

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

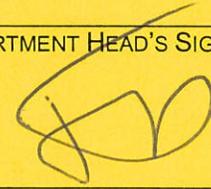
CONTRACT PO NUMBER
STANDARD PO NUMBER
CHANGE ORDER

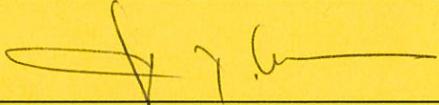
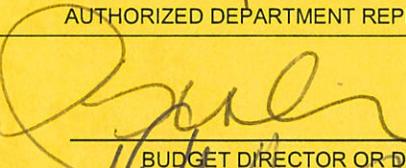
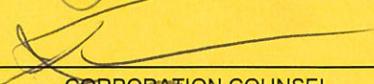
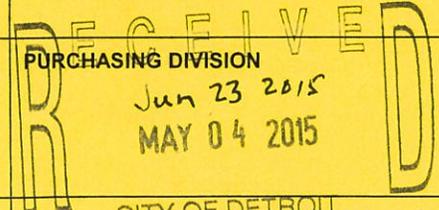
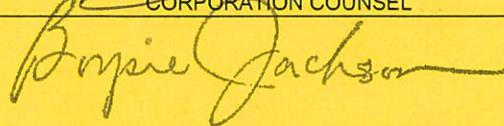
2893815
2893816

REVISION

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON SHIRLEY WALKER	PHONE NO. 313-224-9948
CONTRACTOR'S SOUTHWEST COUNSELING SOLUTIONS - ESG (CAM)	DATE 10/23/2015	
CONTRACTOR'S ADDRESS: 5716 Michigan Ave. Detroit, MI 48210	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/>	
	TOTAL CONTRACT AMOUNT	\$700,000.00
	TOTAL CPO AMOUNT	\$500,000.00
	CHANGE AMOUNT	\$200,000.00
PHONE NO : 313-963-6601 EXT. 4131	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER : 38-2042021	MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PROVIDE EMERGENCY SHELTER FOR THE HOMELESS ORGANIZATIONS OF DETROIT.		
CHARGE ACCOUNT: 2002-361508 -000000-651147-xxxxxx-000000- A3120		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	06-22-15
APR 22 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	APR 30 2015
JUL 08 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	JUN 30 PM 2:36 JUL 09 2015
MAY 01 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	5/1/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	6/30/15
	PURCHASING DIVISION  Jun 23 2015 MAY 04 2015  PURCHASING DIRECTOR	JUN 28 2015 JUN 12 2014

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2893815**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this ____ day of _____, **2014**, between **Southwest Counseling Solutions**, 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. 2893815**, dated **July 22, 2014**, between the Subrecipient and the City (herein called the "Agreement"):

WITNESSETH:

WHEREAS, the Subrecipient and the City did heretofore enter into the Agreement to provide 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 **January 1, 2014 through December 31, 2015**; and

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

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

That Article 3.01 which reads:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be from **January 1, 2014 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 **January 1, 2014 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 **FIVE HUNDRED THOUSAND (\$500,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **SEVEN HUNDRED THOUSAND (\$700,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

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

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

RESOLUTION OF CORPORATE AUTHORITY

I, Doris Patrick, CORPORATE SECRETARY of **Southwest Counseling Solutions - CAM**, 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 December 2, 2014, and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Executive Director, the Vice Chairperson, the 2nd Vice Chairperson, the Treasurer, the Secretary, and the President and each of them, hereby is 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."

I FURTHER CERTIFY that:

David Ippel _____	is Chairperson of the Board,
Joseph Tardella _____	is Executive Director,
Stephanie Miller _____	is Vice Chairperson,
Jose Reyer, Jr. _____	is 2 nd Vice Chairperson,
Lenora Hardy-Foster _____	is Treasurer,
Doris Patrick _____	is Secretary,
And John Van Camp _____	is President.

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 Amendment Agreement **CPO No. 2893815, CO#01**, between the City of Detroit and **Southwest Counseling Solutions**, 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 30th day of October, 2014

CORPORATE SEAL
(if any)

Signature:


Corporate Secretary

EXHIBIT A
SCOPE OF SERVICES (HOMELESS)
SOUTHWEST COUSELING SOLUTIONS – CAM
FT-2014-2015

#3- Services to Be Performed

Activities

(Includes the specific nature of each activity, who and how many staff will provide the service, including their job duties, the clientele that will be served, Outreach, as well as a detailed description of expected outcomes, which includes benefits to those served.)

The CAM will perform three main activities which include Access, Assessment, and Program Assignment. These three, as well as the several other additional activities of the CAM are detailed below:

ACCESS

In Phase One of this initiative, the CAM will be engaging with homeless families and single individuals where prevention and/or rapid re-housing may be an appropriate service intervention.

