

P&DD #4426-01

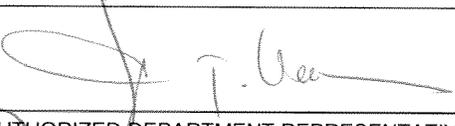
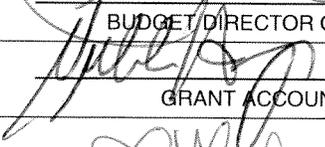
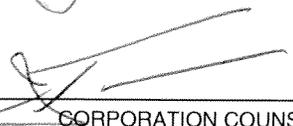
PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD AMENDMENT

CONTRACT PO 28957-01-01
STANDARD PO 2895703
CHANGE ORDER 01

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <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 GAIL PRYOR	PHONE NO. 628.0164
CONTRACTOR'S COVENANT HOUSE MICHIGAN		DATE PREPARED 11/17/2014	
CONTRACTOR'S ADDRESS: 2959 MARTIN LUTHER KING JR. BLVD. Detroit, Michigan 48208-2475		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$200,000.00 TOTAL CPO AMOUNT \$100,000.00 CHANGE AMOUNT \$100,000.00	
PHONE NO (313) 463.2045		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER 38-3351777		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PUBLIC SERVICE			
CHARGE ACCOUNT: 2001 - 366015 - 801615 - 651147 - 11786 - 00000 - 00000			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	03-24-15
MAR 30 2015 FEB 25 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	APR 17 2015
APR 30 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL GRANT ACCOUNTANT 	MAY 04 2015
APR 21 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	4/21/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	4/27/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	5/8/15
	CITY OF DETROIT CONTRACTS SECTION CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE JUN 05, 2014	

JOURNAL OF THE DETROIT CITY COUNCIL, THURSDAY, JUNE 5, 2014 SPECIAL SESSION

By Council Member Letard:

RESOLVED That, the Detroit City Council hereby approves as part of the 2014-15 Budget the allocations for the 2014-2015 Community Development Block Grant program (which includes the Neighborhood Opportunity Fund), as provided in the attached Schedule A.

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

2014-2015 SCHEDULE A

Dept.	Action	Appr. #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13594	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,675	-\$ 2,059,452
PDD	Decrease	13594	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	-\$ 1,653,018
PDD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	-\$ 22,700
PDD	Decrease	13169	PDD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	-\$ 513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	-\$ 690,669
PDD		13611	Sec. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
SUB-TOTAL					\$ 8,746,361	\$ 3,806,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
SUB-TOTAL					\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
SUB-TOTAL					\$ 0	\$ 0	
PDD	Increase	11507	Economic Development				
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
SUB-TOTAL					\$ 0	\$ 6,500,000	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Casa Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11798	Manners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11801	NSO — Turnami Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12428	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11896	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11806	United Community Housing Coalition	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11809	YWCA Interim House	HPS	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 2,269,216	\$ 2,250,000	
Housing							
PDD	Decrease	13609	Housing Rehabilitation	HR	\$ 6,000,000	\$ 0	-\$ 6,000,000
PDD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
PDD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
PDD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
SUB-TOTAL					\$ 6,400,000	\$ 7,000,000	
PDD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	-\$ 941,365
SUB-TOTAL					\$ 2,941,365	\$ 3,399,934	
PDD	Increase	11406	Public Facility Rehab.	PER	\$ 1,300,000	\$ 1,486,390	\$ 186,390
PDD	Increase	04735	Adult Wellbeing Services	PER	\$ 0	\$ 134,600	\$ 134,600
PDD	Increase	13838	Charles H. Wright Museum of African American History	PER	\$ 0	\$ 85,000	\$ 85,000
PDD	Increase	06608	Focus HOPE	PER	\$ 0	\$ 102,700	\$ 102,700
PDD	Increase	06514	Franklin Wright Settlements	PER	\$ 0	\$ 120,000	\$ 120,000

Oppl	Action	Appr.#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 167,000	\$ 167,000
PDD	Increase	13845	North Rosedale Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04898	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13308	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
PDD	Decrease	13167	PDD — Development	SUB-TOTAL	\$ 500,000	\$ 1,486,390	\$ 200,000
PDD	Decrease	12945	Unassigned Projects	SUB-TOTAL	\$ 2,468,905	\$ 0	-\$ 2,468,905
PDD	Increase	07523	Accounting Aid Society	PS	\$ 3,677,644	\$ 0	-\$ 3,677,644
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Mercy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL	PS/Health	\$ 0	\$ 75,000	\$ 75,000
				PS/Health	\$ 0	\$ 375,000	\$ 375,000

PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL	PS/Rec.	\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	10105	Alkebulan Village	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11167	The Green of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL	PS/Pub. City	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13841	East Michigan Christian	PS/Pub. City	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10620	Jefferson Business Association	PS/Pub. City	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13342	Wayne State University	PS/Pub. City	\$ 0	\$ 275,000	\$ 275,000
			SUB-TOTAL	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04683	Alzheimer's Association	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dalray United Action Council	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10621	L&L Adult Day Care	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05662	LASED	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11993	Matrix Human Services — Reuther Older	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000

Dept	Action	APPL #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	05119	Adult & Wellness Center St. Patrick Senior Center	Seniors PS	\$ 0	\$ 100,000	\$ 100,000
				Seniors	\$ 0	\$ 100,000	\$ 100,000
					\$ 0	\$ 550,000	\$ 550,000
				REPAY	\$ 7,334,688	\$ 3,500,000	\$ 3,834,688
				REPAY	\$ 1,820,958	\$ 641,268	\$ 1,179,688
				REPAY	\$ 337,199	\$ 67,199	\$ 270,000
				REPAY	\$ 1,857,125	\$ 857,125	\$ 1,000,000
				REPAY	\$ 242,648	\$ 17,648	\$ 225,000
				REPAY	\$ 542,199	\$ 432,199	\$ 110,000
				REPAY	\$ 134,554	\$ 134,554	\$ 0
				REPAY	\$ 38,720	\$ 38,720	\$ 0
				REPAY	\$ 437,438	\$ 167,438	\$ 270,000
				REPAY	\$ 847,787	\$ 447,787	\$ 400,000
				REPAY	\$ 33,284	\$ 3,284	\$ 30,000
				REPAY	\$ 122,992	\$ 72,992	\$ 50,000
				REPAY	\$ 919,826	\$ 619,826	\$ 300,000
					\$ 7,334,688	\$ 3,500,000	\$ 3,834,688
				PI	\$ 0	\$ 1,000,000	\$ 1,000,000
					\$ 0	\$ 187,144	\$ 187,144
					\$ 43,890,841	\$ 28,562,866	\$ 15,327,975
					\$ 0	\$ 0	\$ 0
					\$ 43,890,841	\$ 28,562,866	\$ 15,327,975
					\$ 310,000	\$ 310,000	\$ 0
					\$ 1,132,419	\$ 1,132,419	\$ 0
					\$ 31,233,230	\$ 32,109,171	\$ 875,941
					\$ 32,675,649	\$ 33,551,590	\$ 875,941

Adopted as follows:

Yeas — Council Members Benson, Cushingberry, Jr., Jenkins, Leland, Sheffield, Spivey, Tate, and President Jones — 8.
Nays — None.

2014/2015

COBG

CC APPROVED

TRUE COPY CERTIFICATE

Form C of D-16-CR

STATE OF MICHIGAN, } ss
City of Detroit

CITY CLERK'S OFFICE, DETROIT

I, Janice M. Winfrey

, City Clerk of the City of Detroit, in said

State, do hereby certify that the annexed paper is a TRUE COPY OF RESOLUTION

Approved by the Emergency Manager for the City of Detroit on

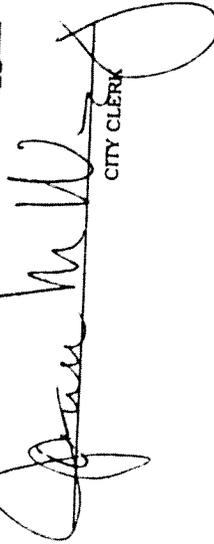
Thursday, June 12, 2014
in accordance with EM Order No. 3 dated April 11, 2013.

as appears from the Journal of said City Council in the office of the City Clerk of Detroit, aforesaid; that I have compared the same with the original, and the same is a correct transcript therefrom, and of the whole of such original.

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of said City, at

Detroit, this 28th

day of April A.D. 2015


CITY CLERK

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895701**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 16th day of October, **2014**, between **COVENANT HOUSE MICHIGAN**, 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. 2895701**, dated **October 1, 2013**, between the Subrecipient and the City (herein called the "Agreement"):

WITNESSETH:

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

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

WHEREAS, the term of the Agreement is from **October 1, 2013 through September 30, 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 September 30, 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 **October 1, 2013 through September 30, 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 **October 1, 2013 through September 30, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Subrecipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED THOUSAND (\$100,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **TWO HUNDRED THOUSAND (\$200,000.00) 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

Covenant House Michigan

I, Joseph Crawford, CORPORATE SECRETARY of **Name of Organization** 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 _____, _____, and that the same is now in full force and effect:

I FURTHER CERTIFY that:

Leslie A. Murphy is Chairman of the Board,
Gerald J. Piro is Executive Director,
_____ is President,
Richard K. Thompson is Vice ~~President~~ Chair
David W. Senatore is Treasurer,
and Joseph Crawford is Secretary.

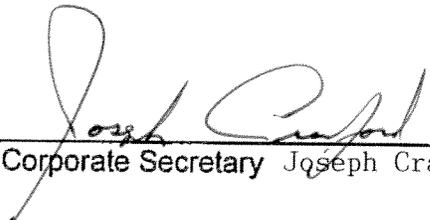
"RESOLVED, that the following are authorized to execute and deliver, in the name and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, or document, or other instrument, or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any of such officers to be conclusive evidence of such approval."

Gerald J. Piro Title/Position Executive Director
Cynthia Adams Title/Position Associate Executive Director
_____ Title/Position _____
_____ Title/Position _____
_____ Title/Position _____
and _____ Title/Position _____

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Agreement «CPO» between the City of Detroit and **Name of Organization** 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 15TH day of NOVEMBER, 2014.

CORPORATE SEAL
(if any)

Signature: 
Corporate Secretary Joseph Crawford

City of Detroit
Planning and Development Department
Homeless Coordination

EXHIBIT A
SCOPE OF SERVICES (HOMELESS)
COVENANT HOUSE MICHIGAN – CRISIS SHELTER
FUNDING YEAR 2014-2015

During the term of this Agreement, the Subrecipient, **COVENANT HOUSE MICHIGAN – CRISIS SHELTER**, shall provide public service homeless activities herein called the "Project" or the "Services," in order to provide basic necessities (food, clothing, shelter, residential program housing, job preparedness, employment opportunities and emergency medical opportunities) for persons who are residents of the city of Detroit.

I. GENERAL REQUIREMENTS

- A. For so long as this Agreement remains in full force and effect, the Subrecipient shall operate an emergency shelter and transitional housing located at 2959 Martin Luther King Jr. Blvd., Detroit, MI. "Homeless," as used herein, means families and individuals who are poor and have no access to either traditional or permanent housing. Pursuant to 24 CFR 576.73(d), the Subrecipient shall notify and request prior approval of the City before closing down, moving or changing the location(s) of the emergency shelter(s) funded hereunder. No change in location or closure may be undertaken without approval of the City.
- B. The Subrecipient shall maintain the shelter premises in a safe and sanitary condition, in accord with local health, fire and safety codes. The Subrecipient shall comply with all applicable requirements of the City of Detroit Ordinance pertaining to licensing of emergency shelters and shall obtain a license pursuant to that ordinance from the Business License Shelter, Consumer Affairs Division of the Buildings, Safety and Engineering Department of the City of Detroit. The Subrecipient shall renew such license annually.
- C. The Subrecipient shall, to the extent feasible, give assistance to homeless individuals related to essential support services necessary for achieving independent living. To the maximum extent practicable, homeless individuals shall be involved in the operation, maintenance, rehabilitation or provision of services at shelter facilities. The Subrecipient shall submit to the City its action plan for such involvement, to the extent practical, of homeless individuals in its operation, maintenance, rehabilitation or provision of services for shelter facilities funded hereunder, as applicable.
- D. No rent or any fees shall be charged to homeless persons for emergency shelter or emergency shelter supportive services hereunder. However, the Subrecipient may install pay phones and/or coin laundry services on the shelter premises if the City approves them in writing as reasonable, necessary and not constituting a hardship for homeless clients of the shelter.
- E. The Subrecipient may not accept food stamps from homeless clients, or require homeless clients to other relinquish food stamps, whether for food or not, unless licensed to do so by the U.S. Dept. of Agriculture.
- F. Projected shelter service levels during the term of this Agreement shall at a minimum strive to meet the goal of providing shelter and support services to an average of **40** homeless individuals monthly.

The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved in writing by the City. The Subrecipient shall immediately notify the City of any anticipated change in location.

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

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

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

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

2. CDBG NATIONAL OBJECTIVE CRITERIA

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

B3) Formally Limited (100%) Clientele – Preemptive Benefit Categories

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

 X Homeless

CDBG MAXIMUM GROSS INCOME LIMITS - Effective 12/11/12			
FAMILY SIZE	EXTREMELY BELOW 30%	VERY LOW INCOME ABOVE 30% BELOW 50%	MODERATE INCOME ABOVE 50% BELOW 80%
1	13,550	22,550	36,050
2	15,450	25,800	41,200
3	17,400	29,000	46,350

4	19,300	32,200	51,500
5	20,850	34,800	55,650
6	22,400	37,400	59,750
7	23,950	39,950	63,900
8*	25,500	42,550	68,000

*Over 8 persons in family add 8% of four person family limit for each additional member and then round to the nearest \$50.

3. SERVICES TO BE PERFORMED

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

During the term of this agreement, the Subrecipient shall provide a suitable living environment to at least 250 unduplicated homeless and at-risk 18 to 22-year-olds.

Client Outreach

Outreach will be conducted by the Covenant House Michigan Street Outreach team. The three member team goes onto the streets 6 days a week and actively seeks out homeless and at-risk youth. These individuals are provided with immediate street-based assistance (food, clothing, hygiene products, counseling) to all youth (even under 18 or over 22) and offer assistance at the Crisis Shelter if they meet the age requirements (18 to 22 years of age). Clients who do not meet the age guidelines will be referred and transported to other agencies.

Nature of Activities

Homeless youth and young adults are provided with immediate assistance (food, clothing, a warm safe place to sleep) and then offered the opportunity to obtain the job skills, education, socialization, and living skills necessary for them to successfully live an independent lifestyle. The long-term benefits of the program are that more youth are off the streets and obtaining the skills needed to become productive members of society. Residents stay in the Crisis Shelter for an average of 4 weeks, but are allowed to stay up to 3 months.

Services Performed

Homeless male and female youth ages 18 to 22 years old are offered immediate help, 24 hours a day, 7 days a week. The Covenant House Michigan Crisis Shelter offers hot food, a shower, clean clothes, and a warm bed to those youth who voluntarily seek these services. Depending on individual needs, youth can stay at the Crisis Shelter from 1 day to 3 months. While in the program, they receive physical exams and health care in one of the CHM associated clinics, mental health care, legal services and pastoral counseling. Youth are offered immediate assistance (food, clothing, a warm safe place to sleep) and then offered the opportunity to obtain the job skills, education, socialization, and living skills necessary for them to successfully live an independent lifestyle. Youth are assisted with obtaining vital documents and any outstanding legal issues. Covenant House Michigan never turns away any young person who meets the age requirement and provides referrals and transportation to those who do not.

Covenant House Michigan is experiencing a steady increase in mental health issues among those admitted to the Crisis Shelter. Since 1997, over 54,000 homeless and at-risk young people have been served by Covenant House Michigan with 30% - 65% of those admitted to the residential programs having mental illness, though some have not been previously diagnosed. Some have been dually diagnosed with substance abuse problems as well. Many of these youth have had prior contact with

mental health services and have been denied services or have been expelled from other programs. The funds granted will provide young homeless people suffering from mental illness with the social services they need to address both immediate needs and their eventual reintegration into the larger community.

Job Duties

The **Outreach Manager** provides on-the-street performance with supervision to the Street Outreach Team as they canvas Detroit-area neighborhoods in readily identifiable vans, seeking out young people who are at-risk for as well as involved in high-risk behaviors, including drugs, gangs, and prostitution.

The Crisis Shelter currently employs Residential Advisors and a Shelter Manager. Their job duties are as follows:

Residential Advisors provide supervision and delivery of residential services to residents within the framework of the Covenant House Michigan Mission Statement, Five Principles, and Policies and Procedures.

Shelter Manager provides direct supervision of the Residential Advisors working within the Crisis Shelter. The Shelter Manager also delivers daily case management to young adult residents within the framework of the Covenant House Michigan Mission Statement, Five Principles, and Policies and Procedures.

Maintenance workers maintain the 5 acres and 7 buildings of the property occupied by Covenant House Michigan.

Client Description

The Covenant House Michigan Crisis Shelter serves homeless male and female youth, ages 18 to 22.

Expected Outcomes and Benefits

During each month of the grant period, CDBG funding will support, at the Crisis Shelter, approximately 1,228 nights of shelter, 3,600 meals, 300 days of educational support, 950 days of life skills instruction, 800 days of counseling/case reviews, and 250 street outreach contacts. Clients will be better equipped for independent adult living when they leave the Crisis Shelter.

4. PERSONNEL

CDBG funding under this agreement will be used toward the positions of 6 full-time Residential Advisors.

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

5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE

A) Project and administrative offices address:

2959 Martin Luther King Jr. Blvd.
Detroit, Michigan 48208

B) Project Service Area:

City-wide

C) Days of the week and hours the project will operate:

24 hours/7 days a week

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

6. PERFORMANCE SCHEDULE

During the term of this Agreement the Subrecipient shall, at a minimum, provide 14,736 service units to a minimum of 250 persons. On a monthly basis, the Subrecipient shall strive to meet the goal to provide 1,228 units of project services to an average of 40 persons.

Units of service = nights of shelter

During each month of the grant period, CDBG and ESG funding will support, at the Crisis Shelter, approximately 1,228 nights of shelter, 3,600 meals, 300 days of educational support, 950 days of life skills instruction, 800 days of counseling/case reviews, and 250 street outreach contacts. Clients will be better equipped for independent adult living when they leave the Crisis Shelter.

7. ANNUAL MEASURABLE PROJECT OUTCOMES

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

Objective

To offer youth residents the opportunity to obtain the job skills, education, socialization, and living skills necessary for them to successfully live an independent lifestyle.

Outcomes

Over 45 young people will be enrolled in the Rights of Passage (ROP) transitional living program.

Crisis Shelter residents are eligible to enroll in the ROP program. In ROP, residents acquire the skills necessary to make a successful transition from temporary shelter to stable housing and successful adulthood. The expanded Crisis Shelter will allow ROP to utilize its capacity of 26 beds.

Over 100 Crisis Shelter youth will enroll in Covenant House Michigan's Covenant House Academy

– Detroit sites or in college/vocational training programs.

Youth in unstable living environments find it difficult to successfully complete training activities. Youth in the more stable Crisis Shelter living environment have an increased capability to attend training on a regular basis. While youth who are Crisis Shelter residents are eligible to attend the education and training programs in the Covenant House Academy – Detroit sites, they do not have to reside at the Crisis Shelter in order to participate.

At least 100 youth will attend the Covenant House Michigan Employability Skills Program.

A stable living environment is essential to obtaining and retaining employment. By stabilizing more young lives by providing them with life skills training and the necessities of life, Crisis Shelter residents will be more capable of finding and keeping jobs. The Employability Skills Program enhances this base of support as the program teaches them employability skills, appropriate dress standards, helps with resumes, and affords the opportunity for interviews with many local employers.

City of Detroit
 Planning and Development Department
 Homeless Coordination

EXHIBIT B - BUDGET
SCOPE OF SERVICES
COVENANT HOUSE MICHIGAN – CRISIS SHELTER
 City of Detroit Community Development Block Grant
 2014-2015 FISCAL YEARS - CDBG FUNDING

Complete the following budget form for the requested public service activity	Amount from Other funding	Amount from 2014-2015 CDBG
PERSONNEL		
Salaries (list job titles separately/ hrs. per wk x rate x weeks per year) See Personnel details directly below this page re: 6 FTE Resident Advisors via CDBG FY 2014-2015 funding	451,650	100,000
Employer Taxes (FICA, FUTA, etc.) @ 7.65%	53,515	
Fringe (health insurance, life insurance, etc.)	62,745	
Independent contract/consultant Personal Services – Psychologist	50,000	
OPERATING EXPENSES		
Rent		
Utilities	58,800	
Security	55,000	
Communication	3,300	
Insurance	10,800	
Consumable supplies	4,800	
Other (list) Copier lease & service	10,100	
Miscellaneous	4,500	
SPECIFIC PROGRAM EXPENSES		
Food, clothes, hygiene supplies	94,500	
Transportation - residents	15,300	
TOTAL AMOUNT REQUESTED FROM CDBG		100,000

2014-2015 Community Development Block Grant (CDBG)

Re: Covenant House Michigan Crisis Shelter - CDBG-funded Personnel

Residential Advisor (1 FTE)	
70% of 40 hrs a week @ \$15.00/hr	\$ 21,000
Residential Advisor (1 FTE)	
70% of 40 hrs a week @ \$12.00/hr	\$ 16,500
Residential Advisor (1 FTE)	
70% of 40 hrs a week @ \$12.00/hr	\$ 16,500
Residential Advisor (1 FTE)	
70% of 40 hrs a week @ \$11.00/hr	\$ 16,000
Residential Advisor (1 FTE)	
70% of 40 hrs a week @ \$11.00/hr	\$ 15,000
Residential Advisor (1 FTE)	
70% of 40 hrs a week @ \$11.00/hr	\$ 15,000

Total CDBG **\$ 100,000**

EXHIBIT G
PROGRAM INCOME

- (a) Federal awarding agencies shall apply the standards set forth in this section in requiring recipient organizations to account for program income related to projects financed in whole or in part with Federal funds.
- (b) Except as provided in paragraph (h) below, program income earned during the project period shall be retained by the recipient and, in accordance with Federal awarding agency regulations or the terms and conditions of the award, shall be used in one or more of the ways listed in the following.
- (1) Added to funds committed to the project by the Federal awarding agency and recipient and used to further eligible project or program objectives.
- (2) Used to finance the non-Federal share of the project or program.
- (3) Deducted from the total project or program allowable cost in determining the net allowable costs on which the Federal share of costs is based.
- (c) When an agency authorizes the disposition of program income as described in paragraphs (b)(1) or (b)(2), program income in excess of any limits stipulated shall be used in accordance with paragraph (b)(3).
- (d) In the event that the Federal awarding agency does not specify in its regulations or the terms and conditions of the award how program income is to be used, paragraph (b)(3) shall apply automatically to all projects or programs except research. For awards that support research, paragraph (b)(1) shall apply automatically unless the awarding agency indicates in the terms and conditions another alternative on the award or the recipient is subject to special award conditions, as indicated in Section ____.14.
- (e) Unless Federal awarding agency regulations or the terms and conditions of the award provide otherwise, recipients shall have no obligation to the Federal Government regarding program income earned after the end of the project period.
- (f) If authorized by Federal awarding agency regulations or the terms and conditions of the award, costs incident to the generation of program income may be deducted from gross income to determine program income, provided these costs have not been charged to the award.
- (g) Proceeds from the sale of property shall be handled in accordance with the requirements of the Property Standards (See Sections ____.30 through ____.37).
- (h) Unless Federal awarding agency regulations or the terms and condition of the award provide otherwise, recipients shall have no obligation to the Federal Government with respect to program income earned from license fees and royalties for copyrighted material, patents, patent applications, trademarks, and inventions produced under an award. However, Patent and Trademark Amendments (35 U.S.C. 18) apply to inventions made under an experimental, developmental, or research award.

EXHIBIT H-1

PAYROLL REGISTER INSTRUCTIONS (Instructions for: Exhibit H Payroll Register)

1. Enter check date.
2. Check Date and check number
3. List employees.
4. List titles (titles must conform to the budgeted positions)
5. Post gross salaries.
6. NOF %
7. Corresponding taxes, and deductions where applicable.
8. Net salaries.
9. Total the columns.
10. Deposit withholding taxes immediately upon paying salaries in accounts specifically set up for deposit of withholding taxes. The withholding tax deposit checks listed in the Check Register must correspond exactly to the total amounts in the payroll register. Withholding tax deposit checks shall only be reimbursable by the City if Subrecipient has no legal access to funds deposited in such accounts. Employer F.I.C.A. taxes should be listed separately on the check register.
11. The sum of the gross employee totals by title in the payroll register must correspond exactly to the budgeted "Personnel" line item "Contract Costs This Month" section of the Budgetary Status Report.
12. The net amounts in the payroll register must correspond to the net amounts listed in the check register.

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**

Subrecipient Organization Name: Covenant House Michigan

Authorized Representative's Signature: 

Printed Name: Gerald J. Piro

Title: Executive Director

Date: November 11, 2014

Exhibit O
CERTIFICATION REGARDING LOBBYING

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

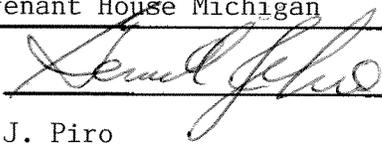
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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: Covenant House Michigan

Authorized Representative's Signature: 

Printed Name: Gerald J. Piro

Title: Executive Director

Date: November 11, 2014

Exhibit P
SEPARATION OF CHURCH AND STATE

Pursuant to Title I of the Housing and Community Development Act of 1974, as amended, and the implementing CDBG regulations at 24 CFR 570.200(j) dated September 30, 2003, the Subrecipient agrees that with respect to use and expenditure of CDBG funds in performance of the Services hereunder:

- a) It will not discriminate against any person applying for, or seeking to participate in, CDBG funded activities on the basis of religion and will not limit such services or give preference to persons on the basis of religion or religious belief;
- b) It will provide no religious instruction or counseling, conduct no religious worship or services, and engage in no religious proselytizing, in the provision of funded CDBG activities;
- c) If the organization conducts any religious activities, such activities must be offered separately in time or location from the funded CDBG activities, and participation of beneficiaries of CDBG funded activities in any such religious activities must be wholly voluntary;
- d) If CDBG funds are received for public service activities, minor maintenance repairs may be made to the facility space in which public services are to be provided only in proportion to the CDBG funding allocation for the entire facility and to the extent to which the facility is used for secular, public service eligible purposes. Such space must not be a sanctuary, chapel or other room(s) used as a principal place of worship or for inherently religious activities. The above notwithstanding, such expenditures are governed by approved line items as provided in Exhibit B, Budget, of this Agreement and in no case shall maintenance repair costs exceed \$5,000.00, unless the City grants an exception in writing.
- e) No CDBG funds may be used to improve, acquire, construct, rehabilitate, repair or maintain a sanctuary, chapel or other rooms that a CDBG-funded religious congregation uses as its principal place of worship or for inherently religious activities. However, if CDBG funds are awarded for public facility rehabilitation, and space other than provided above is used, the CDBG funds may be used for rehabilitation of structures only to the extent and proportion that those structures are used for conducting eligible CDBG activities. CDBG funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible CDBG activities in accordance with cost accounting requirements of OMB Circular A-122.

Subrecipient Organization Name: Covenant House Michigan

Authorized Representative's Signature: 

Printed Name: Gerald J. Piro

Title: Executive Director

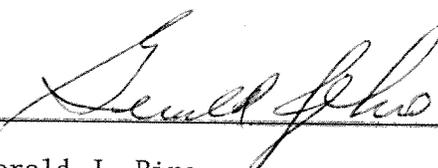
Date: November 11, 2014

**EXHIBIT W
FUNDING AWARD EXPENDITURES**

Subrecipient Organization Name: Covenant House Michigan

The Subrecipient understands and agrees that the funding awards indicated in the Exhibit B, Budget shall be reimbursed when acceptable forms of payment and documentation are submitted to the City as prescribed in Exhibit D for costs and services performed during the term of the agreement.

Any remaining balance shall be reprogrammed within 30 days of expiration of the agreement. Any prior grant award balances shall be reprogrammed and rendered inaccessible to the Subrecipient.

Signed: 

Printed Name: Gerald J. Piro

Title: Executive Director

Date: November 11, 2014

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: 11/7/2014 Department: Planning & Development Division: NSS

Dept Head/Contact Person: Thomas Lewand Phone No.: 224-2670

Description: PS. Contract No.: 2895701-01 PO Type: Prof Svc - CPO Est. Value: \$ 100,000.00

Contract Term (if applicable): October 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: COVENANT HOUSE MICHIGAN Required Date: A.S.A.P.

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

If "Yes" please explain why: Crisis Shelter to provide basic necessities, food, emergency med. & shelter, etc. to residents of the City of Detroit.

Consequence of not buying: No access to basic necessities which contributes to HOMELESSNESS .

✓ Was the product or service competitively bid? Yes No (CDBG Grant Proposal)
(Request copies of bid tabulation/evaluation score sheets as needed)

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

✓ 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: _____

✓ Were savings achieved?
 Yes Amount \$ _____ No
Were additional savings requested? (10%) Yes No

✓ Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: Same as above.

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

Variance in unit price only (Current unit price \$ _____ Suggest Unit Price \$ _____)

01/11/12

P#4426-1

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

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

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

✓ 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: _____

Gail Pryor

DATE: _____

1/20/2015

INFORMATION PROVIDED BY: Gail Pryor

TITLE: NSS

PHONE NO. 628-0164

PS & HPS SCORING FORM 2014

TOTAL POINTS SCORED

96

Attachment: 2

Proposal # 39 Organization Name: Covenant House MI
 Reviewer Signature: [Signature]

Summary of Scoring Rules

Proposals will be ranked and scored on a 100 point scale, with 0 being the lowest and 100 the highest score. Proposals must score at least 70 points to be recommended for funding.

- 5 points: criterion is very strong
- 4 points: criterion is strong
- 2 points: criterion is acceptable
- 0 points: criterion is incorrect, incomplete or missing

Public Service Ranking

		Max Points	Score
1.	Meets City Consolidated Plan Priority	5	5
I. CONSOLIDATED PLAN			
II. ORGANIZATIONAL INFORMATION			
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	4
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
III. MANAGEMENT PLAN			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding -- <i>MP-2 (Page 9)</i>	5	4
7.	Provided a timing plan for Project/Activity -- <i>MP-3 (Page 9)</i>	5	5
IV. PROJECT DESCRIPTION			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 & PS 1 thru PS3 (Page 1 and 11)</i>	5	5
9.	Project clearly specifies operational structure serving the community residents -- <i>PS-4 thru PS 12 (Page 11 - 12)</i>	5	5
10.	Service is provided in at least one of HHF the areas shown in green on the Detroit Land Bank Authority map section of this Information Package- <i>PS-13 thru PS-19 and support letters (Page 12)</i>	5	5
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control-- <i>PS-16 thru PS 19 and support letters. (Page 12 & 13)</i>	5	5
V. OUTPUTS AND OUTCOMES			
12.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	4
13.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	5
14.	Demonstrated successful lasting benefits for program outcome/evaluation- - Out -4 (<i>Page 14</i>)	5	4
15.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	5
VI. BUDGET			
16.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.-- <i>Bud-1 thru Bud - 7 (Page 15)</i>	5	5
17.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	5
18.		5	5

2014 / 2015 Planning & Development Department
Public Service Threshold Criteria

Proposal Number

14-039

Attachment #1

Name of Organization COVENANT HOUSE OF MICHIGAN

Reviewer Signature Lee Sautter Date 4/21/14

Threshold Criteria	Yes	No
Meets HUD National Objective (Thr-1)	✓	
Group attended 2014 workshop (check attendance roster) (List of attendees are available to reference – 5 Workshops)	✓	
Proposal must be submitted on correct form and by deadline	✓	
Must have at least five (5) member board and meet at least quarterly (Org-7)	✓	
Must have 501 (c) (3) Status prior to applying for proposal (Attachment #1)	✓	
Must have at least one year of operation and proof of operations (Attachment #2)	✓	
Has no unresolved government audit and monitoring problems (FRM / PDD) except the active or open vs. closed or inactive	✓	
Must submit most recent fiscal year cash flow statement, financial statement and if available, recent audit (Attachment #3)	✓	
Must have three (3) support Letters (Attachment #4)	✓	
Must read and sign Certification form (Pg. 18)	✓	
Must submit current Non-profit Corporation Information Update (Michigan Annual Non-Profit Report) (Attachment #5)	✓	
Must submit Certificate or Articles of Incorporation (Attachment #6)	✓	
Must provide demonstrable outputs and/or outcomes (Pg. 14)	✓	
Applicants organization must provide proof of operating cash on hand (7% of request) (Attachment #7) (Bank Statement past 3 mos., Letter or Line of Credit)	✓	

COMMENTS:



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION PLANNING & DEVELOPMENT

E MAIL ADDRESS cgriffin@detroitmi.gov

CONTACT NAME Clinton Griffin PHONE 224-9121 FAX _____

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

To:
A. City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
Detroit, MI 48226

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

For:
Individual or
Company Name Covenant House
Address 2959 Martin Luther King Blvd

City DETROIT
State MI Zip Code 48208

Telephone 313 463-2000 Fax # 313 463-2001

E-mail Address _____

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

Dee Downs

Telephone # Same

Fax # Same

Employer Identification or Social Security Number

38-3351777

Spouse Social Security Number _____

Nature of Contract Public Services

BID CONTRACT AMOUNT (if known):

Labor: \$ _____ Material: \$ _____

Contract # (if known) 2893855

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- 5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-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
- Yes No
- Yes No

Signature LUCHETIA JENKINS Date OCT 14 2014 Expires OCT 14 2015
 Signature _____ Date _____ Expires _____
 Signature _____ Date _____ Expires _____

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

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

CITY OF DETROIT

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

SECTION A: PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT: 65 Cadillac Ste 1400

DATE SENT: 2/12/15 CONTACT PERSON: CLINTON GRIFFIN

PHONE NUMBER: (313) 224-9121 FAX NUMBER: 224-2321 EMAIL: cgriffin@detroitmi.gov

CONTRACT AMOUNT: \$100,000.00

SECTION B: CORPORATION

LICENSE TYPE: N/A

CORPORATION NAME: COVENANT HOUSE

ADDRESS: 2959 Martin Luther King Blvd. CITY/STATE/ZIP: Detroit, MI 48208 (OWN / LEASE) = unknown

CITY PERSONAL PROPERTY NUMBER: 12990239.80 FID / EIN NUMBER: 38-3351777

OTHER CITY-OWNED PROPERTY PARCELS: unknown

CONTACT PERSON: Dee Downs PHONE NUMBER: 313-463-2000 EMAIL ADDRESS: none

SECTION C: PARTNERSHIP

LICENSE TYPE:

BUSINESS NAME:

BUSINESS ADDRESS: CITY/STATE/ZIP: OWN / LEASE

CITY PERSONAL PROPERTY NUMBER: FID / EIN NUMBER:

A: PARTNER'S NAME: PHONE NUMBER:

HOME ADDRESS: CITY/STATE/ZIP: OWN / LEASE

DRIVER'S LICENSE #: OTHER CITY-OWNED PROPERTY PARCELS:

B. PARTNER'S NAME: PHONE NUMBER:

HOME ADDRESS: CITY/STATE/ZIP: OWN / LEASE

DRIVER'S LICENSE #: OTHER CITY-OWNED PROPERTY PARCELS:

CONTACT PERSON: PHONE NUMBER: EMAIL ADDRESS:

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE:

BUSINESS NAME:

BUSINESS ADDRESS: CITY/STATE/ZIP: OWN / LEASE

CITY PERSONAL PROPERTY NUMBER: FID / EIN NUMBER:

OWNER'S NAME: DRIVER'S LICENSE #: PHONE NUMBER:

HOME ADDRESS: CITY/STATE/ZIP: OWN / LEASE

OTHER CITY-OWNED PROPERTY PARCELS:

EMAIL ADDRESS:

SECTION E: PERSONAL SERVICES

NAME: ADDRESS: OWN / LEASE

CITY/STATE/ZIP:

PHONE NUMBER: DRIVER LICENSE #:

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT:

SOCIAL SECURITY NUMBER: EMAIL ADDRESS:

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE: FEB 10 2015 CLEARANCE VALID UNTIL: AUG 30 2015

REVENUE COLLECTIONS APPROVED CONTRACT CLEARANCES

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

I, being a duly authorized representative of the Covenant House Michigan (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: Covenant House Michigan

2959 Martin Luther King Jr. Blvd. (Type or Print Legibly)

Contractor Address: Detroit MI 48208
(City) (State) (Zip)

Contractor Phone/E-mail: 313-463-2000 / gpiro@covenanthouse.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Gerald J. Piro

Signature of Authorized Representative: *Gerald J. Piro*

Date: November 3, 2014

Signature of Notary: *Carolyn S. Millard* *Subscribed and sworn before me on this 3rd day of Nov, 2014*
Printed Name of Seal of Notary: Carolyn S. Millard *Westeran County*
Acting in Wayne County

MY Commission Expires: 10/23/2019

For Office Use Only:	
Cov. Rec'd <u>12/15</u> in _____	Department Name: <u>PDD</u>
<input checked="" type="checkbox"/> Accepted by: <u><i>Christi W. Kelly</i></u>	<input type="checkbox"/> Rejected by: _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/23/2014

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).

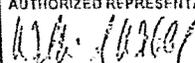
PRODUCER Waldorf Risk Solutions, LLC PO Box 590 Huntington NY 11743	CONTACT NAME: PHONE (A/C, No, Ext): 631-423-9500 FAX (A/C, No): 631-424-3610 E-MAIL: info@waldorfrisksolutions.com ADDRESS:
	INSURER(S) AFFORDING COVERAGE INSURER A: Lloyds of London - AA1126510B INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES **CERTIFICATE NUMBER: 688175232** **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 IRISD VVVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER	Y	F140116	7/1/2014	7/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG Included Fire Damage \$50,000
	AUTOMOBILE LIABILITY ANY AUTO ALLOWED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB DED RETENTION	X	F140117	7/1/2014	7/1/2015	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in III) If yes, describe on order DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
A	Professional Liab. (E&O/D&O/EPLI) Employee Dishonesty/Crime		F140116	7/1/2014	7/1/2015	Limit: \$1,000,000 Limit: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverage certified above extends to include the certificate holder as additional insured as their interest may appear with respect to the CDBG/ESG Grant.

CERTIFICATE HOLDER The City of Detroit Planning & Development 65 Cadillac Square Detroit MI 48226	CANCELLATION 30 Days 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 
--	--

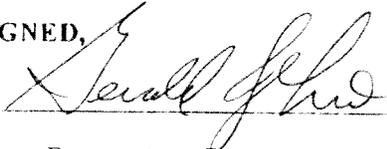
Hiring Policy Compliance Affidavit

I, Gerald J. Piro, being duly sworn, state that I am the Executive Director
Title of Covenant House Michigan
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: November 3, 2014

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 3rd day of Nov, 2014,
by Carolyn S. Millard

Notary Public, County of Washtenaw acting in Wayne
State of Michigan
My commission expires: 10/23/2019

APPLICATION FOR EMPLOYMENT



PERSONAL

LAST NAME		FIRST NAME		MIDDLE NAME		PREVIOUS NAME(S) (TO VERIFY WORK & SCHOOL RECORDS)	
PRESENT ADDRESS		APT #	CITY	STATE	ZIP	PHONE NUMBER () ()	
HAVE YOU EVER WORKED FOR COVENANT HOUSE? <input type="checkbox"/> NO <input type="checkbox"/> YES WHERE? _____ WHEN? _____		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, DO YOU HAVE PROOF OF ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		CELL/ALTERNATE PHONE NUMBER () ()	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, HAVE YOU THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A VALID MICHIGAN DRIVER'S LICENSE? (CIRCLE) YES NO		EMAIL ADDRESS:	

APPLICATION

POSITION DESIRED	SALARY REQUIREMENT
HOW DID YOU HEAR ABOUT COVENANT HOUSE MICHIGAN?	WHEN ARE YOU AVAILABLE
SHIFTS YOU ARE ABLE TO WORK: DAYS _____ AFTERNOONS _____ MIDNIGHTS _____ WEEKENDS _____	FULL-TIME _____ PART-TIME _____

EDUCATION

SCHOOL NAME (CITY & STATE)	DID YOU GRADUATE?	IF NO, HOW MANY YEARS ATTENDED?	DEGREE RECEIVED AND MAJOR/MINOR (EX. BA - SOCIAL WORK)
HIGH SCHOOL (LAST ATTENDED)			
BUSINESS/ TRADE SCHOOL			
COLLEGE(S) / UNIVERSITY(S)			
(ATTACH ADDITIONAL PAGES IF NECESSARY)			
1.			
2.			
3.			

LIST ANY ADDITIONAL SKILLS, QUALIFICATIONS OR EXPERIENCE YOU FEEL QUALIFY YOU TO WORK WITH US:

EXPERIENCE/EMPLOYMENT (START WITH MOST RECENT EMPLOYER AND COVER 7 YEARS, ATTACH ADDITIONAL PAGES IF NECESSARY)

CHECK HERE IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED UNTIL AFTER AN OFFER IS MADE

EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP	PHONE NUMBER ()	SUPERVISOR NAME
TITLE	DUTIES						
DATE OF EMPLOYMENT / / TO / /	SALARY		STARTING	STATE	ENDING	ZIP	REASON FOR LEAVING
EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP	PHONE NUMBER ()	SUPERVISOR NAME
TITLE	DUTIES						
DATE OF EMPLOYMENT / / TO / /	SALARY		STARTING	STATE	ENDING	ZIP	REASON FOR LEAVING
EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP	PHONE NUMBER ()	SUPERVISOR NAME
TITLE	DUTIES						
DATE OF EMPLOYMENT / / TO / /	SALARY		STARTING	STATE	ENDING	ZIP	REASON FOR LEAVING

REFERENCES (LIST THREE PEOPLE, NOT RELATIVES, WHO CAN FURNISH INFORMATION AS TO YOUR ABILITY, CHARACTER AND PERFORMANCE)

1.	NAME	ADDRESS	PHONE	RELATIONSHIP
2.			()	
3.			()	

EMERGENCY CONTACT: (PLEASE LIST THE NAME(S) ADDRESS/ES OF PERSON(S) TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY)

1.	NAME	ADDRESS	PHONE	RELATIONSHIP
2.			()	

APPLICANT'S CERTIFICATION & AGREEMENT (READ CAREFULLY BEFORE SIGNING)

1. I have read and do understand the statements contained herein and certify that they are true and complete without qualification.
 2. Covenant House Michigan has the right to terminate my employment at any time if it discovers that I have provided incomplete, untrue, or misleading answers in this application or any other document or form at any time during my employment.
 3. I authorize previous and current employers or personal references contacted by Covenant House Michigan in connection with this application, to fully respond to all inquiries concerning my previous employment and qualifications and specifically waive prior written notice of disclosure of my personnel record information including disciplinary reports, letters of reprimand and performance evaluations. I also authorize educational institutions to release to Covenant House Michigan information relative to my claimed degrees and achievements. In consideration of my application for employment, I release Covenant House Michigan, current and previous employers, personal references and educational institutions from any and all legal liability arising out of their responses and disclosures of information.
 4. I understand and acknowledge that employment with Covenant House Michigan is at the will of either Covenant House Michigan or me, and that either party can terminate the employment relationship at any time, with or without cause and with or without notice. No one other than the CHM Executive Director has authority to make any agreement

contrary to this Certification & Agreement and that any offer of employment is contingent upon successful results of a background check.

5. I understand and agree that any causes of action or other disputes arising out of the application process, my employment with Covenant House Michigan (if applicable), or my separation there from, specifically including rights granted me by statutes and laws such as, but not limited to, civil rights discrimination laws, will be brought to Covenant House Michigan's attention within (180) days from the date such dispute or incident happens or I should reasonably have known of its occurrence. I agree that my failure to bring any claim arising from my consideration for hire, employment or separation within 180 days constitutes my full and complete waiver of the claim. I expressly waive all statutes of limitation to the contrary. I further agree that any such dispute or cause of action will be resolved by binding arbitration according to the rules of American Arbitration Association.

6. I further agree that any causes of action or other disputes arising out of the application process, my employment with Covenant House Michigan (if applicable), or my separation there from, specifically including rights granted me by statutes and laws such as, but not limited to, civil rights discrimination laws, will be brought to Covenant House Michigan's attention within (180) days from the date such dispute or incident happens or I should reasonably have known of its occurrence. I agree that my failure to bring any claim arising from my consideration for hire, employment or separation within 180 days constitutes my full and complete waiver of the claim. I expressly waive all statutes of limitation to the contrary. I further agree that any such dispute or cause of action will be resolved by binding arbitration according to the rules of American Arbitration Association.

7. I understand that this "Applicant's Certification and Agreement" only is a valid and binding contract between myself and Covenant House Michigan. In exchange for my agreement to the terms contained in this Agreement, Covenant House Michigan will consider me for employment with the organization.

APPLICANT SIGNATURE

DATE

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Covenant House Michigan
2. Address of Contractor: 2959 Martin Luther King Jr. Blvd.
Detroit, MI 48208

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

4. Prior Affidavit submission? No Yes, on: June 3, 2013
(Date of prior submission)

If "No", complete Items 5 and 6.

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

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

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

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

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

Gerald J. Piro (Printed Name) Executive Director (Title)

Gerald J. Piro (Signature) November 3, 2014 (Date)

Subscribed and sworn to before me
this 3rd day of Nov. 2014

Carolyn A. Millard
Notary Public, Washtenaw County, Michigan, Acting in Wayne County, Michigan
My Commission expires: 10/23/2019

[View assistance for Search Results](#)

Search Results

Current Search Terms: covenant* house* michagan*

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.
No records found for current search.

Glossary

Search

Results

Entity

Exclusion

Search

Filters

By Record
Status

By
Functional
Area - Entity
Management

By
Functional
Area -
Performance
Information

SAM | System for Award Management 1.0

IBM v1.P.27.20150327-1711

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



CONTRACT #4426-01

CPO #2895701-01

SPO #

Waiver

CHANGE ORDER #

01

Agenda Date _____

DEPARTMENT Planning and Development Department

CCR: _____

CONTRACT SYNOPSIS

NAME: COVENANT HOUSE MICHIGAN

ADDRESS: Detroit, MI. 48208-2475

NOF Public Service – Living Wage Ordinance Does Not Apply

WHAT FORM OF COMPETITION

Request for Proposal (RFP) # 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 % Community Development Block Grant

CONTRACT

AMOUNT: \$100,000.00

CONTRACT

PERIOD: 10/1/2013 to 9/30/2016

ADVANCE

PAYMENT -0-

BRIEF

DESCRIPTION: HOUSING SERVICES FOR HOMELESS

REASON FOR

DELAY:

CONTRACT #4426-01

CPO #2895701-01

SPO #

Waiver

CHANGE ORDER # 01

Agenda Date _____

DEPARTMENT Planning and Development Department CCR: _____

CONTRACT SYNOPSIS

NAME: COVENANT HOUSE MICHIGAN

ADDRESS: Detroit, MI. 48208-2475

NOF Public Service – Living Wage Ordinance Does Not Apply

WHAT FORM OF COMPETITION

Request for Proposal (RFP) # 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 % Community Development Block Grant

CONTRACT

AMOUNT: \$100,000.00

CONTRACT

PERIOD: 10/1/2013 to 9/30/2016

ADVANCE

PAYMENT -0-

BRIEF

DESCRIPTION: HOUSING SERVICES FOR HOMELESS

REASON FOR

DELAY:

**CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL**

DEPARTMENT: PLANNING & DEVELOPMENT	DATE REC: 3/30/15
CPO: 2895701	SPO: 2895703 C/O: 001
NAME: COVENANT HOUSE MICHIGAN	AMOUNT: \$75,000.00 (Change Order #1)
ADDRESS: 2959 MARTIN LUTHER KING JR. BLVD. DETROIT, MI 48208	LOG #: 5274
PURPOSE – To provide public service homeless activities for residents of the City of Detroit	

RECOMMENDATION:

APPROVE: <u>YES</u>	DATE COMPLETED: 4/15/15
DENY:	ANALYST: D. ROBINSON II
	DATE RELEASED: APR 17 2015

COMPLETE BELOW WHEN DOCUMENT DELAYED, USE DC1 FOR FIRST DELAY AND DC2 FOR SECOND DELAY

DELAY CODE 1 (DC1): <u>1</u>	0 NO DELAY	4 REQ DEPT IMPOSED HOLD	DELAY CODE 2 (DC2): _____
DC1 DELAY START DATE: _____	1 MORE INFORMATION	5 MANAGEMENT DELAY	DC2 DELAY START DATE: _____
DC1 DELAY END DATE: _____	2 LACK FUNDS	6 OTHER	DC2 DELAY END DATE: _____
	3 HUMAN RES COORD		

**Grant Funded
Block Grant**

The **Planning & Development Department** wishes to have a Professional service contract approved with **Covenant House Michigan**, of **Detroit, MI**, as follows:

<u>Amount:</u>	Current Contract	\$ 100,000.00
	<u>Change Amount:</u>	<u>\$ 100,000.00</u>
	New Contract:	\$ 200,000.00

Scope: The Contractor will provide public service homeless activities in order to provide basic necessities for persons who are residents of the City of Detroit. The Contractor will provide shelter and support services at the Contractor's Crisis Shelter to an average of forty (40) homeless and at-risk individuals ages eighteen (18) to twenty-two (22) on a monthly basis. Services will include: client outreach; food; clothing; beds; showers and facilities for hygiene maintenance; physical exams; physical health care; mental health care; and other related services as deemed necessary.

Term: October 1, 2013, through September 30, 2016

Funding: Funds are available in 366015-651147 FA. **\$111,747.59**

Funds Available Inquiry (COD)

Selection Criteria

Budget: **CODAMENDED** Amount Type: **Year To Date Extended**

Period: **JUN-15** Encumbrance Type: **ALL**

Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input type="checkbox"/> 2001-366015-000000-651147-11786	6,683.52	0.00	0.00	6,683.52
<input type="checkbox"/> 2001-366015-000795-651147-11786	5,064.07	0.00	0.00	5,064.07
<input type="checkbox"/> 2001-366015-775213-651147-11786	0.77	0.77	0.00	0.00
<input type="checkbox"/> 2001-366015-786314-651147-11786	100,000.00	0.00	100,000.00	0.00
<input type="checkbox"/> 2001-366015-801615-651147-11786	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

Requisition: **0.00** Purchase Order: **0.00** Other: **0.00**

Account Description

Block Grant-Covenant House-DUMMY PROJECT FOR GL-Public Services\Bloc-Covenant House-Undefined Utility Ac

2001-366015-801615-651147-11786-000000-000000

**CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL SHEET**

DEPARTMENT:	Planning & Development	LOG#:	5274
CONTR:	2895701	DATEREC:	3/30/2015
NAME:	Covenant House Michigan	C/O:	001
ADDRESS:	Detroit, MI	AMOUNT:	\$100,000.00
PURPOSE:	Public Service		

RECOMMENDATION:

_____ DATE Up Front	DATE COMPLETED	_____
_____ APPROVE	ANALYST	_____
_____ DENY	DATE RELEASED	_____
_____ MANAGEMENT APPROVAL DATE:	MANAGEMENT CODE	_____

Please use the space below to explain delay over five days:

Section One: (to be completed by contract manager)

Date **RECEIVED** Vendor Name

Name **COVENANT HOUSE MICHIGAN**

FEB 12 2015

Address: **, Detroit, MI 48208-2475**

CITY OF DETROIT
PLANNING & DEVELOPMENT DEPT
BUDGET

Phone # (313) 463.2045

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

Contract/Cost Center Name: **AL** Approp. # _____ Object Code # _____

HUD Activity # _____ Grantee APN: _____ Org. # **366015** Advance \$ **0.00**

Contract Amount **\$100,000.00** Set-up Amendment Contract # **CPO # 2895701-01** SPO # **2895703**

Funding Source: CDBG HOME PS HOPWA Other Federal State General Fund

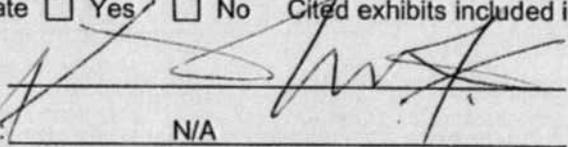
Bond Other Contract Type: Construction Service Supply

Contract Period: 10/1/2013 TO 9/30/2016 Contract Description: **CDBG**

Contract Manager : Gail Pryor Section: **Neighborhood Support Services** Phone # 628.0164

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:  Date: **2/12/15**

> **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: _____

> Department Approval: Signature: _____ Date: _____

Cost Center Balance \$ **111,747.59** Date: **2-12-15**

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

PLANNING AND DEVELOPMENT DEPARTMENT
CONTRACT CHECKLIST

Amendment #1

Contractor's/Project Name: _____ Covenant House of Michigan _____

Contract Amount: _____ \$100,000 _____

SPO Number 2895703

CPO Number 2895701

Please denote the status of the following in said contract:

- | | | | |
|---|--|-------------|---|
| 1. Divisional approval of contract (by Exec/Gen Mgr or designate) | | X Yes | No |
| 2. Catalog of Federal Domestic Assistance (CFDA) Number | Yes | No | X_NA |
| 3. Grant Agreement Number | Yes | No | X_NA |
| 4. Signatures: | | | |
| a. Authorized Representatives and Witnesses | | X Yes | No |
| b. Corporate Acknowledgement (notarized) | | X Yes | No |
| c. Resolution of Corporate Authority (form completed) | | X Yes | No |
| d. Lobbying Certificate | | X Yes | No |
| e. Certification of Debarment/Suspension | | X Yes | No |
| f. Insurance Certificates (if applicable) | | | _NA |
| i. Employee Insurance | Yes | X No | (if no, identify reason under Comments) |
| Comments | _____ | | |
| ii. Auto Insurance | Yes | X No | (if no, identify reason under Comments) |
| Comments | _____ | | |
| 5. Verification: | Based on my review, it does not appear that the <u>contract date</u> , <u>scope of service</u> or <u>budget</u> have been altered or changed after Labor Standards (if applicable) and/or Contract Monitoring (if applicable) previous approval. | | |
| | | <u> </u> | (Initial) |

Reviewed by _____

Date: 2.12.15

NOTIFICATION OF CONTRACT AWARD

P & D # 4426-01

CPO #2895701-01 ORG # OBJ. CODE/DETAIL: ACT. PUR. NO:

Name of Program: Public Service

Location: City of Detroit

Grant Number:

CDBG

Sponsor: City of Detroit

% Minority Sponsorship:

100%

Business Name

COVENANT HOUSE MICHIGAN

Principal Owner:

NON-PROFIT

Address:

Detroit, Mich. 48208-2475

Telephone:

(313) 463.2045

Internal Revenue Number (If Applicable):

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male

Female

SUB-CONTRACTOR

Business Name: _____

Principal Owner: _____

Address: _____

Telephone: _____

Internal Revenue Number (If Applicable): _____

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male Female

CONTRACT AWARD

TYPE of CONTRACT: Construction

Service

Supply

Check Tier: Prime

Sub

Sub/Sub

Total Dollar Value: \$100,000.00

Award Date: 1/16/2014

If Joint Venture, Amount Minority: \$ _____

Amount Majority: \$ _____

This serves as such notification for the above contract.

Preparer's Signature

Date

2/12/2015

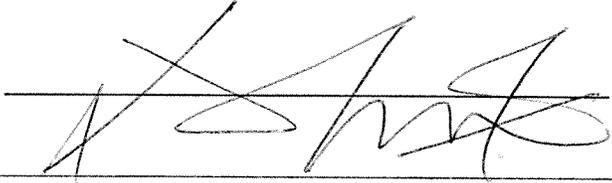
Date to Financial Management _____
 Must Be Stamped with Time Clock

FINANCIAL AND RESOURCE MANAGEMENT

CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

Contractor or Payee: COVENANT HOUSE MICHIGAN		PDD Division: Neighborhood Support Services
CPO: 2895701-01	SPO:2895703	Prepared By: Gail Pryor
Payment #: Contract Set-Up	Amount: \$100,000.00	Date Returned to Submitting Division:
Appropriation #:	Organization #:	Reason Returned:
Object Code:		DRMS BATCH #:
APN:		IDIS Vouchers #:

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

SECTION	DATE-IN	REMARKS	DATE-OUT
LABOR STANDARDS (if applicable)	N/A	N/A	N/A
NOF PROJECT MANAGER TEAM LEADER			2/12/15
ACCOUNTING MANAGER		_____	
IDIS		_____	
IDIS APPROVAL		_____	

PLANNING & DEVELOPMENT TRANSMITTAL FORM

ROUTE TO:	INITIAL	DATE
1. Chidi Nyeche		
2. K. Baitinger	KIB	2/10/15
3. C. Nyeche	CM	2/12/15
4. L. Gering	LG	2/12/15
5. A. Jemison		
N. VANILA		
Approve/Sign	Per Conversation	File
Revise/Correct	Recommendations	Follow-Up
Return to me	Circulate	See me/Call me
FYI	Per Request	Provide Status
Forward to:	Discuss with:	Attend
Attached is a: Letter Contract Memo Report		
SUBJECT/DOCUMENT DESCRIPTION/COMMENTS (Attach related correspondence)		
Subrecipient Name <u>Covenant House Mich</u>		
Fiscal Year <u>2014/2015 - Contract Ext.</u>		
Period _____		
Contract Amount <u>\$100,000.</u>		
CPO/SPO _____		
<u>ISS-POD # 4426-1 - 11/7/2014</u>		
FROM: <u>Exit Propt</u>	PHONE: <u>628.0164</u>	
Division: <u>1625</u>		

CODAMENDED
JUN-15

Year To Date Extended
ALL
All

Account	AMOUNT	AMOUNT	AMOUNT	AMOUNT
<input checked="" type="checkbox"/> 2001-366015-000000-651147-1178	6,683.52	0.00	0.00	6,683.52
<input type="checkbox"/> 2001-366015-000795-651147-1178	5,064.07	0.00	0.00	5,064.07
<input type="checkbox"/> 2001-366015-775213-651147-1178	0.77	0.77	0.00	0.00
<input type="checkbox"/> 2001-366015-786314-651147-1178	100,000.00	0.00	100,000.00	0.00
<input type="checkbox"/> 2001-366015-801615-651147-1178	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/> BUDC-366015-T-P06200-11786-T	211,748.36	0.77	100,000.00	111,747.59
<input type="checkbox"/>				
<input type="checkbox"/>				
	0.00	0.00		0.00

Block Grant-Covenant House-DUMMY PROJECT FOR GL-Public Services\Bloc-Covenant House-Undefined Utility Ac

RB 2.12.15



Date: 2/4/2015
 To: CHIDI NYECHE
 From: SP.
 NEIGHBORHOOD SUPPORT SERVICES DIVISION
 RE: SUBMITTING CONTRACT FOR REVIEW

Contract Number# 2895701-01 FY 2014/15

It is the department's responsibility to ensure that all documents (clearances, insurance, etc.) are provided to the NSS Division before the contract can be forwarded to Purchasing/City Council. Review your contract to ensure the following items are attached:

- Signed City Council Review Checklist
- Bid Tabulations or Evaluation Score Sheet (Must Have To Justify Competitive Bidding)
- Revenue/Property Tax Clearance - Res'd
- Income Tax Clearance - 10/14/2015
- Human Rights Affidavit
- Insurance Certificate - Needs Coverage for Automobile and Worker's Compensation and Employer's Liability and the City of Detroit needs to be named as additional insured
- Hiring Policy Affidavit with Employment Application (**without** reference to questions regarding a felony)
- Slavery Era Affidavit
- Other - Contract Incomplete – missing:

No insurance attached -

Note: IT IS THE PURCHASING DIVISION'S POLICY TO RETURN ALL CONTRACTS THAT ARE COMPLETE.

PO, Rev	2895703	0	Type	Standard Purchase Order	Created	07-JUL-2014 12:41:55	
Supplier	COVENANT HOUSE OF MICHIGAN		Site	DETROIT	Contact		
Ship-To	P&D 14		Bill-To	Citywide PO default	Currency	USD	
Buyer	Valina, Norberto T		Status	Approved, Closed, Reserved	Total	100,000.00	
Description	36-NTV-Homeless CDBG Contract (2013-14)						.N

Lines Price Reference Reference Documents More Agreement

Num	Supplier Item	Supplier Config ID	Amount	Charge Account	Reserved	Secondary UOM	Secondary Quantity
1			100,000.00	2001-366015-786314-651147-11	<input checked="" type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		
					<input type="checkbox"/>		

Item HL to provide basic necessities to resident of City of Detroit.

Catalog... Currency... Terms Shipments Approve...

Selection Criteria

Budget **CODAMENDED**
 Period **JUN-15**

Amount Type **Year To Date Extended**
 Encumbrance Type **ALL**
 Account Level **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input checked="" type="checkbox"/> 2001-366015-000000-651147-1178	6,683.52	0.00	0.00	6,683.52
<input type="checkbox"/> 2001-366015-000795-651147-1178	5,064.07	0.00	0.00	5,064.07
<input type="checkbox"/> 2001-366015-775213-651147-1178	0.77	0.77	0.00	0.00
<input type="checkbox"/> 2001-366015-786314-651147-1178	100,000.00	0.00	100,000.00	0.00
<input type="checkbox"/> 2001-366015-801615-651147-1178	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/> BUDC-366015-T-P06200-11786-T-	211,748.36	0.77	100,000.00	111,747.59
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

Requisition **0.00** Purchase Order **0.00** Other **0.00**

Account Description

Block Grant-Covenant House-DUMMY PROJECT FOR GL-Public Services\Bloc-Covenant House-Undefined Utility Ac

Section One: (to be completed by contract manager)

Date RECEIVED Vendor Name

Name COVENANT HOUSE MICHIGAN

FEB 12 2015

Address: , Detroit, MI 48208-2475

CITY OF DETROIT PLANNING & DEVELOPMENT DEPT BUDGET

Phone # (313) 463.2045

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

Contract/Cost Center Name: AL Approp. # Object Code #

HUD Activity # Grantee APN: Org. # 366015 Advance \$ 0.00

Contract Amount \$100,000.00 [x] Set-up [] Amendment Contract # CPO # 2895701-01 SPO # 2895703

Funding Source: [x] CDBG [] HOME [] PS [] HOPWA [] Other Federal [] State [] General Fund

[] Bond [] Other Contract Type: [] Construction [x] Service [] Supply

Contract Period: 10/1/2013 TO 9/30/2016

Contract Description: CDBG

Contract Manager : Gail Pryor

Section: Neighborhood Support Services Phone # 628.0164

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: [Handwritten Signature] Date: 2/12/15

EEO/Labor Standards: Signature: N/A Date: _____

Contract Monitoring: Signature: N/A Date: _____

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

- [x] Agreement Transmittal Record (C of D 979) [x] 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: _____

Department Approval: Signature: _____ Date: _____

Cost Center Balance \$ 111,747.59 Date: 2-12-15

[x] 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

PLANNING AND DEVELOPMENT DEPARTMENT
CONTRACT CHECKLIST

Amendment #1

Contractor's/Project Name: _____ Covenant House of Michigan _____

Contract Amount: _____ \$100,000 _____

SPO Number 2895703

CPO Number 2895701

Please denote the status of the following in said contract:

- | | | | |
|---|--|-------|---|
| 1. Divisional approval of contract (by Exec/Gen Mgr or designate) | | X Yes | No |
| 2. Catalog of Federal Domestic Assistance (CFDA) Number | Yes | No | X_NA |
| 3. Grant Agreement Number | Yes | No | X_NA |
| 4. Signatures: | | | |
| a. Authorized Representatives and Witnesses | | X Yes | No |
| b. Corporate Acknowledgement (notarized) | | X Yes | No |
| c. Resolution of Corporate Authority (form completed) | | X Yes | No |
| d. Lobbying Certificate | | X Yes | No |
| e. Certification of Debarment/Suspension | | X Yes | No |
| f. Insurance Certificates (if applicable) | | | _NA |
| i. Employee Insurance | Yes | X No | (if no, identify reason under Comments) |
| Comments | _____ | | |
| ii. Auto Insurance | Yes | X No | (if no, identify reason under Comments) |
| Comments | _____ | | |
| 5. Verification: | Based on my review, it does not appear that the <u>contract date</u> , <u>scope of service</u> or <u>budget</u> have been altered or changed after Labor Standards (if applicable) and/or Contract Monitoring (if applicable) previous approval. | | |
| | _____ (Initial) | | |

Reviewed by _____


Date: _____
2.12.15

NOTIFICATION OF CONTRACT AWARD

P & D # 4426-01

CPO #2895701-01 ORG # OBJ. CODE/DETAIL: ACT. PUR. NO:

Name of Program: Public Service

Location: City of Detroit

Grant Number:

CDBG

Sponsor: City of Detroit

% Minority Sponsorship:

100%

Business Name

COVENANT HOUSE MICHIGAN

Principal Owner:

NON-PROFIT

Address:

Detroit, Mich. 48208-2475

Telephone:

(313) 463.2045

Internal Revenue Number (If Applicable):

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male

Female

SUB-CONTRACTOR

Business Name: _____

Principal Owner: _____

Address: _____

Telephone: _____

Internal Revenue Number (If Applicable): _____

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male Female

CONTRACT AWARD

TYPE of CONTRACT: Construction

Service

Supply

Check Tier: Prime

Sub

Sub/Sub

Total Dollar Value: \$100,000.00

Award Date: 1/16/2014

If Joint Venture, Amount Minority: \$ _____

Amount Majority: \$ _____

This serves as such notification for the above contract.

Preparer's Signature

:\EZ Projects\Forms\Contract Award Notification.doc

Date

2/12/2015

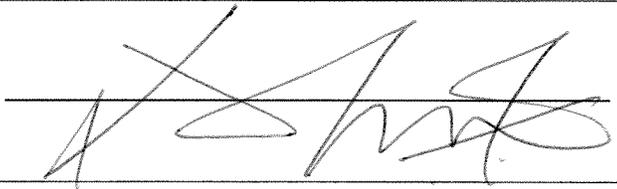
Date to Financial Management _____
 Must Be Stamped with Time Clock

FINANCIAL AND RESOURCE MANAGEMENT

CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

Contractor or Payee: COVENANT HOUSE MICHIGAN		PDD Division: Neighborhood Support Services
CPO: 2895701-01	SPO:2895703	Prepared By: Gail Pryor
Payment #: Contract Set-Up	Amount: \$100,000.00	Date Returned to Submitting Division:
Appropriation #:	Organization #:	Reason Returned:
Object Code:		DRMS BATCH #:
APN:		IDIS Vouchers #:

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

SECTION	DATE-IN	REMARKS	DATE-OUT
LABOR STANDARDS (if applicable)	N/A	N/A	N/A
NOF PROJECT MANAGER TEAM LEADER			2/12/15
ACCOUNTING MANAGER		_____	
IDIS		_____	
IDIS APPROVAL		_____	

PLANNING & DEVELOPMENT TRANSMITTAL FORM

ROUTE TO:	INITIAL	DATE
1. Chidi Nyeche		
2. K. Britinger	K/B	2/10/15
3. C. Nyeche	C/N	2/12/15
4. L. Gering	L/G	2/12/15
5. A. Jemison N. VANILA		

Approve/Sign	Per Conversation	File
Revise/Correct	Recommendations	Follow-Up
Return to me	Circulate	See me/Call me
FYI	Per Request	Provide Status
Forward to:	Discuss with:	Attend

Attached is a: Letter Contract Memo Report

SUBJECT/DOCUMENT DESCRIPTION/COMMENTS
(Attach related correspondence)

Subrecipient Name Covenant House Mich

Fiscal Year 2014 / 2015 - Contract EXT.

Period _____

Contract Amount \$ 100,000.

CPO/SPO _____

USS-POD # 4426-1 - 11/7/2014

FROM: Carl Pryor PHONE: 628.0164

Division: USS

Funds Available Inquiry (COD)

Selection Criteria

Budget: **CODAMENDED** Amount Type: **Year To Date Extended**

Period: **JUN-15** Encumbrance Type: **ALL**

Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input checked="" type="checkbox"/> 2001-366015-000000-651147-1178	6,683.52	0.00	0.00	6,683.52
<input type="checkbox"/> 2001-366015-000795-651147-1178	5,064.07	0.00	0.00	5,064.07
<input type="checkbox"/> 2001-366015-775213-651147-1178	0.77	0.77	0.00	0.00
<input type="checkbox"/> 2001-366015-786314-651147-1178	100,000.00	0.00	100,000.00	0.00
<input type="checkbox"/> 2001-366015-801615-651147-1178	100,000.00	0.00	0.00	100,000.00
<input checked="" type="checkbox"/> BUDC-366015-T-P06200-11786-T-	211,748.36	0.77	100,000.00	111,747.59
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

Requisition: **0.00** Purchase Order: **0.00** Other: **0.00**

Account Description

Block Grant-Covenant House-DUMMY PROJECT FOR GL-Public Services\Bloc-Covenant House-Undefined Utility Ac

JP 2.12.15



Date: 2/9/2015
 To: CHIDI NYECHE
 From: GP.
 NEIGHBORHOOD SUPPORT SERVICES DIVISION
 RE: SUBMITTING CONTRACT FOR REVIEW

Contract Number# 2895101-01 FY 2014/15

It is the department's responsibility to ensure that all documents (clearances, insurance, etc.) are provided to the NSS Division before the contract can be forwarded to Purchasing/City Council. Review your contract to ensure the following items are attached:

- Signed City Council Review Checklist
- Bid Tabulations or Evaluation Score Sheet (Must Have To Justify Competitive Bidding)
- Revenue/Property Tax Clearance *Req'd*
- Income Tax Clearance - 10/14/2015
- Human Rights Affidavit
- Insurance Certificate - Needs Coverage for Automobile and Worker's Compensation and Employer's Liability and the City of Detroit needs to be named as additional insured
- Hiring Policy Affidavit with Employment Application (**without** reference to questions regarding a felony)
- Slavery Era Affidavit
- Other - Contract Incomplete - missing:

No insurance attached -

Note: IT IS THE PURCHASING DIVISION'S POLICY TO RETURN ALL CONTRACTS THAT ARE COMPLETE.

City Council Contract Agenda Items Review Checklist

Reviewer: _____ **Date Received:** _____

Date: 11/7/2014 **Department:** Planning & Development **Division:** NSS

Dept Head/Contact Person: Thomas Lewand Phone No.: 224-2670

Description: PS. Contract No.: 2895701-01 PO Type: Prof Svc - CPO Est. Value: \$ 100,000.00

Contract Term (if applicable): October 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: COVENANT HOUSE MICHIGAN Required Date: A.S.A.P.

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

If "Yes" please explain why: Crisis Shelter to provide basic necessities, food, emergency med. & shelter, etc. to residents of the City of Detroit.

Consequence of not buying: No access to basic necessities which contributes to HOMELESSNESS .

✓ Was the product or service competitively bid? Yes No (CDBG Grant Proposal)
(Request copies of bid tabulation/evaluation score sheets as needed)

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

✓ 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: _____

✓ Were savings achieved?
 Yes Amount \$ _____ No
Were additional savings requested? (10%) Yes No

✓ Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: Same as above.

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

Variance in unit price only (Current unit price \$ _____ Suggest Unit Price \$ _____)

01/11/12

P#4426-1

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

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

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

✓ 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: Gail Pryor DATE: 1/20/2015

INFORMATION PROVIDED BY: Gail Pryor

TITLE: NSS

PHONE NO. 628-0164

PS & HPS SCORING FORM 2014

TOTAL POINTS SCORE

96

Proposal # 39 Organization Name: Covenant House MI

Attachment: 2

Reviewer Signature: [Signature]

Summary of Scoring Rules

Proposals will be ranked and scored on a 100 point scale, with 0 being the lowest and 100 the highest score. Proposals must score at least 70 points to be recommended for funding.

5 points: criterion is very strong

4 points: criterion is strong

2 points: criterion is acceptable

0 points: criterion is incorrect, incomplete or missing

Public Service Ranking

		Max Points	Score
I. CONSOLIDATED PLAN			
1.	Meets City Consolidated Plan Priority	5	5
II. ORGANIZATIONAL INFORMATION			
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	4
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
III. MANAGEMENT PLAN			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding - <i>MP-2 (Page 9)</i>	5	4
7.	Provided a timing plan for Project/Activity - <i>MP-3 (Page 9)</i>	5	5
IV. PROJECT DESCRIPTION			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 & PS 1 thru PS 3 (Page 1 and 11)</i>	5	5
9.	Project clearly specifies operational structure serving the community residents -- <i>PS-4 thru PS 12 (Page 11 - 12)</i>	5	5
10.	Service is provided in at least one of HHF the areas shown in green on the Detroit Land Bank Authority map section of this Information Package- <i>PS-13 thru PS-19 and support letters (Page 12)</i>	5	5
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control-- <i>PS-16 thru PS 19 and support letters. (Page 12 & 13)</i>	5	5
V. OUTPUTS AND OUTCOMES			
12.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	4
13.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	5
14.	Demonstrated successful lasting benefits for program outcome/evaluation- - Out -4 <i>(Page 14)</i>	5	4
15.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	5

2014 / 2015 Planning & Development Department
Public Service Threshold Criteria

Proposal Number
14-039

Attachment #1

Name of Organization COVENANT HOUSE OF MICHIGAN

Reviewer Signature Lee Southern Date 4/21/14

Threshold Criteria	Yes	No
Meets HUD National Objective (Thr-1)	✓	
Group attended 2014 workshop (check attendance roster) (List of attendees are available to reference – 5 Workshops)	✓	
Proposal must be submitted on correct form and by deadline	✓	
Must have at least five (5) member board and meet at least quarterly (Org-7)	✓	
Must have 501 (c) (3) Status prior to applying for proposal (Attachment #1)	✓	
Must have at least one year of operation and proof of operations (Attachment #2)	✓	
Has no unresolved government audit and monitoring problems (FRM / PDD) except the active or open vs. closed or inactive)	✓	
Must submit most recent fiscal year cash flow statement, financial statement and if available, recent audit (Attachment #3)	✓	
Must have three (3) support Letters (Attachment #4)	✓	
Must read and sign Certification form (Pg. 18)	✓	
Must submit current Non-profit Corporation Information Update (Michigan Annual Non-Profit Report) (Attachment #5)	✓	
Must submit Certificate or Articles of Incorporation (Attachment #6)	✓	
Must provide demonstrable outputs and/or outcomes (Pg. 14)	✓	
Applicants organization must provide proof of operating cash on hand (7% of request) (Attachment #7) (Bank Statement past 3 mos., Letter or Line of Credit)	✓	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/23/2014

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).

PRODUCER Waldorf Risk Solutions, LLC PO Box 590 Huntington NY 11743	CONTACT NAME: _____
	PHONE (A/C No, Ext): 631-423-9500 FAX (A/C, No): 631-424-3610 E-MAIL ADDRESS: info@waldorfrisksolutions.com
INSURED Covenant House Michigan 2959 Martin Luther King Blvd Detroit, MI 48202	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A: Lloyds of London - AA1126510B
	INSURER B: _____
	INSURER C: _____
	INSURER D: _____
	INSURER E: _____ INSURER F: _____

COVERAGES **CERTIFICATE NUMBER: 688175232** **REVISION NUMBER:**

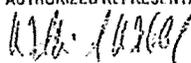
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER _____	Y	F140116	7/1/2014	7/1/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA occurrence) \$1,000,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$5,000,000 PRODUCTS - COMP/OP AGG \$Included Fire Damage \$50,000
	AUTOMOBILE LIABILITY 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) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED _____ RETENTION \$ _____		F140117	7/1/2014	7/1/2015	EACH OCCURRENCE \$9,000,000 AGGREGATE \$9,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE OTHER EL EACH ACCIDENT \$ EL DISEASE - EA EMPLOYEE \$ EL DISEASE - POLICY LIMIT \$
A	Professional Liab. (E&O/D&O/EPLI) Employee Dishonesty/Crime		F140116	7/1/2014	7/1/2015	Limit: \$1,000,000 Limit: \$1,000,000

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

Coverage certified above extends to include the certificate holder as additional insured as their interest may appear with respect to the CDBG/ESG Grant.

CERTIFICATE HOLDER**CANCELLATION 30 Days**

The City of Detroit Planning & Development 65 Cadillac Square 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 

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

I, being a duly authorized representative of the Covenant House Michigan (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: Covenant House Michigan

2959 Martin Luther King Jr. Blvd. (Type or Print Legibly)

Contractor Address: Detroit MI 48208
(City) (State) (Zip)

Contractor Phone/E-mail: 313-463-2000 / gpiro@covenanthouse.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Gerald J. Piro

Signature of Authorized Representative: *Gerald J. Piro*

Date: November 3, 2014

Signature of Notary: *Carolyn S. Millard* *Subscribed and sworn before me on this 3rd day of Nov, 2014*
Printed Name of Seal of Notary: Carolyn S. Millard *Washington County*
Acting in Wayne County

My Commission Expires: 10/23/2019

For Office Use Only:	
Cov. Rec'd: <u>2/12/15</u> in	Department Name: <u>P D D</u>
<input checked="" type="checkbox"/> Accepted by: <u><i>Christi Nyeche</i></u>	<input type="checkbox"/> Rejected by: _____

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Covenant House Michigan
2. Address of Contractor: 2959 Martin Luther King Jr. Blvd.
Detroit, MI 48208

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

4. Prior Affidavit submission? No Yes, on: June 3, 2013
(Date of prior submission)
If "No", complete Items 5 and 6.

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

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

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

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

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

Gerald J. Piro (Printed Name) Executive Director (Title)

Gerald J. Piro (Signature) November 3, 2014 (Date)

Subscribed and sworn to before me
this 3rd day of Nov. 2014

Caroline S. Millard
Notary Public, Washtenaw County, Michigan, Acting in Wayne County, Michigan
My Commission expires: 10/23/2019

Hiring Policy Compliance Affidavit

I, Gerald J. Piro, being duly sworn, state that I am the Executive Director
of Covenant House Michigan
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,

Gerald J. Piro

Title: Executive Director Date: November 3, 2014

STATE OF Michigan)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 3rd day of Nov, 2014,
by Carolyn S. Millard.

Notary Public, County of Washtenaw-acting in Wayne
State of Michigan
My commission expires: 10/23/2019



APPLICATION FOR EMPLOYMENT

PERSONAL

LAST NAME		FIRST NAME		MIDDLE NAME		PREVIOUS NAME(S) (TO VERIFY WORK & SCHOOL RECORDS)	
PRESENT ADDRESS		APT #	CITY	STATE	ZIP	PHONE NUMBER () ()	
HAVE YOU EVER WORKED FOR COVENANT HOUSE? <input type="checkbox"/> NO <input type="checkbox"/> YES WHERE? _____ WHEN? _____		ARE YOU 18 YEARS OR OLDER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, DO YOU HAVE PROOF OF ELIGIBILITY TO WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO		CELL/ALTERNATE PHONE NUMBER () ()	
ARE YOU A CITIZEN OF THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NO, HAVE YOU THE LEGAL RIGHT TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		DO YOU HAVE A VALID MICHIGAN DRIVER'S LICENSE? (CIRCLE) YES NO		EMAIL ADDRESS:	

APPLICATION

POSITION DESIRED	SALARY REQUIREMENT
HOW DID YOU HEAR ABOUT COVENANT HOUSE MICHIGAN?	WHEN ARE YOU AVAILABLE
SHIFTS YOU ARE ABLE TO WORK: DAYS _____ AFTERNOONS _____ MIDNIGHTS _____ WEEKENDS _____	FULL-TIME _____ PART-TIME _____

EDUCATION

SCHOOL NAME (CITY & STATE)	DID YOU GRADUATE?	IF NO, HOW MANY YEARS ATTENDED?	DEGREE RECEIVED AND MAJOR/MINOR (EX. BA - SOCIAL WORK)
HIGH SCHOOL (LAST ATTENDED)			
BUSINESS/ TRADE SCHOOL			
COLLEGE(S) / UNIVERSITY(S)			
(ATTACH ADDITIONAL PAGES IF NECESSARY)			
1.			
2.			
3.			

LIST ANY ADDITIONAL SKILLS, QUALIFICATIONS OR EXPERIENCE YOU FEEL QUALIFY YOU TO WORK WITH US:

EXPERIENCE/EMPLOYMENT (START WITH MOST RECENT EMPLOYER AND COVER 7 YEARS, ATTACH ADDITIONAL PAGES IF NECESSARY)

CHECK HERE IF YOU DO NOT WANT YOUR CURRENT EMPLOYER CONTACTED UNTIL AFTER AN OFFER IS MADE

EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP	PHONE NUMBER	SUPERVISOR NAME
TITLE	DUTIES						
DATE OF EMPLOYMENT	/	/	/	STARTING	ENDING	REASON FOR LEAVING	
EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP	PHONE NUMBER	SUPERVISOR NAME
TITLE	DUTIES						
DATE OF EMPLOYMENT	/	/	/	STARTING	ENDING	REASON FOR LEAVING	
EMPLOYER	STREET ADDRESS		CITY	STATE	ZIP	PHONE NUMBER	SUPERVISOR NAME
TITLE	DUTIES						
DATE OF EMPLOYMENT	/	/	/	STARTING	ENDING	REASON FOR LEAVING	

REFERENCES (LIST THREE PEOPLE, NOT RELATIVES, WHO CAN FURNISH INFORMATION AS TO YOUR ABILITY, CHARACTER AND PERFORMANCE)

1.	NAME	ADDRESS	PHONE	RELATIONSHIP
2.				
3.				

EMERGENCY CONTACT: (PLEASE LIST THE NAME(S)/ADDRESS/ES OF PERSON(S) TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY)

1.	NAME	ADDRESS	PHONE	RELATIONSHIP
2.				

APPLICANT'S CERTIFICATION & AGREEMENT (READ CAREFULLY BEFORE SIGNING)

1. I have read and do understand the statements contained herein and certify that they are true and complete without qualification.
 2. Covenant House Michigan has the right to terminate my employment at any time if it discovers that I have provided incomplete, untrue, or misleading answers in this application or any other document or form at any time during my employment.
 3. I authorize previous and current employers or personal references contacted by Covenant House Michigan in connection with this application, to fully respond to all inquiries concerning my previous employment and qualifications and specifically waive prior written notice of disclosure of my personnel record information including disciplinary reports, letters of reprimand and performance evaluations. I also authorize educational institutions to release to Covenant House Michigan information relative to my claimed degrees and achievements. In consideration of my application for employment, I release Covenant House Michigan, current and previous employers, personal references and educational institutions from any and all legal liability arising out of their responses and disclosures of information.
 4. I understand and acknowledge that employment with Covenant House Michigan is at the will of either Covenant House Michigan or me, and that either party can terminate the employment relationship at any time, with or without cause and with or without notice. No one other than the CHM Executive Director has authority to make any agreement

contrary to this Certification & Agreement and that any other such agreement must be in writing.
 5. I understand and agree that any offer of employment is contingent upon successful results of a background check, driving record check, and drug test.
 6. I further agree that any causes of action or other disputes arising out of the application process, my employment with Covenant House Michigan (if applicable), or my separation there from, specifically including rights granted me by statutes and laws such as, but not limited to, civil rights discrimination laws, will be brought to Covenant House Michigan's attention within (180) days from the date such dispute or incident happens or I should reasonably have known of its occurrence. I agree that my failure to bring any claim arising from my consideration for hire, employment or separation within 180 days constitutes my full and complete waiver of the claim. I expressly waive all statutes of limitation to the contrary. I further agree that any such dispute or cause of action will be resolved by binding arbitration according to the rules of American Arbitration Association.
 7. I understand that this "Applicant's Certification and Agreement" only is a valid and binding contract between myself and Covenant House Michigan. In exchange for my agreement to the terms contained in this Agreement, Covenant House Michigan will consider me for employment with the organization.

APPLICANT SIGNATURE _____ DATE _____



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION PLANNING & DEVELOPMENT

E MAIL ADDRESS cgriffin@detroitmi.gov

CONTACT NAME Clinton Griffin PHONE 224-9121 FAX _____

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

To:
A. City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 512
Detroit, MI 48226

For:
Individual or
Company Name Covenant House
Address 2959 Martin Luther King Blvd

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

City DETROIT
State MI Zip Code 48208
Telephone 313 463-2000 Fax # 313 463-2001
E-mail Address _____

B. Name of Chief Financial Officer/Authorized Contact Person
(include address if different from above)
Dee Downs
Employer Identification or Social Security Number
38-3351777

Telephone # Same
Fax # Same
Spouse Social Security Number _____

Nature of Contract Public Services

BID CONTRACT AMOUNT (if known):
Labor: \$ _____ Material: \$ _____

Contract # (if known) 2893855

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

- 5. Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-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 LUCHETTA JENNINGS Date OCT 14 2014 Expires OCT 14 2015
 Yes No Signature _____ Date _____ Expires _____
 Yes No Signature _____ Date _____ Expires _____

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

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

CITY OF DETROIT

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

SECTION A PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT_65 Cadillac Ste 1400

DATE SENT_2/9/2015 CONTACT PERSON_CLINTON GRIFFIN

PHONE NUMBER_224-9121 FAX NUMBER_224-2321 EMAIL_cgriffin@detroitmi.gov

CONTRACT AMOUNT \$100,000.00

SECTION B: CORPORATION LICENSE TYPE_N/A

CORPORATION NAME COVENANT HOUSE

ADDRESS_2959 Martin Luther king Blvd. CITY/STATE/ZIP_Detroit, MI 48208 (OWN / LEASE) = unknown

CITY PERSONAL PROPERTY NUMBER_12990239.80 FID / EIN NUMBER_38-3351777

OTHER CITY-OWNED PROPERTY PARCELS_ unknown

CONTACT PERSON_Dee Downs PHONE NUMBER_313-463-2000 EMAIL ADDRESS_none

SECTION C: PARTNERSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

A: PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME ADDRESS OWN LEASE

CITY/STATE/ZIP

PHONE NUMBER DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE FEB 10 2015 CLEARANCE VALID UNTIL AUG 30 2015

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES