

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER 01

STANDARD PO NUMBER 2893821

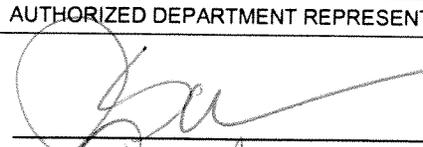
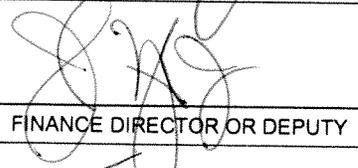
CONTRACT PO NUMBER 2893819

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 <b>SHIRLEY WALKER</b>	PHONE NO. <b>313-224-9948</b>
CONTRACTOR'S NAME: <b>OPERATION GET DOWN - WARMING CENTER</b>		DATE PREPARED <b>10/20/14</b>	
CONTRACTOR'S ADDRESS: <b>10100 HARPER Detroit, MI 48213</b>		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT <b>\$350,000.00</b> TOTAL CPO AMOUNT <b>\$350,000.00</b> CHANGE AMOUNT <b>\$150,000.00</b>	
PHONE NO: <b>313-921-9922</b>		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER: <b>38-2036469</b>		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: <b>PROVIDE EMERGENCY SHELTER SERVICES TO THE HOMELESS.</b>			
CHARGE ACCOUNT: <b>2002 -361508-000000-651147- 13340-000000- A3120</b>			

REVISION

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT	
	AUTHORIZED DEPARTMENT REPRESENTATIVE 	
JAN 07 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	JAN 08 2015
	BUDGET DIRECTOR OR DEPUTY 	2/19/15
JAN 09 2015	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL	1/9/15
	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	
	FINANCE DIRECTOR OR DEPUTY 	
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	1/12/15
	CORPORATION COUNSEL 	
	PURCHASING DIVISION 	
	PURCHASING DIRECTOR	

**RECEIVED**  
JAN 09 2015

CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION

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

CITY OF DETROIT  
CONTRACTS SECTION  
LAW DEPARTMENT

FEB 10 2015

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2893819**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this \_\_\_\_ day of \_\_\_\_\_, **2014**, between **Operation Get Down – 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. 2893819**, 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 **November 1, 2013 through December 31, 2015**; and

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

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

That Article 3.01 which reads:

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

Is Amended to read:

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



IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement **CPO# 2893819 P&DD 4463-01 (SPO# 2893821)** as of the date first above written.

WITNESSED BY:

- 1. *Samuel K...*
- 2. *Lerelle J...*

\* \* \* \* \*

SUBRECIPIENT:

By: *[Signature]*  
 (Signature of Corporate Officer)

Its: *CEO*  
 (Office Held)

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN )  
 ) SS  
 COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 30 day of OCT,  
2014, by SANDRA Bomar Parker, the CEO of  
 (Name of Corporate Officer) (Office Held)  
Operation Get Down Inc, a Michigan non profit  
 (Michigan Non-profit)  
 Corporation on behalf of the Corporation.

*Deborah Ann Powell*  
 Notary Public

My commission expires 7-5-18

\* \* \* \* \*

WITNESSES:

- 1. *[Signature]*
- 2. *[Signature]*

\* \* \* \* \*

CITY OF DETROIT

By: *[Signature]*  
**Thomas Lewand**

Its: DIRECTOR OF Planning and Development

\* \* \* \* \*

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON

*[Signature]* FEB 10 2015  
 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.

**RESOLUTION OF CORPORATE AUTHORITY**

I, Imani Humphrey, CORPORATE SECRETARY of **Operation Get Down – Warming Center**, 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 30, 2014, and that the same is now in full force and effect:

"RESOLVED, that the Chairman, the Executive Director, the Treasurer, the Secretary and the Chief Executive Officer 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:

Darrell Garth \_\_\_\_\_ is Chairman of the Board,  
Vacant \_\_\_\_\_ is Executive Director,  
Imani Humphrey \_\_\_\_\_ is Treasurer,  
Imani Humphrey \_\_\_\_\_ is Secretary,  
and Sandra Bomar-Parker \_\_\_\_\_ is Chief Executive Officer.

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. 2893819, CO#01**, between the City of Detroit and **Operation Get Down – Warming Center**, entered into for the purpose of providing Public Services, and that all necessary corporate approvals have been obtained in relationship thereto.