Access shall occur through one of two main ways:

1. Telephone access – shelter, community providers, and/or a homeless individual/family can call into the CAM.
2. In-reach/Outreach access – the CAM would have specialized mobile case managers that go into locations of service providers across Detroit.

ASSESS

Using a service flowchart and a standardized prescreen assessment- called the Service Prioritization Decision Assistance Tool- SPDAT, assessment will be conducted with each individual/family attempting to access services. Consent will be obtained during this process to enter information into HMIS.

During Phase One of this initiative, single individuals seeking shelter or housing assistance other than rapid re-housing or prevention, will not be serviced through CAM. These individuals will be referred to other resources. This also applies for families that access the CAM for a non-housing/non-shelter need.

For those accessing the CAM that do meet the service criteria for Phase One, there are several possible service scenarios based upon housing or shelter status at time of call. The support assessment is informed by these states:

1. Unsheltered homeless – attempts will be made to divert the caller to a more stable environment. If the household being assessed cannot be diverted, but also does not want shelter, they shall be referred, as best as possible, to other resources. If the household being assessed cannot be diverted and wants shelter, they shall have an intake for shelter completed, undertaking the following tasks:
 - a. Examining the best shelter fit based upon presenting needs;
 - b. Searching the HMIS available bed list;
 - c. Making contact with the shelter for the household;
 - d. Making the referral to the shelter for the household when contact confirms availability;

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 (Tel #)
- 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

Subrecipient Organization Name: Southwest Counseling Solutions

Authorized Representative's Signature:  _____

Printed Name: Joseph Tardella

Title: Executive Director

Date: March 21, 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: Southwest Counseling Solutions

Authorized Representative's Signature: 

Printed Name: Joseph Tardella

Title: Executive Director

Date: March 21, 2014

Detroit City Council
Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter
DATE: July 29, 2015

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

There were no contracts, approved at the July 21, 2015 Regular 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 July 28, 2015 and **APPROVED***

Reported by the Budget, Finance and Audit Committee:

2881148,Amend.2 Preferred Building Services + \$429,968.81 to \$746,852.81 FINANCE
Submitted in the List and Referred July 21, 2015; for Public Safety Headquarters.

2881154,Amend.2 Eagle Security Services + \$684,700 to \$1,902,200 FINANCE
Submitted in the List and Referred July 21, 2015; for Public Safety Headquarters.

Reported by the Internal Operations Committee:

2654324,Chg.5 AssetWorks (Ext. 5-3-15 thru 5-2-19) + \$1,673,463.94 to \$5,908,830.82 GEN.SERV
Submitted in the List and Referred on July 14, 2015.

87352 Rodney Nolen \$45,000 HUMAN RIGHTS
Submitted in the List and Referred on July 14, 2015.

2909511 The Garcia Law Group \$150,000 LAW
Submitted in the List and Referred on July 21, 2015; Approved with ***WAIVER***.

2909523 The Garcia Law Group \$100,000 LAW
Submitted in the List and Referred on July 21, 2015; Approved, *as corrected*, with ***WAIVER***.

87384 Eric Hobson \$45,000 HUMAN RIGHTS
Submitted in the List and Referred on July 21, 2015; Approved, *as corrected*.

87385 Joy Brickerson (Ayers) \$2,400 CITY COUNCIL
Submitted in Special Letter of July 21, 2014; Placed on Consent Agenda, Approved with ***WAIVER***.

87386 Vibha Venkatesha (Ayers) \$2,400 CITY COUNCIL
Submitted in Special Letter of July 21, 2014; Placed on Consent Agenda, Approved with ***WAIVER***.

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 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 July 28, 2015 and **APPROVED***

Reported by the Internal Operations Committee: - *continued*

87387	Richard Hinton (Ayers)	\$2,400	CITY COUNCIL
Submitted in Special Letter of July 21, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87381	Chelsea Baytemur (Castaneda-Lopez)	\$1,200	CITY COUNCIL
Submitted in List for July 28, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87389	Marc E. Clayton (Ayers)	\$2,400	CITY COUNCIL
Submitted in List for July 28, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87398	Bruce Feaster (Benson)	\$35,632	CITY COUNCIL
Submitted in List for July 28, 2014; Placed on Consent Agenda; Approved with <i>WAIVER</i> .			
87399	Bethany Melitz – Lean Consultant	\$95,000	MAYOR’S OFFICE
Submitted in List for July 28, 2015; Moved to New Business.			
87383	Vanessa Johnson – Admin. Assist.	\$31,200	BOARD OF ETHICS
Submitted in List for July 28, 2015; Moved to New Business.			
2911428	W-3 Construction	\$49,551	ELECTIONS
Submitted in List for July 28, 2015; Moved to New Business.			

Reported by the Neighborhood and Community Services Committee:

87380	James Conway – Ft. Wayne Manager	\$44,928	RECREATION
Submitted in List for July 28, 2015; Moved to New Business.			

Reported by the Planning and Economic Development Committee:

2893802,Amend.1	Operation Get Down + \$75,000 to \$175,000	PLAN & DEVELOPT.
Submitted in the List and Referred July 21, 2015.		
2893815,Amend.1	Southwest Counseling Solutions + \$200,000 to \$700,000	PLAN & DEVELOPT.
Submitted in the List and Referred July 21, 2015.		

Purchasing Division
 Contracts and Purchase Orders Received, Considered at Regular Session
 of July 28, 2015

Page 3

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of July 28, 2015 and **APPROVED***

Reported by the Planning and Economic Development Committee: - continued

2898967, Exten. Invest Detroit Foundation + \$750,000 to \$1,500,000 HSING & REVITAL.
 Submitted by Special Letter July 17, 2015 and Referred on July 21, 2015.

2911278 North American Commerce Center \$920,500 PLAN & DEVELOPT
 Submitted by Special Letter July 20, 2015 and Referred on July 21, 2015.

Reported by the Public Health and Safety Committee:

2907666 QOE Consulting \$24,480 AIRPORT
 Submitted in the List and Referred July 14, 2015.

2907666, Amend.1 QOE Consulting + \$28,971 to \$53,451 AIRPORT
 Submitted in the List and Referred July 14, 2015.

2907728 J. Ranck Electric \$159,000 AIRPORT
 Submitted in the List and Referred July 14, 2015.

2907090, Revenue Red Metal Recycling \$34,000 PUBLIC WORKS
 Submitted in the List and Referred July 14, 2015.

2907551, Lease New Center Community Mental Health \$43,791 HEALTH & WELL.
 Submitted in the List and Referred July 21, 2015; Approved with *Correction to cost.*

2911454 Priority Dispatch \$57,132 FIRE
 Submitted as Special Letter, July 23, 2015; Walked on to Committee Agenda, July 27, 2015.

2898252, Amend.2 Southeast Mi. Health Assoc. + \$513,361 to \$4,628,549 HEALTH & WELL.
 Submitted in the List for referral July 28, 2015; Moved to New Business.

87290 Michael Lehto (Academy Instructor) \$20,160 POLICE
 Submitted in the List for referral July 28, 2015; Moved to New Business.

87291 Garth R. Brooks (Academy Instructor) \$45,760 POLICE
 Submitted in the List for referral July 28, 2015; Moved to New Business.

87342 Dwayne Love (Ceasefire Initiative) \$76,000 POLICE
 Submitted in the List for referral July 28, 2015; Moved to New Business.

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 2015

Page 4

The following contracts were **REFERRED** on July 28, 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:

2911229	Sherwin Williams	GENERAL SERVICES
2876477,Ext.	FutureNet Group	INSPECTOR GENERAL

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:

2865739,Purch.Incr.	Qualified Abatement	BUILD.SAFETY ENGIN.&ENVIRON.
2865134,Renew	J & B Medical Supplies	FIRE / EMS
2895811,Exten.	Southeast MI Health Assoc.	HEALTH AND WELLNESS
87292	Dr. Marilyn Berkley	POLICE
2830398,Amend.	Detroit Building Authority	PUBLIC WORKS
2910810	Bob Maxey Ford	TRANSPORTATION

correction to add Vendor name- approved July 21, 2015

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 2015

Page 5

The following are contracts that are currently HELD for review, discussion or report to the Standing Committees.

Internal Operations Committee:

Planning and Economic Development Committee:

2896965,Amend.1 Heat and Warmth Fund (THAW) + \$100,000 to \$347,589.40 PLAN & DEVLPT.
Submitted in the List and Referred June 16, 2015.

01/11/12

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: October 23, 2014 Department: Planning and Development

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

Description: Emergency Solution Grant Contract No.: 2893815 PO Type: Prof Svc - CPO Est. Value: \$ _____

Contract Term (if applicable): January 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 \$ _____)
 Change in amount/volume of the good or service to be used (no change in unit price)

01/11/12

7. Is this good/service used by other departments? Yes No
If "yes" can this req/par be combined other department requirements.? Yes No
8. Is this a service that can be performed by City employees? Yes No
Is this a service that City employees can be trained to do? Yes No
-

NOTES:

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: Shirley Walker DATE: October 20, 2014

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

Name of Reviewer/Affiliate Organization:

Proposal#: 24 Date Reviewed: 9/30/14

Applicant Agency: Southwest Solutions Total Points Scored: 92



1. A private corporation organized under state and local law that has a current tax exemption ruling from the Internal Revenue Service with a voluntary board of directors and no part of its earnings inuring to its members, founders, or an individual.
2. The organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems."
3. Have at least two (2) years' experience serving eligible "homeless" and/or "at-risk" populations, under the ARRA-funded HPRP or the ESG program, as operated within the City of Detroit (funded either directly by the City of Detroit or as a sub-recipient under the Michigan State Housing Development Authority)
4. Meet the timing, form and content requirements of the City's RFP, and certify that it will comply with the requirements of the City's grant agreement with respect to Emergency Solutions Grants Program implementation (Certification in Exhibit 9)
5. Have actively used the City of Detroit's HMIS for at least one (1) year or if awarded funding, agree to comply with the City's HMIS requirement prior to contract execution or comparable HUD approved tracking system.
6. none Have at least one (1) homeless or formerly homeless individual represented on its governing Board of Directors or if awarded funding agree to comply prior to contract execution
7. Meet eligible activities requirement
8. Applicant submitted a separate application for each activity for which funding is requested.
9. Three (3) Letters of Support

1. 501(c)3 IRS Certification or a group exemption letter under Section 905 from the IRS that includes the corporation
2. One of the following:
 - A certification from a CPA (See Exhibit 1 for a sample certification letter from a CPA and requirements), or
 - A HUD approved audit summary report
3. At least two of the following:
 - A **dated** annual report for two or more prior years;
 - Dated board meeting minutes from July 2012 through May 2014;
 - Dated financial audits for the past two years; or
 - Evidence of homeless service funding from the City of Detroit, MSHDA or HUD showing relevant homeless experience.
4. Submission of completed RFP package by the **September 15, 2014** deadline.
5. Provide HMIS Participation Certification from the Detroit Area Continuum of Care (CoC) (See Exhibit 1) or an explanation of comparable HUD approved tracking system.
6. Provide one of the following:
 - Signed and dated board meeting minutes approving a homeless individual's appointment to the board; or
 - Board certified letter verifying the board appointment of a homeless individual.
7. Clearly marked and identified activities being proposed in the RFP package submitted by the **September 15, 2014** deadline.
8. Separate application and budget submitted for each activity.
9. Three (3) Letters of Support in (Exhibit 1).



Phase II: Rating Proposals

There is a maximum of 100 points possible. These guidelines are broken up into the different sections and each section has an overall maximum number of points that the section is worth. There are sub-components within the section with its own maximum points possible (in **bold**, in parenthesis). Reviewers should score points anywhere along the scale, depending on how they view the response given in that section. Reviewers may also award half (½) points if they choose.

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

II. Financial Capacity	Points Possible 20	Points Scored
<p>Does the applicant demonstrate access to "cash flow" (i.e. at least 60 days working capital, proof of line of credit with unused balance, bank statements, financials, loan commit-</p>		<p>10</p>



II. Financial Capacity	Points Possible 20	Points Scored
<p>ment, documented in Exhibit 6. (10 pts)</p> <p>Based on a review of their most recent financial statements and/or audit, does the organization demonstrate they are financially stable and have positive revenue over expenses to continue its operations? (5 pts)</p> <p>Financial accountability as demonstrated by the availability of most recent financial statements and monthly or quarterly financial reporting to board of Directors. (5 pts)</p>		<p>5</p> <p>5</p>
<p><u><i>Insert Notes on Section 1 Scoring Here:</i></u></p>		

III. Applicant's Implementation Plan/Readiness to Proceed	Points Possible 15	Points Scored
<p>A comprehensive plan for implementation and completion of all work within the contract time period. (5 pts)</p> <p>A client outreach plan. (3 pts)</p> <p>Collaborations identified with other agencies as necessary to achieve program outcomes. (5pts)</p> <p>Demonstrate a plan for continued or new operations/services. (2 pts)</p>		<p>5</p> <p>2</p> <p>05</p> <p>2</p>
<p><u><i>Insert Notes on Section 1 Scoring Here:</i></u></p>		

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



<p>Applicant must document client outcomes from prior experience. (10 pts)</p> <p>Cost effectiveness is demonstrated by procurement policies and procedures to provide ESG services. See Section 4.D.1 for policy requirements. (5 pts)</p>		<p>8</p> <p>0</p>
---	--	-------------------

Insert Notes on Section I Scoring Here:

*Only one year experience where groups used the CAM.
no procurement policy - no plans to make purchases in that amount??*

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

Comments on Section V:

Funds provided by VA.



SUMMARY
TABLE

Section	Total Points Possible	Points Scored
I. Relevant Experience and Management Capacity	15	15
II. Financial Capacity	20	20
III. Applicant's Implementation Plan	15	14
IV. Program Outcomes and Cost Effectiveness	25	18
V. Matching Capacity	25	25
TOTAL	100	92

Date Submitted: 5/6/15

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION: P&DD – NEIGHBORHOOD SUPPORT SERVICES

Contact: **Clinton Griffin** Project Manager: Phone: (313) 224-9121 Fax: none

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

A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Ave Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588	For: Company: Southwest Counseling Solution Address: 5716 Michigan Detroit, Mi Telephone Fax
--	---

A. Name of Chief Financial Officer Authorized Contact Person (Include address if different from above) Rodney Brown	Telephone: 313 921-9422
Employer Identification of Social Security Number TAX ID#: 38-2042021 Personal Property: 16990284.04 Nature of Contract:	Spouse Social Security Number N A BID: CONTRACT AMOUNT (if known) Contract # (if known)

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

Check One: Individual Corporation Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

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

D. FOR INCOME TAX USE ONLY

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

YES NO Signature: **LUCRETIA JENNINGS** *(Signature)* Date: **JUN 02 2015** Expires: **JUN 02 2016**
INCOME TAX INVESTIGATOR

YES NO Signature: 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

[X] SECTION B: CORPORATION:

Southwest Counseling Solution
5716 Michigan
Detroit, Michigan

[] OWN [] LEASE
CURRENT TAX IDENTIFICATION NUMBER: 38-2042021 PERSONAL PROPERTY# 16990284.04
OTHER CITY STATE TAX IDENTIFICATION NUMBER (S) PREVIOUSLY USED:
CONTACT PERSON: PHONE EXT: Joseph Tardella 313- 248-13100

[] 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: PHONE NUMBER:
OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT:

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY!

FOR INCOME TAX DIVISION USE ONLY!

[X] APPROVED [] DENIED WITH ATTACHMENTS
CLEARANCE VALID UNTIL: AUG 30 2015
11-21-2014
DATE

[] APPROVED [] DENIED
SIGNATURE DATE

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of _____, (hereinafter "Contractor"), am hereby authorized to enter into a Covenant of Equal Opportunity, (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors, not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his/her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression; except as otherwise exempted under City Code, Ordinance No 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Futhermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e)

RFO / PO No. (if applicable) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization Southwest Counseling Solutions
(Type or Print Legibly)

Contractor Address Detroit MI 48210
(City) (State) (Zip)

Contractor Phone/E-mail (313) 481-3104 jtardella@swsol.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Joseph Tardella

Signature of Authorized Representative [Signature]

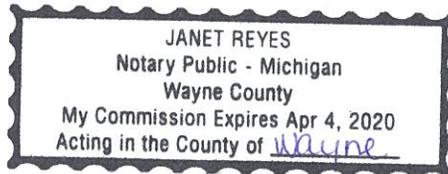
Date: 10-30-14

"This document MUST be notarized!"

Signature of Notary [Signature]

Printed Name of Seal of Notary Janet Reyes

My Commission Expires. 4/4/2020



FOR CONTRACTING DEPARTMENT USE ONLY:

*Approved
3/30/15

Housing & Rehabilitation Dept.

Received by: Chidi B. Nyeche, Executive Manager
Title: _____



CERTIFICATE OF LIABILITY INSURANCE

SOUTS-2 OP ID: DH

DATE (MM/DD/YYYY)
10/30/2014

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

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

PRODUCER Brown & Brown of Detroit P.O. Box 8029 35735 Mound Road Sterling Heights, MI 48311-8029 Daniel L. West	CONTACT NAME: Daniel L. West	
	PHONE (A/C, No, Ext): 586-977-6300 FAX (A/C, No): 586-977-6780 E-MAIL ADDRESS:	
INSURED Southwest Solutions, Inc. Southwest Counseling Solutions, Inc. 5716 Michigan Ave., #3000 Detroit, MI 48210	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Selective Insurance Co of SC	002019
	INSURER B: Accident Fund InsCo of America	011770
	INSURER C: Hartford Fire Insurance Co	002231
	INSURER D: Cincinnati Insurance Company	10677
	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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	S 1831982*	10/30/2014	10/30/2015	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) \$ 15,000
	<input checked="" type="checkbox"/> Professional Liab					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		S1931092	10/30/2014	10/30/2015	PRODUCTS - COMP/OP AGG \$ 3,000,000 Prof Liab \$ 1/3,000,000
A	AUTOMOBILE LIABILITY	X	S 1831982*	10/30/2014	10/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (PER ACCIDENT) \$
						Comp/Coll \$ \$1000Ded
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		S 1831982*	10/30/2014	10/30/2015	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	WCV6069136	10/04/2014	10/04/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime		35BDDFR6921	10/30/2014	10/30/2015	Crime 500,000
D	Executive Liab		BCP0010872	09/30/2014	09/30/2015	Exec Liab 5,000,000

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

City of Detroit is included as an additional insured for general liability and auto liability as required by written contract with the named insured. This policy is subject to the following condition. If Policy #S 1831982 is cancelled for any reason other than nonpayment of premium, City of Detroit will be notified per IL7900 09/94 attached.

CERTIFICATE HOLDER	CANCELLATION
CITYDE4	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
City of Detroit Planning & Development Dept 65 Cadillac Square Detroit, MI 48226	AUTHORIZED REPRESENTATIVE

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**THIRD PARTY NOTICE TO DESIGNATED PERSON(S)
OR ORGANIZATION(S)**

POLICY NUMBER: S 1831982

IL 79 90 10 10

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

This endorsement modifies insurance provided under the following:

- COMMERCIAL GENERAL LIABILITY COVERAGE PART
- BUSINESS AUTO COVERAGE PART
- COMMERCIAL UMBRELLA LIABILITY COVERAGE PART
- GARAGE COVERAGE PART
- BUSINESSOWNERS COVERAGE PART

The policy provisions relating to cancellation or nonrenewal as provided in the Condition Section or as amended by any applicable state cancellation endorsements are modified as follows:

If we cancel or non-renew this policy for any reason other than nonpayment of premium or at the request of or on behalf of the Named Insured, we agree that the individual person(s) or organization(s) listed in the Schedule below and the Named Insured will be notified prior to the effective date of cancellation when such notice is required in a written contract. The manner and timing of the notice will be as required by law, or the number of days shown in the Schedule below, whichever is greater. A transfer of this policy from one insurance affiliate to another within the same insurance holding group shall not be deemed a cancellation, unless prohibited by law.

If we cancel the policy for nonpayment of premium, the number of days advance notice provided to the person(s) or organization(s) listed in the Schedule below will be as required by law.

If notice is mailed, proof of mailing to the address shown in the Schedule below will be sufficient proof of notice.

In no event will coverage extend beyond the actual expiration, termination or cancellation of the policy.

Nothing in this endorsement shall confer additional insured status on any entity scheduled herein.

ENDORSEMENT SCHEDULE

Name of Person(s) or Organization(s)	Mailing Address	No. Of Days Notice
CITY OF DETROIT	65 CADILLAC SQUARE DETROIT, MI 48226	30



Hiring Policy Compliance

Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation, Article V, Purchases and Supplies*, by adding Division 6, *Criminal Conviction Questions for City Contractors*, which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non-responsive and the City is permitted to deem contractor(s) in breach.

Hiring Policy Compliance Affidavit

I, Joseph Tardella, being duly sworn, state that I am the Executive
Director of Southwest Counseling Solutions
Title Name of Bidder Corporation or Other Business Entity

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

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

SIGNED,



Title: Executive Director Date: 11-19-19

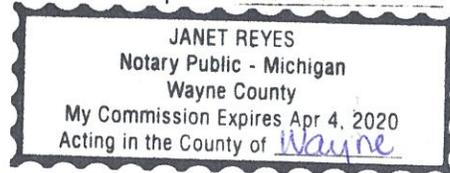
STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 19th day of November 2019,
by Joseph Tardella


Notary Public, County of Wayne

State of Michigan

My commission expires: 4/04/20



APPLICATION FOR EMPLOYMENT - ESG GRANT APPLICANTS

Southwest Counseling Solutions (SWCS) is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, sex, height, weight, national origin, age, sexual orientation, arrest record, marital or veteran status, or the presence of a non-job related medical condition or disability. It is the applicant's responsibility to notify us of any reasonable accommodation necessary to perform the essential duties of the position for which the applicant has applied.

Important – Please Type or Print Clearly in Ink. All Sections of Application must be Completed.

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE TREATED CONFIDENTIALLY

JOB INTEREST

POSITION(S) APPLYING FOR: 1) _____ 2) _____

INDICATE YOUR AVAILABILITY TO WORK (CHECK ALL THAT APPLY) Full-time Part-time Contractual

EARLIEST DATE AVAILABLE _____ MINIMUM PAY EXPECTED \$ _____ ANNUALLY

HOW DID YOU HEAR OF SWSCS AND/OR THIS POSITION? Employee Friend Relative Internet
 Newspaper/Journal _____ School _____ Other _____
 Recruitment visit/job fair _____ Walk-In

PERSONAL DATA

DATE _____ SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST _____ MIDDLE INITIAL _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOME TELEPHONE (_____) _____ WORK OR ALTERNATE TELEPHONE (_____) _____

- Have you ever been employed by SWSCS? YES NO
If yes, give date(s) and location _____
- Are you currently employed? YES NO
- Are you 18 years or older? YES NO
- If you are under 18, can you furnish a work permit? YES NO
- Are you a citizen of the United States (U.S.)? YES NO
- If you are not a citizen of the United States, do you intend to become a citizen of the U.S.? YES NO
- If you are not an U.S. citizen, have you the legal right to remain permanently in the U.S.? YES NO

- Do you intend to remain permanently in the U.S.? YES NO
- Are you prevented from lawfully becoming employed in this country because of visa or immigration status? (Proof of citizenship or immigration status will be required upon employment) YES NO

DRIVING RECORD

Do you have a Michigan Driver's License? YES NO

If yes, please give number _____

Have you ever had your driver's license revoked for any reason? YES NO

If yes, please give reason _____

EDUCATION AND TRAINING

Source	Date Started	Date Finished	School Name and Location	Major	Graduated	Degree/Diploma
High School					<input type="checkbox"/> YES <input type="checkbox"/> NO Years Completed _____	
College/University					<input type="checkbox"/> YES <input type="checkbox"/> NO Years Completed _____	
Technical/Vocational					<input type="checkbox"/> YES <input type="checkbox"/> NO Years Completed _____	
Other					<input type="checkbox"/> YES <input type="checkbox"/> NO Years Completed _____	

Special Training	Date Started	Date Finished	Name of Facility	Type of Placement/Supervisor
Student Clinical Rotations, Internship Programs				

List any current memberships in professional or technical association. (Those that indicate race, color, religion, sex, or national origin may be excluded.)

