

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER 01

STANDARD PO NUMBER 2893574

CONTRACT PO NUMBER 2893571

Finance 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/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON SHIRLEY WALKER	PHONE NO. 313-224-9948
CONTRACTOR'S NAME: DETROIT RESCUE MISSION MINISTRIES - WARMING CENTER			DATE PREPARED 10/23/14
CONTRACTOR'S ADDRESS: 150 STIMSON STREET Detroit, MI 48201		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$207,000.00 TOTAL CPO AMOUNT \$207,000.00 CHANGE AMOUNT \$100,000.00	
PHONE NO: 313-993-4700		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER: 38-1459371		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PROVIDE EMERGENCY SHELTER SERVICES TO THE HOMELESS.			
CHARGE ACCOUNT: 2002 -361508-000000-651147- 13340-000000- A3120			

REVISION

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT	
	AUTHORIZED DEPARTMENT REPRESENTATIVE	
JAN 07 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JAN 09 2015
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL  GRANT ACCOUNTANT	2/19/15
JAN 09 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	1/9/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	1/12/15
	 PURCHASING DIRECTOR	

RECEIVED
 PURCHASING DIVISION
 JAN 09 2015

CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION

15 JAN 12 PM 3:12

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE _____

CONTRACTS SECTION
 LAW DEPARTMENT
 Use Only One Set For Each Contract Package

FEB 10 2015

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2893571**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this ____ day of _____, 2014, between **Detroit Rescue Mission Ministries- Warming Center.**, the "Subrecipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to Agreement **CPO No. 2893571**, dated **July 3, 2014**, between the Subrecipient and the City (herein called the "Agreement"):

WITNESSETH:

WHEREAS, the Subrecipient and the City did heretofore enter into the Agreement to provide Homeless Public Services to residents of the City of Detroit; and

WHEREAS, said Agreement can be modified pursuant to Article 13 thereof; and

WHEREAS, the term of the Agreement is from **November 1, 2013 through December 31, 2015**; and

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **twelve (12) months up to and including December 31, 2016**;

NOW, THEREFORE, in consideration of the premises, the mutual undertakings and benefits to accrue to the parties and to the public, the parties hereto agree that this Agreement is amended in the following manner:

That Article 3.01 which reads:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be **from November 1, 2013 through December 31, 2015**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

Is Amended to read:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be from **November 1, 2013 through December 31, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED SEVEN THOUSAND (\$107,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **TWO HUNDRED SEVEN THOUSAND (\$207,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

That all other terms and conditions and covenants of the Agreement shall remain in full force and effect as set forth therein; and

In the event of any conflict, inconsistency or incongruity between the provisions of this Amendment and any of the provisions of the Agreement, the provisions of this Amendment shall in all respects govern and control.

Resolution of Corporate Authority

I, Randall A. Pentiuk, Chairperson of the Detroit Rescue Mission Ministries, a Michigan 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 (date), and that the same is now in full force and effect:

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

I FURTHER CERTIFY that Dr. Chad Audi, is President/CEO and

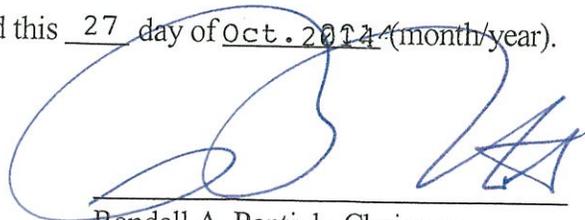
Randall A. Pentiuk, Chairman of the Board, and acting Treasurer

Dr. Luke Elliot is Vice Chairman, and

Nina Simone Caudle, is Secretary

I FURTHER CERTIFY that any of the aforementioned officers of the Corporation are authorized to execute or guarantee and commit the Corporation to the conditions, obligations, stipulations, and undertakings contained in the Agreement between the City of Detroit, Wayne County, the State of Michigan or the U.S. federal government and the Detroit Rescue Mission Ministries entered into for the purpose of providing services to the homeless or addicted for the period of 01/01/2014 (month/year) and 12/31/2015 (month/year) and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 27 day of Oct. 2014 (month/year).



Randall A. Pentiuk, Chairman
Board of Directors

EXHIBIT A

SCOPE OF SERVICES

Detroit Rescue Mission Ministries, Detroit Rescue Mission WARMING CENTER PROGRAM

NOF Funding October 1, 2013 to December 31, 2014

During the term of this Agreement, the Subrecipient, **Detroit Rescue Mission Ministries (Detroit Rescue Mission)** shall provide public service homeless activities herein called the "Project" or the "Services", in order to provide **Homeless Public Service** for persons who are residents of the City of Detroit.

1. GENERAL REQUIREMENTS

The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved by the City in writing.

Services shall be public and be provided to Detroit residents. No excessive fees shall be charged nor "donations" for project services be requested which would preclude lower income persons from gaining access to, or participating in, the project Services hereunder.

Though public services hereunder may be targeted to a particular subpopulation or problem area, the Subrecipient must abide by the provisions of Article 12 (compliance with Laws and Security Regulations and Article 15 (Fair Employment practices and nondiscrimination Requirements) of this Agreement. Therefore the Subrecipient, in the provision of public Services hereunder, shall not discriminate against any otherwise qualified person applying for the public Services, nor give preference to persons, nor limit provision of services to persons based solely on factors of race, ethnicity gender, age, handicap, disability, sexual orientation or religion.

2. CDBG NATIONAL OBJECTIVE CRITERIA

This Project will meet the Community Development Block Grant national objectives in the following way:

B.2. Formally limiting clientele exclusively to low and moderate income persons. (100% must be of low or moderate income)

B. 3 Formally Limited (100%) Clientele – PRESUMPTIVE BENEFIT CATEGORIES

The Subrecipient will gather and maintain records with appropriate information to show that 100 % of clients meet HUD guidelines that specify the subpopulation(s) below as being presumed to be primarily low to moderate income persons:

_____ Senior Citizens

_____ Handicapped

100% Homeless

_____ Abused Children

_____ Battered Spouses

_____ Illiterate Persons

_____ Migrant Farm Workers

_____ Persons Living with AIDS

The Subrecipient shall make and maintain such data and records as required by the City and as necessary for the reports required in Exhibit E and F hereof. Such records shall identify project participants and/or beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quantity or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. The Subrecipient shall maintain all records taking care to treat participant personal or income information with due respect for confidentiality.

3. SERVICES TO BE PERFORMED (page 14 of application)

During the term of this Agreement, the Subrecipient shall perform a needs assessment to determine services to be provided to homeless individuals during their stay in the warming center;

The categories or types of activities to be provided and the nature of each activity:

The Detroit Rescue Mission will, between Dec 1, 2014 and Dec. 31, 2015, serve 350 homeless men in its warming center by offering one or more of the following units of service:

- 1) **Warming Center** : One client sheltered for a day and/or night (*8,940 days of service*)
- 2) **Meals**: One prepared or packaged meal which meets minimum RDA requirements and contains protein, bread, milk and fruit/vegetable (*8,940 meals minimum*)
- 3) **Resident Supervision**: One hour of direct on-site supervision and support by Resident Services Specialists (regardless of # of residents or guests assisted) 24 hours per day for 180 days per year (*4,320 hours per year*)

NATURE OF EACH ACTIVITY, WHAT WILL BE LEARNED OR PERFORMED OR OTHERWISE DONE AND ANY OTHER PERTINENT FACTOR ABOUT THE SERVICE.

The Detroit Rescue Mission is located in Detroit's Cass Corridor at 3535 Third Avenue. Support services are offered at 3607 Third Avenue. Services are provided primarily to Detroit residents who either walk in or are referred.

The Detroit Rescue Mission provides overnight, short term shelter services for transient, homeless men. There are 70 beds available for the shelter program. This warming center grant will provide extended hours of service (from 7 a.m. to 8 p.m. for guests who are in need of warming center services during the day and to provide additional beds for overnight guests who cannot be accommodated in the shelter

Detroit Rescue Mission Warming Center

program. The shelter is open all year, seven days per week. In addition to shelter, residents receive 3 meals per day, clothing, access to the medical clinic, bus tickets, transportation and referrals. We also operate a transitional housing program out of this facility and encourage shelter and warming center guests to apply.

Client outreach and recruitment:

Detroit Rescue Mission will be marketed through Partnership for a Drug-Free Detroit, the Homeless Action Network of Detroit, the Institute of Population Health, community forums, and other non-profit agencies. We also take referrals from homeless referral phone lines and the Southwest Housing Solutions Coordinated Access program.

Assessments for our homeless programs rely on verbal assessment, need determination made by the referral source, and disclosure of the client. The Detroit Rescue Mission overnight shelter serves only men.

DESCRIBE WHO AND HOW MANY PEOPLE WILL PROVIDE THE SERVICES; WHAT ARE THE JOB DUTIES. Who will provide the service?

Building Director (1)

Food Service Specialists (3)

Food Service Supervisor (1)

Maintenance Specialist (1)

Resident Specialists (3)

Resident Specialist Supervisor(1)

Shelter/Warming Center Case manager (1)

Utilization and Evaluation Coordinator (1)

DESCRIBE IN DETAIL WHO THE CLIENTELE ARE

The Detroit Rescue Mission emergency and transitional housing programs serve exclusively homeless adult men, ages 18 on up. Of the men served in 2011: 89% abused drugs; 41% abused alcohol; and 16% suffered from mental illness. 85% were over 35 years old; 90% were African American.

DESCRIBE WHAT OUTCOMES ARE EXPECTED AND WHAT BENEFITS THE CLIENTS WILL DERIVE.

The need addressed by Detroit Rescue Mission Emergency Shelter and Warming Center is to offer homeless men, women and children a safe place to find respite from the harsh outdoor environment. They will be provided: space to come in and warm up and to rest, food to keep them nourished; clothing to keep them warm and linkage to community resources to end their homelessness. The hoped-for outcome is that their physical, mental, emotional and spiritual foundation will be given a chance to be fostered and set them on their journey to self-sufficiency. We plan to use the warming center to serve men, women and children during inclement weather, including the 100 area participants who currently participate in our evening feeding program but do not avail themselves of shelter services.

4. PERSONNEL

The services shall be performed by qualified personnel. Personnel performing trades, professional, health or food services, as applicable, shall maintain the appropriate permits, license or other credentials as may be required by State or local law. Job descriptions and credentials for all personnel providing Services hereunder shall be kept on file by the Subrecipient and shall be available for review by the City.

Classifications of Staff funded by the NOF Budget:

Building Director (1)

Food Service Specialists (3)

Food Service Supervisor (1)

Maintenance Specialist (1)

Resident Specialists (3)

Resident Specialist Supervisor(1)

Shelter/Warming Center Case manager (1)

Utilization and Evaluation Coordinator (1)

Independent Contractors:

None.

5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE

A) Address of all sites from which project activities will be based, specifically identify the site of the project administrative office.

The Detroit Rescue Mission is located in Detroit's Cass Corridor at 3535 Third Avenue, Detroit MI 48201. Support services are offered at 3607 Third Avenue, Detroit MI 48201. The Detroit Rescue Mission Ministries administrative offices are located at 150 Stimson Street, Detroit MI 48201.

B) Provide the service area of the project, i.e., City-wide; specific area or neighborhood boundaries where the program will operate and accept clientele from or other such information.

Services are provided primarily to Detroit residents who either walk in or are referred.

C) Specify the days of the week and hours the project will operate, as applicable for each location.

DRM is open 7 days per week, 24-hours a day, and every day of the year.

To the extent possible, the Subrecipient shall provide a safe and healthy environment for Project activities hereunder. All applicable occupancy permits, fire inspection reports, elevator inspection reports, and/or other building or health code permits, licenses and certificates shall be posted in a conspicuous place on the Subrecipient's premises which constitute a base of operations for Project Services.

6. PERFORMANCE SCHEDULE

During the term of this Agreement the Subrecipient shall, at a minimum, provide

22,200 service units to a minimum of 350 persons. On a monthly basis, the Subrecipient shall strive to meet the goal of providing 3,700 units of project services to an average of 60 unduplicated persons.

A unit of service is defined as one of the below:

Description of Unit of service	<i>Measure</i>	Number projected with requested CDBG funds	Monthly Number projected with CDBG Funds
Warming Center Services	One warming center guest sheltered for a day and/or night (minimum of 4 hours per individual)	8,940	1,490
Meals	One nutritious well-balanced meal	8,940	1,490
Guest Services Staffing	One hour of direct on-site supervision and support by Resident Services Specialists (regardless of # of residents or guests assisted) 24 hours per day	4,320	720
		22,200	3,700

In the standard paragraph above total all services and estimated number of persons/households or families to be served.

7. ANNUAL MEASURABLE PROJECT OUTCOME

The overall goal of this project is to accomplish the following measurable annual outcome:

By providing a full-service shelter that operates 24 hours per day, 365 days out of the year, we will create suitable shelter living environments for homeless men to help them stabilize physically and mentally and help them link to community resources that will lead to permanent housing.

Exhibit B

Sample Scope of Services

Detroit Rescue Mission Ministries' xx project

City of Detroit Emergency Shelter Grant

FY 2014-2015

	Amount of Other Funding	Amount from 2013-2014 ESG Grant Request	Totals
Warming Center Operations			
Food	\$ 13,063	\$ 13,063	\$ 26,126
Insurance	548	548	1,096
Maintenance	12,586	12,586	25,172
Security	59,515	59,515	119,030
Supplies	6,056	6,056	12,212
Utilities	7,406	7,406	14,812
HAND assessment	3,003	826	3,829
Total Operations	\$ 102,177	\$ 100,000	\$ 202,277

<u>DRMM Line Item/Position Title</u>	<u>Calculations</u>	<u>ESG Warming Ctr</u>	<u>ESG Shelter</u>	<u>Salv Army 2015</u>	<u>Combined Funding</u>
CASE MANAGEMENT					
Utilization & Evaluation Coordinator	\$13 per hr. /50% FTE	0	0	13,520	13,520
Emergency Shelter Case Manager	\$13 per Hr. 100% FTE	0	13,520	13,520	27,040
<i>Subtotal Case Mgt Staff</i>		0	13,520	27,040	40,560
FICA	0.0765 gross	0	1,034	2,069	3,103
Health Insurance	15.70%	0	2,123	4,245	6,368
Life Insurance	0.00%	0	41	81	122
Vision and Dental Insurance	0.01%	0	135	271	406
Worker's Compensation Insurance	2%	0	270	541	811
Employee Drug Screens	\$9 per FTE	0	13	13	26
Employee 403B Match.	\$250 per FTE employee	0	375	375	750
<i>Subtotal Employee Benefits</i>		0	3,991	7,594	11,585
Grand Total Case Management		0	17,511	34,634	52,145
CLIENT SPECIFIC ASSISTANCE					
Client Needs Medical		0	100	0	100
Client Transportation Bus Vouchers et al		0	2,800	0	2,800

Grand Total Security 59,515 47,044 132,206 238,765

SUPPLIES

Supplies - Janitorial Facility Supplies	\$1,111 mo.	1,343	1,800	757	3,900
Supplies - Minor Equipment Purchases Equipment under 300 , Fans, chairs,	\$702 mo.	755	1,000	375	2,130
Supplies - Office/Postage	\$256 mo.	70	30	100	200

DRMM Line Item/Position Title	Calculations	ESG Warm'g Ctr	ESG Shelter	Salv Army 2015	Combined Funding
Supplies/program furnishings donated	\$610 mo.	2,595	0	4,725	7,320
Supplies/Program: Replacement, beds dressers, mattresses etc.	\$200 mo	851	0	1,549	2,400

Supplies - Equip Rental & Repair: Copier Rental and Repair & Printing (\$125 per mo./\$1,500) & Ryder Truck Rental at 3% of \$5,500 per mo.

443 475 332 1,250

Grand Total Supplies 6,056 3,305 7,839 17,200

UTILITIES

Telephone (\$600 MO.)	877	940	4,861	6,678
Utility Services (\$5,040 MO.)	6,529	7,422	4,049	18,000

Grand Total Utilities 7,406 8,362 8,910 24,678

MISCELLANEOUS

IT Repairs and Services	0	0	240	240
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Payroll and Accounting	\$30 per employee * 28	0	0	840	840
Homeless Action Network Assessment		826	0	1,923	2,749
Grand Total Miscellaneous		826	0	3,003	3,829
GRAND TOTAL		100,000	100,000	343,103	543,103

Director of Operations	\$33.65 per hour * 5% fte	0	0	1,400	1,400
Building Director	\$19.23 * 40 * 52	7,182	5,600	15,217	27,999
Facility Supervisor	\$18.03 * 40 * 52	6,611	5,250	14,391	26,252
Senior Resident Specialist/Security	\$11.50 * 40 * 52	9,193	7,300	20,009	36,502
Resident Specialist/Security	\$10.00 * 40 * 52	3,667	2,912	7,981	14,560
Resident Specialist/Security	\$9.50 * 40 * 52	3,484	2,766	7,582	13,832
Resident Specialist/Security	\$9.25 * 40 * 52* 10	16,761	13,310	36,479	66,550
Subtotal Resident Management		46,897	37,139	103,059	187,095
SUBTOTAL FICA		0.0765	3,587	2,841	7,885
Health Insurance	15.70%	7,363	5,831	16,180	29,374
Life Insurance	0.00%	141	111	309	561
Vision and Dental Insurance	0.01%	403	319	887	1,609
Worker's Compensation Insurance	2%	938	743	2,061	3,742
Employee Drug Screens	\$9 per FTE	2	2	63	67
Employee 403B Match.	\$250 per FTE employee	53	57	1,754	1,864
Subtotal Employee Benefits		12,488	9,905	29,137	51,530
Alarm/Security Service	\$40 per mo. x 12	131	0	9	140

Food Purchases \$5,203 mo. 13,063 14,005 942 28,010

Grand Total Food 13,063 14,005 100,797 127,865

INSURANCE Total Gen. Liability \$400 mo 548 588 1,852 2,988

MAINTENANCE

*Maintenance Specialist \$20.00 per hr * 40 h/wk * 52* 0 0 41,184 41,184

FICA 0.0765 0 0 4,432 4,432

Health Insurance 15.70% 0 0 8,927 8,927

Life Insurance 0.00% 0 0 171 171

Vision and Dental Insurance 0.01% 0 0 489 489

Worker's Compensation Insurance 2% 0 0 1,159 1,159

Employee Drug Screens \$9 per FTE 0 0 21 21

Employee 403B Match. \$250 per FTE employee 0 0 572 572

Subtotal Employee Benefits 0 0 11,338 11,338

Licenses & Permits 425 mo. 2,719 800 598 4,117

Pest Control Exterminator \$ 20 per mo.*12 158 40 42 240

Repairs & Maint. - Bldg & Equip \$2,460 per mo.*12 9,709 4,845 700 15,254

Grand Total Maintenance & Repair 12,586 5,685 53,862 72,133

DRMM Line Item/Position Title Calculations ESG Warm'g Ctr ESG Shelter Salv Army 2015 Combined Funding.

SECURITY

Client Specific Assistance Other	0	600	0	600
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Grand Total Client Specific Asst.	0	3,500	0	3,500
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FOOD SERVICE

Food Service Supervisor	\$10 per Hr. * 1 FTE	0	0	20,176	20,176
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Food Service Specialist	\$9.25 per Hr. * 1 FTE	0	0	15,969	15,969
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Warehouse Specialist .03 FTE	\$11 per hour * 3% Fte	0	0	686	686
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Subtotal Food Service Staff		0	0	36,831	36,831
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FICA	0.0765 gross	0	0	2,818	2,818
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<u>DRMM Line Item/Position Title</u>	<u>Calculations</u>	<u>ESG Warm & Cr.</u>	<u>ESG Shelter</u>	<u>Salv Army 2015</u>	<u>Combined Funding</u>
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Health Insurance	15.70%	0	0	5,782	5,782
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Life Insurance	0.00%	0	0	110	110
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Vision and Dental Insurance	0.01%	0	0	317	317
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Worker's Compensation Insurance	2%	0	0	737	737
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Employee Drug Screens	\$9 per FTE	0	0	16	16
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Employee 403B Match.	\$250 per FTE employee	0	0	458	458
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Subtotal Employee Benefits		0	0	10,238	10,238
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Food Product	26,347 lbs x 23% x \$1.60 per LB.	0	0	52,786	52,786
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EXHIBIT N

CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY EXCLUSION LOWER TIER COVERED TRANSACTIONS

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, principal proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant further agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines, the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

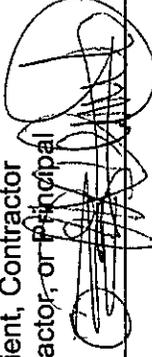
Subrecipient, Contractor
Subcontractor, or Principal
By:  _____
Its: Owner
Date: 04/28/2014

Exhibit O

Certification Regarding Lobbying

The undersigned certifies, to the best of his knowledge or belief, that:

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Subrecipient Organization Name: Detroit Rescue Mission Ministries
Authorized Representative's Signature: 

Printed Name: Chad Audi

Title: CEO & President

Date: 4/25/14

Detroit City Council
Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter
DATE: February 11, 2015

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

There were no contracts approved at the February 3, 2015 Session requested to be Reconsidered.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 10, 2015 and **APPROVED***

Reported by the Budget, Finance and Audit Committee:

No Contracts Reported

Reported by the Internal Operations Committee:

2877416,Chg.	Computech Corporation	+ \$1,015,562.67 to \$2,700,562.67	HUM.RESOURCE
	Submitted in the List and Referred January 13, 2015.		
2877420,Chg.	FutureNet Group	+ \$1,117,011.10 to \$2,802,011.10	HUM.RESOURCE
	Submitted in the List and Referred January 13, 2015.		
2903277	American Society of Employers	\$10,270	HUMAN RESOURCES
	Submitted in the List and Referred January 27, 2015.		
2903278	Magnet Consulting	\$373,830	HUMAN RESOURCES
	Submitted in the List and Referred January 20, 2015.		
2903279	Polaris Assessment Systems	\$227,997	HUMAN RESOURCES
	Submitted in the List and Referred January 20, 2015.		
2903280	Right Management	\$405,000	HUMAN RESOURCES
	Submitted in the List and Referred January 20, 2015.		
86805,Amend.	Karriem M. Holman (Sheffield)	+ \$8,239.76 to \$49,999.76	CITY COUNCIL
	Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with WAIVER .		
87066	Mary L. Turner (Castaneda-Lopez)	\$7,800	CITY COUNCIL
	Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with WAIVER .		

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of February 10, 2015

Page 2

The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 10, 2015 and **APPROVED**

Reported by the Internal Operations Committee: - continued

87071	Ronnie D. Mixon (Benson)	\$4,800	CITY COUNCIL
Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with <i>WAIVER</i> .			
87074	Sidney Bass III (Cushingberry)	\$5,808	CITY COUNCIL
Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with <i>WAIVER</i> .			

Reported by the Neighborhood and Community Services Committee:

No Contracts Reported

Reported by the Planning and Economic Development Committee:

2893571,Amend.	Detroit Rescue Mission	+ \$100,000 to \$207,000	PLAN & DEVELOPT.
Submitted in the List and Referred February 3, 2015; Approved with <i>WAIVER</i> .			
2893809	Cass Comm. Social Services	+ \$85,000 to \$185,000	PLAN & DEVELOPT.
Submitted in the List and Referred February 3, 2015; Approved with <i>WAIVER</i> .			
2893819	Operation Get Down	+ \$150,000 to \$350,000	PLAN & DEVELOPT.
Submitted in the List and Referred February 3, 2015; Approved with <i>WAIVER</i> .			

Reported by the Public Health and Safety Committee:

2902527,Lease	Boulevard Holdings (2875 W.Grand Blvd.	\$2,727,752	POLICE
Walked on to Committee Meeting of Jan. 27, 2015; Moved to New Business; Brought Back 1 Week.			
2902650	Moms and Babes Too	\$1,815,996	HEALTH & WELLNESS
Submitted in the List and Referred Feb. 3, 2015; Moved to New Business; Approved with <i>WAIVER</i> .			
2903020	Comm. Health and Social Services	\$254,845	HEALTH & WELLNESS
Submitted in the List and Referred Feb. 3, 2015; Moved to New Business; Approved with <i>WAIVER</i> .			
2903113	Arab Amer. & Chaldean Cncl Center	\$1,051,409	HEALTH & WELLNESS
Submitted in the List and Referred Feb. 3, 2015; Moved to New Business; Approved with <i>WAIVER</i> .			

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of February 3, 2015

Page 3

*The following contracts were **REFERRED** on February 10, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee:

No Contracts Referred

Referred to Internal Operations Committee:

2897312	Tree Man Services	GENERAL SERVICES
87067	James Edwards	LAW
87062	Sarah Domin	LAW

Referred to Neighborhood and Community Services Committee:

No Contracts Referred

Referred to Planning and Economic Development Committee:

No Contracts Referred

Referred to Public Health and Safety Committee:

2901465	Mich. State Firemen's Assoc.	FIRE
2898252,Amend.1	Southeast MI Health Assoc.	HEALTH & WELLNESS

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of February 10, 2015

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

Public Health and Safety Committee

2901532	Detroit Building Authority (St. Maint.Build.)	\$4,500,000	PUBLIC WORKS
	Submitted in the List and Referred January 13, 2015; Approved in Committee 2-9-15.		
2848560,Increase	AON Risk Services	+\$60,000 to \$376,176	MUNIC PARKING
	Submitted in the List and Referred February 3, 2015.		

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: October 23, 2014 Department: Planning and Development

Dept Head/Contact Person: Shirley Walker Phone No.: 313-224-9948

Description: Emergency Solution Grant Contract No.: 2893571 PO Type: Prof Svc - CPO Est. Value: \$ _____

Contract Term (if applicable): November 1, 2013 to December 31, 2016

Funding: City _____% State _____% Federal 100% Other: _____ %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: _____ Required Date: _____

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

If "Yes" please explain why: HUD funding to help the Homeless of the City of Detroit.

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? (10%) 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 NEW CONTRACT
If #6 is a renewal provide justification for renewal: _____

If #6 is a increase/decrease does this represent:

- 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)

01/11/12

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: Shirley Walker DATE: October 23, 2014

INFORMATION PROVIDED BY: Shirley Walker
TITLE: Principal Development Specialist
PHONE NO.: 313-224-9948

Name of Reviewer/Affiliate Organization:

Proposal#: 13 Date Reviewed: 9-24-14

Applicant Agency:	<u>DRMM - W.C.</u>	Total Points Scored:	<u>98</u> 100
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<ol style="list-style-type: none">1. <input checked="" type="checkbox"/> A private corporation organized under state and local law that has a current tax exemption ruling from the Internal Revenue Service with a voluntary board of directors and no part of its earnings inuring to its members, founders, or an individual.2. <input checked="" type="checkbox"/> The organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems.3. <input checked="" type="checkbox"/> Have at least two (2) years' experience serving eligible "homeless" and/or "at-risk" populations, under the ARRA-funded HPRP or the ESG program, as operated within the City of Detroit (funded either directly by the City of Detroit or as a sub-recipient under the Michigan State Housing Development Authority)4. <input checked="" type="checkbox"/> Meet the timing, form and content requirements of the City's RFP, and certify that it will comply with the requirements of the City's grant agreement with respect to Emergency Solutions Grants Program implementation (Certification in Exhibit 9)5. <input checked="" type="checkbox"/> Have actively used the City of Detroit's HMIS for at least one (1) year or if awarded funding, agree to comply with the City's HMIS requirement prior to contract execution or comparable HUD approved tracking system.6. <input checked="" type="checkbox"/> Have at least one (1) homeless or formerly homeless individual represented on its governing Board of Directors or if awarded funding agree to comply prior to contract execution7. <input checked="" type="checkbox"/> Meet eligible activities requirement8. <input checked="" type="checkbox"/> Applicant submitted a separate application for each activity for which funding is requested.9. <input checked="" type="checkbox"/> Three (3) Letters of Support	<ol style="list-style-type: none">1. 501(c)3 IRS Certification or a group exemption letter under Section 905 from the IRS that includes the corporation2. One of the following: <p style="margin-left: 40px;">A certification from a CPA (See Exhibit 1 for a sample certification letter from a CPA and requirements), or</p><p style="margin-left: 40px;">A HUD approved audit summary report</p>3. At least two of the following: <p style="margin-left: 40px;">A dated annual report for two or more prior years;</p><p style="margin-left: 40px;">Dated board meeting minutes from July 2012 through May 2014;</p><p style="margin-left: 40px;">Dated financial audits for the past two years;</p><p style="margin-left: 40px;">or</p><p style="margin-left: 40px;">Evidence of homeless service funding from the City of Detroit, MSHDA or HUD showing relevant homeless experience.</p>4. Submission of completed RFP package by the September 15, 2014 deadline.5. Provide HMIS Participation Certification from the Detroit Area Continuum of Care (CoC) (See Exhibit 1) or an explanation of comparable HUD approved tracking system6. Provide one of the following: <p style="margin-left: 40px;">Signed and dated board meeting minutes approving a homeless individual's appointment to the board; or</p><p style="margin-left: 40px;">Board certified letter verifying the board appointment of a homeless individual.</p>7. Clearly marked and identified activities being proposed in the RFP package submitted by the September 15, 2014 deadline.8. Separate application and budget submitted for each activity.9. Three (3) Letters of Support in (Exhibit 1).
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DRM14

Phase II: Rating Proposals

There is a maximum of 100 points possible. These guidelines are broken up into the different sections and each section has an overall maximum number of points that the section is worth. There are sub-components within the section with its own maximum points possible (in **bold**, in parenthesis). Reviewers should score points anywhere along the scale, depending on how they view the response given in that section. Reviewers may also award half (1/2) points if they choose.

I. Relevant Experience and Management Capacity	Points Possible 15	Points Scored
<p>Organizations must demonstrate track record:</p> <p>Organizations must demonstrate management capacity as evidenced by organizational chart, summary of program policies and procedures, board member listing, management qualification chart, and summary of organization's experience. (8 pts)</p> <p>Proven track record of past performance in City and /or MSHDA/ESG programs as evidenced through a narrative and any two of the following: most recent monitoring report, close out reports, annual reports to government agencies or other funders, recommendation letters or provision of annual reports to HUD or other comparable funding agencies (See Exhibit 5). (5 pts)</p> <p>Timeliness of data entry response, demonstrate process to enter data within 48 hours of service provision. (2pts)</p>		<p>8 6</p> <p>5</p> <p>2</p>
<p><u>Insert Notes on Section I Scoring Here:</u></p> <p><i>They have years of experience. Past performance has been favorable. New CAM system will help tremendously</i></p>		

II. Financial Capacity	Points Possible 20	Points Scored
<p>Does the applicant demonstrate access to "cash flow" (i.e. at least 60 days working capital, proof of line of credit with unused balance, bank statements, financials, loan commit-</p>		



D2MM

II. Financial Capacity	Points Possible 20	Points Scored
<p>ment, documented in Exhibit 6. (10 pts)</p> <p>Based on a review of their most recent financial statements and/or audit, does the organization demonstrate they are financially stable and have positive revenue over expenses to continue its operations? (5 pts)</p> <p>Financial accountability as demonstrated by the availability of most recent financial statements and monthly or quarterly financial reporting to board of Directors. (5 pts)</p>		<p>10</p> <p>5</p> <p>5</p>
<p><u>Insert Notes on Section I Scoring Here:</u></p> <p><i>This organization has many funding resources and they are abstract have access to funds</i></p>		

III. Applicant's Implementation Plan/Readiness to Proceed	Points Possible 15	Points Scored
<p>A comprehensive plan for implementation and completion of all work within the contract time period. (5 pts)</p> <p>A client outreach plan. (3 pts)</p> <p>Collaborations identified with other agencies as necessary to achieve program outcomes. (5pts)</p> <p>Demonstrate a plan for continued or new operations/services. (2 pts)</p>		<p>5</p> <p>3</p> <p>5</p> <p>2</p>
<p><u>Insert Notes on Section I Scoring Here:</u></p> <p><i>Their intake process process is good and expect more with the CAM. In business for so many years they are well known.</i></p>		

IV. Program outcomes and Cost Effectiveness	Points Possible 25	Points Scored
<p>Applicant must project outcomes to be achieved (i.e. number of households to be serviced, etc.). (5 pts)</p> <p>Application must project the anticipated cost per household. (5 pts)</p>		<p>5</p> <p>5</p>



DRMM

<p>Applicant must document client outcomes from prior experience. (10 pts) Cost effectiveness is demonstrated by procurement policies and procedures to provide ESG services. See Section 4.D.1 for policy requirements. (5 pts)</p>		<p>10 5</p>
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Insert Notes on Section I Scoring Here:

V. Matching Capacity	Points Possible 25	Points Scored
<p>A 100% match is required for all applicants. Match can be from cash and/or in-kind services valued at or above 100% of the same amount requested from the City for proposed activities.</p> <ul style="list-style-type: none"> All in-kind match must be calculated to show cash value and documented to demonstrate part of the 100% match <p>Up to 25pts will be awarded based on the cash match.</p> <ul style="list-style-type: none"> 25% Cash Match & 75% In-kind Match (5 pts) 50% Cash Match & 50% In-kind Match (10pts) 75% Cash Match & 25% In-kind Match (18pts) 100% Cash Match & 0% In-kind Match (25pts) <p>* Cash match will be calculated down to determine points, i.e. a 65% cash match will be given 10pts as though it was a 50% match.</p> <p>**Match must meet all requirements established under Section 576.201 of the Interim Rule published in the Federal Register on December 5, 2011.</p> <p>***HSP Funds cannot serve as a match to ESG funded activities.</p>		<p>25</p>

Comments on Section V:



SUMMARY
TABLE

Section	Total Points Possible	Points Scored
I. Relevant Experience and Management Capacity	15	
II. Financial Capacity	20	
III. Applicant's Implementation Plan	15	
IV. Program Outcomes and Cost Effectiveness	25	
V. Matching Capacity	25	
TOTAL	100	

OCT 03 2014



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PLANNING & DEVELOPMENT

E-MAIL ADDRESS: cgriffin@detroitmi.gov

CONTACT NAME: Clinton Griffin PHONE: 224-9121 FAX: _____

Type of Clearance: New 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. 512
 Detroit, MI 48226

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

For: Individual or
 Company Name Detroit Rescue Mission
 Address 150 Stimson
 City DETROIT
 State MI Zip Code 48201
 Telephone (313) 993-4700 fax _____
 E-mail Address _____

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

Employer Identification or Social Security Number 38-1459371 Spouse Social Security Number _____

Nature of Contract Public Services BID CONTRACT AMOUNT (if known):
 Labor: \$ _____ Material: \$ _____
 Contract # (if known) _____

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-1). 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 LUCYETA JENKINS INCOME TAX INVESTIGATOR Date OCT 14 2014 Expires OCT 14 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

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 PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT 65 Cadillac Ste 1400
DATE SENT 1/13/2015 CONTACT PERSON Clinton Griffin
PHONE NUMBER 224-9121 FAX NUMBER 628-2064 EMAIL cgriffin@detroitmi.gov
CONTRACT AMOUNT \$100,000.00

SECTION B: CORPORATION LICENSE TYPE N/A

CORPORATION NAME Detroit Rescue Mission
ADDRESS 150 Stimson CITY/STATE/ZIP DETROIT, MI 48201 OWN
CITY PERSONAL PROPERTY NUMBER 29900730 FID / EIN NUMBER 38-1459371
OTHER CITY-OWNED PROPERTY PARCELS No knowledge
CONTACT PERSON Jim Townsend PHONE NUMBER 313-993-4700 EMAIL ADDRESS not available

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 _____

FOR TREASURY COLLECTION USE ONLY:

APPROVED [Signature] DENIED JAN 14 2015 DENIED WITH ATTACHMENTS
DATE _____ CLEARANCE VALID UNTIL AUG 30 2015

**REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES**

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of _____, (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.

Futhermore, 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)

RFO / PO No. (if applicable) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization Detroit Rescue Mission Ministries
(Type or Print Legibly)

Contractor Address 150 Stimson St., Detroit, MI 48201
(City) (State) (Zip)

Contractor Phone/E-mail Aurine Moore 313-993-4700 x4713 amoore@drmm.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Chad Audi, President

Signature of Authorized Representative *[Handwritten Signature]*

BRUCE CALDERWOOD
NOTARY PUBLIC, MICHIGAN
OAKLAND COUNTY

Date: October 27, 2014

MY COMMISSION EXPIRES AUG 20, 2020

"This document MUST be notarized!"

Signature of Notary *Bruce Calderwood*

Printed Name of Seal of Notary Bruce Calderwood

My Commission Expires. 08/20/20

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd 11/20/14

Received by: *Chidi Njoku*

Executive Manager



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/21/2014

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

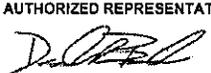
PRODUCER License # 0019304-1 Hub International Midwest East 625 Kenmoor Ave SE Suite 200 Grand Rapids, MI 49546	CONTACT NAME: PHONE (A/C, No, Ext): (616) 233-4111 E-MAIL ADDRESS:	FAX (A/C, No): (616) 233-4110
	INSURER(S) AFFORDING COVERAGE INSURER A: Arch Insurance Co. NAIC # 11150 INSURER B: Converted Company, Do Not Use INSURER C: INSURER D: INSURER E: INSURER F:	
INSURED Detroit Rescue Mission Ministries Lakeview Farms dba Wildwood Ranch 150 Stimson Street Detroit, MI 48201		

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 SUBR INSD YWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	NCPKG0292600	11/15/2014	11/15/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		NCAUTO292600	11/15/2014	11/15/2015	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 checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		NCFXS0292600	11/15/2014	11/15/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	12/21/2013	12/21/2014	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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 (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Detroit Planning and Development Department is an Additional Insured as respects to being a grant funder for the General Liability Policy.

CERTIFICATE HOLDER City of Detroit Planning and Development 65 Cadillac Square Suite 1200 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 
--	--

American Compensation Insurance Company

NAIC Carrier Number: ACIC = 45934 and BCIC = 12311

NCCI Carrier Number: ACIC = 29734 and BCIC = 32044

8500 Normandale Lake Boulevard, Suite 1400

Minneapolis, Minnesota 55437

1-800-789-2242

WORKERS' COMPENSATION AND EMPLOYERS LIABILITY POLICY INFORMATION PAGE

ITEM 1. - INSURED

Policy Number: AC-MI-001406-5
Prior Policy Number: AC-MI-001406-4

NAMED INSURED AND MAILING ADDRESS

Detroit Rescue Mission Ministries
150 Stimson Street
Detroit, MI 48201

AGENCY AND MAILING ADDRESS

Hub International Midwest Limited
625 Kenmoor Ave SE Ste 200
Grand Rapids, MI 49546-2395

Interstate ID:		Insured Is:	Corporation
Intrastate ID:		Federal Employer ID:	381459371
Unemployment ID:			
Bureau/Risk ID:	0385115A		

Other Workplaces not shown above: refer to ADDITIONAL LOCATION(S) SUPPLEMENTAL SCHEDULE

ITEM 2. - POLICY PERIOD

Policy Period: 12/21/2014 to 12/21/2015 12:01 A.M. Standard Time at the Insured's Mailing Address

ITEM 3. COVERAGE

A. **Workers' Compensation Insurance:** Part One of the policy applies to Workers' Compensation Law of the state(s) listed here: MI

B. **Employers' Liability Insurance:** Part Two of the policy applies to work in each state listed in ITEM 3.A. above:

The limits of our Liability under Part Two are:	Bodily Injury by Accident	\$500,000	Each Accident
	Bodily Injury by Disease	\$500,000	Each Employee
	Bodily Injury by Disease	\$500,000	Policy Limit

C. **Other States Insurance:** Part Three of the policy applies to the states, if any, listed here:
All states except those designated in Item 3.A. and AK, AL, AZ, CA, DC, DE, HI, KY, LA, ME, MS, MT, ND, NH, NM, OH, OR, SC, VA, VT, WA, WV, WY

D. **Policy Endorsements and Schedules:** See POLICY FORM AND ENDORSEMENT SCHEDULE attached.

ITEM 4. PREMIUM

The premium for this policy will be determined by our manual of Rules, Classifications, Rates and Rating Plans. All information below is subject to verification and change by audit. This policy is NON-ASSESSABLE. This policy is not subject to retrospective rating.

See CLASSIFICATION AND PREMIUM SCHEDULE for specific rating information detail.

Premium Adjustment Period:

<u>Down Payment Amount</u>	<u>Surcharges & Assessments*</u>	<u>Total Estimated Premium</u>	<u>Minimum Premium</u>	<u>Expense Constant</u>
\$37,470	\$0	\$149,879	\$830	\$255

Issue Date: 01/05/2015

COUNTER SIGNED BY:



* This does not apply to Florida.

Servicing Office:

American Compensation Insurance Company
8500 Normandale Lake Blvd., Suite 1400
Bloomington, Minnesota

WC 00 00 01A

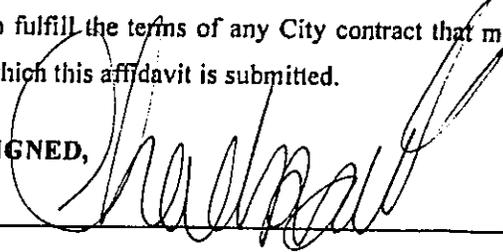
Insured Copy

Hiring Policy Compliance Affidavit

I, Chad Audi, being duly sworn, state that I am the President
_____ of Detroit Rescue Mission Ministries
Title Name of Bidder Corporation or Other Business Entity

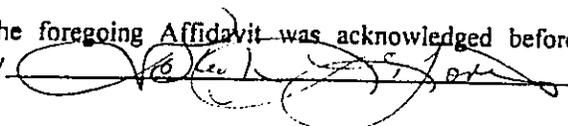
and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider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

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

SIGNED, 

Title: President Date: 2-17-14

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 17th day of Feb, 2014,
by 

Notary Public, County of CARLAND

State of Michigan

My commission expires: February 18, 2014

APPLICATION FOR EMPLOYMENT

Position _____



Please Print or Type all
Information Requested Except
Signatures

Detroit Rescue Mission Ministries

Genesis House I, II, III, Christian Guidance Center,
Detroit Rescue Mission, Don DeVos,
Oasis, Wildwood Ranch

PLEASE READ THIS FIRST:

You are making application to be considered to become involved in an evangelical Ministry with the goal of helping the whole person in the areas of physical, emotional, spiritual, behavioral and attitudinal change.

Accordingly, you should not only be sympathetic to our established principles, you must practice and be in accord with them. Pursuant to the Civil Rights Act of 1964, Executive Order 11246, and the Elliott-Larson Civil Rights Act, the religious beliefs of the individual will be taken into account in making employment decisions.

Furthermore, you should not consider that you are applying for a forty-hour job. Rather, you are applying for an opportunity to minister to needy people. This will often require extra time, as well as your daily genuine prayers and commitment.

Because of the nature of our work, this application asks many questions and opinions which we feel are important for us to know concerning just what and how you would communicate to a client. If you feel a question or statement is out of order, or you do not have an answer, please so indicate

RETURN THIS APPLICATION TO:

Detroit Rescue Mission Ministries
Human Resources Department (Confidential)
P.O. Box 312087
Detroit, MI 48231

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, national origin, disability or other protected classification.

OUR STATEMENT OF FAITH

- A. We believe the Bible to be the inerrant Word of God and the final authority in faith and life.
- B. We believe that there is one God, eternally existent in three (3) persons, Father, Son and Holy Spirit.
- C. We believe in the absolute deity and full humanity of our Lord Jesus Christ. We believe in His virgin birth, His sinless life, the authenticity of His miracles, His vicarious and atoning death, His bodily resurrection, and His present mediatory work in heaven.
- D. We believe in the personality and deity of the Holy Spirit. We believe He gives life, He sanctifies, He empowers and comforts all believers.
- E. We believe that man is saved through repentance and faith in the finished work of Christ. Justification is by faith alone.
- F. We believe that the Church is the body of Christ composed of all true believers. The present work of the Church is to glorify God through worship, the perfecting of the saints, the proclamation of the Gospel, and ministering to the needs of our fellow man throughout the world.
- G. We believe in the personal and bodily return of the Lord Jesus Christ to consummate our salvation and establish His glorious kingdom.

Do you fully subscribe to the Statement of Faith above? Yes No

Explain any reservations you may have.

Please answer the below list of questions: (Use separate sheet if necessary.)

When and under what circumstances did you become a Christian?

What does it mean to you to have Christ as Lord of your life?

Summarize the area(s) God is using you in Christian services.

What Church do you attend and what is your involvement, what is your Pastor's name?

What are your feelings towards those who find themselves needing the services that DRMM provides and how could your talents or background assist them?

INSTRUCTIONS: Each question should be fully and accurately answered. A separate application must be submitted for each position for which you are applying.

Applicants May Be Tested for Illegal Drugs

SOCIAL SECURITY NO. XXX-XX-_____		DATE _____	
NAME _____			
<i>(As it appears on Social Security Card)</i> Last		First	Middle Maiden
ADDRESS _____			
Number		Street	City State Zip Code
TELEPHONE () _____		Are you over 18 years old? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you authorized to work in the U.S. on an unrestricted basis?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
DRIVER'S LICENSE NO. _____ - _____ - _____ - _____		How did you learn of this opening? _____	
Are you willing to work overtime, if required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Have you been told the essential functions of the job or have you been shown a copy of the job description listing the essential functions of the job? <input type="checkbox"/> Yes <input type="checkbox"/> No	
How many hours can you work per week? _____			
Can you perform these essential functions with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, what accommodations? _____			
Are there any hours, shifts or days you cannot or will not work? Please indicate _____			
If you are applying for a transportation job, have you had any accidents in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Violations within last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you worked here before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, when? _____			
Which Ministry building and department? _____			

EDUCATION	NAME	LOCATION (Mailing Address)	MAJOR	DIPLOMA/DEGREE/ GED
High School				
College/University/ Trade School				
College/University/ Trade School				

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)

Name of Employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your last job title		
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)

Name of Employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of Last Supervisor	Employment Dates	Pay or Salary
		From To	Start Final
	Your last job title		
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)			
Name of Employer _____	Name of Last Supervisor	Employment Dates	Pay or Salary
Address _____		From	Start
City, State, Zip Code _____		To	Final
Phone Number _____	Your last job title		
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

EMPLOYMENT HISTORY (List most recent employer first, include all positions with each employer. Attach additional sheets if necessary)			
Name of Employer _____	Name of Last Supervisor	Employment Dates	Pay or Salary
Address _____		From	Start
City, State, Zip Code _____		To	Final
Phone Number _____	Your last job title		
Briefly describe work duties:			
Reason for leaving; be specific, (May we contact this employer?) <input type="checkbox"/> Yes <input type="checkbox"/> No			

In addition to your work history, what other experiences, skills or qualifications would especially fit you for work with our organization? Indicate additional experience, other than previously listed. Include any voluntary work.

OTHER EXPERIENCE, SKILLS OR QUALIFICATIONS	VOLUNTARY WORK EXPERIENCE
	Name _____ Address _____ City, State, Zip Code _____ Describe work: _____ _____

SPECIAL SKILLS			YEARS EXPERIENCE	TYPE OF WORK		
Typing	<input type="checkbox"/> Yes			Word Processing	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No	_____ WPM			<input type="checkbox"/> No	_____ WPM
Personal Computer	<input type="checkbox"/> Yes			Dictaphone	<input type="checkbox"/> Yes	
	<input type="checkbox"/> No				<input type="checkbox"/> No	
Other Skills:						

MILITARY EXPERIENCE			
Have you ever been in the Armed Forces?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a member of the National Guard?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Specialty _____	Date Entered _____	Discharge Date _____	

REFERENCES (PLEASE LIST TWO REFERENCES OTHER THAN RELATIVES OR PREVIOUS EMPLOYERS)	
Name	Name
Position	Position
Company	Company
Address	Address
Telephone	Telephone

To All Applicants:

The information requested is needed to comply with state and federal laws and regulations. The information will be used for statistical purposes only and will not be used as part of the hiring process. Submission of this information is strictly voluntary and refusal to provide it will not subject you to any adverse treatment.

Ethnicity

- | | |
|--|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Asian or Pacific Asian | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Arabic | |

This Employer is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, national origin, citizen ship, age or disability.. Opportunity for employment with this Employer depends solely on your qualifications. We reserve the right to select based upon religious preferences.

APPLICANT'S CERTIFICATION AGREEMENT

I certify that the facts set forth in this Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements, omissions or misrepresentations on the application or otherwise made during the employment process will prevent a job offer or, if an offer is made, may result in my termination. I understand that this application and the personnel policies do not constitute employment. I understand that to be employed, I must be lawfully authorized to work in the United States and I must show the employer documents that will verify this.

I, the undersigned applicant for employment hereby authorize Detroit Rescue Mission Ministries, its agents, employees and representatives to obtain information concerning my employment, medical history, educational record, law enforcement record, and any other background information about me. I understand that any offer received is subject to my successfully completing all facets of the employer's pre-employment screening process.

I hereby understand that Detroit Rescue Mission Ministries has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment and hereby authorize Detroit Rescue Mission Ministries to perform medical examinations and/or drug screening. During the post-offer process, I authorize Detroit Rescue Mission Ministries to check employment references.

I further understand that my employment with Detroit Rescue Mission Ministries shall be probationary for ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with Detroit Rescue Mission Ministries is terminable at will for any reason by either party.

I have read the application and completed it accurately, agree with the Statement of Faith and provide authorization for the above referenced information to be obtained by Detroit Rescue Mission Ministries. The employment application will be held on file for 120 days

Signature of Applicant _____ **Date** _____

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

NOTICE OF ENACTMENT OF ORDINANCE TO: THE PEOPLE OF DETROIT, MICHIGAN

(On June 23, 2004, the City of Detroit adopted the following Ordinance)

ORDINANCE NO. 20-04

CHAPTER 18

ARTICLE V

AN ORDINANCE TO AMEND CHAPTER 18, ARTICLE V, OF THE 1984 DETROIT CITY CODE, TITLED "PURCHASES AND SUPPLIES." BY ADDING DIVISION 7. TITLED "SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE." WHICH SHALL CONSIST OF SECTIONS 18-5-91 THROUGH 18-5-93, TO REQUIRE, AS PART OF THE CONTRACTING PROCESS, THAT EACH CONTRACTOR WITH WHICH THE CITY ENTERS INTO A CONTRACT SEARCH ITS RECORDS AND THOSE OF ANY PREDECESSOR ENTITY, AND SUBMIT AN AFFIDAVIT DISCLOSING ANY RECORDS WITHIN ITS POSSESSION OR KNOWLEDGE RELATING TO INVESTMENTS OR PROFITS FROM THE SLAVE INDUSTRY, INCLUDING INSURANCE POLICIES ISSUED TO SLAVE HOLDERS THAT PROVIDED COVERAGE FOR INJURY, DEATH OR OTHER LOSS RELATED TO SLAVES WHO WERE HELD DURING THE SLAVERY ERA IN THE UNITED STATES.

AN ORDINANCE to amend Chapter 18, Article V, of the 1984 Detroit City Code, titled "Purchases and Supplies." by adding Division 7. titled "Slavery Era Records and Insurance Disclosure." which shall consist of Sections 18-5-91 through 18-5-93, to require, as part of the contracting process, that each contractor with which the City enters into a contract search its records and those of any predecessor entity, and submit an affidavit disclosing any records within its possession or knowledge relation to investments or profits from the slave industry, including insurance policies issued to slave holders that provided coverage for injury, death or other loss related slaves who were held during the slavery era in the United States.

IT IS HEREBY ORDAINED BY THE PEOPLE OF THE CITY OF DETROIT THAT:

Section 1. Chapter 18, Article V, of the 1984 Detroit City Code, titled "Purchases and Supplies." by adding Division 7. titled "Slavery Era Records and Insurance Disclosure." which shall consist of Sections 18-5-91 through 18-5-93, to read as follows:

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

- (a) This division shall apply to each contractor for goods or services with which the City enters into a contract, whether or not the contract is subject to competitive bid.
- (b) Each contractor shall be responsible for searching and disclosing records of the entity which proposes to enter into a contract with the City as well as all records of any predecessor entity that are within the possession or knowledge of the contractor regarding records of investments or profits from the slave industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the United States.

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

Sec. 18-5-92. Affidavit of disclosure required.

- (a) As part of its contract package, each contractor with which the City enters into a contract shall submit to the Finance Department Purchasing Division prior to the submission to City Council or approval of such contract, an affidavit that discloses the information indicated in Subsection (b) and (c) of this section. The affidavit shall be on a form provided by the Finance Department Purchasing Division.
- (b) The affidavit shall verify that the contractor has searched all records of the entity which proposes to enter into a contract with the City, as well as all records of any predecessor entity, that are within the possession or knowledge of the contractor regarding records of investments or profits from the slave industry, including records of any insurance policies issued to slave holders which provided coverage for injury, death, or other loss related to slaves who were held during the slavery era in the United States.
- (c) The affidavit shall disclose any information discovered during the search regarding investments or profits from slavery or slave holder insurance policies which accrued to the current entity or to any predecessor entity, including the names of any slaves or slave holders that are described in such records or are otherwise within the knowledge of the contractor.

Sec 18-5-93. Voidability of contract.

- (a) Failure to comply with this division shall render the contract voidable by the City.
- (b) A determination to void the contract for failure to comply with this division shall be made by the Director of the Finance Department at any time after reviewing, or become aware of, information which indicates that a contractor has failed to comply with this division.

Sec 18-5-94—18-5-100. Reserved.

Section 2. All ordinances, or parts of ordinances, that conflict with this ordinance are repealed.

Section 3. This ordinance is declared necessary for the preservation of the public peace, health, safety, and welfare of the People of the City of Detroit.

Section 4. In the event that this ordinance is passed by a two-thirds majority of City Council Members serving, it shall be given immediate effect and shall become effective upon publication in accordance with Section 4-116 of the 1997 Detroit City Charter. Where this ordinance is passed by less than a two-thirds (2/3) majority of City Council Members serving, it shall become effective no later than thirty (30) days after enactment, or on the first business day thereafter in accordance with Section 4-115 of the 1997 Detroit City Charter.

(J.C.C.p.) May 5, 2004
Passed: June 23, 2004
Published: July 19, 2004
Effective: July 19, 2004

JACKIE L. CURRIE
City Clerk

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Detroit Rescue Mission Ministries
2. Address of Contractor: 150 Stimson Street
Detroit, MI 48201

3. Name of Predecessor Entities (if any): NA

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 1909 (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.

Chad Audi (Printed Name) President (Title)

[Signature] (Signature) October 27, 2014 (Date)

Subscribed and sworn to before me
this 27 day of October 2014

Bruce Calderwood
Notary Public, Oakland County, Michigan
My Commission expires: 8/20/20

BRUCE CALDERWOOD
NOTARY PUBLIC, MICHIGAN
OAKLAND COUNTY
MY COMMISSION EXPIRES AUG 20, 2020