2014. IN WITNESS THEREOF, I have set my hand this 30 day of Oct,

CORPORATE SEAL  
(if any)

Signature: Imani Humphrey  
Corporate Secretary

# SCOPE OF SERVICE

## WARMING CENTER FY 2014-15

1. Operation Get Down, Inc. proposed to operate a Warming Center covering the period November 2014 thru March 31, 2015, City Wide, for the homeless population.
2. The Warming Center shall operate between the hours of 7 p.m. and 7 a.m. daily.
3. The Warming Center will be servicing adult males and females (separate sleeping area) with or without children. Male and Female monitors / security will be available.
4. The Warming Center will provide toilets, hot showers, personal hygiene products (soap, deicing products, etc.) bath and drying towels. All homeless persons staying in the Warming Center must take a shower at the center.
5. The Warming Center will provide clothing when available.
6. The Warming Center will provide mats, sheet and blankets for beds, and a safe and warm sleeping environment.
7. The Warming Center will provide one hot evening meal, one breakfast meal consisting of cereal, milk and fruit.
8. The Warming Center will provide a van and or bus pick up and return services for locations designated by the City of Detroit.
9. The Warming Center will provide counseling services when requested and assistance to housing.
10. The Warming Center will maintain a report consisting of a count of homeless persons seeking shelter at the Center. The originals of that report must be submitted to the City of Detroit, Planning and Development Department (PD&D) no later than 12 noon the following day.
11. The original sign-in sheet reflecting males, females, children's and veterans will be submitted on a daily basis along with the daily report.
12. Operation Get Down, Inc. shall require all staff and or contractual individuals to sign In/Out daily.

13. Operation Get Down, Inc. shall maintain an "Incident Report" and document any disturbances or unusual occurrences at the Warming Center. If the incident is severe (e.g. someone injured), Department of Human Services (DHS) must be notified immediately. DHS shall provide Operation Get Down, Inc. with the names and phone numbers of the person(s) to be notified.
14. Operation Get Down, Inc. shall consult with the PD&D representative, Mr. Chidi Nyeche at (313)-378-9250 whenever the temperature falls below ten (10) degrees Fahrenheit to discuss allowing the Warming Center to continue to operate past 7a.m. and extending the hours to be full day.
15. Operation Get Down, Inc. shall not release any information regarding policy, procedures, records or other Warming Center data nor grant access to the facility to unauthorized persons without prior approval from the Executive Director of the DHS or his/her designee.
16. All Intakes for the Warming Center shall be entered in HMIS daily.
17. Operation Get Down, Inc. shall submit monthly cost reports to PD&D reflecting the delivery of the above listed services. The reports are due the 15<sup>th</sup> of the month.

# WARMING CENTER DRIVING SCHEDULE

	<u>MORNING</u>	<u>EVENING</u>
MONDAY	6:30 – 9:30	6:00 – 9:30
TUESDAY	6:30 – 8:30	6:00 – 8:30
WEDNESDAY	6:30 – 8:30	6:00 – 8:30
THURSDAY	6:30 – 8:30	6:00 – 8:30
FRIDAY	6:30 – 8:30	6:00 – 8:30
SATURDAY	6:30 – 8:30	6:00 – 8:30
SUNDAY	6:30 – 8:30	6:00 – 8:30

## EXHIBIT N

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

#### Instructions for Certification

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

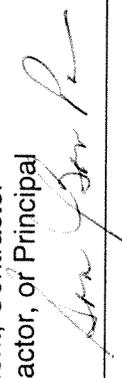
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition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

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

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Subrecipient, Contractor  
Subcontractor, or Principal

By: 

Its: Chief Executive Officer

Date: April 11, 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: 

Printed Name: ST BOMAR PARKER

Title: CEO

Date: 4/8/14

## 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.



# OPERATION GET DOWN, INC.

10100 Harper Avenue, Detroit, MI 48213

313-921-9422 \* 313-571-9022 fax

## Application For Employment

Notice to Applicant: one of the most important steps in your application is to complete accurately those sections of this form pertaining to your qualifications. Should you join Operation Get Down staff, the information you give here will become a part of your record and will be used for statistical purposes.

### PERSONAL DATA

Last Name		First	Middle	Soc. Sec. No.
Street Address				Phone No.
City		State		Zip Code
Citizen of USA? Yes No		If No, does your visa allow you to work in the USA? Yes No		Visa Type
Person to contact in case of emergency				Phone No.
How did you become aware of this position?				
Type of employment you are seeking Full Time Part Time Either		If part-time, hours you would be available between 7 a.m. - 10 p.m. What position are you applying for?		Shift Preference

### EDUCATION

High School / GED or Equivalent

Name of School	City	State	Date Diploma or Certificate
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### VOCATIONAL / TECHNICAL TRAINING (Business, Industrial, Military, Etc.)

Name of School	Date Last Attended	Description of Training
City	State	
Name of School	Date Last Attended	Description of Training
City	State	

### COLLEGE / UNIVERSITY

Name and Location of College	Dates Attended		Major Grade Point Average	Minor Cumulative GPA
	To	From		
Graduate				

Former Operation Get Down Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position	Dates Employed From _____ To _____
Are you able to fully perform all of the functions of the job for which you wish to be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain		

**MILITARY SERVICE - PRESENT STATUS**

Branch of Service	Rank or Rate	Type of Duty	Years

**CERTIFICATE OR LICENSE HELD**

Type of Certificate	State	Date of Issue	Expires

**EXPERIENCE**

List present and all past work experience, beginning with your most recent employment.

1

Name and full address of school or company	Employment dates From _____ To _____	
	Name and title of supervisor	Telephone number
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	
Position		
Description of duties		

2

Name and full address of school or company	Employment dates From _____ To _____	
	Name and title of supervisor	Telephone number
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	
Position		
Description of duties		

3

Name and full address of school or company	Employment dates From _____ To _____	
	Name and title of supervisor	Telephone number
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	
Position		
Description of duties		

4

Name and full address of school or company	Employment dates From _____ To _____	
	Name and title of supervisor	Telephone number
	<input type="checkbox"/> Full Time <input type="checkbox"/> Part time	
Position		
Description of duties		

May we contact your present employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Add any information which you believe will assist Operation Get Down in arriving at a true estimate of your qualifications.

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**REFERENCES**

List at least three references that may be contacted regarding your character and your work experience

Name	Address	Phone	Business Profession and Title

I agree to comply with the policies, rules and regulations of Operation Get Down as appropriate. I certify that all statements made on this form are true and accurate to the best of my knowledge. I understand that supplying false information may be sufficient cause for termination. Furthermore, I understand that my employment with Operation Get Down is contingent upon:

1. the successful completion of an application and reference review.
2. submission of a social security card, official transcripts, W-4 forms and personal identification which meets the requirements of the Immigration and Naturalization Act (I-9).
3. credential review and certification.
4. written vocational approval, and/or documentation of two years of hands-on, recent and relevant experience, if applicable.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER**

**OPERATION GET DOWN**

16000

3000

5040

15120

10080

5600

76195

10024

8941

**TOTAL: 150000**

*OK Jim*



## EXHIBIT N

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8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

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

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

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Subrecipient, Contractor  
Subcontractor, or Principal

By: 

Its: Chief Executive Officer

Date: April 11, 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: *[Signature]*

Printed Name: DI BOMAR PARKER

Title: CEO

Date: 4/8/14

**Detroit City Council**  
Legislative Policy Division

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

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

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

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

**Reported by the Budget, Finance and Audit Committee:**

No Contracts Reported

**Reported by the Internal Operations Committee:**

2877416,Chg.	Computech Corporation	+ \$1,015,562.67 to \$2,700,562.67	HUM.RESOURCE
	Submitted in the List and Referred January 13, 2015.		
2877420,Chg.	FutureNet Group	+ \$1,117,011.10 to \$2,802,011.10	HUM.RESOURCE
	Submitted in the List and Referred January 13, 2015.		
2903277	American Society of Employers	\$10,270	HUMAN RESOURCES
	Submitted in the List and Referred January 27, 2015.		
2903278	Magnet Consulting	\$373,830	HUMAN RESOURCES
	Submitted in the List and Referred January 20, 2015.		
2903279	Polaris Assessment Systems	\$227,997	HUMAN RESOURCES
	Submitted in the List and Referred January 20, 2015.		
2903280	Right Management	\$405,000	HUMAN RESOURCES
	Submitted in the List and Referred January 20, 2015.		
86805,Amend.	Karriem M. Holman (Sheffield)	+ \$8,239.76 to \$49,999.76	CITY COUNCIL
	Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with <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 <b><i>WAIVER</i></b> . |                                |         |              |
| 87074   | Sidney Bass III (Cushingberry) | \$5,808 | CITY COUNCIL |
| Submitted in the List for Feb. 10, 2015; Placed on Consent Agenda; Approved with <b><i>WAIVER</i></b> . |                                |         |              |

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

**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 <b><i>WAIVER</i></b> . |  |             |                   |
| 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 <b><i>WAIVER</i></b> . |  |             |                   |
| 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 <b><i>WAIVER</i></b> . |  |             |                   |

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.		

**City of Detroit**  
**Law Department**  
Contracts Section  
INTERDEPARTMENTAL MEMORANDUM

TO: Zenola Holland, Contracts Desk  
Purchasing Division, Finance Department

FROM: Jim Edwards  
Senior Assistant Corporation Counsel  
Direct Dial: (313) 237-3025

SUBJECT: EXPIRED DOCUMENTS – CONTRACT NUMBER: 2893819  
Vendor Name: Operation Get Down - Warming Ctr.  
DATE: 1/12/2015 Award No. 1

The documents checked below have expired, or are missing. Before this contract is placed on City Council's agenda, the department originating the contract must ensure that the documents identified below are current or have been renewed, and have been provided to the Purchasing Division of the Finance Department. The department originating the contract has been notified on the date listed below.

Thank you for your cooperation in this request.