MILITARY SERVICE

BRANCH OF SERVICE

RANK

DATE OF SERVICE

LANGUAGES

What languages do you **SPEAK** fluently other than English? 1) _____ 2) _____
 What languages do you **READ** fluently other than English? 1) _____ 2) _____
 What languages do you **WRITE** fluently other than English? 1) _____ 2) _____

PROFESSIONAL CERTIFICATION REGISTRATION DATA

Are you certified, licensed or registered by the State or Professional Organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	
If, yes indicate by whom, identification and expiration date.	
State or Professional Organization: _____	Number: _____ Expiration Date _____
State or Professional Organization: _____	Number: _____ Expiration Date _____
Are there restrictions on your license(s)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, explain: _____	

EMPLOYMENT HISTORY

Beginning with your **current** or **most recent** employer, list your employment history for at least the last 10 years:

Name of Employer	Position Held	From (Month/Year) To (Month/Year)
Address	Name and Title of Supervisor	Hours Per Week
City State Zip Code	Telephone Number ()	Base Hourly Rate/Salary
Type of Business	Reason for Leaving	
Duties		

Name of Employer	Position Held	From (Month/Year) To (Month/Year)
Address	Name and Title of Supervisor	Hours Per Week
City State Zip Code	Telephone Number ()	Base Hourly Rate/Salary
Type of Business	Reason for Leaving	
Duties		

Name of Employer	Position Held	From (Month/Year) To (Month/Year)
Address	Name and Title of Supervisor	Hours Per Week
City State Zip Code	Telephone Number ()	Base Hourly Rate/Salary
Type of Business	Reason for Leaving	
Duties		

May we contact the employer(s) Listed? YES NO
 If no, which one(s) can be contacted? _____

EMPLOYER'S STATEMENT

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, height, weight, marital status, veteran status, handicap, or any other legally protected status.

APPLICANT'S STATEMENT

I certify that all answers and information in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements or answers or omissions or misleading information given in my application or interview(s) may result in discharge.

I also authorize the references and previous employers listed, except those specifically exempted* to give any previous employment and any pertinent information they may have, personal or otherwise. I release all parties from any and all liability for any damage that may result. I specifically waive any right to be notified under Section 6(3)(a) of the Bullard-Plawewski Employee Right to Know Act of the release of personnel file information by any employer.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

The applicant understands that neither this document nor any offer of employment from the employer constitutes an employment contract unless a specific document to that affect is executed by the employer and employee in writing.

In the event of employment, I understand that I am required to abide by all rules and regulations of Southwest Counseling Solutions.

Signature of Applicant

Date

*Employers specifically exempted: _____

RETURN THIS APPLICATION TO:

Southwest Counseling Solutions
Attn: Human Resources Department
5716 Michigan Avenue – Suite 2400
Detroit, MI 48210

FOR HUMAN RESOURCES DEPARTMENT USE:

Interviewed By: _____ Date: _____ Hired: YES NO

Starting Date: _____ Position: _____ Wage: _____

City of Detroit -Planning Development Department

CONFLICT OF INTEREST POLICY

POLICY STATEMENT The City of Detroit and their sub-grantees shall avoid conflicts of interest, in fact and perception, and shall notify their Executive Management and local Department of Housing and Urban Development (HUD) within twenty-four (24) hours of the occurrence or existence of potential conflicts.

POLICY GUIDANCE Typically there are two instances conflict of interest that may occur:
1) The first is when program participants are to be assisted in a property that is owned by the grantee, sub-grantee, or the parent subsidiary affiliated organization of the sub-grantee. In this instance, a grantee must submit a letter to the HUD Community Planning Director (CPD) requesting a waiver for good cause. The waiver must demonstrate that:

1. The use of the housing owned by the grantee sub-grantee related entity is necessary to provide an adequate supply of appropriate housing options for participants;
2. The grantee sub-grantee has disclosed the conflict of interest;
3. The grantee sub-grantee's attorney has reviewed the conflict of interest and determined that the use of the housing owned by the grantee sub-grantee related entity would not violate state or local law;
4. Participants will not be required or steered to live in the grantee/sub-grantee related entity's housing in order to receive financial or other assistance; and
5. The use of the housing owned by the grantee sub-grantee related entity will not result in any personal or financial gain for any employee of the grantee, sub-grantee, or the parent, subsidiary, or affiliated organization of the sub-grantee.
6. The grantee sub-grantee is not currently providing rental assistance for the property that the waiver is being requested.

Without an approved waiver from HUD, financial assistance cannot be provided to persons served in housing owned by the grantee, sub-grantee, or the parent subsidiary/affiliated organization of the sub-grantee. For questions about a specific situation, please contact the local HUD field office.

2) The second type of conflict of interest that can occur is at the individual level (as opposed to the grantee sub-grantee level). The official HUD policy states "No person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties.

CONFLICT OF INTEREST POLICY

during his or her tenure or for one year thereafter."

Please note that employees of a grantee or sub-grantee and their families are not automatically disqualified from receiving assistance, as long as they meet the qualifications of the above paragraph (i.e., they are not in a position to exercise any responsibilities, make decisions about, gain inside information into, or obtain a personal benefit). This situation would be more likely in a large grantee sub-grantee agency than it would in a very small grantee sub-grantee agency.

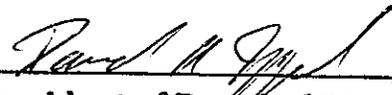
When this type of conflict of interest exists, the grantee may seek an exception by writing to the local HUD Field Office, including the following information:

1. For states and other governmental entities, a disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made and
2. For all grantees, an opinion of the grantee's attorney that the interest for which the exception is sought would not violate state or local law.
3. If there is a question or the appearance of a conflict of interest of any type, please contact the local HUD field office to determine if an exception or waiver is needed.

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



President of Board of Directors
(Or authorized representative)

11/19/14
Date

Name Of Organization: Southwest Counseling Solutions

City of Detroit -Planning Development Department

CONFIDENTIALITY POLICY

POLICY STATEMENT Any information related to a client is confidential. Release of this information to unauthorized persons or agencies is strictly prohibited. Each sub-grantee must develop and implement procedures to ensure the confidentiality of records pertaining to any individual provided with assistance.

POLICY GUIDANCE Client records contain both social and medical information of a sensitive nature and by definition are highly confidential.

Program policies and procedures state "Records which contain confidential information must be specifically labeled, handled, and stored in such a way as to guard against accidental disclosure."

This policy on confidentiality of records is applicable to City of Detroit employees, its sub-grantees and its subcontractors, and all others involved in service delivery under sections named "Other Requirements" and "Confidentiality of Client Records".

There are some situations, however, in which the confidentiality of client information cannot be honored. Any information indicating that a client is a danger to self or others does not fall, by law, under confidentiality.

For example, if a client threatens suicide, the professional is bound by law and by ethics to communicate this information to the proper authorities. Cases in which a client indicates harm to self or others are difficult to deal with, and discussing such situations with a supervisor is a necessity.

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Southwest Counseling Solutions
2. Address of Contractor: 5716 Michigan Ave., Suite 3000
Detroit, MI 48210

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

4. Prior Affidavit submission? No Yes. on: 11/4/14
(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 1972 (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.

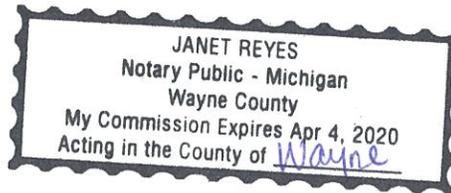
Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

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.

Joseph Tardella (Printed Name) Executive Director (Title)
[Signature] (Signature) 11-19-14 (Date)

Subscribed and sworn to before me
this 19th day of November, 2014
[Signature]
Notary Public, Wayne County, Michigan
My Commission expires: 4/04/20



CERTIFICATION - DRUG FREE WORKPLACE REQUIREMENTS

- A. The grantee certifies that it will provide a drug-free workplace by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 2. Establishing a drug-free awareness program to inform employees about...
 - a. The dangers of drug abuse in the workplace
 - b. The grantee's policy of maintaining a drug-free workplace
 - c. Any available drug counseling, rehabilitation and employee assistance programs and;
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1).
 4. Notifying the employee in the statement required by paragraph (1) that as a condition of employment under the grant, the employee will:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
 5. Notifying the agency within ten days after receiving notice under subparagraph (4) (b), from an employee or otherwise receiving actual notice of such conviction;
 6. Taking one of the following actions within 30 days of receiving notice under subparagraph (4) (b) with respect to any employee who is so convicted...
 - a. Taking appropriate personnel action against such an employee, up to and including termination; or

b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency.

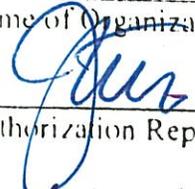
c. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1) (2) (3) (4) (5) (6)

A. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street Address: 1600 Porter
City: Detroit
State: MI
County: Wayne
Zip Code: 48216

Southwest Counseling Solutions
Name of Organization


Authorization Representative's Signature

Joseph Tardella
Printed/ Typed Name

Executive Director
Title

11-16-14
Date

