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City Council Contract Agenda Items Review Checklist

Reviewer: Wesley Norris **Date Received: 01/28/2016**

Date: 1/28/16_ Department: General Services Division

Dept Head/Contact Person: Edward Porche Phone No.: 313-628-0910

Description: GENERAL CONTRACTING SERVICES – REPAIR AND MAINTENANCE – QOL FUNDS – FACILITIES GENERAL CONTRACTING SERVICES – CAPITAL IMPROVEMENTS AND REPAIR AND MAINTENANCE

Contract No.:2895759-A2 PO Type: CPO Est. Value: **$1,604,005.00**

Contract Term (if applicable): 7/1/15 to 6/30/17

Funding: City 100%

Recommended Supplier: W-3 CONSTRUCTION COMPANY Required Date: 3/1/2016

1. The business being awarded is RENEWAL. If a renewal, provide justification for renewal:
   INCREASE IN SCOPE OF WORK

2. Was the product or service competitively bid? ☒Yes ☐No
   Attach Copy 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

5. Does this agreement represent an increase?
   ☒ Variance in unit price only (Current unit price **$3,209,000.00**
   (Proposed Unit Price **$4,813,000.00**)

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☐ Change in amount/volume of the good or service to be used. _____.

6. Does the supplier currently provide other goods and services to the City? ☒Yes ☐No
   If yes please list: CONSTRUCTION SERVICES

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: Buyer:
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes

---

☐ **PLACE ON FINANCIAL REVIEW COMMISSION AGENDA**

☒ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: _____ DATE: 1/28/16

INFORMATION PROVIDED BY: WESLEY NORRIS

TITLE: PROJECT MANAGER

PHONE: 224-4611

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Amendment # 2

CPD Increase

CONTRACT INCREASE FORM DEPARTMENT REQUEST

Original C.C. Res.* _____ To Council By:* _____

C.C. Res.* _____

☒ AGENCY SPECIFIC
☐ CITY WIDE

Oracle Purchase Order No. 2895759 File No. _____

Description of Commodity: General Contracting Services-Repair and Maintenance

Contract Period: FROM: 7/1/15 TO: 6/30/17

Original Department Estimate: $ 0.00

Pre. Approved Dept. Increase(s): $ 0.00

Requested Dept. Increase: $1,604,005.00

Total Contract Estimated Expenditure to: $1,604,005 + 3,209,000.00 = $4,813,005.00

Total Contract Estimate:* $1,604,005 Total Expended on Contract:* $ 0.00

Detailed Reason for Increase: QOL Funds - Facilities General contracting services - capital improvements and repair and maintenance

3100-350143-000000-628500-13824-000000-00000
1000-470010-006004-622200-11830-000000-A45

Vendor: W3 Construction Co.

Vendor's Address: 7601 Second Ave.

City, State & Zip Code: Detroit, MI 48202

User Agency: FIRE

Edsel Jenkins/Exec. Fire Commissioner/596.2901
Authorized Department Signature/Title/Phone No.

April 1, 2015
Date:

IF THE CONTRACT TOTAL EXCEEDS $25,000.00, BUDGET DEPARTMENT APPROVAL MUST BE OBTAINED.

Budget Department Signature _____ Date: _____

Purchasing Approval: _____ Date: _____

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CITY OF DETROIT
AMENDMENT AGREEMENT NO. 2
TO CONTRACT NO. 2895759

THIS AMENDMENT AGREEMENT NO. is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its General Services Department Department ("City"), and W-3 CONSTRUCTION COMPANY, a MI Corporation, with its principal place of business located at 7601 SECOND AVE, DETROIT, MI, 48202.

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, purchase order of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

1. **AMENDMENT TO PURCHASE ORDER 2895759**

   1.01 Total Contract Estimated Expenditure to, which now reads: $3,209,000.00

   [Here set out the section to be amended as it reads in its most recently amended version.]

   Is amended to read: **$3,209,000.00 + 1,604,005.00 = $4,813,005.00**
   Total Contract Estimate: $1,604,005.00

   [Here set out section as amended.]

2. **EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT**

   5.01 With the exception of the provisions of the Contract specifically contained in this Amendment, all other terms, conditions and covenants contained in the Contract shall remain in full force and effect and as set forth in the Contract.

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3. AMENDMENT AUTHORIZATION

6.01 This Amendment to the Contract shall not become effective until:

a) The Amendment has been approved by the required City departments;

b) The Amendment has been authorized by resolution of the City Council; and

c) The Amendment has been signed by the City's Purchasing Director.

Prior to the approvals set forth in this Section, the Finance Director shall not authorize any payments to the Contractor pursuant to this Amendment, nor shall the City incur any liability to pay for any services or to reimburse the Contractor for any expenditure authorized by this Amendment.

Signature Page

The City and the Contractor, by and through their duly authorized officers and representatives, have executed this Contract as follows:

City of Detroit:
General Services Department Department:

By: [signature]
Name

Director
Title

Contractor: W-3 Construction Company

By: [signature]
Name

President/CEO
Title

THIS CONTRACT WAS APPROVED BY THE CITY COUNCIL ON:

2/9/16
Date

THIS CONTRACT WAS APPROVED BY FRC ON:
(if FRC approval is not required, leave blank)

2/22/16
Date

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APPROVED BY LAW DEPARTMENT
PURSUANT TO § 7.5-206 OF THE CHARTER
OF THE CITY OF DETROIT

DocuSigned by:
Boysie Jackson 2/23/2016
E7BD9F20E53A4D0...
Chief Procurement Officer Date

DocuSigned by:
James Edwards 2/23/2016
23C12D9E4C0A41D...
Corporation Counsel Date

THIS CONTRACT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE CHIEF PROCUREMENT OFFICER.

COD General Contractor
RFQ # 48526
Establishing GC Mark Up Rates
July 18, 2014

ASSUMPTIONS	
D-BB's	Visions Consulting 14111 Meyers DETROIT, MI 48393
D-RB's	
D-BB's w/HQ in Detroit	
D-BSB's	
D-BMBC	
Joint Venture	
Mentor Venture	
Mark Up	15%

ASSUMPTIONS	
D-BB's	W3 Construction 30 W. Lantz Detroit, MI
D-RB's	
D-BB's w/HQ in Detroit	
D-BSB's	
D-BMBC	
Joint Venture	
Mentor Venture	
Mark Up	6%

ASSUMPTIONS	
D-BB's	Keo & Associates 18286 Wyoming St. Detroit, MI
D-RB's	
D-BB's w/HQ in Detroit	
D-BSB's	
D-BMBC	
Joint Venture	
Mentor Venture	
Mark Up	5%

ASSUMPTIONS	
D-BB's	ECM/NQN Contractors 16216 W. Seven Mile Rd Detroit, Michigan
D-RB's	
D-BB's w/HQ in Detroit	
D-BSB's	
D-BMBC	
Joint Venture	
Mentor Venture	
Mark Up	20%

Award Recommendations:

The two lowest bidders are W-3 Construction and KEO & Associates.

W3 Construction is being assigned as the General Contractor for Building Maintenance, contract value is $250,000. The GC Supplier $'s = $15,000. (6%)

KEO & Associates is being assigned as the General Contractor for Space Planning, contract value is $2,500,000.00. The GC Supplier $'s = $125,000. (5%)

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OCT 0 1 2015

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Water & Sewerage

E-MAIL ADDRESS: retillma@dwsd.org

CONTACT NAME: Renee' Tillman PHONE: 964-9385 FAX: 964-9490

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

A.

To:
City of Detroit
Income Tax Division
Coleman A. Young Municipal Center
2 Woodward Avenue, Ste. 1220
Detroit, MI 48226

Phone: (313) 224-3328 or 224-3329
Fax: (313) 224-1741 or 224-4588

For:
Individual _____
and/or
Company Name W-3 Construction Company
Address 7601 Second Avenue
City Detroit
State Michigan Zip Code 48202
Telephone _____ Fax # _____
E-mail Address w3@w3group net

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

Telephone # 313-875-8000
Fax # 313-875-4711

Employer Identification or Social Security Number
38-2719237

Spouse Social Security Number

Nature of Contract Overhead Door Replacement

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

Contract # (if known) SCP-PC-015

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

Check One: ☐ Individual ☐ Corporation ☐ Partnership ☐ Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

D. FOR INCOME TAX USE ONLY

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

☒ Yes ☐ No Signature LUCRETIA JENNINGS INCOME TAX INVESTIGATOR Date OCT 0 5 2015 Expires OCT 0 5 2016

☐ Yes ☐ No Signature _____ Date _____ Expires _____

☐ Yes ☐ No Signature _____ Date _____ Expires _____

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

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

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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 ____
DATE SENT ____ CONTACT PERSON ____
PHONE NUMBER ____ FAX NUMBER ____ EMAIL ____
CONTRACT AMOUNT $ ____

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

CORPORATION NAME W-3 Construction Company
ADDRESS 7601 Second Avenue **CITY/STATE/ZIP** Detroit Michigan 48202 OWN XX LEASE
CITY PERSONAL PROPERTY NUMBER 04990487.01 **FID/EIN NUMBER** 38-2719237
OTHER CITY-OWNED PROPERTY PARCELS N/A
CONTACT PERSON Walter E Watson **PHONE NUMBER** 313 875 8000 **EMAIL ADDRESS** w3@w3group.net

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 ____
DRIVER'S LICENSE # ____ OTHER CITY-OWNED PROPERTY PARCELS ____ OWN LEASE

B. PARTNER'S NAME ____ PHONE NUMBER ____
HOME ADDRESS ____ CITY/STATE/ZIP ____
DRIVER'S LICENSE # ____ OTHER CITY-OWNED PROPERTY PARCELS ____ OWN LEASE

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 ____ ADDDRESS ____ OWN LEASE
CITY/STATE/ZIP ____
PHONE NUMBER ____ DRIVER LICENSE # ____
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT ____
SOCIAL SECURITY NUMBER ____ **EMAIL ADDRESS** ____

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS

Annette A. Smith DEC 30 2015 DATE

CLEARANCE VALID UNTIL AUG 31 2016

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

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REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of W-3 Construction Co., (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).

RFQ / PO No.: (if applicable) _____

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization W-3 Construction Company
(Type or Print Legibly)

Contractor Address Detroit (City), MI (State), 48202 (Zip)

Contractor Phone/E-mail 313-875-8000 (Phone) / w3@w3group.net (E-mail)

Printed Name & Title of Authorized Representative Walter E. Watson, Jr.

Signature of Authorized Representative: [signature]

Date: June 6, 2014

*** This document MUST be notarized ***

Signature of Notary: Vanessa A. Watson

Printed Name of Seal of Notary: Vanessa A. Watson

My Commission Expires: 10 / 23 / 16

VANESSA A. WATSON
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Oct 23, 2016
ACTING IN COUNTY OF Wayne

FOR CONTRACTING DEPARTMENT USE ONLY

Date Rec'd: _____ Received by: _____

Please fax a COPY of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434

(REV.3 7/3/12)

Effective Date 12/1/10

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ACORD

W3CON-1 OP ID: KR

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/30/2015

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).

PRODUCER
Oakland Insurance Agency
8031 M-15, Ste. 100
Clarkston, MI 48348
Barry L Hunt

CONTACT NAME: Barry L Hunt
PHONE (A/C, No, Ext): 248-647-2500 FAX (A/C, No): 248-647-4689
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Secura Ins, A Mutual Company	22543
INSURER B : Construction Association of MI	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
W-3 Construction Company
7601 Second Avenue
Detroit, MI 48202

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X Blk Cont Liab X XCU Cov Included GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC OTHER:	X		3187824	01/01/2016	01/01/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG Emp Ben.	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $ 1,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			A3187825	01/01/2016	01/01/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 0			CU3187826	01/01/2016	01/01/2017	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000 $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N / A		EWC005394	01/01/2016	01/01/2017	X PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A	Leased Rented			3187824	01/01/2016	01/01/2017	Limit Deduct	250,000 1,000

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

Additional insured(s) as required by written contract, City of Detroit, including completed operations with respects general liability on a primary and non-contributory basis. In the event of GL cancellation, a 30 day prior notice will be sent to the certificate holder.

CERTIFICATE HOLDER

CITYDE3

City of Detroit
Coleman A. Young Municipal Ctr
Finance Dept.
Two Woodward Ave Ste 1008
Detroit, MI 48226

CANCELLATION

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

John G. Drotowsky

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Hiring Policy Compliance Affidavit

I, Walter E. Watson, being duly sworn, state that I am the President/CEO (Title) of W-3 Construction Company (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: President/CEO Date: 6/6/14

STATE OF Michigan)
) SS
COUNTY OF Wayne)

The foregoing Affidavit was acknowledged before me the 6th day of June, 2014, by Vanessa A. Watson.

VANESSA A. WATSON
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Oct 23, 2016
ACTING IN COUNTY OF Wayne

Notary Public, County of Wayne

State of Michigan

My commission expires: 10/23/16

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APPLICATION FOR EMPLOYMENT

This Company is an equal opportunity employer and will not discriminate against any applicant on the basis of any characteristic that is protected by state or federal law. Michigan law requires that a person with a disability or handicap requiring accommodation to perform the essential duties of the job must notify the employer in writing within 182 days of the date that the need is known or should have been known.

Position Applied For:_____ Date of Application_____

Date you Can Start:_____

Please note that this application will only remain active for 3 months, after which the applicant would need to re-apply.

Name: _____ Social Security #:_____
Last First Middle

Present Address:_____
Street City State Zip

Permanent Address:_____
Street City State Zip

Telephone #: Home (_____)_____ Work (_____)_____

Are you 18 years or older? _____ Yes _____ No

Are there any hours or days of the week you cannot work? _____ If so, when?_____

Salary Desired _____ Type of Employment: _____ Full-time _____ Part-time

Are you employed now? _____ May we contact your present employer? _____

Name, title and phone of current employer:_____

Have you ever applied to this Company before? _____ Where? _____

Under what name? _____ When? _____

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EDUCATION:

	NAME AND ADDRESS OF SCHOOL	NO. OF YEAR ATTENDED	DID YOU GRADUATE?	SUBJECT/ MAJOR
Elementary School				
High School				
College				
Specialized Training				

Do you have US Military experience? _____ Date Entered _____

Branch: _____ Rank: _____ Date Discharged: _____ Honorably? _____

Are you lawfully entitled to be employed in the United States?_____

Please provide any additional information such as special skills, training, management experience, equipment operation or qualifications you feel will be helpful to us in considering your application.

_____

_____

REFERENCES: Three individuals not related to you, whom you have known for at least one year:

NAME	ADDRESS AND TELEPHONE	RELATIONSHIP	YEARS ACQUAINTED

Emergency Contact:_____

Name Street City/State Telephone No.

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CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: W-3 Construction Company
2. Address of Contractor: 7601 Second Avenue
   Detroit, MI 48202
3. Name of Predecessor Entities (if any): N/A
4. Prior Affidavit submission? X No ___ Yes, on: _____ (Date of prior submission)

   If "No", complete Items 5 and 6.

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

5. X Contractor was established in 1987 (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.

Walter E. Watson, Jr. (Printed Name) President/CEO (Title)

(Signature) 6/6/14 (Date)

Subscribed and sworn to before me
this 6th day of April 2014

Vanessa A. Watson
Notary Public, Wayne County, Michigan
My Commission expires: 10/23/16

VANESSA A. WATSON
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Oct 23, 2016
ACTING IN COUNTY OF Wayne

SAM Search Results
List of records matching your search for :

Search Term : W3 CONSTRUCTION*
Record Status: Active

ENTITY W3 CONSTRUCTION CO.		Status:Active
DUNS: 151370814 +4:	CAGE Code: 3A6E4	DoDAAC:
Expiration Date: Oct 28, 2016	Has Active Exclusion?: No	Delinquent Federal Debt?: No
Address: 7601 2ND AVE City: DETROIT ZIP Code: 48202-2401	State/Province: MICHIGAN Country: UNITED STATES	

DocuSign Envelope ID: 9A194C90-D7A9-4EBB-8DB8-7A6FB61FC74E

Wesley Norris - Fwd: Re: W-3 Increase Request Explanation

From: Boysie Jackson
To: Norris, Wesley
Date: 1/26/2016 9:12 AM
Subject: Fwd: Re: W-3 Increase Request Explanation

Boysie Jackson
Chief Procurement Officer
Finance Dept. - Purchasing Division
Coleman A. Young Municipal Ctr.
2 Woodward Ave., Ste. 1008
Detroit, Michigan 48226
Office: 313-224-4619
Cell: 313-701-3433
Fax: 313-628-1160
jacksonbo@detroitmi.gov

Mike Duggan, Mayor

OK to Process
Per Boysie Jackson
1/26/16

>>> Boysie Jackson 1/19/2016 9:43 AM >>>
LaJuan, this is not quite what i need.

Call me asap on my cell.

Boysie Jackson
Chief Procurement Officer
Finance Dept. - Purchasing Division
Coleman A. Young Municipal Ctr.
2 Woodward Ave., Ste. 1008
Detroit, Michigan 48226
Office: 313-224-4619
Cell: 313-701-3433
Fax: 313-628-1160
jacksonbo@detroitmi.gov

Mike Duggan, Mayor

>>> LaJuan Counts 1/14/2016 4:32 PM >>>
Good afternoon Mr. Jackson,

DocuSign Envelope ID: 9A194C90-D7A9-4EBB-8DB8-7A6FB61FC74E

I apologize for the delay in providing this information to you. The work items to be performed by W-3 in this increase are as follows:

1. Insulating the attic spaces for 34 Firehouse
2. Installation of high-speed bi-fold apparatus doors (15 doors) at 8 Firehouses

Both work items were unexpected task presented to GSD upon assumption of the Fire Department's maintenance responsibilities. Should you have any additional questions, please feel free to contact me.