CLEARANCES

*EMP: 1/15/2015*

Revenue / Property Tax       Income Tax  
 Human Rights       Other (Identify: \_\_\_\_\_)

\_\_\_\_\_ The coverage required by this contract per the certificate of insurance furnished with this contract is missing or has expired as follows:

Entire Certificate: \_\_\_\_\_      General Liability: \_\_\_\_\_  
Professional Liability: \_\_\_\_\_      Excess Liability: \_\_\_\_\_  
Automobile: \_\_\_\_\_      Workers Compensation:  *EMP: 1/1/2015*

Other (Identify) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The departmental requestor was notified by this writer on \_\_\_\_\_

cc: P+DD Department – Attn: Shirley Walker

# City Council Contract Agenda Items Review Checklist

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

Date: October 20, 2014 Department: Planning and Development

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

Description: Emergency Solution Grant Contract No.: 2893819 PO Type: Prof Svc - CPO Est. Value: \$ \_\_\_\_\_

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

Funding: City \_\_\_\_\_% State \_\_\_\_\_% Federal 100% Other: \_\_\_\_\_%

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

Recommended Supplier: \_\_\_\_\_ Required Date: \_\_\_\_\_

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

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

Consequence of not buying: \_\_\_\_\_

2. Was the product or service competitively bid?  Yes  No  
(Request copies of bid tabulation/evaluation score sheets as needed)

If the answer to #2 is "NO" explain why there was no competition:  
\_\_\_\_\_

3. Was a Co-Operative Agreement Considered?  Yes  No Co-Operative Name: \_\_\_\_\_  
If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

4. Were savings achieved?  
 Yes Amount \$ \_\_\_\_\_  No  
Were additional savings requested? (10%)  Yes  No

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

6. The business being awarded is NEW CONTRACT  
If #6 is a renewal provide justification for renewal: \_\_\_\_\_  
If #6 is a increase/decrease does this represent:

- Variance in unit price only (Current unit price \$ \_\_\_\_\_ Suggest Unit Price \$ \_\_\_\_\_ )
- Change in amount/volume of the good or service to be used (no change in unit price)

01/11/12

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

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

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

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

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NOTES:

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**PLACE ON CITY COUNCIL AGENDA**

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

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

*Shirley Walker*

DATE: October 20, 2014

INFORMATION PROVIDED BY: Shirley Walker

TITLE: Principial Development Specialist

PHONE NO.: 313-224-9948



Name of Reviewer/Affiliate Organization: Kerry Baitinger

Proposal#: 25

Applicant Agency: Operation Get Down WC Total Points Scored: 90

Date Reviewed: September 23, 2014



<ol style="list-style-type: none"> <li>1. <input checked="" type="checkbox"/> A private corporation organized under state and local law that has a current tax exemption ruling from the Internal Revenue Service with a voluntary board of directors and no part of its earnings inuring to its members, founders, or an individual.</li> <li>2. <input checked="" type="checkbox"/> The organization conforms to the financial accountability standards of 24 CFR 84.21, "Standards for Financial Management Systems."</li> <li>3. <input checked="" type="checkbox"/> Have at least two (2) years' experience serving eligible "homeless" and/or "<b>at-risk</b>" 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)</li> <li>4. <input checked="" type="checkbox"/> Meet the timing, form and content requirements of the City's RFP, and certify that it will comply with the requirements of the City's grant agreement with respect to Emergency Solutions Grants Program implementation (Certification in Exhibit 9)</li> <li>5. <input checked="" type="checkbox"/> Have actively used the City of Detroit's HMIS for at least one (1) year or if awarded funding, agree to comply with the City's HMIS requirement prior to contract execution or comparable HUD approved tracking system.</li> <li>6. <input checked="" type="checkbox"/> Have at least one (1) homeless or formerly homeless individual represented on its governing Board of Directors or if awarded funding agree to comply prior to contract execution</li> <li>7. <input checked="" type="checkbox"/> Meet eligible activities requirement</li> <li>8. <input checked="" type="checkbox"/> Applicant submitted a separate application for each activity for which funding is requested.</li> <li>9. <input type="checkbox"/> — Three (3) Letters of Support</li> </ol>	<ol style="list-style-type: none"> <li>1. 501(c)3 IRS Certification or a group exemption letter under Section 905 from the IRS that includes the corporation</li> <li>2. One of the following: <ul style="list-style-type: none"> <li>A certification from a CPA (See Exhibit 1 for a sample certification letter from a CPA and requirements), or</li> <li>A HUD approved audit summary report</li> </ul> </li> <li>3. At least two of the following: <ul style="list-style-type: none"> <li>A <b>dated</b> annual report for two or more prior years; <ul style="list-style-type: none"> <li>Dated board meeting minutes from July 2012 through May 2014;</li> <li>Dated financial audits for the past two years; or</li> </ul> </li> <li>Evidence of homeless service funding from the City of Detroit, MSHDA or HUD showing relevant homeless experience.</li> </ul> </li> <li>4. Submission of completed RFP package by the <b>September 15, 2014</b> deadline.</li> <li>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.</li> <li>6. Provide one of the following: <ul style="list-style-type: none"> <li>Signed and dated board meeting minutes approving a homeless individual's appointment to the board; or</li> <li>Board certified letter verifying the board appointment of a homeless individual.</li> </ul> </li> <li>7. Clearly marked and identified activities being proposed in the RFP package submitted by the <b>September 15, 2014</b> deadline.</li> <li>8. Separate application and budget submitted for each activity.</li> <li>9. Three (3) Letters of Support in (Exhibit 1).</li> </ol>
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Name of Reviewer/Affiliate Organization: Kerry Baitinger

Proposal#: 25

Date Reviewed: September 23, 2014

<b>Applicant Agency:</b> _____	Operation Get Down	<b>Total Points Scored:</b> _____
		90



**Phase II: Rating Proposals**

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

<b>I. Relevant Experience and Management Capacity</b>	<b>Points Possible 15</b>	<b>Points Scored</b>
<p>Organizations must demonstrate track record:</p> <p style="padding-left: 40px;">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. <b>(8 pts)</b></p> <p style="padding-left: 40px;">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). <b>(5 pts)</b></p> <p style="padding-left: 40px;">Timeliness of data entry response, demonstrate process to enter data within 48 hours of service provision. <b>(2pts)</b></p>		<p style="text-align: center;">7</p> <p style="text-align: center;">3</p> <p style="text-align: center;">2</p>
<p><b><u>Insert Notes on Section 1 Scoring Here:</u></b> 2 vacant board membership positions No close out report on monitoring finding or letter stating the current status</p>		

<b>II. Financial Capacity</b>	<b>Points Possible 20</b>	<b>Points Scored</b>
<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>		



<b>II. Financial Capacity</b>	<b>Points Possible 20</b>	<b>Points Scored</b>
<p>ment, documented in Exhibit 6. <b>(10 pts)</b></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? <b>(5 pts)</b></p> <p>Financial accountability as demonstrated by the availability of most recent financial statements and monthly or quarterly financial reporting to board of Directors. <b>(5 pts)</b></p>		<p>10</p> <p>5</p> <p>5</p>
<p><b><u>Insert Notes on Section I Scoring Here:</u></b></p>		

<b>III. Applicant's Implementation Plan/Readiness to Proceed</b>	<b>Points Possible 15</b>	<b>Points Scored</b>
<p>A comprehensive plan for implementation and completion of all work within the contract time period. <b>(5 pts)</b></p> <p>A client outreach plan. <b>(3 pts)</b></p> <p>Collaborations identified with other agencies as necessary to achieve program outcomes. <b>(5pts)</b></p> <p>Demonstrate a plan for continued or new operations/services. <b>(2 pts)</b></p>		<p>5</p> <p>2</p> <p>4</p> <p>2</p>
<p><b><u>Insert Notes on Section I Scoring Here:</u></b> Lacks details on how to outreach to clients and lacks details on partnerships and collaborations. List some organizations that OGD works with however more partnerships should be sought.</p>		

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



<p>Applicant must document client outcomes from prior experience. <b>(10 pts)</b>          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>5  5</p>
<p><b><u>Insert Notes on Section I Scoring Here:</u></b> Proposal does not list outcomes for women staying seeking shelter services. Outcomes are for males and children only.</p>		

<p align="center"><b>V. Matching Capacity</b></p>	<p align="center"><b>Points Possible 25</b></p>	<p align="center"><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 align="center">25</p>
<p><b><u>Comments on Section V:</u></b> 100% of the Match is in the form of a “Cash Match”</p>		



**SUMMARY**  
**TABLE**

Section	Total Points Possible	Points Scored
I. Relevant Experience and Management Capacity	15	12
II. Financial Capacity	20	20
III. Applicant's Implementation Plan	15	13
IV. Program Outcomes and Cost Effectiveness	25	20
V. Matching Capacity	25	25
<b>TOTAL</b>	<b>100</b>	<b>90</b>

Date Submitted:

*Handwritten initials/signature*

### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PLANNING & DEVELOPMENT NEIGHBORHOOD SUPPORT SERVICES

Contact: G. PRYOR Project Manager: S. WALKER Phone: 313-628-0164 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>OPERATION GET DOWN</u>
Coleman A. Young Municipal Center	Address: <u>10100 HARPER</u>
2 Woodward Avenue, Suite 512	<u>DETROIT, MI 48213</u>
Detroit, MI 48226	Telephone: <u>313-921-9422</u> Ext _____ Fax: _____
Fax: (313) 224-4588	

A. Name of Chief Financial Officer Authorized Contact Person (Include address if different from above) <u>RODNEY BARNES</u>	Telephone: _____
---	------------------

B. Employer Identification of Social Security Number  <u>38-2036469</u>	Spouse Social Security Number  _____
---	--

Nature of Contract: <u>HOMI-LESS SERVICES</u>	CONTRACT AMOUNT (If known): <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

*PP#19990329.01*

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

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

D. **FOR INCOME TAX USE ONLY**

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

YES  NO Signature: LAMONT FISHER  
 YES  NO Signature: \_\_\_\_\_

Date: APR 09 2014 Expires: APR 09 2015  
 Date: \_\_\_\_\_ Expires: \_\_\_\_\_

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

**SECTION A PLANNING & DEVELOPMENT**

ADDRESS OF DEPARTMENT **65 Cadillac Ste 1400**  
DATE SENT **1/13/2015** CONTACT PERSON **Clinton Griffin**  
PHONE NUMBER **224-9121** FAX NUMBER **628-2064** EMAIL **cgriffin@detroitmi.gov**  
CONTRACT AMOUNT **\$150,000.00**

**SECTION B: CORPORATION LICENSE TYPE N/A**

CORPORATION NAME **Operation Get Down**  
ADDRESS **10100 Harper Ave** CITY/STATE/ZIP **DETROIT, MI 48213** OWN  
CITY PERSONAL PROPERTY NUMBER **19990329.01** FID / EIN NUMBER **38-2036469**  
OTHER CITY-OWNED PROPERTY PARCELS **No knowledge**  
CONTACT PERSON **Rodney Brown** PHONE NUMBER **313- 921-9422** EMAIL ADDRESS **not available**

**SECTION C: PARTNERSHIP LICENSE TYPE**

BUSINESS NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ OWN LEASE  
CITY PERSONAL PROPERTY NUMBER \_\_\_\_\_ FID / EIN NUMBER \_\_\_\_\_  
A: PARTNER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ OWN LEASE  
DRIVER'S LICENSE # \_\_\_\_\_ OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_  
B. PARTNER'S NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ OWN LEASE  
DRIVER'S LICENSE # \_\_\_\_\_ OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE**

BUSINESS NAME \_\_\_\_\_  
BUSINESS ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ OWN LEASE  
CITY PERSONAL PROPERTY NUMBER \_\_\_\_\_ FID / EIN NUMBER \_\_\_\_\_  
OWNER'S NAME \_\_\_\_\_ DRIVER'S LICENSE # \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_ OWN LEASE  
OTHER CITY-OWNED PROPERTY PARCELS \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**SECTION E: PERSONAL SERVICES**

NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ OWN LEASE  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_  
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**REVENUE COLLECTIONS**  
**APPROVED**  
**CONTRACT CLEARANCES**

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

**JAN 14 2015**

DENIED WITH ATTACHMENTS

DATE

CLEARANCE VALID UNTIL

**AUG 30 2015**

OK

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

I, being a duly authorized representative of the Operation Get Down (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 (e)

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

Printed Name of Contractor: Operation Get Down, Inc.  
(Type or Print Legibly)

Contractor Address: 10100 Harper Ave. Detroit, MI 48213  
(City) (State) (Zip)

Contractor Phone/E-mail: 313-921-9422 ext 224 / bomarparkerogd@aol.com  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Sandra Bomar Parker, CEO

Signature of Authorized Representative: *Sandra Bomar Parker*

Date: 10/23/14

Signature of Notary: *Deborah Ann Powell*

Printed Name of Seal of Notary: Deborah Ann Powell

My Commission Expires: 7/5/18

For Office Use Only:	
Cov. Rec'd: <u>11/14/14</u> in	Department Name: <u>PDD</u>
<input checked="" type="checkbox"/> Accepted by: <u><i>[Signature]</i></u>	<input type="checkbox"/> Rejected by: _____



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: TC

DATE (MM/DD/YYYY)

10/23/2014

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).

<b>PRODUCER</b> Brownrigg Companies, Ltd. 840 West Long Lake Rd Ste 100 Troy, MI 48098 Nancy L. Brownrigg		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: OPERA-3		<b>FAX (A/C, No):</b>	
<b>INSURED</b> Operation Get Down Community Resource Project, Inc. 10100 Harper Ave. Detroit, MI 48213		<b>INSURER(S) AFFORDING COVERAGE</b>			
		<b>INSURER A:</b> First Nonprofit Insurance Co.		<b>NAIC #</b>	
		<b>INSURER B:</b> Accident Fund Companies		<b>10166</b>	
		<b>INSURER C:</b> HSAWCF			
		<b>INSURER D:</b>			
		<b>INSURER E:</b>			
		<b>INSURER F:</b>			

**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	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Sexual Misconduct <input checked="" type="checkbox"/> Profess#LP7739461 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			NPP1001928 00 \$500,000/\$500,000 \$1,000,000/\$3,000,000	11/01/2014	11/01/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Empty Ben \$ 1,000,000	
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Comprehensive			NCA1001929 00 \$1,000 DEDUCTIBLE	11/01/2014	11/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$	
C	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	13202	01/01/2014	01/01/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000	
A	<b>Employee Dishonesty</b>			NPP1001928 00	11/01/2014	11/01/2015	Limit \$ 100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 City of Detroit is named as additional insured as respects to the General Liability policy. The City of Detroit will be provided with a 10 day written notice before a policy is cancelled.

**CERTIFICATE HOLDER****CANCELLATION**

DETR-10  
 City of Detroit Planning & Dev  
 Dept. Neighborhood Support Services  
 65 Cadillac Square Ste. 1400  
 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  
 Nancy L. Brownrigg



# CERTIFICATE OF LIABILITY INSURANCE

OPERA-3 OP ID: TR

DATE (MM/DD/YYYY)  
12/11/2014

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).

