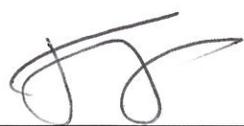


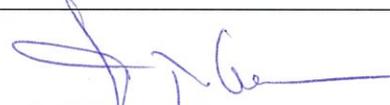
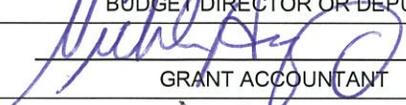
# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2895714-01  
STANDARD PO NUMBER 2895717  
CHANGE ORDER

**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/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON <b>HAROLD F. BRYANT</b>	PHONE NO. <b>313-628-0114</b>
CONTRACTOR'S <b>Michigan Veteran's Foundation</b>	DATE PREPARED <b>1-30-15</b>	
CONTRACTOR'S ADDRESS: <b>2770 PARK AVE. Detroit, MI 48201</b>	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT <b>\$225,000</b> TOTAL CPO AMOUNT <b>\$125,000</b> CHANGE AMOUNT <b>100,000</b>	
PHONE NO 313-831-5589	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER : MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF CONTRACT: PUBLIC SERVICES	11800	
CHARGE ACCOUNT: <i>2001-366085-802415-651147-11800-0000-0000</i>		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	<b>REQUESTING DEPARTMENT</b>   AUTHORIZED DEPARTMENT REPRESENTATIVE	05-06-15
JUN 25 2015	<b>BUDGET</b> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   BUDGET DIRECTOR OR DEPUTY	JUL - 7 2015
JUN 22 2015	<b>GRANT MANAGEMENT SECTION</b> <input checked="" type="checkbox"/> RECOMMEND APPROVAL   GRANT ACCOUNTANT	JUN 24 2015
JUL 08 2015	<b>FINANCE DEPARTMENT</b> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   FINANCE DIRECTOR OR DEPUTY	JUL 21 AM 10:38 7/8/15
	<b>LAW DEPARTMENT</b> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   CORPORATION COUNSEL	7/20/15
	<b>PURCHASING DIVISION</b> JUL 13 2015  PURCHASING DIRECTOR	
	CITY OF DETROIT CONTRACTS SECTION CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE <b>JUN 12 2014</b> LAW DEPARTMENT	

RECEIVED

JUL 13 2015

CITY OF DETROIT  
CONTRACTS SECTION  
LAW DEPARTMENT

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2895714**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this **1st** day of **October**, **2013**, between **Michigan Veteran's Foundation**, 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. **2895714**, 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 December 31, 2015**; and

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **twelve (12) months up to and including December 31, 2016**; with an increase in compensation in the amount of **ONE HUNDRED THOUSAND AND 00/100 DOLLARS (\$100,000.00)**;

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

That Article 3.01 which reads:

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

Is Amended to read:

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

That Article 5.01, which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED TWENTY FIVE THOUSAND and 00/100 DOLLARS (\$125,000.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made apart hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The city agrees to pay the Subrecipient an amount up to **TWO HUNDRED TWENTY FIVE THOUSAND and 00/100 (\$225,000.00) 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.

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement CPO# 2895714 CO#01 (SPO# 2895717) as of the date first above written.

WITNESSED BY:

1. [Signature]  
2. [Signature]

SUBRECIPIENT:

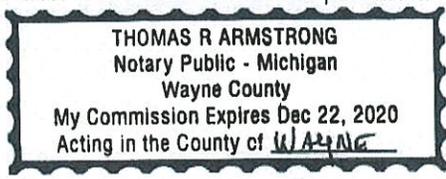
By: Marian Belaire  
(Signature of Corporate Officer)  
Its: Secretary  
(Office Held)

\* \* \* \* \*  
CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN )  
) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 24th day of MARCH,  
MARIAN BELAIRE, the SECRETARY of  
(Name of Corporate Officer) (Office Held)  
MICHIGAN VETERANS FOUNDATION, a 501-C3  
(Michigan Non-profit)

Corporation on behalf of the Corporation.



Thomas R. Armstrong  
Notary Public  
My commission expires 12/22/2020

WITNESSES:

1. Shirley Walker  
2. Aberida Person

CITY OF DETROIT

By: [Signature]  
ARTHUR JEMISON  
Its: DIRECTOR

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON JUN 12 2014

Bonnie Jackson  
Purchasing Director Date

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

[Signature] 7/20/15  
Corporation Counsel Date

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



**RESOLUTION OF CORPORATE AUTHORITY**

I, Marian Belaire CORPORATE SECRETARY of **Michigan Veteran's Foundation**, a Michigan corporation (the "Company"), DO HEREBY CERTIFY that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on September 25, 2014 , and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Executive Director, the Vice Chairperson, the 2<sup>nd</sup> Vice Chairperson, the Treasurer, the Secretary, and the President and each of them, hereby is authorized to execute and deliver, in the name and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, or document, or other instrument, or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any of such officers to be conclusive evidence of such approval."

I FURTHER CERTIFY that:

<b>James Pitchford</b>	_____	<b>is Chairperson of the Board,</b>
<b>Tyrone Chatman</b>	_____	<b>is Executive Director,</b>
<b>Vacant</b>	_____	<b>is Vice Chairperson,</b>
<b>Vacant</b>	_____	<b>is 2<sup>nd</sup> Vice Chairperson,</b>
<b>Carita J. Sledge</b>	_____	<b>is Treasurer,</b>
<b>Marion Belaire</b>	_____	<b>is Secretary,</b>
<b>James Pitchford</b>	_____	<b>is President.</b>

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Amendment Agreement **CPO No. 2895714, CO#01**, between the City of Detroit and **Michigan Veteran's Foundation**, 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 14<sup>th</sup> day of November, 2014

CORPORATE SEAL  
(if any)

Signature: *Marion Belaire*  
Corporate Secretary

EXHIBIT A  
SCOPE OF SERVICES  
Michigan Veteran Foundation – Detroit Veterans Center

Criteria used for National Objective:

The Detroit Veterans Center will provide services to low/moderate income veterans who are homeless.

A. All of the services listed above will be provided at 2770 Park Ave. Detroit, Michigan 48201. The center is located in the 5206 census track. This is an area where historically homeless individuals are known to congregate.

B. 100% percent of clients served by this project are low to moderate income. The Detroit Veterans center will maintain records with appropriate information to verify that those persons served are 100% low/moderate income.

D. All Clients served through this project are homeless U. S. Military Veterans.

E. The project will serve clients located in census track 5206. The medium income level in this area is low/moderate.

3. Services to be performed

The following services will be provided: Case management, life skills training, employment training, job opportunities/referrals, education, healthcare services, access to transportation, twelve step groups, substance abuse intervention, support groups,(including (PTSD) intervention, legal assistance, benefit and entitlement assistance, and ultimately securing permanent supportive housing.

4. Personnel

There will be a total of (3) case managers assigned to this project.

5. Project location, and hours of operation

(A) The project is located at 2770 Park Ave. Detroit Michigan 48201

(B) The project will provide services city –wide

(C) Services will be provided 24 hours a day, 7 days a week.

6. Performance schedule

Service units are counted as one client, for example a typical transitional housing client will interface with his case manager 8-10 times per month.

7. Annual measurable outcomes

(1) The overall objective of this project is the services that will break the cycle of homelessness, and return to independent living, in a suitable living environment.

(2) Veterans receiving services will have an increase in their skill level, increased income, and greater determination to obtain, and maintain self-sufficiency.

MICHIGAN VETERANS FOUNDATION  
 DETROIT VETERANS CENTER  
 PROGRAM BUDGET  
 FOR FISCAL YEAR OCTOBER 1, 2013-SEPTEMBER 30, 2014

Account Description	DETOIT	CITY	Match
Expenses	VETERANS CENTER	(CDBG)	
Payroll (Program Directors (Case Managers))	850,612	73,440	777,172
Payroll (Retirement)	70,763	-	70,763
Payroll (Social Security)	52,738	4,553	48,185
Payroll (Medicare)	12,334	1,065	11,269
Payroll (Unemployment)	28,237	-	28,237
Payroll (Health/Dental/Vision)	81,146	14,942	66,204
Payroll (Life/Disability/Ins)	1,543	-	1,543
Payroll	1,097,373	94,000	1,003,373
Admin. Expenses (Phones, Supplies)	13,600	-	13,600
Insurance	47,649	-	47,649
Occupancy (Utilities, Maintenance)	181,500	-	181,500
Program (Meals, Vehicles, Security)	490,590	-	490,590
Professional Fees (Accounting, Audit)	58,200	6,000	52,200
<b>Total Expenses</b>	<b>\$ 1,888,912</b>	<b>\$ 100,000</b>	<b>\$ 1,788,912</b>

Case Manager (40 hrs x \$12.75 x 36 weeks)  
 6.2% of Case Manager Salary  
 1.45% of Case Manager Salary  
 20% of Case Manager Salary

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

Instructions for Certification

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

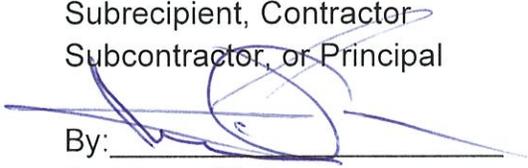
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition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

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

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

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

Subrecipient, Contractor  
Subcontractor, or Principal

By:  \_\_\_\_\_

Its: Tyrone Chatman

Date Executive Director

**Exhibit O**  
**Certification Regarding Lobbying**

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

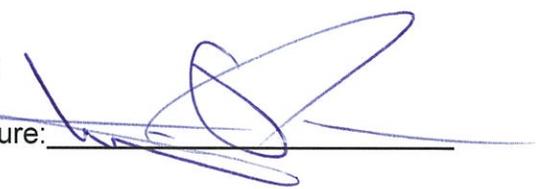
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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 \$10,000id not more than \$100,000 for each such failure.

**Subrecipient Organization Name:**

Authorized Representative's Signature: 

Printed Name: Tyrone Chatman

Title: Executive Director

Date: March 23, 2015

## **CERTIFICATION - DRUG FREE WORKPLACE REQUIREMENTS**

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

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

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

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

**Place of Performance Michigan Veterans Foundation**  
**Street Address: 2770 Park Avenue**  
**City: Detroit**  
**State: Michigan**  
**County: Wayne County**  
**Zip Code: 48201**

**Michigan Veterans Foundation / Detroit Veterans Center**

Name of Organization

Authorization Representative's Signature

**Tyrone Chatman**

Printed Typed Name

**Executive Director**

Title

**March 23, 2015**

Date

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }  
City of Detroit

CITY CLERKS 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

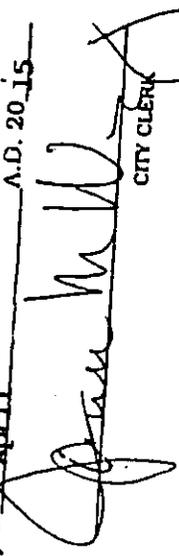
Thursday, June 12, 2014  
in accordance with EM Order No. 3 dated April 11, 2013.

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

2014/2015

COBG

CC APPROVED

CONTRACT NOT LISTED

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

**A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET**

By Council Member Lutand:

**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.

**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	\$ 2,691,875	-\$ 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
			<b>SUB-TOTAL</b>		<b>\$ 8,746,361</b>	<b>\$ 3,808,955</b>	
PDD	Decrease	13635	BSEED - Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD - Demolition	DEMO	\$ 0	\$ 0	\$ 0
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
			<b>SUB-TOTAL</b>		<b>\$ 3,052,662</b>	<b>\$ 3,408,245</b>	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 0</b>	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 8,500,000	\$ 8,500,000
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 2,000,000</b>	
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	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
			<b>SUB-TOTAL</b>		<b>\$ 2,138,207</b>	<b>\$ 2,250,000</b>	
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	Marriners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11801	NSO - Turant 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	10628	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	08733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11898	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	11808	United Community Housing Coalition	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11809	YWCA Intern House	HPS	\$ 0	\$ 75,000	\$ 75,000
			<b>SUB-TOTAL</b>		<b>\$ 2,269,216</b>	<b>\$ 2,250,000</b>	
			<b>Housing</b>				
D	Decrease	17609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	-\$ 8,000,000
D	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
D	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
D	Increase	13609	CDBG Housing Rehab. Loan Program.	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
D	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
			<b>SUB-TOTAL</b>		<b>\$ 8,400,000</b>	<b>\$ 7,000,000</b>	
			<b>SUB-TOTAL</b>		<b>\$ 2,941,365</b>	<b>\$ 2,000,000</b>	
PDD	Increase	11428	Public Facility Rehab.	PFR	\$ 2,941,365	\$ 3,398,934	\$ 457,569
PDD	Increase	04735	A-Jull Weiberg Services	PFR	\$ 1,300,000	\$ 1,488,350	\$ 188,350
PDD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 134,650	\$ 134,650
PDD	Increase	06698	Focus HOPE	PFR	\$ 0	\$ 85,000	\$ 85,000
PDD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 102,700	\$ 102,700
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 120,000</b>	

OSPL	Action	APPL#	SPONSOR	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 187,000	\$ 187,000
PDD	Increase	13645	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-Matro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13358	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	\$ 1,488,300	\$ 200,000
PDD	Decrease	12945	Unassigned Projects	SUB-TOTAL	PFRTA \$ 2,468,905	\$ 0	\$ 2,468,905
PDD	Increase	07523	Accounting Aid Society	SUB-TOTAL	PS \$ 3,877,644	\$ 1,199,198	\$ 3,677,644
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 0	\$ 0
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	08709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Marcy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	12420	Joy-Southfield CDC	SUB-TOTAL	\$ 0	\$ 100,000	\$ 100,000
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
					\$ 0	\$ 375,000	\$ 75,000

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
PDD	Increase	10105	Alkebulan Village	SUB-TOTAL	\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
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	\$ 75,000	\$ 75,000
PDD	Increase	13841	East Michigan Christian	SUB-TOTAL	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10820	Jefferson Business Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04683	Alzheimer's Association	SUB-TOTAL	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	06403	Datray United Action Council	PS/ Seniors	\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	10621	L3L Adult Day Care	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05662	LASED	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11593	Mainz Human Services — Reuther Center	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
				PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000



# City Council Contract Agenda Items Review Checklist

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

Date: **March 31, 2015**

Department: Planning & Development Division: NSS

Dept Head/Contact Person: Arthur Jemison

Phone No.: 224-2670

Description: CDBG Contract No.: 2895714 PO Type: Prof Svc - CPO Est. Value: \$ 225,000

Contract Term (if applicable) **October 1, 2013-December 31, 2016**

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

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

Recommended Supplier: **Michigan Veteran's Foundation –Emergency shelter** Required Date: A.S.A.P.

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

If "Yes" please explain why: Required activity in to stay within HUD guidelines to offer services to the Homeless Citizens of Detroit.

Consequence of not buying: Lack of above cited services to an area whereby 97% of the population qualify as participants.

✓ Was the product or service competitively bid?  Yes  No (RFP)  
(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: \_\_\_\_\_

N/A

✓ 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 **Amendment to contract**

If #6 is a renewal provide justification for renewal: \_\_\_\_\_

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

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

- Change in amount/volume of the good or service to be used (no change in unit price)
- ✓ 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: Case management as to shelter, food and enhancing job skills

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: 3.31.15

INFORMATION PROVIDED BY: Harold Franklin Bryant

TITLE: NSS

PHONE NO. 313-628-0114

Proposal # 43 Organization Name: Michigan Veterans Foundation Attachment: 2  
Reviewer Signature: Shirley Walker

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
<b>I. CONSOLIDATED PLAN</b>			
1.	Meets City Consolidated Plan Priority	5	5
<b>II. ORGANIZATIONAL INFORMATION</b>			
2.	Unique experiences and qualifications--Org-1. (Page 7)	5	5
3.	Strength of board, including community representation and number bonded--Org-2 thru 7. (Page 7)	5	5
4.	Staffing plan to implement program, including appropriate allocation of staff--Org-10. (Page 7)	5	5
<b>III. MANAGEMENT PLAN</b>			
5.	Provide IRS form 990 - MP-1 (Page 9)	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding -MP-2 (Page 9)	5	5
7.	Provided a timing plan for Project/Activity -MP-3 (Page 9)	5	5
<b>IV. PROJECT DESCRIPTION</b>			
8.	Project description adequately describes proposed activities and quality of project design--Sum - 7& PS 1 thru PS3 (Page 1 and 11)	5	5
9.	Project clearly specifies operational structure serving the community residents -- PS-4 thru PS 12 (Page 11 - 12)	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- PS-13 thru PS-19 and support letters (Page 12) "Citywide"	5	5
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control--PS-16 thru PS 19 and support letters. (Page 12 & 13)	5	5
<b>V. OUTPUTS AND OUTCOMES</b>			
12.	Clearly identifies and describes past and proposed outputs--Out-1 (Page 14)	5	5
13.	Strength of proposed outputs--Out-2, Out-3 (Page 14)	5	5
14.	Demonstrated successful lasting benefits for program outcome/evaluation- - Out -4 (Page 14)	5	5
15.	Evidence and adequacy of process and tools to measure outcomes - - Out-5 (Page 14)	5	5
<b>VI. BUDGET</b>			
16.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.--Bud-1 thru Bud - 7 (Page 15)	5	5
17.	Strength of other funding sources-- Bud-8 (Page 16)	5	5
18.	Demonstrated acceptable financial management system--Bud-11 (Page 16)	5	5
19.	Budget is accurately computed--Bud-12 (Page 17)	5	5
20.	Budget is reasonable, necessary, related to proposed activity--Bud-12, Bud-13, and Bud-14. (Page 17)	5	5
<b>TOTAL</b>		<b>100</b>	<b>100</b>

Well Manage + operating Organization. 100,850 7%  
 Has a proven track record. Well prepared proposal  
 Attach this Form to the outside of each proposal envelope  
 Well documented outcomes. Budget adds up correct  
 + many good funding sources. Submit reimbursement

MAY 28 2015

Date Submitted: 5/6/15

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION: P&DD – NEIGHBORHOOD SUPPORT SERVICES

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

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

A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Ave Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588	For: Company: Michigan Veteran's Foundation Address: 2770 Park Ave Detroit, MI 48201 Telephone: Fax:
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A. Name of Chief Financial Officer Authorized Contact Person (Include address if different from above) <b>Tyrone Chatman</b> Employer Identification of Social Security Number  <b>TAX ID#: 38-2857628</b> <b>Personal Property: 02993489.5</b> Nature of Contract:	Telephone: 313 831-5500  Spouse Social Security Number N/A  BID/CONTRACT AMOUNT ( if known)  Contract # (if known)
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C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE APPROVAL PROCESS. ANY QUESTION NOT ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX CLEARANCE

Check One:  Individual  Corporation  Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

- 5. Is the company a new business in Detroit?  
*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: **LUCRETIA JENNINGS**  
**INCOME TAX INVESTIGATOR** Date: **JUN 02 2015** Expires: **JUN 02 2016**

YES  NO Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Expires: \_\_\_\_\_

CITY OF DETROIT

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

SECTION A PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT\_65 Cadillac Ste 1400

DATE SENT\_1/13/2015 CONTACT PERSON Clinton Griffin

PHONE NUMBER 224-9121 FAX NUMBER 628-2064 EMAIL cgriffin@detroitmi.gov

CONTRACT AMOUNT \$125,000.00

SECTION B: CORPORATION

LICENSE TYPE N/A

CORPORATION NAME Michigan Veteran's Foundation

ADDRESS 2770 Park Ave CITY/STATE/ZIP Detroit, MI 48201 LEASE

CITY PERSONAL PROPERTY NUMBER 02993489.50 FID / EIN NUMBER 38-2857628

OTHER CITY-OWNED PROPERTY PARCELS not known

CONTACT PERSON Tyrone Chatman PHONE NUMBER 313-831-5500 EMAIL ADDRESS not available

SECTION C: PARTNERSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

A: PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER

OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME ADDRESS OWN LEASE

CITY/STATE/ZIP

PHONE NUMBER DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
JAN 26 2015

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

DENIED WITH ATTACHMENTS

SIGNATURE

DATE

JAN 26 2015

CLEARANCE VALID UNTIL

AUG 30 2015

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

I, being a duly authorized representative of the MICH. VETS. F., (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: MICHIGAN VETERANS FOUNDATION  
(Type or Print Legibly)

Contractor Address: 2770 PMB DET. MI 48201  
(City) (State) (Zip)

Contractor Phone/E-mail: 313-831-5589, MVF002@ATTNLINK.NET  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: THOMAS CHATMAN, EXECUTIVE DIR

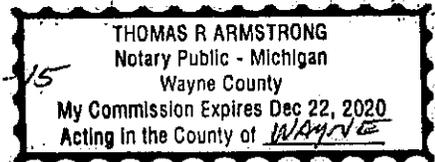
Signature of Authorized Representative: \_\_\_\_\_

Date: 7/20/15

Signature of Notary: Thomas R. Armstrong

Printed Name of Seal of Notary: THOMAS R. ARMSTRONG 07-20-15

My Commission Expires: DECEMBER 22nd, 2020



<b>For Office Use Only:</b>	
Cov. Rec'd: <u>  /  /  </u> in _____	Department Name: _____
<input type="checkbox"/> Accepted by: _____	<input type="checkbox"/> Rejected by: _____



# CERTIFICATE OF LIABILITY INSURANCE

OP ID: KD

DATE (MM/DD/YYYY)  
07/06/2015

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

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

<b>PRODUCER</b> Lucido's Insurance Agency Inc 39999 Garfield Clinton Twp, MI 48038 K. Michael Faber		<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS: PRODUCER LICENSE ID#: MICH169	
<b>INSURED</b> Michigan Veterans Foundation 2770 Park Blvd. Detroit, MI 48213		<b>INSURER(S) AFFORDING COVERAGE</b>	
		INSURER A: Secura	NAIC # 22543
		INSURER B: Accident Fund Ins Co of America	10166
		INSURER C: Citizens Insurance Company	31534
		INSURER D:	
		INSURER E:	
		INSURER F:	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL: SUBM INSB: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		20CP003166218	06/28/2015	06/28/2016	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Professional Liab		20CP003166219	06/28/2015	06/28/2016	DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Profess \$ 1,000,000
GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		AHB3394698	04/08/2015	04/08/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
B	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		WCV5045566	06/30/2015	06/30/2016	<input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Additional Insured: City of Detroit with respects to General & Auto Liability

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
CITY036		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
CITY OF DETROIT 65 CADILLAC SQUARE STE 1200 DETROIT, MI 48226		AUTHORIZED REPRESENTATIVE K. Michael Faber	



## BUSINESS AUTO POLICY RENEWAL DECLARATIONS

RENEWAL OF: AHB 3394698

3H

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
AHB-3394698-17	04/08/2015	04/08/2016	HANOVER INSURANCE COMPANY	0200875

**ITEM ONE: Named Insured and Address**

MICHIGAN VETERANS FOUNDATION  
2770 PARK  
DETROIT MI 48215

**Agent**

Telephone: 586-286-8200  
LUCIDO'S INSURANCE AGENCY  
INC.  
39999 GARFIELD  
CLINTON TWP, MI 48038

**ITEM THREE - SCHEDULE OF COVERED AUTOS**

AUTO NUM	ST	TERR	YEAR	DESCRIPTION	SERIAL NUMBER	COST NEW/ SYMBOL	CLASS	EFF. DATE
010	MI	011	2003	FRHT MED CON	1FVABPCS83DL69923	\$9,000	23199	04/08/15
011	MI	011	2007	FORD ECONOLI	1FBSS31L27DA05088	\$12,500	03199	04/08/15
012	MI	011	1995	AMG 35A3	50000	\$12,000	23199	04/08/15
013	MI	011	2003	FORD 660	1FDAE55S43HA02588	\$12,250	23199	04/08/15

AUTO NUM	LIABILITY PREMIUM SL	MED PAY LIMIT	MED PAY PREMIUM	TOTAL PREMIUM
010	\$978			\$2026
011	\$943			\$2374
012	\$978			\$2122
013	\$978			\$2122

AUTO NUM	UNINSURED/UNDERINSURED MOTORIST		PREMIUM
	LIMITS		
010	\$1,000,000		\$31
011	\$1,000,000		\$31
012	\$1,000,000		\$31
013	\$1,000,000		\$31

## BUSINESS AUTO POLICY RENEWAL DECLARATIONS

3H

RENEWAL OF: AHB 3394698

COMPLEX

Policy Number	Policy Period		Coverage is Provided in the	Agency Code
	From	To		
AHB-3394698-17	04/08/2015	04/08/2016	HANOVER INSURANCE COMPANY	0200875

**ITEM ONE: Named Insured and Address**

 MICHIGAN VETERANS FOUNDATION  
 2770 PARK  
 DETROIT MI 48215

**Agent**

 Telephone: 586-286-8200  
 LUCIDO'S INSURANCE AGENCY  
 INC.  
 39999 GARFIELD  
 CLINTON TWP, MI 48038

Policy Period: Beginning and Ending at 12:01 a.m. Standard Time at the Location of the Described Premises.

Business Type: OTHER

In return for the payment of the premium, and subject to all of the terms of this policy, we agree with you to provide the insurance stated in this policy.

This policy consists of the following coverage parts for which a premium is indicated. Please refer to attached schedule(s). This premium may be subject to adjustment.

BUSINESS AUTOMOBILE COVERAGE	\$	8,967.00
TAXES, SURCHARGES AND FEES:	\$	0.00
<b>TOTAL POLICY PREMIUM IS:</b>	<b>\$</b>	<b>8,967.00</b>

<b>Policy Forms, Endorsements and Optional Coverages Attached:</b>
--

See Forms and Endorsements Schedule

Countersigned this \_\_\_\_\_ Day of \_\_\_\_\_

\_\_\_\_\_  
Authorized Representative

**This Declaration Page with the Forms and Endorsements, if any, Complete the Policy.**

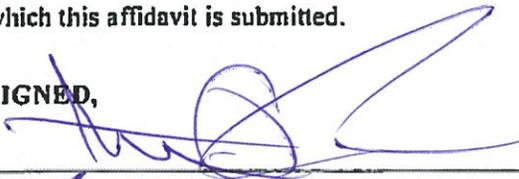
## Hiring Policy Compliance Affidavit

I, TYRONE CHAPMAN, being duly sworn, state that I am the EXECUTIVE  
DIRECTOR of MICHIGAN VETERANS FOUNDATION  
Title Name of Bidder Corporation or Other Business Entity

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

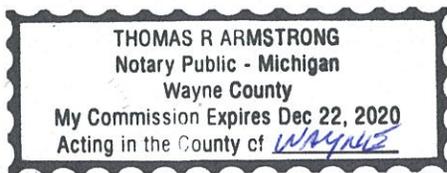
In support of this affidavit, I attach a copy of the application form that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

  
Title: EXECUTIVE DIRECTOR Date: 3/23/15

STATE OF MICHIGAN )  
COUNTY OF WAYNE ) SS

The foregoing Affidavit was acknowledged before me the 23RD day of MARCH, 20 15,  
by Thomas R. Armstrong.



Notary Public, County of WAYNE

State of MICHIGAN

My commission expires: 12/22/2020

## Hiring Policy Compliance

### Summary

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

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

1. Name of Contractor: MICHIGAN VETERANS FOUNDATION
2. Address of Contractor: 2710 PARK AVE  
DETROIT, MI  
48201
3. Name of Predecessor Entities (if any): NONE
4. Prior Affidavit submission?  No  Yes, on: \_\_\_\_\_  
(Date of prior submission)
- If "No", complete Items 5 and 6.

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

5.  Contractor was established in 1988 (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.

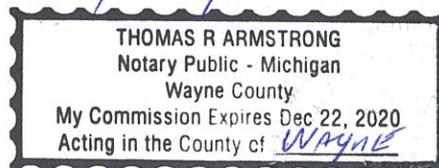
Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

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.

TYRONNE CHATMAN (Printed Name) EXECUTIVE DIRECTOR (Title)  
[Signature] (Signature) 3/23/15 (Date)

Subscribed and sworn to before me  
this 23rd day of MARCH  
Thomas R. Armstrong  
Notary Public, WAYNE County, Michigan  
My Commission expires: 12/22/2020



**Zenola Holland - 2895714 Michigan Veteran's Foundation**

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**From:** Zenola Holland  
**To:** Bryant, Harold  
**Subject:** 2895714 Michigan Veteran's Foundation

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Good Morning Mr. Bryant

With regard to the above listed contract, there is one document missing and I will need it before this contract can be placed on the City Council Agenda.

**1. Employment Application**

Please forward documents to me as soon as possible.

Thank you.

*Zenola Holland  
Purchasing Assistant  
City of Detroit-Finance Dept.  
Purchasing Division  
2 Woodward Ave., Ste. 1008  
Detroit, MI 48226  
Office: 313-224-9235  
Fax: 313-628-1160  
[hollandz@detroitmi.gov](mailto:hollandz@detroitmi.gov)*

*Michael E. Duggan, Mayor*



*Serving our nations homeless veterans*

*Saving our nations heroes*

*"A nation which forgets its defenders will itself be forgotten."*

**MICHIGAN VETERANS FOUNDATION  
DETROIT VETERANS CENTER**

**2770 Park Ave  
Detroit, Michigan 48201**

(313) 831-5500 Main

(313) 831-5589 Fax

[mvdvc@earthlink.com](mailto:mvdvc@earthlink.com)

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*Our nation, now at peace, must fight another war and release our Former Heroes from the indignity and despair of homelessness.*

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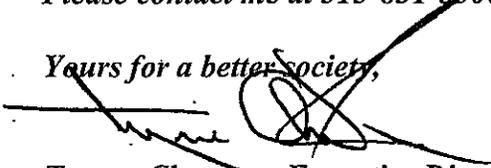
*July 23, 2015*

*Dear Mr. Bryant:*

*In response to your request, the Michigan Veterans Foundation does not utilize an employment application process. Applicants instead are required to submit their professional resume, along with (3) support letters for hiring consideration.*

*Please contact me at 313-831-5500 should you have any further questions.*

*Yours for a better society,*



*Tyrone Chatman, Executive Director  
Michigan Veterans Foundation/Detroit Veterans Center  
U.S. Army Vietnam (retired)*