

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER

STANDARD PO NUMBER 2893810

CONTRACT PO NUMBER 2893809

REVISION 01

REVISION 01

Insurance Requirement

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

TYPE OF CONTRACT: (Check One)

- CONSTRUCTION/DEMOLITION  LEASE  DEED  
 PROFESSIONAL SERVICES

DEPARTMENT HEAD'S SIGNATURE

DEPARTMENT PLANNING AND DEVELOPMENT



FUNDING SOURCE (Percent)

FEDERAL 100% STATE % CITY % OTHER %

DEPARTMENT CONTACT PERSON

SANDRA O'NEAL

PHONE NO. 224-9976

CONTRACTOR'S NAME

CASS COMMUNITY SOCIAL SERVICES—/WARMING CENTER

DATE PREPARED 5-5-14

CONTRACTOR'S ADDRESS:

11850 WOODROW WILSON  
 DETROIT, MI 48206

ENGINEER'S ESTIMATE  CONTRACT  CHANGE  
 TOTAL CONTRACT AMOUNT \$185,000.00  
 TOTAL CPO AMOUNT \$100,000.00  
 CHANGE AMOUNT \$85,000.00

PHONE NO. (313) 883-2277

CORPORATION  PARTNERSHIP  INDIVIDUAL

FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-3429921

MINORITY FIRM  YES  NO

PURPOSE OF CONTRACT: HOMELESS SERVICES

CHARGE ACCOUNT: 2002-361508-000000-651147-13340-000000-A3120

TIME & DATE IN

APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER

TIME & DATE IN

REQUESTING DEPARTMENT

AUTHORIZED DEPARTMENT REPRESENTATIVE

BUDGET

- RECOMMEND APPROVAL  
 RECOMMEND DENIAL

BUDGET DIRECTOR OR DEPUTY

GRANT MANAGEMENT SECTION

- RECOMMEND APPROVAL  
 RECOMMEND DENIAL

GRANT ACCOUNTANT

FINANCE DEPARTMENT

- RECOMMEND APPROVAL  
 RECOMMEND DENIAL

FINANCE DIRECTOR OR DEPUTY

LAW DEPARTMENT

- RECOMMEND APPROVAL  
 RECOMMEND DENIAL

CORPORATION COUNSEL

PURCHASING DIVISION

PURCHASING DIRECTOR

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE \_\_\_\_\_ DATE \_\_\_\_\_

JAN 07 2015

JAN 09 2015

2/19/15

JAN 09 2015

1/9/15

1/15/15

RECEIVED  
 JAN 09 2015

CITY OF DETROIT  
 CONTRACTS SECTION  
 LAW DEPARTMENT

01 FEB 10 2015

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2893809**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this **1st** day of **November, 2014**, between **Cass Community Social Services-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. **2893809**, dated **October 1, 2013**, 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 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**; with an increase in compensation in the amount of **EIGHTY FIVE THOUSAND AND 00/100 DOLLARS (\$85,000.00)**;

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 Thousand and 00/100 DOLLARS (\$100,000.00)** 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 apart 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 **ONE HUNDRED EIGHTY FIVE THOUSAND and 00/100 (\$185,000.00) 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.

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN )  
 ) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 6 day of January, 2016, by **Thomas Lewand**, the **Director of the Planning and Development**

**Department** of the City of Detroit, Michigan, a municipal corporation.

KAREN M. BEAVER  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Jun 21 2018  
ACTING IN COUNTY OF Wayne

Karen M. Beaver  
Notary Public, Wayne County, Michigan

My commission expires: 6/21/2018

**RESOLUTION OF CORPORATE AUTHORITY** I, Sue A Jeffers,  
CORPORATE SECRETARY of **Cass Community Social Services**, a Michigan  
Corporation (the "Company"), 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 Oct 28, 2014, and that the same is now in full force and effect:

I FURTHER CERTIFY that:

Dan Swanson is Chairman of the Board,  
Faith Fowler is Executive Director,  
Faith Fowler is President,  
Roger Wolcott is Vice President,  
Sue Thomasson is Treasurer,  
and Sue A Jeffers is Secretary.

"RESOLVED, that the following are authorized to execute and deliver, in the name and  
on behalf of the Company 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, or document, 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 by any of such officers to be conclusive evidence of such approval."

Faith Fowler Title/Position Exec. Dir. / President  
\_\_\_\_\_  
Title/Position \_\_\_\_\_  
\_\_\_\_\_  
Title/Position \_\_\_\_\_  
\_\_\_\_\_  
Title/Position \_\_\_\_\_  
and \_\_\_\_\_ Title/Position \_\_\_\_\_

I FURTHER CERTIFY that any of the aforementioned officers of the Company is  
authorized to execute or guarantee and commit the Company to the conditions,  
obligations, stipulations and undertakings contained in the Agreement between the City  
of Detroit and **Cass Community Social Services** entered into for the purpose of  
providing Public Services and that all necessary corporate approvals have been  
obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 28<sup>th</sup> day of October,  
2014.

CORPORATE SEAL  
(if any)

Signature: Sue A Jeffers  
Corporate Secretary

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement CPO# 2893809 CO#01 (SPO# 2893810) as of the date first above written.

WITNESSED BY:

1. Jim Cowell  
2. Sue Peterson

SUBRECIPIENT:

By: Rev. Faith E. Fowler  
(Signature of Corporate Officer)  
Its: CCSS PRESIDENT  
(Office Held)

\* \* \* \* \*

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN )  
) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 28<sup>th</sup> day of October, 2014, by Rev. Faith E Fowler, the President of Cass Community Social Services, a 501c3 Corporation on behalf of the Corporation.  
(Name of Corporate Officer) (Office Held) (Michigan Non-profit)



Stacy Leigh  
Notary Public

My commission expires 8/4/19

\* \* \* \* \*

WITNESSES:

1. Karen M. Bowler  
2. Phyllis Zwick

CITY OF DETROIT

By: Thomas Lewand  
THOMAS LEWAND  
Its: GROUP EXECUTIVE

\* \* \* \* \*

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON FEB 10 2015

Boypie Jackson  
Purchasing Director Date

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

[Signature] 1-12-15  
Corporation Counsel Date

\* This Amendment Agreement is not valid or authorized until approved by resolution of the City Council and signed by the Purchasing Director of the City of Detroit.

(

EXHIBIT A  
SAMPLE SCOPE OF SERVICES (HOMELESS)  
CASS COMMUNITY SOCIAL SERVICES  
FISCAL YEARS: 2014-2015

During the term of this Agreement, the Subrecipient, **CASS COMMUNITY SOCIAL SERVICES AND WARMING CENTER**, shall provide public service homeless activities herein called the "Project" or the "Services", in order to provide **EMERGENCY SHELTER** for persons who are residents of the City of Detroit.

1. GENERAL REQUIREMENTS

A. For so long as this Agreement remains in full force and effect, the Subrecipient shall operate an emergency shelter and transitional housing located at 3901 CASS AVENUE DETROIT, MI 48201. "Homeless", as used herein, means families and individuals who are:

(1) An individual or family who lacks a fixed, regular, and adequate nighttime residence, meaning:

(i) An individual or family with a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or camping ground;

(ii) An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state, or local government programs for low-income individuals); or

(iii) An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution; or

(2) An individual or family who will imminently lose their primary nighttime residence provided that:

(i) The primary nighttime residence will be lost within 14 days of the date of application for homeless assistance;

(ii) No subsequent residence has been identified; and

(iii) The individual or family lacks the resources or support networks, e.g., family, friends, faith-based or other social networks, needed to obtain other permanent housing;

(3) live in extreme poverty, and have no access to either transitional or permanent housing.

Pursuant to 24 CFR 576.73(d), the Subrecipient shall notify and request prior approval of the City before closing down, moving or changing the location(s) of the emergency shelter(s) funded hereunder. No change in location or closure may be undertaken without approval of the City.

B. The Subrecipient shall maintain the shelter (and/or transitional housing) premises in a safe and sanitary condition, in accord with local health, fire and safety codes. The Subrecipient shall comply with all applicable requirements of the City of Detroit Ordinance pertaining to licensing of emergency shelters and shall obtain a license pursuant to that ordinance from the Business License Center, Consumer Affairs Division of the Buildings, Safety and Engineering Department of the City of Detroit. The Subrecipient shall renew such license annually.

C. The Subrecipient shall, to the extent feasible, give assistance to homeless individuals related to essential support services necessary for achieving independent living. To the maximum extent practicable, homeless families and individual shall be involved in the operation, maintenance, rehabilitation or provision of services at

shelter facilities. The Subrecipient shall submit to the City its action plan for such involvement, to the extent practical, of homeless families and individuals in its operation, maintenance, rehabilitation or provision of services for shelter facilities funded hereunder, as applicable.

D. No rent or any fees shall be charged to homeless persons for emergency shelter or emergency shelter supportive services hereunder. However, the Subrecipient may install pay phones and/or coin laundry services on the shelter premises if the City approves them in writing as reasonable, necessary and not constituting a hardship for homeless clients of the shelter.

E. The Subrecipient may not accept food stamps from homeless clients, or require homeless clients to other relinquish food stamps, whether for food or not, unless licensed to do so by the U.S. Dept. of Agriculture.

F. Projected shelter service levels during the term of this Agreement shall at a minimum strive to meet the goal of providing shelter and support services to an average of # 75 homeless individuals or 15 families monthly. The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved in writing by the City. The Subrecipient shall immediately notify the City of any anticipated change in location.

G. The Subrecipient shall also provide, for shelter clients, access to, or referral to, services performed by other agencies that deal with housing placement services, education, employment and emergency health care or other forms of public or private assistance as may be available for homeless persons.

H. The Subrecipient shall keep records documenting the number of homeless clients served and statistical and/or other narrative data about essential support service levels, including any demographic information as may be required herein or in Exhibit E hereof. This information shall be reported monthly to the City on or before the 15th of each succeeding month during the term of this Agreement.

I. In accord with the Cranston-Gonzalez National Affordable Housing Act, the Subrecipient may terminate assistance to any individual or family that violates program requirements if such termination is in accordance with a formal process for termination of assistance as established by the Subrecipient. The Subrecipient's formal process for termination shall recognize the rights of individuals affected and may include a hearing. The Subrecipient shall submit its formal termination process and shelter rules to the City's Homeless Coordination Department for review.

J. The requirements of paragraph B herein as it pertains to licensing, and of paragraph D with respect to rent charges or fees, do not apply to all or any part of the project that constitutes transitional housing. Transitional housing is defined as a form of longer term rental housing (stays of from six months to up to two years allowable) in which intensive supportive services are provided to meet special needs of homeless persons in an effort to assist them in becoming self-sufficient. Facilities providing only short term client stays of less than sixty days and/or providing only basic supportive services (food, laundry, hygiene needs, short term counseling, sleeping space, but no other intensive service) does not qualify as transitional housing for purposes of these exceptions. If a question arises regarding whether a facility is, or is not, transitional housing, the determination of the City shall govern.

CCSS Agrees to all caveats 1. A through J...Rev. Faith Fowler/PMG

## 2. CDBG NATIONAL OBJECTIVE CRITERIA

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

The Subrecipient will gather and maintain records with appropriate information to show that clients are exclusively, 100%, low/moderate income persons or that in all cases where another agency's income and intake criteria are used by the Subrecipient, those limits are equivalent to or stricter than HUD income limits

The Subrecipient sponsors an event where the numbers of people attending or method of contact make it difficult to collect low/moderate income eligibility information. The actual HUD low and moderate income limits shall be included in any program event advertisements and be posted prominently at the event. Such wording shall, at a minimum, include the following statement:

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  
 Handicapp  
 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 or (HMIS REPORT) 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.

CCSS Agrees to all caveats 2. ...Rev. Faith Fowler/PMG

3. SERVICES TO  
BE PERFORMED

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 shelter;

IN THIS SECTION PROVIDE A DETAILED DESCRIPTION OF THE CATEGORIES OR TYPES OF ACTIVITIES TO BE PROVIDED UNDER THIS AGREEMENT. INCLUDE HOW CLIENT OUTREACH WILL BE UNDERTAKEN OR HOW CLIENTS WILL BE RECRUITED. DESCRIBE EXACTLY WHAT THE NATURE OF EACH ACTIVITY IS, WHAT WILL BE LEARNED OR PERFORMED OR OTHERWISE DONE AND ANY OTHER PERTINENT FACTOR ABOUT THE SERVICE. DESCRIBE WHO AND HOW MANY PEOPLE WILL PROVIDE THE SERVICES; WHAT ARE THE JOB DUTIES. DESCRIBE IN DETAIL WHO THE CLIENTELE ARE (E.G. MALE YOUTH AGES 4 THROUGH 6 AND FEMALE YOUTH AGES 9-12; SENIOR CITIZENS AGED 62 AND OLDER). DESCRIBE WHAT OUTCOMES ARE EXPECTED AND WHAT BENEFITS THE CLIENTS WILL DERIVE.

All intakes, assessments, SPDATs and outcomes are captured in HMIS (the Homeless Management Information System) in real time, with 2 FTE Data Specialists at CCSS who work different shifts. Cass has been a full participating HMIS Agency since 2004, and depends on the data derived from HMIS to assist in making decisions to operate our many programs. CCSS also operates based on results provided from an internal Continuous Quality Improvement (CQI) Committee. CQI helps make Cass programs better by monitoring and reporting on each program, each year. The Board of Directors receives data and presentations from CQI at least annually. Cass operates under extensive Fiscal, Administrative, and Program Policies and Procedures Manuals. The Financial and Fiscal policies and procedures detail how staff select suppliers, pay vendors, hire personnel and report its financial status to the various funding sources. The Program policies and procedures detail eligibility for and descriptions of each

program, required documentation for all Client charts, training and certification of clinicians, licensure, credentialing, and all matters of reporting, personnel, Clients, and levels of care. The Administrative policies and procedures detail the values, culture, ethics, risk management, health and safety matters of the firm, as well as accepted standards of conduct, cultural competence, drug free workplace and contain the personnel handbook. All policies and procedures are updated every year and approved by the Board of Directors. These policies and procedures comply with all requirements recommended by CARF and our primary funding agencies.

**Shelter beds:** CCSS shall provide beds (mattresses) for fifty women and children at 3901 Cass Avenue, Detroit, MI 48201. Clean linens shall be provided each time a participant returns. The CCSS Warming Center is safe with a minimum two adult CCSS employees on shift at all times.

**Safety:** Cass uses a no touch method of crisis intervention, and has very few skirmishes in any of its programs. When clients know that staff won't beat on them, they tend to immediately stay calmer. There are no weapons allowed in CCSS Warming Center. Participants sign a "Consent to be Searched" document the first time they stay.

**Outreach:** Client outreach is accomplished by teams of CCSS workers who spend entire days in the streets. CCSS has ten years expertise with outreach to thousands of homeless, out-of-care households.

Consumers come in to the Warming Center either through walk-in, drop off, or CCSS will pick up a person if a request is made directly or from an outside organization. Sometimes, the Detroit Police Department (DPD) brings a person or family into the Center. Except for violent behavior, no one who identifies themselves as female is ever turned away from the Warming Center. If the Warming Center is over capacity, and cannot provide services for more persons who come to the facility, CCSS will transport the people to another facility that can accommodate the overflow census. No one is ever referred out from CCSS for any reason during the winter without transportation.

**Assessments:** Once a consumer enters the Warming Center, Cass staff gather basic information and an HMIS intake form is completed. This intake form gathers identifying information and also psycho-social information about the consumer. If the person has a picture ID, that information is copied and placed in their file. The completed HMIS form is then sent over to CCSS' main building and the HMIS Specialist enters the data into HMIS.

**Clientele:** Women with children, and women without children.

**Outcomes and Client Benefits:** Cass will coordinate with the local HARA to insure

permanent housing choices for 95% of clients who show an interest in this option.

4. PERSONNEL CCSS Agrees to all caveats 2. ...Rev. Faith Fowler/PMG

NAME ALL CLASSIFICATIONS AND INDEPENDENT CONTRACTORS) BEING FUNDED BY THE NOF/ESG BUDGET.

There are no independent contractors working on the Warming Center ESG.

5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE CCSS Agrees to all caveats 2....Rev. Faith Fowler/PMG

- A) List the address of all sites from which project activities will be based, specifically identify the site of the project administrative office.
- 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.
- C) Specify the days of the week and hours the project will operate, as applicable for each location.

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.

Women and Children's **Warming Center**; 3901 Cass Avenue, Detroit, MI 48201

Administrative Office; 11850 Woodrow Wilson St, Detroit, MI 48206

|                  | ACTIVITY       |                       | CURRENT HOURS OF OPERATION |
|------------------|----------------|-----------------------|----------------------------|
| <i>SUNDAY</i>    | Warming Center | All 24 hours if       | 4pm-8am Nov - Mar          |
| <i>MONDAY</i>    | Warming Center | weather dictates      | 4pm-8am                    |
| <i>TUESDAY</i>   | Warming Center | All 24 hours if       | 4pm-8am                    |
| <i>WEDNESDAY</i> | Warming Center | weather dictates      | 4pm-8am                    |
| <i>THURSDAY</i>  | Warming Center | All 24 hours if       | 4pm-8am                    |
| <i>FRIDAY</i>    | Warming Center | weather dictates      | 4pm-8am                    |
| <i>SATURDAY</i>  | Warming Center | 24 hours if necessary | 4pm-8am                    |

**TOTAL NUMBER OF HOURS: 112**

CCSS Warming Center and Outreach are City-Wide Programs.

## 6. PERFORMANCE SCHEDULE

During the term of this Agreement the Subrecipient shall, at a minimum, provide 6,300 service units to a minimum of 50 persons at a time. On a monthly basis, the Subrecipient shall strive to meet the goal to provide 1,500 units of project services to an average of **persons**.

Define what the unit of service is: a unit of service is one night's stay;

how many services: total number of units of service are 6,300; and,

how many different people 250 people served in 42 families will be served by the project over the life of the Agreement and/or any estimated monthly level of services to be provided.

Monthly level of services is estimated to be 75 different individuals or 15 families.

Include and define all special activities:

Thanksgiving Dinner will be served on November 27 at 1:00 pm. This will be a sit down meal with tablecloths and the meal will include freshly cooked turkeys with all the fixins' prepared in the CCSS Commercial Kitchens;

Two Christmas parties and shopping at the CCSS Christmas store will be provided throughout the latter part of December, 2014;

## 7. ANNUAL MEASURABLE PROJECT OUTCOME

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

- 1 Create suitable living environments
- 2 Provide decent affordable housing
- 3 Create economic opportunities

Outcome

- 1 Availability/accessibility
- 2 Affordability
- 3 Sustainability

CCSS will provide decent affordable housing because the CCSS PATH Team, with the Warming Center, is expected to include an increase of 5% over the 7% from last year in **placing families into Permanent Supportive Housing (PSH)**. More

resources are currently **accessible** in terms of more vouchers for homeless individuals and families to be housed. CCSS PATH will tie Warming Center women and children to all the appropriate resources available.

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If your agency is funded, how would this experience lead to better future outcomes?

- Provide Permanent Supportive Housing for homeless Consumers, thus improving Housing Stability and the Quality of Life for these households.
  - After 30 days in Warming Center, 50% of households will move into shelter as evidenced by HMIS reports;
  - Cass will further eliminate homelessness for 25 households through a collaboration with Wayne County Neighborhood Legal Services of Michigan which receives Rapid Re-Housing ESG funds and places homeless persons into housing.
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**A. Projected Impact**

1. If all requested ESG funds are provided, approximately how many homeless households or those **at-risk** of being homeless will receive the proposed services over the 12-15 month award period? **November 2014 through March 2015**

| <b>PROPOSED ESG SERVICES</b>                 | <b>PROJECTED NUMBER OF INDIVIDUALS SERVED</b> | <b>PROJECTED NUMBER OF FAMILIES SERVED</b> |
|--|---|--|
| <i>Street Outreach</i>                       |   |  |
| <i>Emergency Shelter/<br/>Warming Center</i> | 250   | 42   |
| <i>Rapid Re-Housing</i>                      |   |  |
| <i>Homelessness Prevention</i>               |   |  |

2. Describe or list additional outcomes expected, if all requested ESG funds are provided. If projected outcomes differ from prior outcomes attained, explain.

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OUTCOMES: With a concentrated effort by the CCSS PATH Team with the Warming Center, we expect outcomes to include an increase over the 7% from last year in placing families into Permanent Supportive Housing (PSH). More resources are currently available in terms of vouchers for homeless individuals and families to be housed. PATH will tie Warming Center women and children to all the appropriate resources available.

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Units of Service and outputs expected during Warming Center 14-15:

- 250 people served in 42 families;
- 126 days of service;
- 252 meals minimum to be served;
- 6,300 bed nights of shelter;

Units of service are generally measured in 15 minute increments, which we do not feel applies to the Warming Center outputs.

**B. Past Outcomes**

1. Please describe and document client or project outcomes from your organization's prior experience in delivering similar services under HPRP or ESG, using HMIS and/or other sources of data. Include the number of households and/or individuals served:

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In 2013 the CCSS' Warming Center provided shelter to 203 women and 59 children. Last year, because of extreme weather, CCSS staff kept Warming Center guests safe, warm, fed and occupied for 23 full 24 hour days, where no days had been pre-planned.

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**New 14-15 Outcomes**

2. If your agency is funded, how would this experience lead to better future outcomes?
- Provide Permanent Supportive Housing for homeless Consumers, thus improving Housing Stability and the Quality of Life for these households.
  - After 30 days in Warming Center, 50% of households will move into shelter as evidenced by HMIS reports;
  - Cass will coordinate with the local HARA to insure permanent housing choices for 95% of clients who show an interest in this option.
  - Cass will further eliminate homelessness for 25 households through a collaboration with Wayne County Neighborhood Legal Services of Michigan which receives Rapid Re-Housing ESG funds and places homeless persons into housing.



Exhibit B- Revised Budget

| <b>WARMING CENTER</b>                               | <b>ESG GRANT REQUEST</b> | <b>MATCH PATH &amp; TSA</b> | <b>TOTALS</b>    |
|---|--------------------------|-----------------------------|------------------|
| <b>Essential Services</b>                           |                          |                             |                  |
| Case Management                                     |                          | \$61,000                    | \$61,000         |
| Child Care  |                          |                             |                  |
| Educational Services                                |                          |                             |                  |
| Employment Assistance/Training                      |                          |                             |                  |
| Legal Services                                      |                          |                             |                  |
| Life Skills Training                                |                          |                             |                  |
| Mental Health Services                              |                          |                             |                  |
| Outpatient Health Services                          |                          |                             |                  |
| Services for Special Populations                    |                          | \$22,000                    | \$22,000         |
| Substance Abuse Treatment                           |                          |                             |                  |
| Transportation (Bus Passes, Gas, etc.)              | \$15,000                 | \$2,000                     | \$17,000         |
| HMIS Cost (No more than 2% of total budget)         |                          |                             |                  |
| <b>Shelter Operations</b>                           |                          |                             |                  |
| Equipment   |                          |                             |                  |
| Food & Supplies (plates, forks, etc.)               | \$6,500                  |                             | \$6,500          |
| Fuel  |                          |                             |                  |
| Insurance   |                          |                             |                  |
| Maintenance (Supplies/Cleaning)                     | \$1,000                  |                             | \$3,000          |
| Rent  | \$17,150                 |                             | \$17,150         |
| Security (Salary & Fringes)                         | \$42,000                 |                             | \$42,000         |
| Supplies (Laundry, Mats, Sheets, etc.)              | \$1,350                  |                             | \$ 1,350         |
| Utilities   |                          |                             |                  |
| Data Collection                                     | \$2,000                  |                             |                  |
| HMIS Cost (No more than 2% of total budget)         |                          |                             |                  |
| <b>TOTAL EMERGENCY SHELTER<br/>ACTIVITY REQUEST</b> | <b>\$85,000</b>          | <b>\$85,000</b>             | <b>\$170,000</b> |



| <b>Principal Staff Title</b> | <b>Staff Name</b> | <b>Years of Experience</b> | <b>Education or Training</b> | <b>Certifications</b>       |
|------------------------------|-------------------|----------------------------|------------------------------|-----------------------------|
| Executive Director           | Rev. Faith Fowler | 22                         | MPA, M. Div.                 | CARF                        |
| Security                     | Chandra McDuffie  | 12                         | High School Diploma          | VCE Training Certifications |
| Security                     | Mary Lytle        | 10                         | High School Diploma          | VCE Training Certifications |
| Security                     | Anthony Mason     | 2                          | High School Diploma          | VCE Training Certifications |
| Security                     | TBD               |                            |                              |                             |
| Security                     | TBD               |                            |                              |                             |
| Security                     | TBD               |                            |                              |                             |

## 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: *Dr. Julie Lee*

Its: *Executive Director*

Date: *April 16, 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:**

Authorized Representative's Signature: Rev. Justin F.

Printed Name: Rev. Faith Fowler

Title: Executive Director

Date: April 16, 2014

**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 <b><i>WAIVER</i></b> . |                                    |                 |
| 87066        | Mary L. Turner (Castaneda-Lopez)  | \$7,800                            | CITY COUNCIL    |
|              | Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with <b><i>WAIVER</i></b> . |                                    |                 |

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

Page 4

*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.                               |                         |               |

01/11/12

## City Council Contract Agenda Items Review Checklist

Reviewer: \_\_\_\_\_ Date Received: \_\_\_\_\_

Date: November 14, 2014 Department: Planning and Development

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

Description: Emergency Solutions Grant Contract No.: \_\_\_\_\_ PO Type: Prof Svc - CPO Est. Value: \$100,000.

Contract Term (if applicable): November 1, 2014 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 \$ \_\_\_\_\_ )

01/11/12

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

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

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

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

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

---

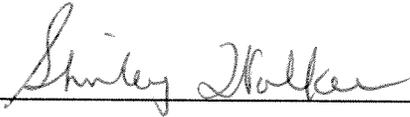
NOTES:

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**PLACE ON CITY COUNCIL AGENDA**

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: \_\_\_\_\_



DATE: November 14, 2014

INFORMATION PROVIDED BY: Shirley Walker

TITLE: Principal Development Specialist

PHONE NO.: 313-224-9948

Name of Reviewer/Affiliate Organization: KIANA L. HARRISON - HAND

Proposal#: 09 Date Reviewed: 9.29.2014

Applicant Agency: CASS - WARMING CENTER - 2<sup>ND</sup> Total Points Scored: 

|     |
|-----|
| 100 |
|-----|





| <b>II. Financial Capacity</b>   | <b>Points Possible<br/>20</b> | <b>Points Scored</b> |
|---|-------------------------------|----------------------|
| <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>20</p>            |
| <p><b><u>Insert Notes on Section 1 Scoring Here:</u></b></p> <p><b>90DAYS WORKING CAPITAL – PATH AND DHS ESP CASH MATCH – LETTER FROM EDCOMMITMENT</b></p>  |                               |                      |

| <b>III. Applicant’s Implementation Plan/Readiness to Proceed</b>  | <b>Points Possible<br/>15</b>       | <b>Points Scored</b> |
|---|-------------------------------------|----------------------|
| <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>15</p>            |
| <p><b><u>Insert Notes on Section 1 Scoring Here:</u></b></p>  |                                     |                      |

| <b>IV. Program outcomes and Cost Effectiveness</b>  | <b>Points Possible<br/>25</b> | <b>Points Scored</b> |
|---|-------------------------------|----------------------|
| <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>             |                      |



|   |                               |                  |
|---|-------------------------------|------------------|
| <p>Applicant must document client outcomes from prior experience. <b>(10 pts)</b><br/>         Cost effectiveness is demonstrated by procurement policies and procedures to provide ESG services. See Section 4.D.1 for policy requirements. <b>(5 pts)</b></p> | <p><b>10</b><br/><b>5</b></p> | <p><b>25</b></p> |
| <p><b><u>Insert Notes on Section I Scoring Here:</u></b></p>  |                               |                  |

| <p><b>V. Matching Capacity</b></p>  | <p><b>Points Possible</b><br/><b>25</b></p> | <p><b>Points Scored</b></p> |
|---|---|-----------------------------|
| <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"> <li>• <b>All in-kind match must be calculated to show cash value and documented to demonstrate part of the 100% match</b></li> </ul> <p>Up to <b>25pts</b> will be awarded based on the cash match.</p> <ul style="list-style-type: none"> <li>• 25% Cash Match &amp; 75% In-kind Match <b>(5 pts)</b></li> <li>• 50% Cash Match &amp; 50% In-kind Match <b>(10pts)</b></li> <li>• 75% Cash Match &amp; 25% In-kind Match <b>(18pts)</b></li> <li>• 100% Cash Match &amp; 0% In-kind Match <b>(25pts)</b></li> </ul> <p><i>* 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.</i></p> <p><i>**Match must meet all requirements established under Section 576.201 of the Interim Rule published in the Federal Register on December 5, 2011.</i></p> <p><i>***HSP Funds cannot serve as a match to ESG funded activities.</i></p> | <p><b>25</b></p>                            | <p><b>25</b></p>            |
| <p><b><u>Comments on Section V:</u></b></p>   |   |                             |



**SUMMARY**  
**TABLE**

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

Date Submitted:

### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION: PLANNING & DEVELOPMENT - NEIGHBORHOOD SUPPORT SERVICES

Contact: G. PRYOR Project Manager: S. WALKER Phone: 313-9948 Fax: 313-244-224-2321

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

|    |                                   |   |
|----|-----------------------------------|---|
| A. | To:                               | For:  |
|    | City of Detroit                   | Individual or                                       |
|    | Income Tax Division               | Company Name: <u>CASS COMMUNITY SOCIAL SERVICES</u> |
|    | Coleman A. Young Municipal Center | Address: <u>11550 WOODROW WILSON</u>                |
|    | 2 Woodward Avenue, Suite 512      | <u>DETROIT, MI 48206</u>                            |
|    | Detroit, MI 48226                 | Telephone: 313-883-2277                             |
|    | Fax: (313) 224-4588               | Ext: <u>PP#06990173.40</u> Fax:                     |

|   |   |   |
|---|---|---|
| A.  | Name of Chief Financial Officer Authorized Contact Person<br>(Include address if different from above)<br><u>REV. FAITH E. FOWLER</u> | Telephone:  |
| B.  | Employer Identification of Social Security Number<br><u>38-342921</u>   | Spouse Social Security Number                         |
| Nature of Contract:<br><u>HOMELESS SERVICES</u> |   | CONTRACT AMOUNT (if known):<br><u>LABOR MATERIALS</u> |

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

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

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

D. FOR INCOME TAX USE ONLY

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

YES  NO Signature: LAMONT FISHER  
 YES  NO Signature: INCOME TAX INVESTIGATOR

Date: APR 15 2015 Expires: APR 09 2015  
 Date: \_\_\_\_\_ Expires: \_\_\_\_\_

**CITY OF DETROIT - ACCOUNTS RECEIVABLE CLEARANCE FORM**  
 PLEASE FORWARD IN DUPLICATE TO ROOM 1012 (CCB)  
 COLEMAN A. YOUNG MUNICIPAL CENTER  
 REVENUE COLLECTIONS - (313) 224-4087

SECTION A: FROM  CITY ENGINEERING  HEALTH  LAW  POLICE  RECREATION  WATER & SEWERAGE  
 OTHER: NEIGHBORHOOD SUPPORT SERVICES - PLANNING & DEVELOPMENT DEPARTMENT  
 ADDRESS: 65 CADILLAC SQUARE, SUITE 1400 - (313) 224-9974 - Fax: (313) 224-2321  
 CONTACT PERSON: CLINTON GRIFFIN PHONE NUMBER: (313) 224-9121 DATE SENT: 11/21/2014

SECTION B: CORPORATION:  
 Cass Community Social Svcs  
 11850 Woodrow Wilson  
 Detroit, Michigan 48206

*O'Neal*

OWN  LEASE  
 CURRENT TAX IDENTIFICATION NUMBER: 38-3429921 PERSONAL PROPERTY# 06990173.40  
 OTHER CITY STATE TAX IDENTIFICATION NUMBER (S) PREVIOUSLY USED:  
 CONTACT PERSON: PHONE EXT: Monique Turner 313-883-2277

SECTION C: PARTNERSHIP

BUSINESS NAME: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 OWN  LEASE  
 OTHER CITY STATE TAX IDENTIFICATION NUMBER(S) PREVIOUSLY USED: \_\_\_\_\_

A. PARTNER'S NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 OWN  LEASE SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 OTHER CITY PROPERTY OWNED ADDRESSES: \_\_\_\_\_

B. PARTNER'S NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY/STATE/ZIP: \_\_\_\_\_  
 OWN  LEASE SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 OTHER CITY PROPERTY OWNED ADDRESSES: \_\_\_\_\_  
 CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SECTION D: SOLE PROPRIETORSHIP

OWNER'S NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY STATE ZIP: \_\_\_\_\_  OWN  LEASE  
 BUSINESS NAME: \_\_\_\_\_  
 BUSINESS ADDRESS: \_\_\_\_\_ CITY STATE ZIP: \_\_\_\_\_  OWN  LEASE  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_  
 CITY STATE ZIP: \_\_\_\_\_  
 CURRENT TAX IDENTIFICATION NUMBER: \_\_\_\_\_  
 OTHER CITY STATE TAX IDENTIFICATION NUMBER(S) PREVIOUSLY USED: \_\_\_\_\_  
 OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT: \_\_\_\_\_

SECTION E: PERSONAL SERVICES

NAME: \_\_\_\_\_  
 HOME ADDRESS: \_\_\_\_\_ CITY STATE ZIP: \_\_\_\_\_  OWN  LEASE  
 SOCIAL SECURITY NUMBER: \_\_\_\_\_  
 OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**REVENUE COLLECTIONS  
 APPROVED  
 CONTRACT CLEARANCES**

FOR TREASURY COLLECTION USE ONLY!

FOR INCOME TAX DIVISION USE ONLY!

APPROVED  DENIED WITH ATTACHMENTS  
 CLEARANCE VALID UNTIL 11/11/2015  
*Monette Smith*  
 SIGNATURE

APPROVED  DENIED

SIGNATURE

DATE

12-1-2014

**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being a duly authorized representative of the \_\_\_\_\_, (hereinafter "Contractor"), do hereby 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 or 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.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current *Contract Specific* Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (c).

RFQ / PO No. \_\_\_\_\_

Printed Name of Contractor: Cas Community Social Service  
(Type or Print Legibly)

Contractor Address: Detroit (City), MI (State), 48206 (Zip)

Contractor Phone/E-mail: 313-883-2211 x201 (Phone) / ffowler@cascommunity.org (E-mail)

Printed Name & Title of Authorized Representative: Rev. Faith Fowler

Signature of Authorized Representative: Rev. Faith Fowler

Date: 10/23/14

Signature of Notary: Stacy Leigh

Printed Name of Seal of Notary: Stacy Leigh

My Commission Expires: 8/4/19

|  |   |
|--|---|
| For Office Use Only:   |   |
| Cov. Rec'd: <u>11/20/14</u> in                                       | Department Name: <u>P.D.D</u>               |
| <input checked="" type="checkbox"/> Accepted by: <u>Chidi Nyeche</u> | <input type="checkbox"/> Rejected by: _____ |
| <u>Executive Manager.</u>  |   |



# CERTIFICATE OF LIABILITY INSURANCE

CASSC-7

OP ID: TR

DATE (MM/DD/YYYY)

09/17/2014

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.

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|   |   |                |
|---|---|----------------|
| PRODUCER<br>Brownrigg Companies, Ltd.<br>840 West Long Lake Rd Ste 100<br>Troy, MI 48098<br>Valissa Naganashe | CONTACT NAME:                           |                |
|   | PHONE (A/C, No, Ext):                   | FAX (A/C, No): |
| E-MAIL ADDRESS:   |   |                |
| INSURER(S) AFFORDING COVERAGE   |   | NAIC #         |
| INSURED<br>Cass Community Social Services<br>11850 Woodrow Wilson<br>Detroit, MI 48206                        | INSURER A: Great American Insurance Co. |                |
|   | INSURER B: CNA insurance Co.            |                |
|   | INSURER C: Hartford Fidelity & Bonding  |                |
|   | 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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|
| A        | GENERAL LIABILITY  | X         |          | PAC 0594211   | 10/01/2014              | 10/01/2015              | EACH OCCURRENCE \$ 1,000,000                         |
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                               |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |           |          |               |                         |                         | MED EXP (Any one person) \$ 5,000                    |
|          | <input checked="" type="checkbox"/> Professional 1m3m  |           |          |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000                   |
|          | <input checked="" type="checkbox"/> Abuse 1m3m   |           |          | PAC 0594211   | 10/01/2014              | 10/01/2015              | GENERAL AGGREGATE \$ 3,000,000                       |
|          | GENL AGGREGATE LIMIT APPLIES PER:  |           |          |               |                         |                         | PRODUCTS - COMPROP AGG \$ 3,000,000                  |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LCC |           |          |               |                         |                         | EBL \$ 1m3m  |
| A        | AUTOMOBILE LIABILITY   |           |          | CAP 0594212   | 10/01/2014              | 10/01/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000     |
|          | <input checked="" type="checkbox"/> ANY AUTO   |           |          |               |                         |                         | BODILY INJURY (Per person) \$                        |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |           |          |               |                         |                         | BODILY INJURY (Per accident) \$                      |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |           |          |               |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$                    |
|          | <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS                                       |           |          |               |                         |                         | \$   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB  |           |          | UMB 0594213   | 10/01/2014              | 10/01/2015              | EACH OCCURRENCE \$ 2,000,000                         |
|          | <input type="checkbox"/> EXCESS LIAB   |           |          |               |                         |                         | AGGREGATE \$ 2,000,000                               |
|          | <input type="checkbox"/> CLAIMS-MADE   |           |          |               |                         |                         | \$   |
|          | DED \$ RETENTION \$ 10,000   |           |          |               |                         |                         |  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |           |          |               |                         |                         | WC STATUTORY LIMITS \$                               |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | Y/N       | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$                                |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$                        |
| B        | D&O EPLI FIDU  |           |          | 596379371     | 10/01/2014              | 10/01/2015              | Limit 1,000,000                                      |
| C        | CRIME  |           |          | 35FB00740224  | 10/01/2014              | 10/01/2015              | Limit 100,000  |

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

The City of Detroit, Planning & Development, are an Additional Insured with respects to the General Liability as funder.

## CERTIFICATE HOLDER

## CANCELLATION

|   |  |
|---|--|
| CITY-4<br><br>City of Detroit<br>Planning & Development<br>65 Cadillac Square, Suite 100<br>Detroit, MI 48226 | 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<br>Valissa Naganashe   |

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# CERTIFICATE OF LIABILITY INSURANCE

CASSC-7

OP ID: TR

DATE (MM/DD/YYYY)

09/17/2014

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.

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**PRODUCER**  
Brownrigg Companies, Ltd.  
840 West Long Lake Rd Ste 100  
Troy, MI 48098  
Valissa Naganashe

CONTACT NAME:

PHONE

(A/C, No, Ext):

FAX (A/C, No):

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A : Great American Insurance Co.

INSURER B : CNA Insurance Co.

INSURER C : Hartford Fidelity &amp; Bonding

INSURER D :

INSURER E :

INSURER F :

**INSURED** Cass Community Social Services  
11850 Woodrow Wilson  
Detroit, MI 48206

**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 INSR WYD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-------------------------------------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> GENERAL LIABILITY  | <input checked="" type="checkbox"/> | PAC 0594211   | 10/01/2014              | 10/01/2015              | EACH OCCURRENCE \$ 1,000,000  |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |                                     |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000                        |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                 |                                     |               |                         |                         | MED EXP (Any one person) \$ 5,000   |
|          | <input checked="" type="checkbox"/> Professional 1m3m  |                                     |               |                         |                         | PERSONAL & ADV INJURY \$ 1,000,000  |
|          | <input checked="" type="checkbox"/> Abuse 1m3m   |                                     | PAC 0594211   | 10/01/2014              | 10/01/2015              | GENERAL AGGREGATE \$ 3,000,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |                                     | PAC 0594211   | 10/01/2014              | 10/01/2015              | PRODUCTS - COMP/OP AGG \$ 3,000,000   |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                                     |               |                         |                         | EBL \$ 1m3m   |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY                                       |                                     | CAP 0594212   | 10/01/2014              | 10/01/2015              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000                            |
|          | <input checked="" type="checkbox"/> ANY AUTO   |                                     |               |                         |                         | BODILY INJURY (Per person) \$   |
|          | <input type="checkbox"/> ALL OWNED AUTOS   |                                     |               |                         |                         | BODILY INJURY (Per accident) \$   |
|          | <input checked="" type="checkbox"/> HIRED AUTOS  |                                     |               |                         |                         | PROPERTY DAMAGE (PER ACCIDENT) \$   |
|          | <input type="checkbox"/> SCHEDULED AUTOS   |                                     |               |                         |                         | \$  |
|          | <input checked="" type="checkbox"/> NON-OWNED AUTOS  |                                     |               |                         |                         | \$  |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB  | <input checked="" type="checkbox"/> | UMB 0594213   | 10/01/2014              | 10/01/2015              | EACH OCCURRENCE \$ 2,000,000  |
|          | <input type="checkbox"/> EXCESS LIAB   |                                     |               |                         |                         | AGGREGATE \$ 2,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE   |                                     |               |                         |                         | \$  |
|          | DED <input type="checkbox"/> RETENTION \$ 10,000   |                                     |               |                         |                         | \$  |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |                                     |               |                         |                         | WC STATUTORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                    | <input type="checkbox"/> Y/N        | N/A           |                         |                         | E.L. EACH ACCIDENT \$   |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below   |                                     |               |                         |                         | E.L. DISEASE - EA EMPLOYEE \$   |
| B        | D&O EPLI FIDU  |                                     | 596379371     | 10/01/2014              | 10/01/2015              | Limit 1,000,000   |
| C        | CRIME  |                                     | 35FB00740224  | 10/01/2014              | 10/01/2015              | Limit 100,000   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The City of Detroit, Planning & Development, are an Additional Insured with respects to the General Liability as funder.

**CERTIFICATE HOLDER****CANCELLATION**

City of Detroit  
Planning & Development  
65 Cadillac Square, Suite 100  
Detroit, MI 48226

CITY-4

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  
Valissa Naganashe



# CERTIFICATE OF LIABILITY INSURANCE

CASSC-7

OP ID: TR

DATE (MM/DD/YYYY)

12/06/2013

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| <b>PRODUCER</b><br>Brownrigg Companies, Ltd.<br>840 West Long Lake Rd Ste 100<br>Troy, MI 48098<br>Valissa J. Naganashe    | <b>CONTACT NAME:</b> Valissa J. Naganashe<br><b>PHONE (A/C, No, Ext):</b> 248-373-5580<br><b>FAX (A/C, No):</b> 248-373-5586<br><b>E-MAIL ADDRESS:</b>   |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
|--|--|-------------------------------|--------|-------------------|--|------------|--|------------|--|------------|--|------------|--|------------|
|  | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: HSAWCF</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: HSAWCF |  | INSURER B: |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE  | NAIC #   |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| INSURER A: HSAWCF  |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| INSURER B:   |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| INSURER C:   |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| INSURER D:   |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| INSURER E:   |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| INSURER F:   |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |
| <b>INSURED</b><br>Cass Community Social Services<br>Ms. Rev. Fowler; Exec Dir<br>11850 Woodrow Wilson<br>Detroit, MI 48206 |  |                               |        |                   |  |            |  |            |  |            |  |            |  |            |

**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 INSR (W/P)   | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |                     |       |                    |              |                            |              |                             |              |
|-----------------------------|---|--|---------------|-------------------------|-------------------------|--|---------------------|-------|--------------------|--------------|----------------------------|--------------|-----------------------------|--------------|
|                             | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |  |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COM/PROP AGG \$<br>\$  |                     |       |                    |              |                            |              |                             |              |
|                             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |  |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (PER ACCIDENT) \$<br>\$  |                     |       |                    |              |                            |              |                             |              |
|                             | <input type="checkbox"/> UMBRELLA LIAB<br><input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DEQ<br><input type="checkbox"/> RETENTIONS   | <input type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$   |                     |       |                    |              |                            |              |                             |              |
| A                           | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N  | 1133 SA MI    | 01/01/2014              | 01/01/2015              | <table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ 1,000,000</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ 1,000,000</td> </tr> </table> | WC STATUTORY LIMITS | OTHER | E.L. EACH ACCIDENT | \$ 1,000,000 | E.L. DISEASE - EA EMPLOYEE | \$ 1,000,000 | E.L. DISEASE - POLICY LIMIT | \$ 1,000,000 |
| WC STATUTORY LIMITS         | OTHER   |  |               |                         |                         |  |                     |       |                    |              |                            |              |                             |              |
| E.L. EACH ACCIDENT          | \$ 1,000,000  |  |               |                         |                         |  |                     |       |                    |              |                            |              |                             |              |
| E.L. DISEASE - EA EMPLOYEE  | \$ 1,000,000  |  |               |                         |                         |  |                     |       |                    |              |                            |              |                             |              |
| E.L. DISEASE - POLICY LIMIT | \$ 1,000,000  |  |               |                         |                         |  |                     |       |                    |              |                            |              |                             |              |

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

City of Detroit is an Additional Insured with respect to the General Liability as funder.

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| <b>CITY-4</b><br><br>City of Detroit<br>PLANNING & DEVELOPMENT<br>65 Cadillac Square, Suite 100<br>Detroit, MI 48226 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br>Valissa J. Naganashe |
|--|---|

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# CASS COMMUNITY SOCIAL SERVICES, INC.

11850 Woodrow Wilson - Detroit, Michigan - 48208  
(313) 883-2277 [www.casscommunity.org](http://www.casscommunity.org)



## Application for Employment

PLEASE PRINT OR TYPE

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First Middle Initial

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How long have you lived at above address? \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Home telephone with area code \_\_\_\_\_ Cell telephone with area code \_\_\_\_\_

Position(s) applying for \_\_\_\_\_ On what date are you available for work? \_\_\_\_\_

Have you ever filed an application with CCSS before? Yes No If Yes, give date(s) \_\_\_\_\_

Have you ever been employed by CCSS? Yes No If Yes, give date(s) \_\_\_\_\_

Are you currently employed? Yes No

Do you have a valid Michigan driver's license? Yes No If yes, is it a chauffeur's license or a CDL? \_\_\_\_\_

If it is a CDL, what endorsement(s) do you have? \_\_\_\_\_ Can you travel if your job requires it? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigrant status will be required upon employment.

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Are you available to work (circle): Full Time Part Time Relief or Seasonal

Are you currently on "lay-off" status and subject to recall? Yes No

Are you related to any Cass staff member/Board Member? Yes No

If Yes, please list name(s) \_\_\_\_\_

All qualified applicants will receive consideration without regard to race, color, veteran or marital status, gender, sexual orientation, age, religion, creed, national origin, personal appearance, disability or any other legally protected status. Employment is based on the provisions of Act No. 453, Public Acts of 1976 approved by the Governor January 12, 1977 as amended by Act No. 132 Public Acts of 1977 and Act No. 153, Public Acts 1978, The Constitution of the United States and the State of Michigan, Americans with Disabilities Act, and the Mental Health Code

**EDUCATIONAL BACKGROUND**

| Name of Educational Institutions<br>Include High School, College, Graduate<br>School(s) and/or Trade/Vocational School(s) | Dates Attended<br>( To - From) | Course of Study or<br>Major | Diploma/ Degrees |
|---|--------------------------------|-----------------------------|------------------|
|   |                                |                             |                  |
|   |                                |                             |                  |
|   |                                |                             |                  |
|   |                                |                             |                  |
|   |                                |                             |                  |

Are you currently attending school?  Yes  No If yes, full time or part time \_\_\_\_\_

Where? \_\_\_\_\_

Do you have a Professional or Vocational License(s)?  Yes  No If yes, what \_\_\_\_\_

**EMPLOYMENT HISTORY**

(Please list your present or most recent job first. You may exclude organizations which indicate race, color, religion, gender, national origin or other protected status.)

| From<br>Month/Year | To<br>Month/Year | Name and Address of Company<br>and Name of Supervisor | Position or<br>Job Title | Rate of Pay/<br>Salary |
|--------------------|------------------|---|--------------------------|------------------------|
|                    |                  |   |                          |                        |
|                    |                  |   |                          |                        |
|                    |                  |   |                          |                        |
|                    |                  |   |                          |                        |

Wage/Salary expectation for a position at CCSS: \$ \_\_\_\_\_ /Hourly or \$ \_\_\_\_\_ /Annually

May we contact your current supervisor? Yes  No

Do you have any special skills or abilities that you would like us to know about? \_\_\_\_\_

|  |           |      |      |      |
|--|-----------|------|------|------|
| Indicate your ability to speak (English)       | Fluent    | Good | Fair | Poor |
| Indicate your ability to read (English)        | Excellent | Good | Fair | Poor |
| Indicate your ability to write (using English) | Excellent | Good | Fair | Poor |

What world (foreign) language(s) do you know? (Indicate proficiency) \_\_\_\_\_

Do you know sign language? (Indicate proficiency) \_\_\_\_\_

What computer language(s) do you know? (Indicate proficiency) \_\_\_\_\_

**REFERENCES**

(Please list three people not living with or related to you)

| Name | Address with City, State and Zip Code | Phone Number with area code | Occupation with Relationship to Applicant |
|------|---------------------------------------|-----------------------------|---|
|      |                                       |                             |   |
|      |                                       |                             |   |
|      |                                       |                             |   |

Are you related to or living with a CCSS staff member?  Yes  No If yes, who \_\_\_\_\_

Are you related to or living with a CCSS Board member?  Yes  No If yes, who \_\_\_\_\_

**APPLICANT'S STATEMENT**

I hereby understand and acknowledge that any employment relationship with Cass Community Social Services, Inc. is of an "at will" nature, which means that I as an Employee could resign at any time and the Employer (CCSS) may discharge me/an Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed verbally or by any written document or by conduct unless such change is specifically acknowledged in writing by the Executive Director of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I understand, also, that Cass employees are required to abide by all rules/regulations of the employer and that, if employed by CCSS, the organization will require a criminal background check, testing for illegal drug use, and a Department of Human Services (DHS) clearance.

Signature \_\_\_\_\_

Date of Application \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

CCSS Human Resources, 11850 Woodrow Wilson, Detroit, MI 48208

**How Did You Learn About Cass Community Social Services?**

- Advertisement
  - Newspaper Story
  - Television Story
  - Posting at Cass
  - School Posting
  - Walk-in
  - Internet Site
  - Employment Agency
- From a Person...
- A Relative
  - A Friend
  - A Co-worker
  - Clergy/Religious Organization
  - A Neighbor
  - A CCSS Board Member
  - A CCSS Staff Member
  - A CCSS Volunteer
- Other \_\_\_\_\_



Cass  
Community  
Social  
Services

January 23, 2015

Ms. Shirley Walker  
Project Manager  
Neighborhood Support Services Division  
City of Detroit  
Planning & Development Department  
65 Cadillac Square, Suite 2300  
Detroit, MI 48226

**RE: Employment Application and Residential Application Regarding Criminal Sexual Background Checks**

Dear Shirley:

This letter shall serve as a statement of fact about the need for Cass Community Social Services, Inc. (CCSS or Cass) to conduct both Pre-Employment Criminal Sexual Background Checks as well as Potential Pre-Residential Criminal Sexual Background Checks.

Cass operates several shelters, transitional and permanent supportive housing facilities that house minor children. These include, but may not be limited to Women & Children's Warming Center, Family Shelter, Mom's Place TH and Bernauer Manor PSH located on the CCSS central campus and in other CCSS locations.

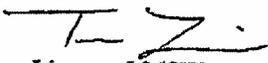
As a requirement from the State of Michigan, the Department of Human Services, the U. S. Department of Housing and Urban Development, Michigan State Housing Development Authority, The Salvation Army and our commercial insurance carrier, these requirements are mandated because Cass houses children. All affected person sign their understanding and acceptance of these checks prior to said checks being made. The same process is carried out annually to insure compliance with these important regulations.

As stated in our Policy: Anyone convicted of any sexual criminal offense, cannot work at CCSS as an employee, contractor or volunteer; nor live at CCSS in any residential program.

Attached to this letter is the CCSS Standard Operating Policy (2 pages), National Sexual Criminal Registry application (3 pages), and the Consent for this search (1 page) from potential residents. Furthermore, if a potential resident is turned down for this or any other reason, the individual is given a letter stating why they cannot participate at CCSS.

Please contact me directly with any issues or questions you may have with this proposal. Thank you.

Sincerely,

  
Terra Linzner, LMSW  
Director of Permanent Supportive Housing

11850 Woodrow Wilson • Detroit, MI 48206 • 313.883.2277 • [www.casscommunity.org](http://www.casscommunity.org)

Activity Center • Antisdel Apartments • Bernauer Manor • Brady Building • Cass Church • Cass House • Mom's Place I • Mom's Place II • Scott Building • Warehouse

**CASS COMMUNITY SOCIAL SERVICES, INC. (CCSS or Cass)**

**Subject: Policies and Procedures, Criminal Sexual Background Checks & Offenses**

**Effective Date: October 1, 2012**

**Programs: All Programs**

**Approved by:** *Rw. [Signature]*

Revision 6, October 1, 2012

**Purpose:**

To establish the procedures for Criminal Sexual Background Checks & Offenses

**Application:**

All employees, candidates for hire, residents, and volunteers.

**Procedure:**

- Criminal sexual background checks are conducted at the time of hire;
- before a volunteer over the age of fifteen (15) begins service; and
- at least annually thereafter by a member of the Human Resource Team.
- All contractors who conduct routine business with Cass Community Social Services may be required to perform criminal sexual background checks on the employees affiliated with Cass, and to provide the results to Cass prior to conducting business, and annually thereafter.
- Criminal sexual background checks are conducted at the time of intake or before a resident over the age of fifteen (15) concludes all residency eligibility requirements, and at least annually thereafter by a member of the Case Management Team.

Anyone convicted of any sexual criminal offense, cannot work at CCSS as an employee, contractor or volunteer, nor live at CCSS in any residential program.

Anyone accused of a sexual criminal offense in a court of law, must disclose this information to Human Resources immediately. Failure to do so, will result in termination. Accused, but not convicted employees will be remunerated until the matter is decided by the courts. At that time, if that employee is found innocent, their job, or one similar, will be returned to them. If they are found guilty by a court of law, that individual will be immediately terminated, and all remuneration will cease.

**Attachments or Comments:**

This policy is hereby made a part of the CCSS Personnel, Rights and Residents Manual.

**I. CONTINUOUS QUALITY IMPROVEMENT**

Cass Community Social Services Recipient Rights Advocate and CQI Committee shall monitor adherence to this policy as one of its site assessment process.

**II. COMPLIANCE WITH ALL APPLICABLE LAWS:**

This policy should read in conjunction with the Mental Health Code, Administrative Rules, other applicable laws, the Department of Community Health Policy and rules, and Agency policies.

**III. LEGAL AUTHORITY AND REFERENCE**

- A. Michigan Mental Health Code, P.A. 258 of 1974, as amended, MCL 330.1722; MCL 330.1723; MCL 330.1752
- B. Michigan Administrative Code, R330.7100, R330.7035
- C. Michigan Penal Code – P.A. 328 of 1931 as amended

**IV. EXHIBITS**

- A. Abuse, as defined by the Michigan Penal Code.
- B. Vulnerable Adult Abuse, as defined by Section 145n of the Michigan Penal Code
- C. Child Abuse, as defined by Section 136b of the Michigan Penal Code



[Michigan.gov Home](#) | [ICHAT Home](#) | [MSP home](#) | [Sitemap](#) | [FAQs](#) | [Contact Us](#) | [Register](#) | [Login](#) | [Help](#)

**Background Search**

ICHAT - Home



**Search Results**

**View Fee Charges**

The Internet Criminal History Access Tool (ICHAT) allows the search of public records contained in the Michigan Criminal History Record maintained by the Michigan State Police, Criminal Justice Information Center. All felonies and serious misdemeanors that are punishable by over 93 days are required to be reported to the state repository by law enforcement agencies, prosecutors, and courts in all 83 Michigan counties.

**My Account**

Suppressed records and warrant information are not available through ICHAT. Also not included are federal records, tribal records, and criminal history from other states. A search for a record that may be in another state requires that you correspond with that state directly.

**Shopping Cart**

**How to Use ICHAT**  
click for tutorials

Anyone can perform a search through ICHAT. At a minimum, the full name of the person and his/her date of birth is required. A fee of \$10 is charged for each search.

If this is your first time using the Internet Criminal History Access Tool (ICHAT), please select "Register"; otherwise select "Login" to proceed with a record search.

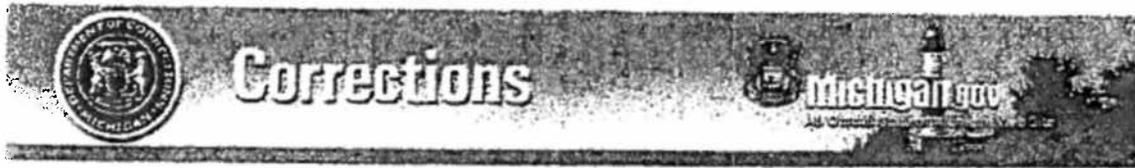
ICHAT accepts MasterCard, Visa, and Discover cards:



To access the Michigan Public Sex Offender Registry, click the following link: <http://www.mjcsor.state.mi.us/>

[Michigan.gov Home](#) | [Sitemap](#) | [ICHAT Home](#)  
[Accessibility Policy](#) | [Privacy Policy](#) | [Link Policy](#) | [Security Policy](#) | [Survey](#)

Copyright © 2001-2012 State of Michigan - State Police



[Michigan.gov Home](#)

[Contact MDOC](#) | [OTIS Help](#) | [MDOC's Most Wanted](#) | [Glossary](#) | [Disclaimer](#) | [MDOC Home](#)

## What is OTIS? What are the terms and conditions of its use?

OTIS is intended to offer information to the public that can then be verified through the Michigan Department of Corrections (MDOC), Michigan Courts, the Michigan State Police or other law enforcement agencies. A search of OTIS will provide information about offenders previously or currently under the jurisdiction or supervision of the MDOC. A search result will provide information about any offender who is, or was, in a Michigan prison, on parole or probation under the supervision of the MDOC, has transferred in or out of Michigan under the Michigan Interstate Compact, or who has escaped or absconded from their sentence. Only offenders who have been under the jurisdiction or supervision of the MDOC within the last three years will appear. If more than three years has elapsed, the information will not be available on OTIS.

OTIS does not exclusively display information on convicted felons. It provides information on felons and misdemeanants who are, or were, under the supervision of the MDOC.

Clicking on the Michigan Compiled Law number (MCL #) will take you to the Michigan Legislature Web site where the actual statute the offender was convicted of violating is presented. One statute may contain varying degrees of criminal behavior with multiple penalties that may fit the definition of both a felony and misdemeanor.



If the sentence information displays "Attempt" after the offense, refer to Michigan Compiled Law [750.32 Attempt to Commit Crime](#) for additional conviction and penalty information. This information may be found at the Michigan Legislature website at <http://www.legislature.mi.gov>.

The Michigan Legislature requires the MDOC to keep offender information on OTIS for three years after discharge. Information is removed from OTIS only if the conviction is set aside, expunged by the sentencing court or by operation of law, or three years has elapsed since the offender has discharged. At the present time, only offenders sentenced to prison have their images displayed on OTIS, and these images are not updated after the offender leaves a Michigan prison.

While the information provided on this Web site is public record, some offenders have been sentenced under Michigan statutes that preclude disclosure of their conviction information to the public. That information does not appear in this database.

The Department of Corrections and the State of Michigan offer this information without any express or implied warranty as to its accuracy. The information on the database may not accurately reflect the most current location, status, projected release date or other information regarding an offender. Although every effort is made to maintain accurate records on this database, no action should be taken as a result of information found herein without confirmation with the MDOC, the Michigan State Police through the use of their Internet Criminal History Access Tool (ICHAT) or a review of the court file. The Michigan State Police ICHAT can be found at <http://mi-mall.michigan.gov/ichat>.

If you believe the information presented on this site is inaccurate, out-of-date or incomplete, contact the Office of Public Information and Communications via e-mail at [correctionsinfo@michigan.gov](mailto:correctionsinfo@michigan.gov) or by calling (517) 373-6381. If you have any technical problems accessing or reading the information, please address any concerns to the Webmaster via e-mail at [mDOCwebmaster@michigan.gov](mailto:mDOCwebmaster@michigan.gov).

I have read and understand the information above.  
By clicking within this box to proceed, I agree to the terms and limitation as stated.

I Agree

Related Sites: [Sex Offender Registry](#) | [MCL Online](#)



### National Sex Offender Quick Search \*

*Enter a first name and last name; then press Search.*

FIRST:

LAST:

**SEARCH**

OR [search by location](#)

<http://www.nsopw.gov/?AspxAutoDetectCookieSupport=1>

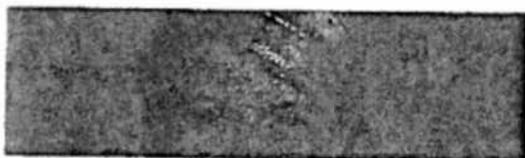
### NSOPW FAQs

-- Select One --



### Public Registry Sites

-- Select One --





CASS COMMUNITY SOCIAL SERVICES, Inc.

Consent for Criminal Sexual Registry/Criminal Background Search

I hereby authorize Cass Community Social Services, Inc. (CCSS) to conduct a criminal sexual registry and criminal background search. This is required as part of the application process for residential programs. According to regulations of the program, the information obtained in this process may prevent admission into the program.

I affirm that the information provided in my application for services offered through CCSS is accurate. I understand that any misrepresentation or falsification may result in termination from consideration for housing or any other services offered. All information provided and obtained is kept confidential.

Printed Full Name

Previous Alias/Maiden Name

Recent Addresses

XXX-XX

Social Security Number

Race/Ethnicity

Gender

Identifiable Scars or Tattoos

Date of Birth

Signature of Applicant

Date

Staff Only:

CCSS Staff Signature

Results of Background Check

Date

\*This consent expires one year from the date of signature.

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

1. Name of Contractor: Cass Community Social Services  
2. Address of Contractor: 11850 Woodward Wilson  
Detroit MI 48206

3. Name of Predecessor Entities (if any): N/A

4. Prior Affidavit submission?  No  Yes, on: \_\_\_\_\_  
(Date of prior submission)  
If "No", complete Items 5 and 6.

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

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

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

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

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

Rev. Faith Fowler (Printed Name) Executive Director (Title)

[Signature] (Signature) 10/23/14 (Date)

Subscribed and sworn to before me  
this 23rd day of October  
[Signature]  
Notary Public, Oakland County, Michigan  
My Commission expires: 8/4/19





## CONFLICT OF INTEREST CERTIFICATE

I hereby affirm that I have received copies of the provisions of the Code of Federal Regulations relevant to conflict of interest in regards to Subrecipient Agreements under the CDBG, HOME, and ESG programs and I hereby Certify that to the best of my knowledge and belief, no actual or apparent Conflict of interest exists with regard to the performance of this contract.

Signature  10/23/14  
President of Board of Directors Date  
( Or authorized representative )

Name Of Organization: Cass Community Social Services, Inc

NOTIFICATION OF CONTRACT AWARD

P & DD 4444-01

CPO #2893809 ORG #361508 OBJ. CODE/DETAIL: 651147 ACT. PUR. NO: \_\_\_\_\_

Name of Program: Homeless Public Service

Location: City of Detroit Grant Number: ESG  
Sponsor: City of Detroit % Minority Sponsorship: 100%

**PRIME or SOLE CONTRACTOR**  
**CONTRACTOR**

Business Name: Cass Community Social Services-Warming Ctr.  
Principal Owner: \_\_\_\_\_  
Address: 11850 Woodrow Wilson, Detroit, MI 48206  
Telephone: (313) 883-2277  
Internal Revenue Number (If Applicable): \_\_\_\_\_  
Principal Ownership Over 50% (Check One on Each Line):  
Black  Hispanic  Amer. Indian  Asian  White   
Sex: Male  Female

**SUB-CONTRACTOR**

Business Name: \_\_\_\_\_  
Principal Owner: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Internal Revenue Number (If Applicable): \_\_\_\_\_  
Principal Ownership Over 50% (Check One on Each Line):  
Black  Hispanic  Amer. Indian  Asian  White   
Sex: Male  Female

**CONTRACT AWARD**

**TYPE of CONTRACT:** Construction  Service X  Supply   
Check Tier: Prime X Sub  Sub/Sub   
Total Dollar Value: \$ 185,000.00  
Award Date: \_\_\_\_\_  
If Joint Venture, Amount Minority: \$ \_\_\_\_\_  
Amount Majority: \$ \_\_\_\_\_

This serves as such notification for the above contract.

Shirley Walker  
Preparer's Signature

Date 11/14/2014

|             |   |   |         |                            |              |                      |
|-------------|---|---|---------|----------------------------|--------------|----------------------|
| PO Rev      | 2893809   | 1 | Type    | Contract Purchase Agreemen | Created      | 28-MAY-2014 10:15:41 |
| Supplier    | CASS COMMUNITY SOCIAL SI  |   | Site    | DETROIT                    | Contact      |                      |
| Ship-To     | P&D 14  |   | Bill-To | Citywide PO default        | Currency     | USD                  |
| Buyer       | Davis, Drenda L   |   | Status  | Requires Reapproval        | Amtd. Agreed | 185,000.00           |
| Description | 36-BLD-NOF ESG CONTRACT (2012-2013) 11-17-14 Amendment #1 (2014-15) War |   |         |                            | Released     | 100,000.00           |

Lines | Price Reference | Reference Documents | More | Agreement

| Num | Type | Item | Rev | Category | Description | UOM | Quantity | Price | Promised |
|-----|------|------|-----|----------|-------------|-----|----------|-------|----------|
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |
|     |      |      |     |          |             |     |          |       |          |

Item

Selection Criteria

Budget: **CODAMENDED** Amount Type: **Year To Date Extended**  
 Period: **JUN-15** Encumbrance Type: **ALL**  
 Account Level: **All**

Funds Available (USD)

| Summary                             | Account                        | Budget       | Encumbrance  | Actual       | Funds Available |
|-------------------------------------|--------------------------------|--------------|--------------|--------------|-----------------|
| <input type="checkbox"/>            | 2002-361508-803714-651147-1334 | 62,926.00    | 15,834.06    | 47,091.94    | 0.00            |
| <input type="checkbox"/>            | 2002-361508-803714-651159-1334 | 0.00         | 0.00         | 0.00         | 0.00            |
| <input type="checkbox"/>            | 2002-361508-803814-617900-1334 | 256,007.00   | 158,007.00   | 0.00         | 98,000.00       |
| <input type="checkbox"/>            | 2002-361508-804713-651118-1334 | 895,684.00   | 429,025.89   | 158,974.11   | 307,684.00      |
| <input type="checkbox"/>            | 2002-361508-804813-617900-1334 | 421,305.00   | 309,688.30   | 111,616.70   | 0.00            |
| <input checked="" type="checkbox"/> | 2002-361508-804913-628500-1334 | 43,737.00    | 33,423.84    | 4,034.16     | 6,279.00        |
| <input type="checkbox"/>            | 2002-361508-805014-628500-1334 | 45,036.00    | 27,271.89    | 2,737.11     | 15,027.00       |
| <input type="checkbox"/>            | BUDC-361508-T-P06200-13340-T-  | 8,212,847.67 | 2,719,077.01 | 1,676,687.46 | 3,817,083.20    |

Encumbrance Amounts

| Requisition | Purchase Order | Other |
|-------------|----------------|-------|
| 0.00        | 33,423.84      | 0.00  |

Account Description: **UDAG and Discretionary-Emergency Solutions -Data Collection-Miscellaneous Expen-Emergency Solutions -Undefined**

*26 / 11/14/14*

CONTRACT # CPO 2893809 \_\_\_\_\_  
SPO 2893810 \_\_\_\_\_

Waiver

CHANGE ORDER # 01 Agenda Date \_\_\_\_\_

DEPARTMENT Planning and Development Department CCR: \_\_\_\_\_

### CONTRACT SYNOPSIS

**CONTRACTOR**

NAME: Cass Community Social Services- Warming Center

ADDRESS: 11850 Woodrow Wilson, Detroit, MI 48206

NOF Public Service – Living Wage Ordinance Does Not Apply

WHAT FORM OF COMPETITION

Request for Proposal (RFP) # <sup>ESG</sup> ~~NOF - Public Service~~

DID THE DEPARTMENT ENGAGE

Request for Quotes (RFQ) # \_\_\_\_\_

IN TO OBTAIN THIS PROFESSIONAL

Request for Qualifications (RFQQ) # \_\_\_\_\_

SERVICE CONTRACT:

If there was no competition obtained, explain why:

*Annual public Service Neighborhood Opportunity Fun RFP's (applications) are issued in October. City Council budgets awards for specific activities and organizations. This the projects are already earmarked for certain groups and cannot be bid out again*

**PROJECT:**

**Cass Community Social Services-Warming Center**

Type of Funding and %:

100 % Emergency Solutions Grant

**CONTRACT**

**AMOUNT:**

\$185,000.00

**CONTRACT**

**PERIOD:**

November 1, 2013 thru December 31, 2016.

**ADVANCE**

**PAYMENT**

N/A

**BRIEF**

**DESCRIPTION:**

Homeless Services

**REASON FOR**

**DELAY:**

N/A

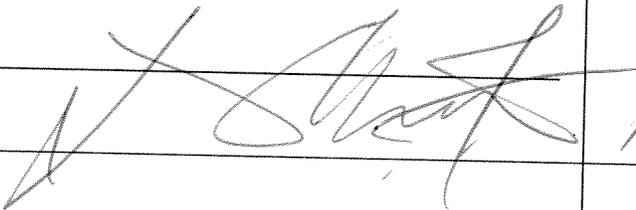
Date to Financial Management \_\_\_\_\_  
 Must Be Stamped with Time Clock

## FINANCIAL AND RESOURCE MANAGEMENT

### CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

|   |                        |                                       |
|---|------------------------|---------------------------------------|
| Contractor or Payee: <b>Cass Community Social Services-Warming Center</b> |                        | PDD Division: Development             |
| CPO: 2893809  | SPO 2893810            | Prepared By: S. O'Neal                |
| Payment #:  | Amount:                | Date Returned to Submitting Division: |
| Appropriation #: <b>13340</b>   | Organization #: 361508 | Reason Returned:                      |
| Object Code: <b>651147</b>  |                        | DRMS BATCH #:                         |
| APN:  |                        | IDIS Vouchers #:                      |

THIS SECTION BELOW TO BE COMPLETED BY THE FINANCIAL & RESOURCE MANAGEMENT DIV.

| SECTION                         | DATE-IN | REMARKS   | DATE-OUT |
|---------------------------------|---------|---|----------|
| LABOR STANDARDS (IF APPLICABLE) | N/A     | N/A   | N/A      |
| NOF PROJECT MANAGER TEAM LEADER |         |  | 10/14/14 |
| FINANCIAL MAN. APPROVAL         |         | _____   |          |
| IDIS                            |         | _____   |          |
| IDIS APPROVAL                   |         | _____   |          |

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

Print or type  
 See Specific Instructions on page 2.

|   |   |
|---|---|
| Name (as shown on your income tax return)<br><b>Cass Community Social Services</b>  |   |
| Business name/disregarded entity name, if different from above  |   |
| Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | Exemptions (see instructions):<br><br>Exempt payee code (if any) <u>5</u><br>Exemption from FATCA reporting code (if any) _____ |
| Address (number, street, and apt. or suite no.)<br><b>11850 Woodrow Wilson</b>  | Requester's name and address (optional)   |
| City, state, and ZIP code<br><b>Detroit, MI 48206</b>   |   |
| List account number(s) here (optional)  |   |

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Social security number         |   |   |   |   |   |   |   |   |   |
|--------------------------------|---|---|---|---|---|---|---|---|---|
|                                |   |   |   |   |   |   |   |   |   |
| -                              |   |   |   | - |   |   |   |   |   |
| Employer identification number |   |   |   |   |   |   |   |   |   |
| 3                              | 8 | - | 3 | 4 | 2 | 9 | 9 | 2 | 1 |

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

|                  |   |                        |
|------------------|---|------------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ <i>Kim Conwell</i> | Date ▶ <i>10-22-14</i> |
|------------------|---|------------------------|

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [IRS.gov](http://IRS.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the

withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.



# SUPPLIER APPLICATION

ALL INFORMATION SHOULD BE TYPED OR PRINTED AND RETURNED TO PURCHASING 1008 CAYMC, DETROIT, MI 48226 313 224-4600

- INITIAL APPLICATION
- ADD
- CHANGE (EXPLAIN IN COMMENTS P 2)

IMPREST CASH SUPPLIER (COMPLETE SECTIONS A, B & C ONLY)

AGENCY PHONE# 313-883-2277 AGENCY NAME Cass Community

PRINT REQUESTOR NAME Rev. Faim Fowler Social Services

AUTHORIZED SIGNATURE

W-9 ENCLOSED?   
<http://www.irs.gov/irs/pubs/forms.html>  
 W-9 NOT ENCLOSED?   
 (SEE SECTION C 3 OF THIS FORM)

## SECTION A — PRIMARY BUSINESS INFORMATION (THIS SECTION MUST BE COMPLETED)

BUSINESS NAME

Cass Community Social Services, Inc

ADDRESS

ADDRESS (CHECK APPLICABLE SITE TYPES)

REMIT TO  RFQ  PURCHASING

1850 Woodrow Wilson

CITY Detroit

STATE MI

ZIP 48206

CITY

STATE

ZIP

COUNTRY

U.S.A

COUNTRY

PHONE NUMBER

313-883-2277

PHONE NUMBER

FAX NUMBER

313-826-1391

FAX NUMBER

CONTACT NAME

Rev. Faim Fo

CONTACT NAME

E-MAIL ADDRESS

ffowler@casscommunity.org

E-MAIL ADDRESS

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

SELECT THE APPROPRIATE CODES FROM THE ATTACHED NIGP COMMODITY CLASS LIST

## SECTION C — BUSINESS OWNERSHIP

CORPORATION

PARTNERSHIP

SOLE PROPRIETOR/INDIVIDUAL

FEDERAL TAX ID 38-3429921

SSN \_\_\_\_\_

1099 SUPPLIER?  YES  NO

ARE YOU A HEALTH CARE SUPPLIER OR HEALTH CARE VENDOR?  YES  NO

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

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

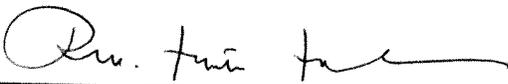
Rev. Faim Fowler  
SIGNATURE

TITLE

DATE

# CONFLICT OF INTEREST CERTIFICATE

I hereby affirm that I have received copies of the provisions of the Code of Federal Regulations relevant to conflict of interest in regards to Subrecipient Agreements under the CDBG, HOME, and ESG programs and I hereby Certify that to the best of my knowledge and belief, no actual or apparent Conflict of interest exists with regard to the performance of this contract.

Signature  10/23/14  
President of Board of Directors Date  
( Or authorized representative )

Name Of Organization: Cass Community Social Services, Inc.