<b>PRODUCER</b> Brownrigg Companies, Ltd. 840 West Long Lake Rd Ste 100 Troy, MI 48098 Nancy L. Brownrigg	<b>CONTACT NAME:</b> _____ <b>PHONE (A/C, No, Ext):</b> _____ <b>FAX (A/C, No):</b> _____ <b>E-MAIL ADDRESS:</b> _____	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> <b>Operation Get Down Community Resource Project, Inc.</b> 10100 Harper Ave. Detroit, MI 48213	<b>INSURER A:</b> HSAWCF	
	<b>INSURER B:</b> _____	
	<b>INSURER C:</b> _____	
	<b>INSURER D:</b> _____	
	<b>INSURER E:</b> _____	

**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	ADOL SUBR (INSR) (WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	HM202	01/01/2015    01/01/2018	WC STATUTORY LIMITS    OTHER E.L. EACH ACCIDENT    \$    500,000 E.L. DISEASE - EA EMPLOYEE    \$    500,000 E.L. DISEASE - POLICY LIMIT    \$    500,000

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

<b>CERTIFICATE HOLDER</b>  Operation Get Down 10100 Harper Ave. Detroit, MI 48213	<b>OPERG-1</b>	<b>CANCELLATION</b>  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 Nancy L. Brownrigg	

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## 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 and requires City contractors 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.

# OPERATION GET DOWN, INC.

10100 Harper Avenue, Detroit, MI 48213  
313-921-9422 \* 313-571-9022 fax

## Application For Employment

Notice to Applicant: one of the most important steps in your application is to complete accurately those sections of this form pertaining to your qualifications. Should you join Operation Get Down staff, the information you give here will become a part of your record and will be used for statistical purposes.

### PERSONAL DATA

Last Name		First	Middle	Soc. Sec. No.
Street Address				Phone No.
City		State		Zip Code
Citizen of USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No, does your visa allow you to work in the USA? <input type="checkbox"/> Yes <input type="checkbox"/> No		Visa Type
Person to contact in case of emergency				Phone No.
How did you become aware of this position?				
Type of employment you are seeking <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Either		If part-time, hours you would be available between 7 a.m. - 10 p.m. What position are you applying for?		Shift Preference

### EDUCATION

High School / GED or Equivalent

Name of School	City	State	Date Diploma or Certificate
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### VOCATIONAL / TECHNICAL TRAINING (Business, Industrial, Military, Etc.)

Name of School	Date Last Attended	Description of Training
City	State	
Name of School	Date Last Attended	Description of Training
City	State	

### COLLEGE / UNIVERSITY

Name and Location of College	Dates Attended		Major Grade Point Average	Minor Cumulative GPA
	To	From		
Graduate				

Former Operation Get Down Employee <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, state position	Dates Employed From _____ To _____
Are you able to fully perform all of the functions of the job for which you wish to be considered? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain		

**MILITARY SERVICE - PRESENT STATUS**

Branch of Service	Rank or Rate	Type of Duty	Years

**CERTIFICATE OR LICENSE HELD**

Type of Certificate	State	Date of Issue	Expires

**EXPERIENCE**

List present and all past work experience, beginning with your most recent employment.

1

Name and full address of school or company	Employment dates	
	From _____	To _____
	Name and title of supervisor	Telephone number
Position	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of duties		

2

Name and full address of school or company	Employment dates	
	From _____	To _____
	Name and title of supervisor	Telephone number
Position	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of duties		

3

Name and full address of school or company	Employment dates	
	From _____	To _____
	Name and title of supervisor	Telephone number
Position	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of duties		

4

Name and full address of school or company	Employment dates	
	From _____	To _____
	Name and title of supervisor	Telephone number
Position	Full Time <input type="checkbox"/> Part time <input type="checkbox"/>	
Description of duties		

May we contact your present employer?  Yes  No

Add any information which you believe will assist Operation Get Down in arriving at a true estimate of your qualifications.

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**REFERENCES**

List at least three references that may be contacted regarding your character and your work experience

Name	Address	Phone	Business Profession and Title

I agree to comply with the policies, rules and regulations of Operation Get Down as appropriate. I certify that all statements made on this form are true and accurate to the best of my knowledge. I understand that supplying false information may be sufficient cause for termination. Furthermore, I understand that my employment with Operation Get Down is contingent upon:

1. the successful completion of an application and reference review.
2. submission of a social security card, official transcripts, W-4 forms and personal identification which meets the requirements of the Immigration and Naturalization Act (I-9).
3. credential review and certification.
4. written vocational approval, and/or documentation of two years of hands-on, recent and relevant experience, if applicable.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

**AN AFFIRMATIVE ACTION / EQUAL OPPORTUNITY EMPLOYER**

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

oll,

NOTICE OF ENACTMENT OF ORDINANCE  
TO: THE PEOPLE OF DETROIT, MICHIGAN  
(On June 23, 2004, the City of Detroit adopted the following Ordinance)

ORDINANCE NO. 20-04  
CHAPTER 18  
ARTICLE V

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

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

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

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

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

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

# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

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

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

## Sec 18-5-93. Voidability of contract.

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

## Sec 18-5-94—18-5-100. Reserved.

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

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

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

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

JACKIE L. CURRIE  
City Clerk

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

1. Name of Contractor: Operation Get Down, Inc
2. Address of Contractor: 10100 Harper Ave  
Detroit, MI 48213
3. Name of Predecessor Entities (if any): NONE

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 1971 (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.

Sawara Biman Patel (Printed Name) CEO (Title)  
[Signature] (Signature) OCT 30, 2014 (Date)

Subscribed and sworn to before me  
this 30 day of OCT, 2014  
Deborah Ann Powell  
Notary Public, Wayne County, Michigan  
My Commission expires: 7-5-18

Section One: (to be completed by contract manager) Date: 10/20/2014

RECEIVED

Name Operation Get Down - Warming Center

Address: 10100 Harper Ave., Detroit, MI 48213

NOV 14 2014

Phone # 313-2-921-9422

CITY OF DETROIT  
PLANNING & DEVELOPMENT DEPT  
BUDGET

Ownership over 50%  Black  Hispanic  American Indian  Asian  White  
 Male  Female

Contract/Cost Center Name: Operation Get Down - Warming Center Approp. # **13340** Object Code # **651147**

HUD Activity # \_\_\_\_\_ Grantee APN: \_\_\_\_\_ Org. # **361508** Advance \$ **0**

Contract Amount **\$350,000.00**  Set-up  Amendment Contract # **CPO # 2893819** SPO # **2893821**

Funding Source:  CDBG  HOME  ESG  HOPWA  Other Federal  State  General

Fund  Bond  Other Contract Type:  Construction  Service  Supply

Contract Period: **November 1, 2013 - December 31, 2016** Contract Description: **PUBLIC SERVICE**

Contract Manager: Shirley Walker Section: Neighborhood Support Services Phone # 313-224-9948

Section Two: Approval Process

> **Executive Manager:** Compensation clause equals Budget  Yes  No Funds Available  Yes  No  
In \_\_\_\_\_ FY Consolidated Plan: Activity \_\_\_\_\_ \$ \_\_\_\_\_ In Scope  Yes  No  
Contract Monitoring approved boilerplate  Yes  No Cited exhibits included in contract  Yes  No

Signature: [Signature] Date: 11/14/14

> **EEO/Labor Standards:** Signature: N/A Date: \_\_\_\_\_

> **Contract Monitoring:** Signature: N/A Date: \_\_\_\_\_

>  **Contract Manager:** (The following items are attached to the contract)

- Agreement Transmittal Record (C of D 979)
- Three copies of signed agreement/amendment  Indirect cost proposal (if applicable)
- Clearances:  Income Tax  Property Tax  Personal Property  Human Rights
- Insurances:  General Liability  Automobile  Workers' Compensation  Other \_\_\_\_\_
- Notification of Contract Award signed by contractor/vendor
- Reason for delay: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Department Approval:**

Cost Center Balance \$ 3,817,083.20 Date: 11-14-14

Approved  Denied  Insufficient funds  Incomplete/Incorrect forms  Questionable account number

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

> **IDIS:** (Consolidated Plan) Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Contract Manager must attach copy of IDIS Set-up Form

> **Accounting:** Signature: \_\_\_\_\_ Date: \_\_\_\_\_

= Copy of form needed for file at these stops, also copy MIS for Federal reporting

NOTIFICATION OF CONTRACT AWARD

P & DD # 4463

CPO # 2893819

ORG 361508

OBJ. CODE/DETAIL: 651147 ACT. PUR. NO:

Name of Program: Public Service

Location: City of Detroit

Grant Number:

ESG

Sponsor: City of Detroit

% Minority Sponsorship:

100%

Business Name: Operation Get Down – Warming Center

Principal Owner: NON-PROFIT

Address: 10100 Harper Ave.

Detroit, MI 48213

Telephone: 248-967-1500 X119

Internal Revenue Number (If Applicable): 38-2036469

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  Supply

Check Tier: Prime  Sub  Sub/Sub

Total Dollar Value: \$350,000.00

Award Date: **November 1, 2014**

If Joint Venture, Amount Minority: \$ \_\_\_\_\_

Amount Majority: \$ \_\_\_\_\_

This serves as such notification for the above contract.

Shirley Walker

Preparer's Signature

Date 10/20/14

CONTRACT # 4463 CPO # 2893819  
SPO # 2893821

Waiver

CHANGE ORDER # 01

Agenda Date \_\_\_\_\_

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

### CONTRACT SYNOPSIS

NAME: Operation Get Down- Warming Center

ADDRESS: 10100 Harper Ave., Detroit, MI 48213

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 Fund RFP's (applications) are issued in October. City Council budgets awards for specific activities and organizations. Thus the projects are already earmarked for certain groups and cannot be bid out again.*

#### PROJECT:

Type of Funding and %: 100 % Emergency Solution Grant

CONTRACT AMOUNT: \$350,000.00

CONTRACT PERIOD: November 1, 2013 – December 31, 2016

ADVANCE PAYMENT -0-

#### BRIEF

DESCRIPTION: Provide emergency shelter to the homeless of Detroit.

REASON FOR DELAY: