

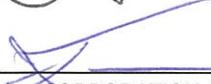
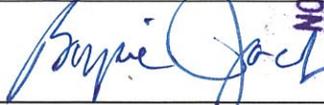
# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2895748  
 STANDARD PO NUMBER 2895849  
 CHANGE ORDER  
 REVISION 01  
 REVISION 01

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/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 SANDRA O'NEAL	PHONE NO. 224-9976
CONTRACTOR'S NAME NEIGHBORHOOD SERVICE ORGANIZATION (NSO)	DATE PREPARED 2-17-15	
CONTRACTOR'S ADDRESS: 220 BAGLEY STE. C DETROIT, MI 48238	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT X <input checked="" type="checkbox"/> CHANGE TOTAL CONTRACT AMOUNT \$ 100,000.00 TOTAL CPO AMOUNT \$ 200,000.00 CHANGE AMOUNT \$ 100,000.00	
PHONE NO. (313) 961-4800	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: 38-1561624		MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO
PURPOSE OF CONTRACT: HOMELESS SERVICES CHARGE ACCOUNT: 2001-366090- 787514-651147-11801-00000-00000		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	07-21-15
AUG 04 2015	BUDGET <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	AUG 18 2015
JUL 30 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	AUG 03 2015
AUG 19 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	AUG 19 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	8/25/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	9/28/15
	CITY OF DETROIT CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE JUN 12 2014	

RECEIVED  
 PURCHASING DIVISION  
 AUG 19 2015

CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 15 AUG 25 PM 2:25

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2895748**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this **1st** day of **November, 2014**, between **Neighborhood Service Organization- Tumaini Center**, the "Subrecipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to Agreement CPO No. **2895748**, 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 Thousand and 00/100 DOLLARS (\$100,000.00)** 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 THOUSAND and 00/100 (\$200,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

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

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

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Agreement as of the date first above written.

WITNESSES:

1. [Signature]  
2. [Signature]  
\* \* \* \* \*

SUBRECIPIENT:

By: [Signature]  
(Signature of Corporate Officer)  
Its: Chairman of the Board  
(Office Held)

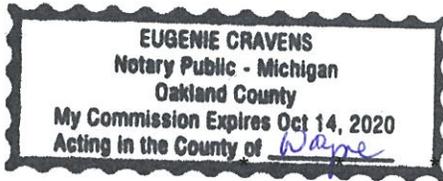
CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN )  
 ) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 6th day of March,

2015, by Ray C. Johnson, the Chairman of the Board of  
(Name of Corporate Officer) (Office Held)

Neighborhood Service Organization, a Michigan Corporation on behalf of the Corporation.



Eugenie Cravens  
Notary Public

My commission expires 10/14/20/20  
\* \* \* \* \*

WITNESSES:

1. [Signature]  
2. \_\_\_\_\_  
\* \* \* \* \*

CITY OF DETROIT, Planning and Development Dept.

By: Arthur Jemison

Its: Mayor's Designee pursuant to EM Order No. 38, ¶13  
\* \* \* \* \*

THIS CONTRACT WAS APPROVED BY THE CITY COUNCIL ON Jan 12 2014

Bonnie Jacobs 9/28/15  
Purchasing Director Date

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

[Signature] 8-25-15  
Corporation Counsel Date

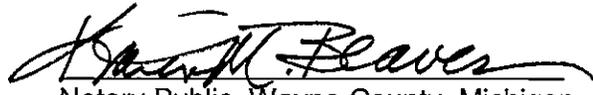
**THIS AGREEMENT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE PURCHASING DIRECTOR.**

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN )  
                                  ) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 30 day of July, 2015, by **Arthur Jemison, Mayor's Designee**, pursuant to **EM Order No. 38, 113** of Planning and Development Department of the City of Detroit, Michigan, a municipal corporation.

KAREN M. BEAVER  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Jun 21 2018  
ACTING IN COUNTY OF Wayne

  
Notary Public, Wayne County, Michigan

My commission expires: 6/21/2018

**RESOLUTION OF CORPORATE AUTHORITY** I, Richard Lichtenstein,  
CORPORATE SECRETARY of **Neighborhood Service Organization**, 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 \_\_\_\_\_, \_\_\_\_\_, and that the same is now in full force and effect:

I FURTHER CERTIFY that:

\_\_\_\_\_ Ray C. Johnson \_\_\_\_\_ is Chairman of the Board,  
\_\_\_\_\_ is Executive Director,  
\_\_\_\_\_ Sheilah P. Clay \_\_\_\_\_ is President,  
\_\_\_\_\_ is Vice President,  
\_\_\_\_\_ Gregory Terrell \_\_\_\_\_ is Treasurer,  
and \_\_\_\_\_ Mark A. Ostach \_\_\_\_\_ is Secretary.

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

\_\_\_\_ Sheilah Clay \_\_\_\_\_ Title/Position \_\_\_\_\_ President/CEO  
William WeldWallis \_\_\_\_\_ Title/Position \_\_\_\_\_ Chief Operating Officer  
\_\_\_\_\_ Title/Position \_\_\_\_\_  
\_\_\_\_\_ Title/Position \_\_\_\_\_  
\_\_\_\_\_ Title/Position \_\_\_\_\_  
and \_\_\_\_\_ Title/Position \_\_\_\_\_

I FURTHER CERTIFY that any of the aforementioned officers of the Company is  
authorized to execute or guarantee and commit the Company to the conditions,  
obligations, stipulations and undertakings contained in the Agreement between the City  
of Detroit and **Neighborhood Service Organization** entered into for the purpose of  
providing Public Services and that all necessary corporate approvals have been  
obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 24<sup>th</sup> day of February , 2015.

CORPORATE SEAL  
(if any)

Signature:   
Corporate Secretary  
First Vice Chair

EXHIBIT A  
SCOPE OF SERVICES  
**NEIGHBORHOOD SERVICE ORGANIZATION**  
**2013-2015 CDBG**

During the term of this Agreement, the Sub-recipient, Neighborhood Service Organization, Respite Services, shall provide public service activities herein called the "Project" or the "Services", in order to provide Emergency Shelter for persons who are residents of the City of Detroit.

1. GENERAL REQUIREMENTS

A. For so long as this Agreement remains in full force and effect, the Sub recipient shall operate an emergency shelter and transitional housing located at 3430 Third Ave., Detroit, MI 48202. "Homeless", as used herein, means families and individuals who are poor and have no access to either traditional or permanent housing. Pursuant to 24 CFR 576.73(d), the Sub recipient shall notify and request prior approval of the City before closing down, moving or changing the location(s) of the emergency shelter(s) funded hereunder. No change in location or closure may be undertaken without approval of the City.

B. The Sub recipient shall maintain the shelter (and/or transitional housing) premises in a safe and sanitary condition, in accord with local health, fire and safety codes. The Sub recipient shall comply with all applicable requirements of the City of Detroit Ordinance pertaining to licensing of emergency shelters and shall obtain a license pursuant to that ordinance from the Business License Center, Consumer Affairs Division of the Buildings, Safety and Engineering Department of the City of Detroit. The Sub recipient shall renew such license annually.

C. The Sub recipient shall, to the extent feasible, give assistance to homeless individuals related to essential support services necessary for achieving independent living. To the maximum extent practicable, homeless families and individual shall be involved in the operation, maintenance, rehabilitation or provision of services at shelter facilities. The Sub recipient shall submit to the City its action plan for such involvement, to the extent practical, of homeless families and individuals in its operation, maintenance, rehabilitation or provision of services for shelter facilities funded hereunder, as applicable.

D. No rent or any fees shall be charged to homeless persons for emergency shelter or emergency shelter supportive services hereunder. However, the Sub recipient may install pay phones and/or coin laundry services on the shelter premises if the City approves them in writing as reasonable, necessary and not constituting a hardship for homeless clients of the shelter.

E. The Sub recipient may not accept food stamps from homeless clients, or require homeless clients to other relinquish food stamps, whether for food or not, unless licensed to do so by the U.S. Dept. of Agriculture.

F. Projected shelter service levels during the term of this Agreement shall at a minimum strive to meet the goal of providing shelter and support services to an average of 228 (Unduplicated) homeless individuals monthly. The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved in writing by the City. The Sub recipient shall immediately notify the City of any anticipated change in location.

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

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

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

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

The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved by the City in writing.

Services shall be public and be provided to Detroit residents. No excessive fees shall be charged, nor "donations" for project services to be requested, which would preclude lower income persons from gaining access to, or participating in, the Project Services hereunder.

Though public Services hereunder may be targeted to a particular subpopulation or problem area, the Sub-recipient must abide by the provisions of article 12 (Compliance with Laws and Security Regulations) and Article 15 (Fair Employment Practices and Nondiscrimination Requirements) of this Agreement. Therefore, the Sub-recipient, in the provision of public Services hereunder, shall not discriminate against any otherwise qualified person applying for the public Services, nor give preference to persons, nor limit provision of Services to persons, based solely on factors of race, ethnicity, gender, age, handicap, disability, sexual orientation or religion.

## 2. CDBG NATIONAL OBJECTIVE CRITERIA

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

A The Sub recipient will gather and maintain records with appropriate information to show that clients are exclusively, 100%, low/moderate income persons or that in all cases where another agency's income and intake criteria are used by the Sub recipient, those limits are equivalent to or stricter than HUD income limits

The Sub recipient sponsors an event where the numbers of people attending or method of contact make it difficult to collect low/moderate income eligibility information. The actual HUD low and moderate income limits shall be included in any program event advertisements and be posted prominently at the event. Such wording shall, at a minimum, include the following statement:

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

### B3) Formally Limited (100%) Clientele- PRESUMPTIVE BENEFIT CATEGORIES

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

Senior Citizens

Handicapped

Homeless

Abused Children

Battered Spouses

Illiterate Persons

Migrant Farm Workers

Persons living with AIDS

### 3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Sub-recipient shall:

Shelter Operations of Respite Services currently and will provide low-barrier respite from the elements 24/7 to those individuals who are unsheltered, laundry, restrooms, showers, storage of belongings, meals, specific mail services, specific transportation services, crisis intervention, linkage to needs based referrals, and mental health, behavioral, and physical health monitoring/care management as well as triage into NSO Homeless Recovery Services (HRS) clinical and housing programs. NSO HRS will continue to accept walk-in self-referrals as well as referrals from the Detroit Police Department, Detroit Receiving Hospital, 2-1-1, and other private and non-profit agencies for individuals experiencing homelessness. Eligibility for Respite Services provided by Tumaini Center will be screened and documented through the provision of an HMIS ESG assessment at time of welcoming and intake to the Center. Outreach referral sources will also continue to be accepted in coordination with NSO The Road Home, who provides outreach to the unsheltered homeless population in the Central Business District and surrounding neighborhoods. Respite Services will work in collaboration with clinical and housing programs at NSO Tumaini Center to also provide the Essential Service of ID restoration such as financial assistance for linkage to birth certificates and State IDs. Respite Services, as funded by this grant, will be staffed by: 1 Monitor to provide laundry, restrooms, showers, storage of belongings, meals, specific mail services, and crisis intervention, 2 Shift Supervisors to provide supervision to existing monitoring staff, crisis intervention, and mental health, behavioral, and physical health monitoring/care management, and 1 Consumer Advocate to provide linkage to needs based referrals, and triage into NSO HRS clinical and housing programs through the use of HMIS. Respite Services will be provided to Literal, chronic, and category 4 (domestic violence) homeless individuals above age 18 and below 30% AMI at 1,000 unduplicated individuals per fiscal year. The outcome that Respite Services expects to achieve is a reduction in the average length of stay (homelessness) by 50% for individuals accessing Respite Services. Further, by providing low-barrier access to 24/7 respite services, the project expects to reduce chronic homelessness through the removal of a traditional emergency shelter stay as a prerequisite for housing.

### 4. PERSONNEL

Specific to this funding: 1) Shift Supervisor Mr. Charles Greene (1FTE); 2) Shift Supervisor Mr. Terrance Foster (.50FTE); 3) Office Manager Elizabeth Walsh (.10FTE); 4) HMIS Elizabeth Smiley (.07FTE) and the remaining will be administrative staff Contract Manager (.02FTE) and Payroll Manager (.02FTE).

### 5. PROJECT LOCATION(S) AND OPERATION SCHEDULE

A)

NSO Tumaini Center  
3430 Third Street  
Detroit, MI 48201

NSO Central Office  
882 Oakman Blvd., Suite C.  
Detroit, MI 48238

B) NSO Tumaini Center Respite Services: City of Detroit; NSO The Road Home Respite services outreach: Grand Boulevard to the North, the Detroit River to the South, the Lodge Freeway to the Northwest, Springwells to the Southwest, St. Aubin to the Northeast, and Mt. Elliot to the Southeast.

C) Respite Services are provided 365 days a year, 24 hours per day. Entry and exit are available from 8AM to 8PM, though exceptions are often made for consumers whose employment schedule conflicts with curfew or when consumers are brought to Tumaini Center by police or upon hospital discharge.

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

#### 6. PERFORMANCE SCHEDULE

A) Though this is not an exhaustive list, a unit of service includes: respite, primary health care, telephone, shower, food, clothing, mail, laundry services and meals.

During the terms of this Agreement the Sub-recipient shall, at a minimum, provide 150,000 service units to a minimum of 1,000 persons. On a monthly basis, the Sub-recipient shall strive to meet the goal of providing 50,000 units of project services to an average of 332 persons.

#### 7. ANNUAL MEASURABLE PROJECT OUTCOME

The overall goal of this project is to accomplish the following measurable annual outcome.

<u>Condition</u>	<u>Instrument</u>	<u>Quantity or % Accomplished</u>
Provide Respite Services to the unsheltered homeless population	HMIS	1,000 unduplicated individuals
Provide basic services to individuals in respite	HMIS & volunteer information for meals	150,000 basic services
Reduce length of stay for individuals receiving respite services	HMIS	Reduce by 50%

**NEIGHBORHOOD SERVICE ORGANIZATION - TUMAINI CENTER  
2014-15 CDBG HOMELESS PUBLIC SERVICE ACTIVITY APPLICATION**

**V. BUDGET**

Pg 17 continued

**BUD-14. Explain and justify each proposed budget line item and why CDBG funds are required.**

Please see budget detail listed below for explanation and justification. Funding awarded to the Tumaini Center is used to support homeless adults in the City. CDBG funding allows NSO to provide additional supports and services to this vulnerable population, providing a safe environment where these adults can begin the transition out of homelessness. Also, CDBG funding will support NSO's ability to complete program goals and outcomes at the Tumaini Center.

<b>PERSONNEL</b>	<b>Annual</b>			<b>Total</b>
<b>Salaries</b>	<b>Salary</b>	<b>FTE</b>		
Shift Supervisor	39,396	1.000	\$20.20 per hr. x 37.5 hrs per wk x 52 wks	\$ 39,396
Shift Supervisor	37,648	0.500	\$19.30 per hr x 18.75 hrs per wk x 52 wks.	18,824
Consumer Advocate- HMIS	21,123	0.070	\$ 10.83 per hr x 2.63 hrs per wk x 52 wks	1,479
Financial Analyst/Contract Mgr.	50,287	0.020	\$25.79 per hr x .75 hrs per wk x 52 wks	1,006
Payroll Accountant	50,163	0.020	\$25.72 per hr x .75 hrs per wk x 52 wks	1,003
Coordinator of Admin Services	39,474	<u>0.100</u>	\$20.24 per hr x 3.75 hrs per wk x 52 wks	3,947
<b>Total Salaries</b>		1.710		<b>\$ 65,655</b> ✓
<b>Employee Taxes</b>				
FICA			.0765 of salaries	\$ 5,023
Unemployment				<u>650</u>
<b>Total Employee Taxes</b>				<b>\$ 5,673</b> ✓
<b>Fringe Benefits</b>				
Worker's Compensation			.0033 of salaries	\$ 158
Health Insurance				20,334
Dental Insurance				658
ST & LT Disability				715
Life Insurance				274
Retirement				<u>283</u>
<b>Total Fringe Benefits</b>				<b>22,422</b> ✓
<b>OPERATING EXPENSE</b>				
* Rent				\$ 2,639
* Utilities				1,270
Communication			Office Telephones	736
* Insurance			Property, Professional and General Liabilit	605
Supplies			Household, Office and Program	300
<b>Other:</b>				
MIS/IT				200
* Equipment Rental and Repair			Copier maint. fee & water cooler rental fee	<u>500</u>
<b>Total Operating Expense</b>				<b>\$ 6,250</b> ✓
<b>TOTAL PERSONNEL AND OPERATING EXPENSE</b>				<b>\$ 100,000</b> ✓

## 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: *Walter Longoria*

Its: *Chief Operating Officer*

Date: *5/7/2015*

## 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:** Neighborhood Service Organization

Authorized Representative's Signature: 

Printed Name: William Weld-Wallis

Title: Chief Operating Officer

Date: 5/11/2015

## 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

Street Address:

City:

State:

County:

Zip Code:

Neighborhood Service Organization  
Name of Organization

William Weld-Wallis  
Authorization Representative's Signature

William Weld-Wallis  
Printed/Typed Name

Chief Operating Officer  
Title

12/4/14  
Date

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, } ss.  
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

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

By Council Member Leland:

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

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

Dept	Action	APPL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13534	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,675	-\$ 2,059,452
PDD	Decrease	13534	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	\$ 3,806,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
SUB-TOTAL					\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
SUB-TOTAL					\$ 0	\$ 0	
PDD	Increase	11507	Economic Development	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	\$ 13,000,000	
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	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
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	Marriners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turmaini 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	10628	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	11806	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	
DD	Decrease	13609	Housing Rehabilitation	HR	\$ 6,000,000	\$ 0	-\$ 6,000,000
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					\$ 6,400,000	\$ 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	04775	Adult Well-being Services	PFR	\$ 1,300,000	\$ 1,484,350	\$ 184,350
DD	Increase	13838	Charles H Wright Museum of African American History	PFR	\$ 0	\$ 134,650	\$ 134,650
DD	Increase	00698	Focus HOPE	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	06514	Franklin Wright Summerts	PFR	\$ 0	\$ 102,700	\$ 102,700
				PFR	\$ 0	\$ 120,000	\$ 120,000

Qcpl	Action	APRIL	MAY	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Library Temple Baptist Church — Senior Project				
PDD	Increase	13645	North Rosedale Civic Association	PFR	\$ 0	\$ 187,000	\$ 187,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	04858	Sar. Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13358	Sickle Cell Disease Association	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13556	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Decrease	13187	PDD — Development		\$ 500,000	\$ 1,488,390	\$ 200,000
PDD	Decrease	12945	Unassigned Projects		\$ 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		\$ 3,677,644	\$ 0	\$ -3,677,644
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	06708	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	Wallspring	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
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
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	A'kebu-lan Village	PS/Rec.	\$ 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	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	Dulay 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	Matrix Human Services — Reuther Center	Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase			PS/	\$ 0	\$ 75,000	\$ 75,000

Ordl	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
PDD		13529	Section 108 Loans	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Book Cadillac	PS	\$ 0	\$ 550,000	\$ 550,000
PDD		13529	Ferry Street	REPAY	\$ 7,334,688	\$ 3,500,000	-\$ 3,834,688
PDD		13529	Fort Shelby	REPAY	\$ 1,820,958	\$ 641,268	-\$ 1,179,690
PDD		13529	Garfield	REPAY	\$ 337,199	\$ 67,199	-\$ 270,000
PDD		13529	Garfield II	REPAY	\$ 1,857,125	\$ 857,125	-\$ 1,000,000
PDD		13529	Garfield Geothermal	REPAY	\$ 242,648	\$ 17,648	-\$ 225,000
PDD		13529	Garfield Sugar Hill	REPAY	\$ 542,199	\$ 432,199	-\$ 110,000
PDD		13529	Mexicantown	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD		13529	New Amsterdam	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD		13529	Stuberstone	REPAY	\$ 437,438	\$ 167,438	-\$ 270,000
PDD		13529	Vernor Lawndale	REPAY	\$ 847,787	\$ 447,787	-\$ 400,000
PDD		13529	Woodward Garden	REPAY	\$ 33,264	\$ 3,264	-\$ 30,000
PDD		13529		REPAY	\$ 122,992	\$ 72,992	-\$ 50,000
PDD	Increase	13635	Public Park Improvement	REPAY	\$ 919,826	\$ 619,826	-\$ 300,000
				PI	\$ 7,334,688	\$ 3,500,000	\$ 3,834,688
					\$ 0	\$ 1,000,000	\$ 1,000,000
					\$ 0	\$ 187,144	\$ 187,144
					\$43,890,841	\$28,562,866	\$15,327,975
					\$ 0	\$ 0	\$ 0
					\$43,890,841	\$28,562,866	\$15,327,975
					\$ 310,000	\$ 310,000	\$ 0
					\$ 1,132,419	\$ 1,132,419	\$ 0
					\$31,233,230	\$32,109,171	\$ 875,941
					\$32,675,649	\$33,551,590	\$ 875,941

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

# City Council Contract Agenda Items Review Checklist

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

Date: 2-17-15 Department: Planning and Development Division: NSS/Homeless

Dept Head/Contact Person: Sandra O'Neal Phone No.: 313-224-9976

2895748

Description: Neighborhood Service Organization Contract No.: \_\_\_\_\_ PO Type: Prof Svc - CPOEst. Value:\$  
200,000.00 **\*\*Amendment\*\***

Contract Term (if applicable): October 1, 2014 to December 31, 2016.

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

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

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

If "Yes" please explain why: Required activity and to stay within HUD guidelines to offer services to the homeless citizens 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: Provide homeless services to the citizens of Detroit.  
If #6 is a increase/decrease does this represent:  
 Variance in unit price only (Current unit price \$ \_\_\_\_\_ Suggest Unit Price \$ \_\_\_\_\_ )

01/11/12

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

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

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

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

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

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NOTES:

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

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

INFORMATION PROVIDED BY: Sandra O'Neal 

TITLE: Project Manager PHONE NO. 313-224-9976

87 ~~88~~ ~~89~~

Proposal # 0410 Organization Name: Neighborhood Service Organization Attachment: 2  
 Reviewer Signature: S. E. Neal

**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-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	5
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
<b>III. MANAGEMENT PLAN</b>			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding -- <i>MP-2 (Page 9)</i>	5	4
7.	Provided a timing plan for Project/Activity -- <i>MP-3 (Page 9)</i>	5	4
<b>IV. PROJECT DESCRIPTION</b>			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 &amp; PS 1 thru PS 3 (Page 1 and 11)</i>	5	5
9.	Project clearly specifies operational structure serving the community residents -- <i>PS-4 thru PS 12 (Page 11 - 12)</i>	5	4
10.	Service is provided in at least one of HHF the areas shown in green on the Detroit Land Bank Authority map section of this Information Package- <i>PS-13 thru PS-19 and support letters (Page 12)</i>	5	<del>4</del> 4
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control-- <i>PS-16 thru PS 19 and support letters. (Page 12 &amp; 13)</i>	5	4
<b>V. OUTPUTS AND OUTCOMES</b>			
12.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	4
13.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	4
14.	Demonstrated successful lasting benefits for program outcome/evaluation- - <i>Out -4 (Page 14)</i>	5	4
15.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	<del>3</del> 4
<b>VI. BUDGET</b>			
16.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.-- <i>Bud-1 thru Bud - 7 (Page 15)</i>	5	4
17.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	4
18.	Demonstrated acceptable financial management system-- <i>Bud-11 (Page 16)</i>	5	4
19.	Budget is accurately computed-- <i>Bud-12 (Page 17)</i>	5	5
20.	Budget is reasonable, necessary, related to proposed activity-- <i>Bud-12, Bud-13, and Bud-14. (Page 17)</i>	5	4
	<b>TOTAL</b>	<b>100</b>	<del>80</del> <del>83</del> 87

155,000

2014 / 2015 Planning & Development Department  
Public Service Threshold Criteria

040

Attachment #1

Name of Organization Neighborhood Service Organization  
Reviewer Signature S. Owen Date 4-21-14

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

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* Attach this form to the outside of each proposal envelope

Date Submitted:

# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION PLANNING & DEVELOPMENT NEIGHBORHOOD SUPPORT SERVICES

Contact: G. PRYOR Project Manager: S. WALKER Phone: 313-9948 Fax: 313-244-224-2321

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

For: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 512 Detroit, MI 48226 Fax: (313) 224-4588	For: Individual or Company Name: <u>NEIGHBORHOOD SERVICE ORGANIZATION</u> Address: <u>882 OAKMAN</u> <u>DETROIT, MI 48238</u> Telephone: <u>313-961-1890</u> Ext. _____ Fax: _____
---	---

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

B. Employer Identification of Social Security Number <u>38-1561624</u>	Spouse Social Security Number _____
---	-------------------------------------

Nature of Contract: <u>HOMELESS SERVICES</u>	CONTRACT AMOUNT (If known) <u>LABOR MATERIALS</u>
---	--

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

Check One:  Individual  Corporation  Partnership

**INDIVIDUALS ANSWER QUESTIONS 1,2,3,4**

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

**CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7**

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

**D. FOR INCOME TAX USE ONLY**

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

YES  NO Signature: LAMONT FISHER  
 YES  NO Signature: LAMONT FISHER  
 INCOME TAX INVESTIGATOR

Date: APR 09 2015  
 Date: JUL 14 2015  
 Date: APR 09 2016  
 Date: JUL 14 2016

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

**SECTION A: PLANNING & DEVELOPMENT**

ADDRESS OF DEPARTMENT 65 Cadillac Ste 1400  
DATE SENT 1/13/2015 CONTACT PERSON Clinton Griffin  
PHONE NUMBER 224-9121 FAX NUMBER 628-2064 EMAIL cgriffin@detroitmi.gov  
CONTRACT AMOUNT \$100,000.00

*oneal*

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

CORPORATION NAME NSO  
ADDRESS 882 Oakman CITY/STATE/ZIP DETROIT, MI 48238 LEASE  
CITY PERSONAL PROPERTY NUMBER 0699013.02 FID / EIN NUMBER 45-0510091  
OTHER CITY-OWNED PROPERTY PARCELS No knowledge  
CONTACT PERSON William Weld-Wallis PHONE NUMBER 313-961-4890 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 \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_ DRIVER LICENSE # \_\_\_\_\_  
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT \_\_\_\_\_  
SOCIAL SECURITY NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

**REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES**

**FOR TREASURY COLLECTOR USE ONLY**

APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_ DENIED WITH ATTACHMENTS \_\_\_\_\_

*Annette Smith*  
SIGNATURE

**JAN 26 2015**  
DATE

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 NSO, (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: Neighborhood Service Organization  
(Type or Print Legibly)

Contractor Address: 882 Oakman Blvd MI 48238  
(City) (State) (Zip)

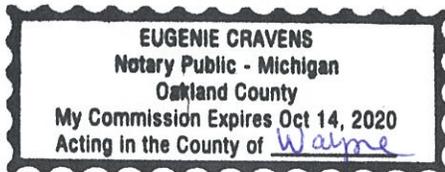
Contractor Phone/E-mail: 313 961 4890 / \_\_\_\_\_  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: William Weld-Wallis, COO

Signature of Authorized Representative: [Signature]

Date: 12/4/14

Signature of Notary: Eugene Cravens  
Printed Name of Seal of Notary: EUGENIE CRAVENS  
My Commission Expires: Oct 14, 2020



For Office Use Only:  
Cov. Rec'd: 5/21/15 in \_\_\_\_\_ Department Name: HRD.  
 Accepted by: [Signature]  Rejected by: \_\_\_\_\_  
Chidi B. Njoku, Exec. Manager



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/25/2015

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> Daly Merritt Insurance 100 Maple  Wyandotte MI 48192		<b>CONTACT NAME:</b> Cheryl Engel <b>PHONE (A/C, No., Ext.):</b> (734) 283-1400 <b>FAX (A/C, No.):</b> (734) 283-1197 <b>E-MAIL ADDRESS:</b> cheryl.engel@dalymeritt.com	
<b>INSURED</b> Neighborhood Service Organization, Inc. 882 Oakman Blvd  Detroit MI 48238		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: Philadelphia Insurance Co. INSURER B: Accident Fund General INSURER C: Cincinnati Insurance Co. INSURER D: INSURER E: INSURER F:	
		<b>NAIC #</b> 12304 10677	

**COVERAGES** CERTIFICATE NUMBER: CL1582509875 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			PHPK1377432	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> PROFESSIONAL LIABILITY						PERSONAL & ADV INJURY \$ 1,000,000
	\$1,000,000 / \$3,000,000						GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
A	AUTOMOBILE LIABILITY			PHPK1377432	9/1/2015	9/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> DED: \$1,000						PROPERTY DAMAGE (Per accident) \$
							Underinsured motorist \$
A	UMBRELLA LIAB			PHUB510736	9/1/2015	9/1/2016	EACH OCCURRENCE \$ 6,000,000
	EXCESS LIAB						AGGREGATE \$ 6,000,000
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WCV6017561	4/1/2015	4/1/2016	WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 500,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000
C	D & O / EPLI			BCN 0003072	9/1/2015	9/1/2016	D&O/EPLI LIMIT: \$2,000,000
	FIDUCIARY						FIDUCIARY LIMIT: \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 The certificate holder is additional insured with respects to the General Liability policy.

<b>CERTIFICATE HOLDER</b>  City of Detroit Planning and Development 65 Cadillac Square Suite 1400 Detroit, MI 48226	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Anthony Balavitch/MG <i>Anthony E. Balavitch, III, CFE</i>
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## Hiring Policy Compliance

### Summary

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

# Hiring Policy Compliance Affidavit

I, William Weld-Wells being duly sworn, state that I am the Chief Operating  
Officer of Neighborhood Service Organization  
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.

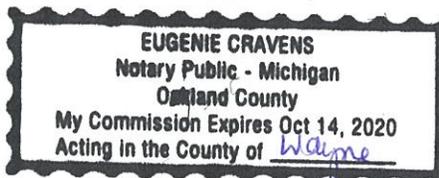
SIGNED,

William Weld-Wells  
Title: COO Date: 12-4-14

STATE OF Michigan )  
COUNTY OF Wayne ) SS

The foregoing Affidavit was acknowledged before me the 4th day of December 2014,  
by Eugene Cravens  
Eugenie CRAVENS

Notary Public, County of Oakland  
State of Michigan  
My commission expires: 10/14/20





**Neighborhood Service Organization**  
Always Within Reach...

220 Bagley St., Suite 1200  
Phone: (313) 961-4890

Detroit, Michigan 48226  
Fax: (313) 965-6923

## APPLICATION FOR EMPLOYMENT

### AN EQUAL OPPORTUNITY EMPLOYER

We consider applicants for all positions without regard to sex (including pregnancy and conditions related to pregnancy), genetic information, race, color, religion, weight, height, national origin, citizenship, age, disability, marital or veteran status, misdemeanor arrest record, sexual orientation, or any other legally protected status.

(PLEASE TYPE OR PRINT IN INK)

Position(s) Applied For			Date of Application	
Last Name	First Name	Middle Name		
Address	Street/P.O. Box	City	State	Zip Code
Telephone Number(s)				

Can you perform the essential functions of the position(s) you seek with or without a reasonable accommodation?  Yes  No

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No

Have you ever been employed by NSO?  Yes  No

If yes, give name of Unit \_\_\_\_\_ If yes, give date \_\_\_\_\_

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

Can you lawfully work in this country?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

On what date would you be available for work? \_\_\_\_\_

Please Note: If you are submitting a resume, you must complete this application in its entirety. Do not indicate "See Resume" as completion of this application. Three (3) business days prior to the date of this application, please do not indicate references are available upon request. Thank you.

**EMPLOYMENT EXPERIENCE**

List below your previous four employers, starting with your current or most recent job

Name / Address of Employer and Phone Number	Dates		Job Title & Duties	Ending Salary / Reason for Leaving
	From: MO/YR	To: MO/YR		

**ADDITIONAL INFORMATION**

**Other Qualifications/Specialized Skills (Please Check)**

Summarize specialized training, apprenticeship, skills acquired from employment or other experiences.

Microsoft Word

Switch Board

Others (Please List):

Computer

Word

\_\_\_\_\_

Calculator

Excel

\_\_\_\_\_

Typewriter

\_\_\_\_\_

Microsoft Outlook

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION:**

	Name and Address of School	Course of Study	Diploma / Degree Obtained
High School			
Undergraduate College			
Graduate / Professional			
Other (Specify)			

Indicate any foreign languages you can speak, read and/or write

	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

**PROFESSIONAL LICENSES/ CERTIFICATES:**

Please list your professional licenses/certificates relevant to your ability to perform the job for which you are applying:

<u>Name of License/ Certificate</u>	<u>Permanent I.D. No.</u>	<u>Expiration Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your professional license or certificate ever been suspended or revoked?  Yes  No

Are you available to work:  Full Time  Part Time  On-Call

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it? Local  State  Out of State   Yes  No

### REFERENCES

<u>NAME</u>	<u>ADDRESS</u>	<u>TELEPHONE</u>	<u>BUSINESS/PERSONAL</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

### APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize the investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision and authorize third parties to release any and all information that can be lawfully provided to NSO for this purpose. If employed by NSO, I understand that materially false or misleading information given in my application or interview(s) shall result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, as written, in a document entitled "Employment Handbook" signed by the President and CEO. I also understand that, if hired, I will be employed at-will, which means my employment can be terminated at any time, with or without reason and without notice.

I understand that, under Michigan Law only, if I have a disability and need a reasonable accommodation to perform the essential functions of the position I have or am seeking, that I must provide that request, in writing, to the employer within 182 days of the day I know, or reasonably should have known, of the need for accommodation.

I agree that any claims that I have or may have in the future must be brought against Neighborhood Service Organization (NSO) within 182 days of the day that the claim accrued and I specifically waive any longer statute of limitations. However, should any shorter limitations period apply to my claim, that shorter period shall apply. This 182 day requirement also applies to the initial filing of any federal charge brought before the Equal Employment Opportunity Commission which, thereafter, such federal claim can be pursued in a civil lawsuit pursuant to the terms of any "Right to Sue" notice.

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

Date \_\_\_\_\_

*This application for employment shall be considered active for a period of time not to exceed 90 days*

### How Did You Learn About Us?

- |   |                                      |                                   |
|---|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Advertisement            | <input type="checkbox"/> Friend      | <input type="checkbox"/> Walk-In  |
| <input type="checkbox"/> Employment               | <input type="checkbox"/> Relative    | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Referred by NSO Employee | <input type="checkbox"/> Other _____ |                                   |
- Name of Employee \_\_\_\_\_

## CERTIFICATION - DRUG FREE WORKPLACE REQUIREMENTS

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

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

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

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

Place of Performance

Street Address:

City:

State:

County:

Zip Code:

Neighborhood Service Organization  
Name of Organization

William Weld-Wallis  
Authorization Representative's Signature

William Weld-Wallis  
Printed/Typed Name

Chief Operating Officer  
Title

12/4/14  
Date

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NOTICE OF ENACTMENT OF ORDINANCE  
TO THE PEOPLE OF DETROIT, MICHIGAN

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(On June 23, 2004, the City of Detroit adopted the following Ordinance)

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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



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

1. Name of Contractor: Neighborhood Service Organization  
2. Address of Contractor: 882 Oakman Blvd Suite C  
Detroit, MI 48226

3. Name of Predecessor Entities (if any): \_\_\_\_\_

4. Prior Affidavit submission? \_\_\_ No \_\_\_ Yes, on: 3/21/13  
(Date of prior submission)

If "No", complete Items 5 and 6.

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

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

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

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

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

William Weld-Wallis (Printed Name) Chief Operating Officer (Title)

[Signature] (Signature) 12-4-14 (Date)

Subscribed and sworn to before me  
this 4th day of December, 2014

Eugenie Cravens  
Notary Public, Oakland County, Michigan  
My Commission expires: Oct 14, 2020

