

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER 01

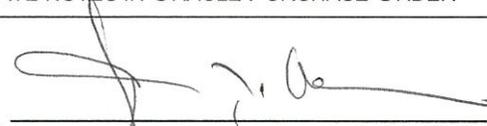
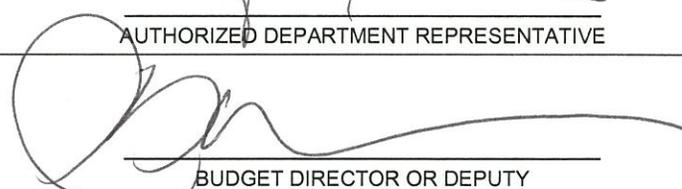
STANDARD PO NUMBER 2895749

CONTRACT PO NUMBER 2895747

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT 
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON SHIRLEY WALKER	PHONE NO. 313-224-9948
CONTRACTOR'S NAME: MARINER'S INN		DATE PREPARED 10/24/14	
CONTRACTOR'S ADDRESS: 445 LEDYARD Detroit, MI 48201		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$350,000.00 TOTAL CPO AMOUNT \$350,000.00 CHANGE AMOUNT \$100,000.00	
PHONE NO: 313-962-9446		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER: 38-2136488		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PROVIDE EMERGENCY SHELTER SERVICES TO THE HOMELESS.			
CHARGE ACCOUNT: 2001-366075-787114-651147-11798-000000-A3050			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT 	01-15-15
JAN 26 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	FEB - 3 2015
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL GRANT ACCOUNTANT	
FEB 04 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	2/4/15
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL CORPORATION COUNSEL	
	PURCHASING DIVISION  PURCHASING DIRECTOR	2/5/15
	CITY OF DETROIT CONTRACTS SECTION CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE JUN 12 2014	

RECEIVED
 FEB 04 2015
 CITY OF DETROIT
 CONTRACTS SECTION
 LAW DEPARTMENT

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895747-01**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this ____ day of _____, **2015**, between **Mariner's Inn**, 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. 2895747-01**, dated **November 19, 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**;

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 **TWO HUNDRED FIFTY THOUSAND (\$250,000.00) 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 **THREE HUNDRED FIFTY THOUSAND (\$350,000.00) 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.

**Mariners Inn Scope of Services/Activity Description (Homeless)
Fiscal Year 2014-15**

A) Specific Services Provided

Mariners Inn funding will increase access to direct services that help our consumers permanently overcome homelessness. Funds will support an intake counselor; shift monitors; shelter provided food, and transportation for consumers.

Mariners Inn's treatment program frequently operates close to capacity, and many men are presenting with complex needs that go beyond substance abuse and require additional time and attention from counseling and case management staff. These needs include mental illness, problems with family, medical problems, multiple instances of relapse, severe educational/employment deficits, and many other issues. If these problems are not effectively addressed, they will continue to be ongoing barriers to consumers' sobriety, housing, and independence. Counseling and monitoring staff are needed to help Mariners Inn provide the increased level of service that is necessary to fully meet the increased needs of our consumer population.

Substance abuse is the leading cause of homelessness in Detroit, especially for men. At Mariners Inn, substance abuse counselors conduct individual and group therapy sessions with consumers on a scheduled or as needed basis. To better overcome consumers' barriers to health, sobriety, and independence, Mariners Inn emphasizes a holistic approach to treatment. The counselor will address areas of physical and emotional health, employment, citizenship, and spiritual needs in addition to substance abuse. The counselor will also assist with intake and maintain records and progress notes in each consumer's file. He or she will be expected to attend trainings, workshops, seminars, classes, etc. to enhance their professional growth and development.

The case manager coordinates consumers' activities (e.g. medical appointments, off-site job training, transport) to ensure that the consumer has access to the services he needs. The case manager will follow-up to ensure that all appointments are kept. The case manager will arrange for consumers' physicals and STI, TB, hepatitis, and HIV/AIDS screenings; coordinate with outside entities as needed; secure required releases, and make appropriate referrals as needed. The case manager will maintain accurate records and case management notes in the consumers' files. The case manager will form a positive therapeutic alliance with consumers and will encourage, support, and monitor consumers' participation in treatment. They will also assure that consumers have arrangements for a positive housing placement, aftercare, and appropriate support services when they complete their stays at Mariners Inn.

Funding will also support meals for consumers. After years of substance abuse and homelessness, many consumers present suffering from malnutrition and physical problems (e.g. diabetes, high blood pressure). Good nutrition is key to their full physical recovery. Consumers receive three meals and a snack every day in the Mariners Inn cafeteria. Meals can be customized to meet consumers' dietary needs. Plates are set aside for men whose work or school schedules do not permit them to eat during mealtime, and bag lunches are also available.

Mariners Inn also provides consumers with prescription co-pays, dental care, and vision care to assist men who do not have insurance or the financial resources to pay for them. As stated previously, many

men suffer from chronic illnesses, including diabetes, high blood pressure, and heart problems that require long-term prescription use. Most consumers have not received adequate dental or vision care in years, creating physical problems and disabilities that can be additional barriers to employment, education, and sobriety. Funding will also be used to provide bus passes for consumers to go to employment, job training and other appointments related to their recovery.

CDBG-funded activities will meet the national objective of benefiting low- and moderate-income persons. Furthermore, Mariners Inn will gather and maintain records with appropriate information to show that clients are exclusively, 100% low/moderate income persons.

Measurable Project Outcomes

- 660 individuals will receive emergency shelter beds, substance abuse treatment, prevention services, and housing provided through the Residential Treatment, Transitional Housing, Extended Residency, Family Program, Alumni/Outreach Program, and Youth Prevention Program.
- 372 Consumers will receive clothing.
- 372 Consumers will receive Rx copays, dental & vision care.
- 100 Individuals will receive vocational counseling.
- 200 Individuals will receive outpatient substance abuse counseling.
- 510 Individuals will receive peer mentoring and outreach services.

B) Tasks Performed to Provide Services

The staff of Mariners Inn work closely together to provide effective treatment and services to clients. The shift monitors operate the front services area of the main building, answering phones, doing intakes for new consumers, receiving donations, making referrals, and dispensing medications as prescribed. The shift monitors also make building security rounds and trouble shoot general consumer issues and building maintenance. The maintenance staff provide well-kept grounds, heat in winter, air conditioning in summer, functioning bathrooms, a safe and sanitary environment, ensure that the buildings are up to code, etc. Counselors provide treatment and individual and group counseling to assist consumers in their commitment to sobriety, good health, increased self-esteem, permanent housing, healthcare, and other needed services so they can maintain a self-sufficient lifestyle after they leave Mariners Inn. Case managers coordinate all aspects of the consumers care at Mariners Inn and help them prepare for a self-sufficient lifestyle after they return to the community. The intake counselor ensures consumers' eligibility for services, provides referrals, provides consumer orientation, and ensures that recipient rights and confidentiality rights are not violated. The HMIS coordinator provides data input and management for internal and external reporting. Administrators provide oversight, fund development, accounting, special events, marketing, etc. All functions of the Inn are licensed as required to legally perform the services that are delivered. Mariners Inn maintains its facilities and staff to ensure compliance.

C) Equipment, Special Events, Field Trips Necessary to Operate the Project

Major equipment necessary to operate the project includes the two vans that are used to transport consumers to appointments and to pick up donations. Refrigerators, freezers, ovens, and other kitchen equipment are necessary to provide meals to consumers. Drug testing supplies are always in stock to

maintain check points for sobriety at Mariners Inn. Special events, including the annual River Rhythm dinner and auction and the golf outing, provide needed funding for Mariners Inn programs. Each Mariners Inn program offers consumers opportunities to participate in field trips to the Detroit Institute of Art, Detroit Repertory Theater, movies, Tigers games, and seminars related to sobriety, self-esteem, fatherhood, and job training.

D) Intake

All consumers come to Mariners Inn on a referral basis through the Detroit Department of Health and Wellness Promotion/Bureau of Substance Abuse Prevention, Treatment, and Recovery. If an eligible consumer seeks help from Mariners Inn without a referral, Shift Monitors immediately assist him with contacting the Bureau to obtain it. If the referral cannot be immediately secured, the consumer may use one of Mariners Inn's emergency beds until the process is complete. Mariners Inn makes every effort to accommodate eligible consumers who have made the important and sometimes difficult decision to pursue treatment. The intake counselor verifies the consumers' eligibility for services, provides orientation, and ensures that consumers understand their rights and responsibilities. As stated previously, Mariners Inn continuously works to ensure that other service providers are aware of our services.

E) Unit of Service

A unit of service will include one night of shelter and all the supportive services that come with it, depending on which program the consumer is enrolled in.

Mariners Inn serves up to seventy men each day in the Residential Treatment Program. This program is certified by the Commission for the Accreditation of Rehabilitation Facilities (CARF) at the most prestigious three-year level, meaning that it had been independently verified to be one of the best treatment programs in the city. Through this program, consumers receive shelter, three meals a day plus a snack, individual and group substance abuse counseling, clothing, family services, assistance with accessing medical and mental health care, vocational and educational support, mentoring, didactic groups, art therapy, transportation assistance, and many other services. Men can participate in this program up to 90 days. Once they successfully complete the program, they may choose to enter Mariners Inn's Transitional Housing or Extended Residency programs.

Mariners Inn also provides 10 emergency shelter beds for men who are just entering the Residential Treatment Program and do not yet have a referral from the Bureau of Substance Abuse. These beds are also used by Mariners Inn alumni who find themselves in crisis situations.

F) Project Address and the site of the Project Administrative Office

Project activities will be based at 445 Ledyard Street, Detroit, MI 48201. 445 Ledyard is also the site of the project administrative office.

G) Service Area of the Project

The service area of this project is city-wide. Mariners Inn serves individuals who are residents of the City of Detroit.

H) Days of the Week and Hours the Project will Operate

Mariners Inn provides shelter 24 hours a day, every day of the year. Consumers are provided with three meals and a snack every day of the year. Counseling services and most treatment activities are generally provided on weekdays before 5:00pm. Alumni services, AA/NA groups, and family services are usually provided on weekends and evenings to maximize access for the target population.

I) Staff and Supervision

Mariners Inn employs 26 full-time and 13 part-time staff. The staff to be funded through this activity will be supervised by the director of the Residential Treatment Program (1 FTE). The COO (1 FTE) and CEO (1 FTE) provide agency-wide oversight and monitoring and oversee the work of the program directors and other staff to ensure that all grant requirements are met related to finances, reporting, and project performance.

J) Volunteers

Mariners Inn works with volunteers on an ongoing basis. There are about 14 regular volunteers who provide group sessions, art activities, music activities, family support, and work in the Mariners Inn library. School groups, volunteers from other nonprofit organizations, Wayne State University students, holiday volunteers, high school students, and other volunteers assist Mariners Inn on a periodic basis. They provide help with maintenance, organizing the clothing closet, art projects, serving meals, clerical work, and many other activities.

**CDBG Budget 1
Homeless Public Service Budget**

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2014-15 CDBG/NOF
PERSONNEL		
Salaries <i>(should match total from salaries-Page 7, Org-16)</i>	649,576	42,405
Employer Taxes (FICA, FUTA, etc.)	50,017	3,265
Fringe (health insurance, life insurance, etc.)	97,436	6,360
Independent contractor/consultant personal services contracts <i>(List title for each & hourly rate or weekly pay or other fee scale)</i>		0
OPERATING EXPENSES (pro rata share)		
Utilities (electric, gas, water)	37,000	7,000
Transportation (automobile expense)	10,000	4,000
Communication (phone and internet)	14,000	2,000
Insurance	32,009	15,000
Consumable Supplies (consumer and office supplies)	60,330	5,000
Building Maintenance and Repairs	35,000	0
Licenses and Permits	1,500	1,000
Pest Control and Garbage Removal	3,422	3,278
SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)		
Client Drug Testing @ \$1/test	1,040	0
Client Meals @ 4.10/meal	105,037	10,692
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		100,000

From Page 7

<i>Title/ position</i>	<i># of FTE*</i>	<i>Qualifications/ Degree, etc.</i>	<i>Hrs/Wk</i>	<i>Hourly Rate</i>	<i>Annual amount</i>	<i>Total from sources other than CDBG/ NOF</i>	<i>Budget: Annual total from CDBG/ NOF</i>
Intake Counselor	1	HS diploma/equivalent; associate's degree preferred; 3-5 years in direct re,treatment, or behavioral health environment	40	12.69	26,395	21,385	5,010
Shift Monitors	6.4	HS diploma/equivalent	256	10.85 avg.	144,478	122,083	22,395
Administrative Assistant	1	HS diploma/equivalent bachelor's degree in human services preferred	40	15.14	31,500	21,500	10,000
Substance Abuse Counselor	5	Bachelor's Degree in social work, psychology, or related field; Certified Addiction Counselor	200	14.71 avg.	153,000	153,000	0
Finance Director	1	Bachelor's Degree in accounting/finance	40	30.53	63,500	58,500	5,000
Residential Treatment Director	1	Master's Degree in Human Services	40	26.19	54,468	54,468	0
Chief Executive Officer	1	Master's Degree in Human Services	40	43.27	90,000	90,000	0
Chief Operating Officer	1	Master's Degree in Human Services	40	36.60	76,140	76,140	0
Housing Director	1	Master's Degree in Human Services	40	25.24	52,500	52,500	0
		TOTAL CDBG/NOF Funds for staff					42,405

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: CEO
Date: 4-16-2014

Exhibit O

Certification Regarding Lobbying

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

- (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Subrecipient Organization Name: MANUS JAMA
Authorized Representative's Signature: 
Printed Name: David Stampson
Title: CEO
Date: 4/16/2014

2014/2015

COBG

CC APPROVED

CONTRACT NOT LISTED

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }
City of Detroit

CITY CLERKS OFFICE, DETROIT

I, Janice M. Winfrey

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

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

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

By Council Member Leland:

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

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	\$ 2,691,675	\$ -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	Soc. IC6 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
SUB-TOTAL					\$ 8,746,361	\$ 3,808,955	
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	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	\$ 6,500,000	\$ 6,500,000
SUB-TOTAL					\$ 0	\$ 11,000,000	
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	11808	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
DD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11798	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turmant Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12428	St John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11898	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11808	United Community Housing Coalition	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11809	YWCA Interm House	HPS	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 2,269,216	\$ 2,250,000	
Housing							
DD	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	\$ -8,000,000
DD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
DD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
DD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
DD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	\$ -400,000
SUB-TOTAL					\$ 6,100,000	\$ 7,000,000	
DD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	\$ 941,365
SUB-TOTAL					\$ 2,941,365	\$ 3,399,934	
DD	Increase	11478	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,486,390	\$ 186,390
DD	Increase	04775	Adult Well-being Services	PFR	\$ 0	\$ 134,690	\$ 134,690
DD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	00698	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
DD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 120,000	\$ 120,000

Oppl	Action	APRIL	SPENDING	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	04808	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13378	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	13187	PDD — Development	SUB-TOTAL	\$ 500,000	\$ 1,488,390	\$ 988,390
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	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	\$ 75,000	\$ 75,000
PDD	Increase	05178	Wallspring	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	\$ 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	\$ 75,000	\$ 75,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10105	Akebu-lan 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	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13841	East Michigan Christian	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10620	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	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	06403	DuWay United Action Council	PS/	\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	10621	L&L Adult Day Care	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05662	LASED	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11593	Matix Human Services — Revital Otter	Seniors	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL	PS/	\$ 0	\$ 75,000	\$ 75,000

Q:2L Action	APPL #	SPONSOR	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD Increase	05149	Adult & Wellness Center St. Patrick Senior Center	Seniors	\$ 0	\$ 100,000	\$ 100,000
			PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
			REPAY	\$ 7,334,888	\$ 3,500,000	\$ 3,834,888
			REPAY	\$ 1,820,958	\$ 841,268	\$ 979,690
			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	\$ 187,438	\$ 250,000
			REPAY	\$ 847,787	\$ 447,787	\$ 400,000
			REPAY	\$ 33,284	\$ 3,284	\$ 30,000
			REPAY	\$ 122,992	\$ 72,992	\$ 50,000
			REPAY	\$ 919,826	\$ 819,826	\$ 100,000
			REPAY	\$ 7,334,888	\$ 3,500,000	\$ 3,834,888
			SUB-TOTAL	\$ 0	\$ 1,000,000	\$ 1,000,000
			PI	\$ 0	\$ 187,144	\$ 187,144
			SUB-TOTAL P&D	\$ 43,890,841	\$ 28,562,868	\$ 15,327,973
			SUB-TOTAL OTHER DEPARTMENTS	\$ 0	\$ 0	\$ 0
			TOTAL	\$ 43,890,841	\$ 28,562,868	\$ 15,327,973
			REVENUE	\$ 310,000	\$ 310,000	\$ 0
			PDD	\$ 1,132,419	\$ 1,132,419	\$ 0
			PDD	\$ 31,233,230	\$ 32,169,171	\$ 935,941
			PDD Increase	\$ 32,675,649	\$ 33,551,590	\$ 875,941
			TOTAL	\$ 33,318,298	\$ 34,004,019	\$ 685,721

Adopted as follows:
 Yeas — Council Members Benson, Cushingberry, Jr., Jenkins, Leland, Shellfield, Spivey, Tate, and President Jones — 8.
 Nays — None.

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: October 24, 2014 Department: Planning and Development

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

Description: Emergency Solution Grant Contract No.: 2895747 PO Type: Prof Svc - CPO Est. Value: \$ _____

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

Funding: City _____% State _____% Federal 100% Other: _____ %
(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: _____ Required Date: _____

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

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

Consequence of not buying: _____

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

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

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

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

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

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

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

01/11/12 -

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

NOTES:

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: Shirley Walker DATE: October 23, 2014

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

\$105,000

PS & HPS SCORING FORM 2014

TOTAL POINTS SCORE

100

Proposal # 34 Organization Name: Murrie's Inn

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

I. CONSOLIDATED PLAN		Max Points	Score
1.	Meets City Consolidated Plan Priority	5	5
II. ORGANIZATIONAL INFORMATION			
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
III. MANAGEMENT PLAN			
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
IV. PROJECT DESCRIPTION			
8.	Project description adequately describes proposed activities and quality of project design--Sum - 7 & PS 1 thru PS 3 (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)	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
V. OUTPUTS AND OUTCOMES			
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
VI. BUDGET			
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
TOTAL		100	100

Well Documented proposal, Well ran organization with a proven track record. Management & listed outcomes well documented. Attach this Form to the outside of each proposal envelope

Name of Organization Mariners' Inn

Reviewer Signature *S. Walker*
Shirley Walker

Date 4-22-14

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

COMMENTS: Threshold met. Attachment #7 – Required \$105,822 7,467.54
bank statement Required $125,000 \times .07 = 8,750$, \$131K available per

*Attach this form to the outside of each proposal envelope

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement **CPO# 2895747 P&DD 4431-01 (SPO# 2895749)** as of the date first above written.

WITNESSED BY:

1. [Signature]
2. [Signature]

SUBRECIPIENT:

By: [Signature]
(Signature of Corporate Officer)
Its: CEO
(Office Held)

* * * * *

CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 27th day of October, 2014, by David Sampson, the CEO of Mariners Inn, a Michigan Non-profit Corporation on behalf of the Corporation.
(Name of Corporate Officer) (Office Held) (Michigan Non-profit)

CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
ACTING IN COUNTY OF WAYNE

[Signature]
Notary Public
My commission expires 06-09-2019

* * * * *

WITNESSES:

1. [Signature]
2. [Signature]

CITY OF DETROIT
By: [Signature]
Thomas Lewand
Its: Director of the Planning and Development Department

* * * * *

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON JUN 12 2014
[Signature]
Purchasing Director Date

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF THE CHARTER OF THE CITY OF DETROIT
[Signature] 2/5/15
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, Ebony Duff, CORPORATE SECRETARY of **MARINER'S INN**, 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 9.19, 2014, and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Executive Director, the Vice Chairperson, Vice President, 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:

Bishop Wendell Gibbs _____ is Chairperson of the Board,
David Sampson _____ is Executive Director,
Dave Denomme _____ is Vice Chairperson,
Michael French _____ is Vice President,
Erik Tungate _____ is Treasurer,
Ebony Duff _____ is Secretary,
And Shawn Wilson _____ is President.

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Amendment Agreement **CPO No. 2895747, CO#01**, between the City of Detroit and **Mariner's Inn**, 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 28th day of October, 2014

CORPORATE SEAL
(if any)

Signature: Ebony Duff
Corporate Secretary

Susan M. Westphal

SUSAN M. WESTPHAL
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES May 10, 2020
ACTING IN COUNTY OF Wayne

Date Submitted: 3-31-11

APR 02 2015

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: PLANNING & DEVELOPMENT - NEIGHBORHOOD SUPPORT SERVICES

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

Type of Clearance: [] New [X] 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 Avenue, Suite 512, Detroit, MI 48226, Phone: (313) 224-3328 or 224-3329, Fax: (313) 224-4588. For: Individual or Company Name: Mariner's Inn, Address: 455 Ledyard, Detroit, MI 48201, Telephone: Fax:

A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above) Shirley Walker, Telephone: same. Employer Identification of Social Security Number 38-2136488, Spouse Social Security Number, Nature of Contract: CDBG, BID CONTRACT AMOUNT (if known) \$250,000.00, Contract # (if known)

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

Check One: [] Individual [X] Corporation [] Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

- 5. Is the company a new business in Detroit? [] YES [X] NO
6. Will the company have employees working in Detroit? [X] YES [] NO
7. Will the company use sub-contractors or independent contractors in Detroit? [] YES [X] NO

D. FOR INCOME TAX USE ONLY

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

[X] YES [] NO Signature: LUCRETIA JENNINGS INCOME TAX INVESTIGATOR Date: APR 02 2015 Expires: APR 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: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
 HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE
 PURCHASING RECREATION WATER & SEWAGE
 OTHER _____

ADDRESS OF DEPARTMENT 2 Woodward Avenue, Ste. 908, Detroit, MI 48226
DATE SENT 10/21/2015 CONTACT PERSON Kerry Baitenger
PHONE NUMBER 313-224-4172 FAX NUMBER _____
EMAIL kbaitenger@detroitmi.gov CONTRACT AMOUNT \$ _____

SECTION B: CORPORATION LICENSE TYPE Business
CORPORATION NAME Mariners Inn
ADDRESS 445 Ledyard CITY/STATE/ZIP Detroit, MI 48201
 OWN LEASE
CITY PERSONAL PROPERTY NUMBER 02990630.00 FID / EIN NUMBER 38-2136488
OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON David Sampson PHONE NUMBER 313-962-9446, ext. 224
EMAIL dave.sampson@marinersinn.org

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 _____

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 _____

SECTION E: PERSONAL SERVICES

NAME _____ ADDRESS _____

CITY/STATE/ZIP _____

OWN LEASE

PHONE NUMBER _____ DRIVER LICENCE # _____

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT _____

SOCIAL SECURITY NUMBER: (Do not provide your social security number on this form if submitting through BidSync. You will need to email it directly to Revenue Collections if requesting clearance for a Personal Service Contract)

EMAIL _____

FOR TREASURY COLLECTION USE ONLY:

APPROVED

DENIED

DENIED WITH ATTACHMENTS

Annette Smith
SIGNATURE

OCT 26 2015
DATE

CLEARANCE VALID UNTIL _____

MAR 31 2016

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

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

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

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

RFO / PO No. (if applicable) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization Mariners Inn
(Type or Print Legibly)

Contractor Address 445 Lothrop Detroit, MI 48201
(City) (State) (Zip)

Contractor Phone/E-mail (313) 962-9446 dave.sampson@marinersinn.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Dave Sampson, CEO

Signature of Authorized Representative _____

Date: 1-24-2014

"This document, MUST be notarized!"

Signature of Notary Carmen Proctor

Printed Name of Seal of Notary CARMEN PROCTOR

My Commission Expires 06-09-2019

CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
NOTING IN COUNTY OF Wayne

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd _____ Received by: [Signature] Title: Exec. Manager
Chris Hechal 6/12/14

Certificate of Insurance (Con't)

OTHER Coverage

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
C	Fiduciary			G27475097 002	07/01/2015	07/01/2016	\$1,000,000 each loss and agg
C	Employment Practices Liab			G27475097 002	07/01/2015	07/01/2016	\$1,000,000 each loss and agg

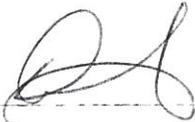
Hiring Policy Compliance Affidavit

I, David Sampson, being duly sworn, state that I am the _____
CEO of Maintenance Unit
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: CEO Date: 11/20/14

STATE OF Michigan)
COUNTY OF OAKLAND) SS

The foregoing Affidavit was acknowledged before me the 20th day of November, 2014.
by DAVID SAMPSON


Notary Public, County of OAKLAND

State of Michigan

My commission expires: 06-09-2019

CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
ACTING IN COUNTY OF Wayne

MARINERS INN
APPLICATION FOR EMPLOYMENT

PERSONAL

Last name:	First	Middle	Date
Street Address:			Home phone:
City, State, Zip:			Work phone:
Have you ever applied for employment with us: Yes () No () If yes, Month and Year:			Social Security #
Position Desired:			Date of Birth:
Apart from absence for religious observance, are you available for full-time work? Yes () No () If not, what hours can you work?			Will you work overtime if asked? Yes () No ()
Are you legally eligible for employment in the United States?			When would be available to begin:
Other special training or skills (languages, computers, etc?.)			Do you have a valid Drivers License? Yes () No ()

EDUCATION

School	Names of location of School	Course of Study	No of Years Completed	Did you Graduate	Degree or Diploma
Graduate					
College					
Business/ Trade/ Technical					
High School					
Elementary					

Membership in Professional or Civic Organizations

(If you wish, you may exclude those which may disclose your race, color, religion or national origin.)

MARINERS INN
APPLICATION FOR EMPLOYMENT

REFERENCE CHECK

Employer	Person Contacted	Results
1		
2		
3		
4		

Test Results

Tests Administered	Raw Score	Rating	Analysis and Comments

Interview Results

Interviewer Name(s) and Comments

Mariners Inn is a equal opportunity employer.
Prospective employees will receive consideration without discrimination
because of race, creed, color, sex, age, national origin, handicap or veteran status.

MARINERS INN
APPLICATION FOR EMPLOYMENT

MILITARY	Did you serve in the US Armed Forces?	If "Yes" in what Branch?
Describe any training received relevant to the position for which you are applying.		
Are you a U.S. Citizen: Yes () or No ()	Are you over 18 years of age? Yes () or No ()	Have you ever been bonded, and if yes with what employer?
Have you ever been involved in a lawsuit against an employer? Yes () or No () If yes describe in full.		
State names of relatives and friends working for us, other than your spouse.		
SIGNATURE		
The information provided in this Application for Employment is true, correct, and complete. If employed, any misstatement or fact or omission of fact on this application may result in my dismissal.		
I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.		
If you decide to engage an investigative consumer reporting agency to report on my credit and personal history I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.		
Date _____	Signature _____	

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

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

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

Sec 18-5-93. Voidability of contract.

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

Sec 18-5-94—18-5-100. Reserved.

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

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

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

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

JACKIE L. CURRIE
City Clerk

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: MANINURS INC
2. Address of Contractor: 405 CEDYMO
DETROIT, MI. 48201
3. Name of Predecessor Entities (if any): _____
4. Prior Affidavit submission? ___ No Yes, on: 10/2013
(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 1955 (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.

David Sampson (Printed Name) CEO (Title)
[Signature] (Signature) 10-27-14 (Date)

Subscribed and sworn to before me
this 31st day of October 2014
Carmen Proctor
Notary Public Oakland County, Michigan
My Commission expires: 06-01-2019
CARMEN PROCTOR
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Jun 9, 2019
ACTING IN COUNTY OF LEAVELLE

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

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

ORDINANCE NO. 20-04 CHAPTER 18 ARTICLE V

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

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

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

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

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

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