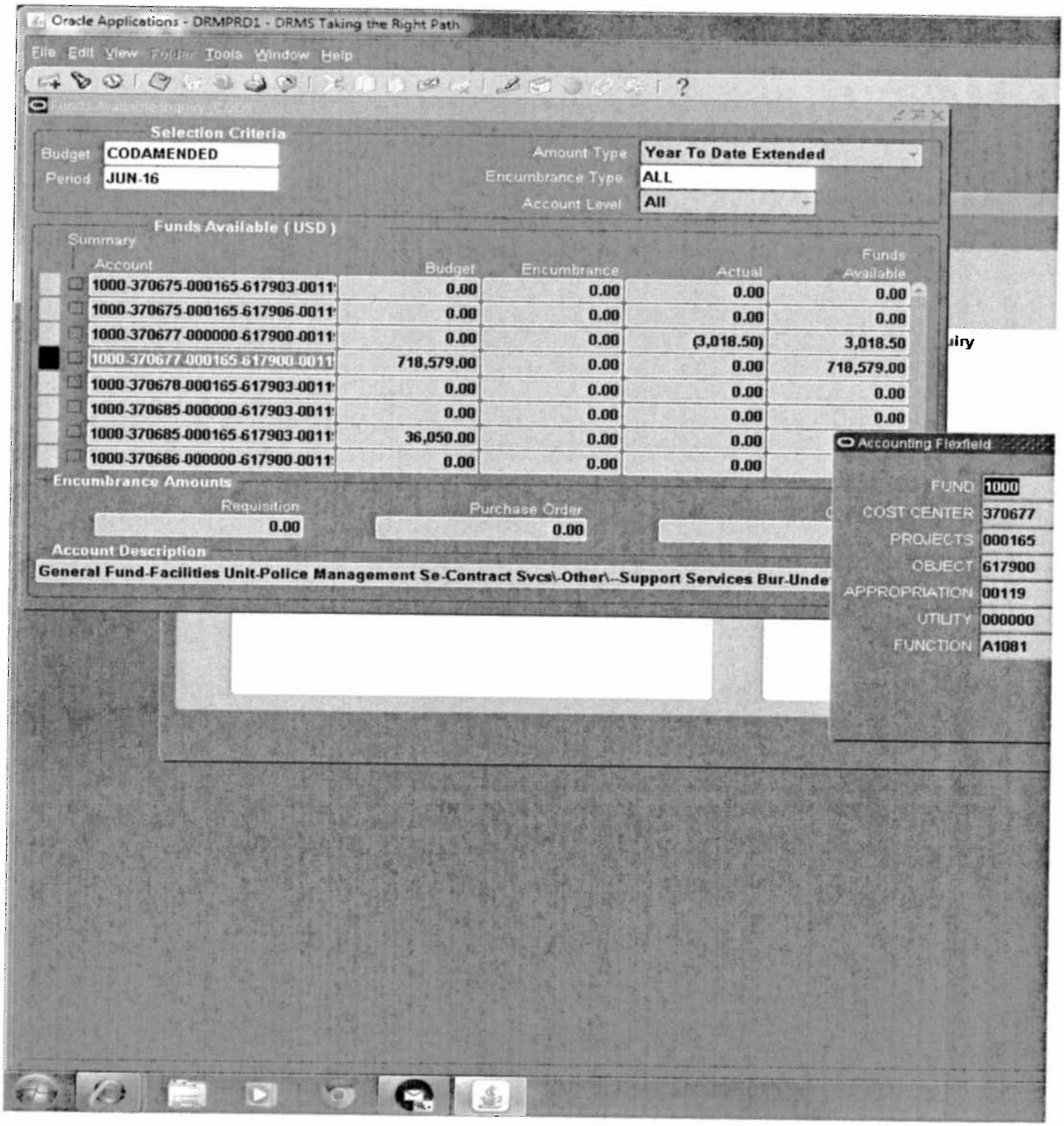
PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR CORPORATION MUST BE ONE OF THE INDIVIDUALS LISTED ABOVE AS A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE CORPORATION.

Budget Dollars for HMSA AMENDMENT (2890503) Fiscal Year 2015-16

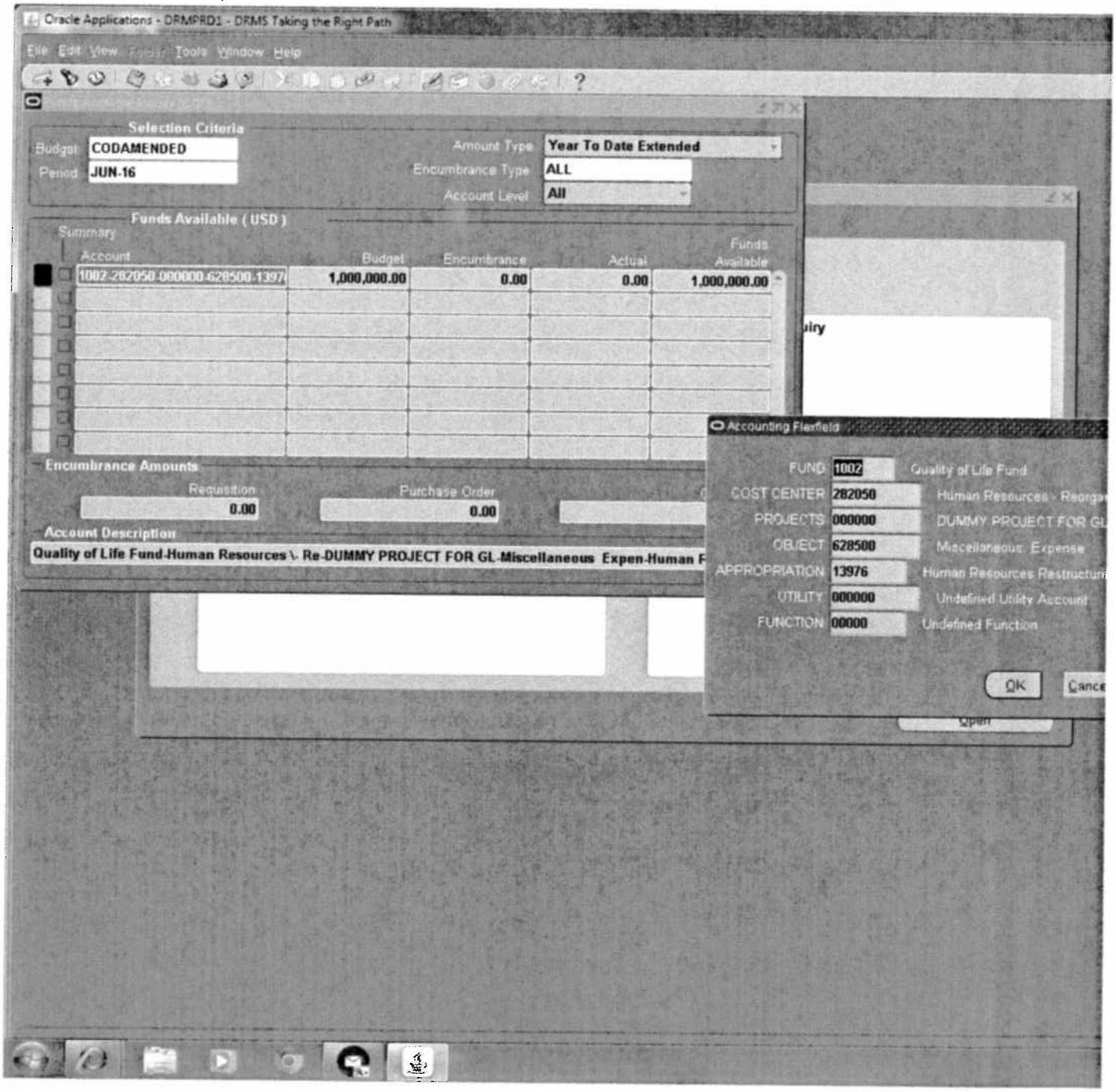
Agency	Vendor : Charge Account	FUTURENET	Amount
POLICE DEPARTMENT	1000-370677-000165-617900-00119-000000-A1081		$ 61,560.00
HUMAN RESOURCES	1002-282050-000000-628500-13976-000000-00000		$ 234,150.40
	Total		$ 295,710.40

Prepared by Olga Johnson on July 27, 2015

Previous funding on C.P.O.		$ 66,809.60
	Total C.P.O. funding	$ 362,520.00


Oracle Applications - DRMPRD1 - DRMS Taking the Right Path
File Edit View Folder Tools Window Help
Selection Criteria
Budget CODAMENDED
Period JUN-16
Amount Type Year To Date Extended
Encumbrance Type ALL
Account Level All
Funds Available (USD)
Summary
Account Budget Encumbrance Actual Funds Available
1000-370675-000165-617903-0011 0.00 0.00 0.00 0.00
1000-370675-000165-617906-0011 0.00 0.00 0.00 0.00
1000-370677-000000-617900-0011 0.00 0.00 (3,018.50) 3,018.50
1000-370677-000165-617900-0011 718,579.00 0.00 0.00 718,579.00
1000-370678-000165-617903-0011 0.00 0.00 0.00 0.00
1000-370685-000000-617903-0011 0.00 0.00 0.00 0.00
1000-370685-000165-617903-0011 36,050.00 0.00 0.00
1000-370686-000000-617900-0011 0.00 0.00 0.00
Encumbrance Amounts
Requisition 0.00
Purchase Order 0.00
Account Description
General Fund-Facilities Unit-Police Management Se-Contract Svcs\-Other\--Support Services Bur-Unde
Accounting Flexfield
FUND 1000
COST CENTER 370677
PROJECTS 000165
OBJECT 617900
APPROPRIATION 00119
UTILITY 000000
FUNCTION A1081

HMSA FUNDING $300,960.00 FY-15-16



City Council Contract Agenda Items Review Checklist

Reviewer: (Contracting and Procurement Specialist signs here) **Date Received:** ~~00/00/2015~~ 6/15/15

Date: 6/3/15 Department **POLICE** Division: BUDGET OPERATIONS

Dept Head/Contact Person: TINA TOLLIVER Telephone No: **596-5494**

Description: Professional Services for an Employee Assistance Program & Substance Abuse for City of Detroit Employees (three (3) years). Police for the last 2 years.

Brief explanation-function of or need for the goods/service

Contract No.: 2890503 PO Type: Prof Svc Est. Value: $ 61,560 (2 years)

Contract Term (if applicable): 3/17/14 to 3/16/17

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

Recommended Supplier: HEALTH MANAGEMENT SYSTEMS Required Date: ~~3/17/14 – 3/16/17~~ ASAP

---

1. The business being awarded is **NEW / RENEWAL** If a renewal, provide justification for renewal: Employee substance abuse assistance is important to the City of Detroit. ADDING POLICE TO CONTRACT / INCREASE of funds

2. Was the product or service competitively bid? ☐ Yes ☒ No Under Emergency Mgr.
   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: N/A
   If answer to #3 is "No" explain why a Co-Op was not considered: _____

4. Were savings achieved?
   ☐ Yes Amount $_____ ☒ No

5. Does this agreement represent an increase?
   ☐ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)
   ☒ Change in amount/volume of the good or service to be used. $61,560 POLICE BEING ADDED TO EXISTING CONTRACT.

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

7. Is this good/service used by other departments? ☒ Yes ☐ No
   If "yes" can this REQ/PAR be combined other department requirements? ☐ Yes ☐ No

8. Is this a service that can be performed by City employees? ☐ Yes ☒ No
   Is this a service that City employees can be trained to do? ☐ Yes ☒ No

---

NOTES: Buyer: [signature]
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes ✓ No ____

☐ **PLACE ON FINANCIAL REVIEW COMMISSION AGENDA**

☐ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: [signature] DATE: 6/5/15
(Department)

INFORMATION PROVIDED BY: Otis Milhouse

TITLE: Police Assistant

PHONE: 596-1922

CONTRACT INCREASE FORM DEPARTMENT REQUEST

Original C.C. Res.*_____ To Council By:*__ __

C.C. Res.* _____

(☒) AGENCY SPECIFIC (☐) CITY WIDE

Oracle Purchase Order No. _2890503_ File No.__ __

Description of CommodityEmployee Assistance Program

Contract Period: FROM:__March 17, 2014__ TO:__March 16, 2017____

Original Department Estimate $__300,960.00__

Prev. Approved Dept. Increase(s): $__ __

Requested Dept. Increase: $30,780.00/Year for 2 years - $61,560 total__
New Dept. Total: $362,520.00__

Increase in Estimated Expenditure to: $ _ Total Expended on Contract:* $

Detailed Reason for IncreaseAdding Detroit Police Department employees to existing contract

Vendor__Health Management Systems of America_____

Vendor's Address:____601 Washington Blvd._____

City, State & Zip Code: ___Detroit, MI 48226_____

User Agency: .....

_____ Date: 6/3/15
Authorized Department Signature/Title/Phone No.

Purchasing Approval _____ Date: _____

1CCC-370210-00159-617900-00115-000000-A1075

APR 30 2015

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

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

Phone: (313) 224-3328 or224-3329
Fax: (313) 224-4588

For:
Individual or
Company Name Health Management Systems
Address 601 Washington
City Detroit
State MI Zip Code 48226
Telephone (313) 964-3100 Fax # (313) 964-3161
E-mail Address Dennis.Rice@HMSADenet.com

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

Telephone # (313) 964-3100
Fax # (313) 964-3161

Employer Identification or Social Security Number
38-2686158

Spouse Social Security Number

Nature of Contract Employee Assistance 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 & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, incude spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent o n someone else's tax return? ☐ Yes ☐ No
3. Were you employed in the City of Detroit durnig 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 LUCRETIA JENNINGS / INCOME TAX INVESTIGATOR Date MAY 02 2015 Expires MAY 02 2016

☐ Yes ☐ No Signature _____ Date _____ Expires _____

☐ Yes ☐ No Signature _____ Date _____ Expires _____

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

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

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING& DEVELOPMENT POLICE (PURCHASING) RECREATION WATER & SEWAGE OTHER

ADDRESS OF DEPARTMENT 1008 CCMC

DATE SENT 5-1-15 CONTACT PERSON V. Gaines

PHONE NUMBER 313-224-4402 FAX NUMBER 313 628-1160 EMAIL gainesv@detroitmi.gov

CONTRACT AMOUNT $ 356400

SECTION B: CORPORATION LICENSE TYPE

CORPORATION NAME Health Management Systems, Inc. ADDRESS 601 Washington CITY/STATE/ZIP Detroit MI 48226

_X_ OWN LEASE

CITY PERSONAL PROPERTY NUMBER 02000073.00 **FID / EIN NUMBER** 38-2686158 OTHER CITY OWNED PROPERTY None

CONTACT PERSON Dennis Rice PHONE NUMBER (313) 964-3100 **EMAIL ADDRESS** Dennis.Rice@HMSANET.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

OTHER CITY-OWNED PROPERTY PARCELS OWN LEASE

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME ADDRESS OWN LEASE

CITY/STATE/ZIP

PHONE NUMBER DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER **EMAIL ADDRESS**

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS

Annette Smith MAY 06 2015 AUG 31 2015

SIGNATURE DATE CLEARANCE VALID UNTIL

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

(Application for Clearance – Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of Health Management Inc.- DBA Health Management Systems of America, (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) 49683

Duration of Covenant Life of the Contract to _____

Printed Name of Contractor/Organization Health Management Inc. DBA- Health Management Systems of America
(Type or Print Legibly)

Contractor Address 601 Washington Blvd. Detroit (City), Michigan (State), 48226-3130 (Zip)

Contractor Phone/E-mail (313) 964-3100 (Phone) / dennis.rice@hmsanet.com (E-mail)

Printed Name & Title of Authorized Representative Dennis Rice, President

Signature of Authorized Representative: [signature]

Date: 1/5/15

***** This document MUST be notarized *****

Signature of Notary: [signature]

Printed Name of Seal of Notary: Sidney Ireson

My Commission Expires: 02/20/2019

SIDNEY IRESON
Notary Public - Michigan
Macomb County
My Commission Expires Feb 20, 2019
Acting in the County of WAYNE

[redacted]

[redacted]

HEAL782 OP ID: DC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/06/2015

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
George B. Ford Agency, Inc.
39500 High Pointe Blvd #400
Novi, MI 48375
Mark Churella, Jr.

CONTACT NAME: Mark Churella, Jr.
PHONE (A/C, No, Ext): 248-348-8200 FAX (A/C, No): 248-675-2218
E-MAIL ADDRESS: mchurella@fdigroup.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Citizens Insurance Company	31534
INSURER B : Travelers Indemnity Company	
INSURER C : Lloyds of London	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Health Mgt. Systems of America
601 Washington Blvd.
Detroit, MI 48226

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR	X		RHB9195129 03	06/30/2014	06/30/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
A	X Prof Liability			RHB9195129 03	06/30/2015	06/30/2015	MED EXP (Any one person)	$ 5,000
C	X Cyber Liability			ESD01103531	12/30/2014	12/30/2015	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						Cyber Cov	$ 5,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS			RHB9195129 03	06/30/2014	06/30/2015	BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE			UHB9195178	06/30/2014	06/30/2015	AGGREGATE	$ 10,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N						X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NH)			IAUB1B23744614	06/30/2014	06/30/2015	E.L. EACH ACCIDENT	$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
B	Crime/Fidelity			105575811	06/30/2014	06/30/2015	Emp Theft	1,000,000
B	Fiduciary/ERISA			105575811	06/30/2014	06/30/2015	ERISA/Bid	1,000,000

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

Massachusetts Development Finance Agency, its successors and/or assigns, as their interests may appear, is Additional Insured under the General Liability policy as per the terms of the written contract.

CERTIFICATE HOLDER

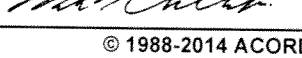
MASSDEV

Massachusetts Development
Finance Agency
99 High Street, 11th Floor
Boston, MA 02110

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



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Hiring Policy Compliance Affidavit

I, Dennis Rice, being duly sworn, state that I am the

President (Title) of Health Management Inc. DBA- Health Management Systems of America (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,

Title: President Date: 1/5/15

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 5th day of Jan, 2015, by Dennis E. Rice.

Notary Public, County of Macomb

State of Michigan

My commission expires: 02/20/2019 2019

(a)

Acting in the County of Wayne

SIDNEY IRESON
Notary Public - Michigan
Macomb County
My Commission Expires Feb 20, 2019
Acting in the County of WAYNE

HMSA HEALTH MANAGEMENT SYSTEMS OF AMERICA

Application for Employment

Health Management Systems of America, Inc.

To be filled out by Human Resources

Location _____ First Pay Date ____/____/_____

Department_____ Job Function _____ Hire Date ____/____/_____

Pay Rate _____ First Day Worked ____/____/_____

Pay Type Hourly Salary Commission Full-Time Part-Time Temporary

Position Applied for _____ Date of Application _____/___/_____

Name _____ Telephone No. (_____)_____

Last First MI

Street Address _____

City State Zip code

If you are under the age of 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in the United States? Yes No

Date available for work:_____/_____/_____

Driver's license number if driving is an essential job function_____State_____

Employment History

PROVIDE THE FOLLOWING INFORMATION FOR YOUR LAST THREE(3) PAST EMPLOYERS STARTING WITH THE MOST RECENT

Dates Employed	Employer	Telephone Number
Job Title	Employer's Address, City, State, Zip Code	
Supervisor	Nature of Work and Job Responsibilities	
Reason for Leaving		May we contact for reference Yes No Later
Starting Rate	Final Rate	Comments

Dates Employed	Employer	Telephone Number
Job Title	Employer's Address, City, State, Zip Code	
Supervisor	Nature of Work and Job Responsibilities	
Reason for Leaving		May we contact for reference Yes No Later
Starting Rate	Final Rate	Comments

Dates Employed	Employer	Telephone Number
Job Title	Employer's Address, City, State, Zip Code	
Supervisor	Nature of Work and Job Responsibilities	
Reason for Leaving		May we contact for reference Yes No Later
Starting Rate	Final Rate	Comments

Educational Background

	Name and Location	Number of Years Completed	Did you Graduate?
High School			
College			
Other			

Additional Skills and Qualifications

Summarize any training, skills, licenses, and/or certifications that you have received in addition to your education

References

Name	Telephone Number	# of Years known
	( ) -	
	( ) -	
	( ) -	

Applicant Statement

I certify the information provided in this application is true and correct to the best of my knowledge. If employed, any mis-statement or omission of fact on this application may result in my dismissal.

I understand acceptance of an offer of employment does not create a contractual obligation or contract to continue my employment in the future.

I understand if Health Management Systems of America, Inc. decides to engage an investigative consumer reporting agency on my credit and personal history, I hereby authorize this engagement. If a report is obtained, HMSA must provide, at my request, the name of the reporting agency. I may obtain from the reporting agency, the nature and substance of the information contained in the report.

I acknowledge, if at any time during my employment I am subjected to any type of harassment, including sexual harassment, I agree to immediately contact the Human Resource Department or my supervisor in order to obtain assistance in the resolution of such matters.

I understand that I am employed at the mutual consent of myself and HMSA. Consequently, I have the right to terminate my employment at any time, for any reason, with or without cause, and HMSA reserves the same right. The relationship is defined as "Employment At Will."

I shall report all work-related injuries and/or sicknesses that occur while on my work assignment to HMSA within 24 hours of the incident. I understand all administration and/or payment of any claims will be provided by HMSA's Workers' Compensation carrier. I also hold harmless HMSA from any claim that may arise. I voluntarily acknowledge the exclusive remedy will be under HMSA's Workers' Compensation policy.

I understand this agreement is for the benefit of Health Management Systems of America, Inc. (HMSA)

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENT

I certify I have read the agreement statement of this application.

Applicant Signature_____ Date _____/_____/_____

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Health Management Inc. DBA- Health Management Systems of America

2. Address of Contractor: 601 Washington Blvd.
Detroit, MI 48226-3130

3. Name of Predecessor Entities (if any): None

4. Prior Affidavit submission? ____ No ✓ Yes, on: Uncertain
(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 1986 (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.

Dennis Rice (Printed Name) President (Title)

(Signature) 1/5/15 (Date)

Subscribed and sworn to before me
this 5 day of January 2015

Notary Public, Wayne County, Michigan
My Commission expires: 02-20-2019
Acting in the county of Wayne

View assistance for Search Results

Search Results

Current Search Terms: health* management* systems* OF america*

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

No records found for current search.

Glossary

Search Results

Entity

Exclusion

Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.27.20150327-1711

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

Workflow Profile

Workflows

Active Workflows | Completed Workflows | Documents

Browse Workflows | Documents | Close Workflow

Workflow : Contract Workflow for < $25,000 - Workflow Owner : Gaines, Yolanda

Step	Step Name	C	Completed On	Completed By	Duration	Owner	
1	Is this an emergency purchase?	...	08/11/2015 08:44:57	Gaines, Yolanda	Less than 1 minute	Gaines, Yolanda	
~~2~~	~~Upload emergency purchase documents~~	...	-	-	-	~~Gaines, Yolanda~~	-
3	Is this a sole source purchase?	...	08/11/2015 08:45:09	Gaines, Yolanda	Less than 1 minute	Gaines, Yolanda	
~~4~~	~~Confirm upload of signed sole source justification~~	...	-	-	-	~~Gaines, Yolanda~~	-
5	Confirm Vendor Signature	...	08/11/2015 08:45:19	Gaines, Yolanda	Less than 1 minute	Gaines, Yolanda	
6	Did this contract originate as a RFQ?	...	08/11/2015 08:45:38	Gaines, Yolanda	Less than 1 minute	Gaines, Yolanda	
7	Confirm Requesting Department Signature	...	08/11/2015 08:46:00	Gaines, Yolanda	Less than 1 minute	Gaines, Yolanda	
8	Does Budget need to approve?	...	08/11/2015 08:46:10	Gaines, Yolanda	Less than 1 minute	Gaines, Yolanda	
9	Budget admin initiates workflow	...	08/11/2015 11:02:22	Johnson, Alicia	2 hours 16 minutes	Johnson, Alicia	
10	Budget completes workflow	...	08/13/2015 07:57:39	Johnson, Alicia	1 day 20 hours 55 minu...	Johnson, Alicia	
11	Grant Funded?	...	08/14/2015 15:26:47	Gaines, Yolanda	1 day 7 hours 29 minutes	Gaines, Yolanda	
~~12~~	~~OGM AD Reviews~~	...	-	-	-	~~Russell, Kellie~~	-
~~13~~	~~OGM Director Approves~~	...	-	-	-	~~Russell, Kellie~~	-

APR 30 2015

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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

A.

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

Phone: (313) 224-3328 or224-3329
Fax: (313) 224-4588

For:
Individual or
Company Name Health Management Systems
Address 601 Washington

City Detroit
State MI Zip Code 48226
Telephone (313) 964-3100 Fax # (313) 964-3161
E-mail Address Dennis.Rice@HMSADenet.com

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

Telephone # (313) 964-3100
Fax # (313) 964-3161

Employer Identification or Social Security Number
38-2686158

Spouse Social Security Number

Nature of Contract Employee Assistance 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 & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years? (If yes, incude spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent o n someone else's tax return? ☐ Yes ☐ No
3. Were you employed in the City of Detroit durnig 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 LUCRETIA JENNINGS INCOME TAX INVESTIGATOR Date MAY 02 2015 Expires MAY 02 2016

☐ Yes ☐ No Signature _____ Date _____ Expires _____

☐ Yes ☐ No Signature _____ Date _____ Expires _____

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

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

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMi.gov

SECTION A: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING& DEVELOPMENT POLICE PURCHASING RECREATION WATER & SEWAGE OTHER

ADDRESS OF DEPARTMENT OCP

DATE SENT 8/24/15 CONTACT PERSON L. Gaines

PHONE NUMBER 224-4612 FAX NUMBER 628-1160 EMAIL gainesy@detroitmi.gov

CONTRACT AMOUNT $ 356,400

SECTION B: CORPORATION LICENSE TYPE

CORPORATION NAME Health Management Systems Inc

ADDRESS 661 Washington CITY/STATE/ZIP Det. mi 48226 (OWN) LEASE

CITY PERSONAL PROPERTY NUMBER 02990078.00 **FID / EIN NUMBER** 38-2846158

OTHER CITY-OWNED PROPERTY PARCELS ~~02990078.00~~

CONTACT PERSON Dennis Rice PHONE NUMBER 964-3100 **EMAIL ADDRESS** dennis.rice@hmsamer.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 ADDDRESS 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

Annette Smith SEP 17 2015 CLEARANCE VALID UNTIL JAN 15 2016

SIGNATURE DATE

HEAL782 OP ID: DC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/24/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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 George B. Ford Agency, Inc. 39500 High Pointe Blvd #400 Novi, MI 48375 Mark Churella, Jr.	CONTACT NAME: Debbie Floyd-Snoek PHONE (A/C, No, Ext): 248-348-8200 FAX (A/C, No): 248-675-2218 E-MAIL ADDRESS: certificates@fdigroup.com
INSURED Health Mgt. Systems of America 601 Washington Blvd. Detroit, MI 48226	INSURER(S) AFFORDING COVERAGE — NAIC # INSURER A : Citizens Insurance Company — 31534 INSURER B : The Travelers Indemnity Co. — 25658 INSURER C : Lloyds of London INSURER D : INSURER E : INSURER F :

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR			RHB9195129 04	06/30/2015	06/30/2016	DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
A	X Prof Liability			RHB9195129 04	06/30/2015	06/30/2016	MED EXP (Any one person)	$ 10,000
C	X Cyber Liability			ESD01103531	12/30/2014	12/30/2015	PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER:						Cyber Cov	$ 5,000,000
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO			RHB9195129 04	06/30/2015	06/30/2016	BODILY INJURY (Per person)	$
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS / X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
A	UMBRELLA LIAB X OCCUR			UHB9195178 04	06/30/2015	06/30/2016	EACH OCCURRENCE	$ 10,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 10,000,000
	DED X RETENTION $ 0							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N			ITMUB1B23744615	06/30/2015	06/30/2016	X PER STATUTE / OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT	$ 500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 500,000
							E.L. DISEASE - POLICY LIMIT	$ 500,000
B	Crime/Fidelity			105575811	06/30/2015	06/30/2016	Emp Theft	1,000,000
B	Fiduciary/ERISA			105575811	06/30/2015	06/30/2016	ERISA/Fid	1,000,000

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

City of Detroit is Additional Insured with respect to General Liability for named insured.

CERTIFICATE HOLDER

CITYDPL

City of Detroit
65 Cadillac Square Ste.1700
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

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