DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

City Council Contract Agenda Items Review Checklist

Reviewer: Wesley Norris **Date Received: 04-November-2015**

Date: 12/11/15 Department: General Services Division Division: General Services Division

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

Description: REPAIR SERVICES TO HVAC EQUIPMENT

Contract No.: 2985761 PO Type: CPO Est. Value: **$655,680.00**
$2,865,000.00 + $655,680.00 = $3,520,680.00

Contract Term (if applicable): Upon City Council and/or FRC Approval to June 30, 2017

Funding: City 100%

Recommended Supplier: Systemp Corporation
Required Date: Immediately

---

1. The business being awarded is a RENEWAL. If a renewal, provide justification for renewal:
   REPAIR SERVICES TO MULTIPLE CITY LOCATIONS WHERE THERE ARE HVAC SYSTEMS

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? No
   ☐ Variance in unit price only (Current unit price $0.00 Proposed Unit Price $0.00)
   ☒ Change in amount/volume of the good or service to be used.

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

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

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: Wesley Norris
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes x

☐ **PLACE ON FINANCIAL REVIEW COMMISSION AGENDA**

☒ **PLACE ON CITY COUNCIL AGENDA**

☐ **REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: _____ DATE: 12/11/15
(Department)

INFORMATION PROVIDED BY: Wesley Norris

TITLE: Project Manager

PHONE: 224-4611

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

CPO# 2895761 — Systemp
304372 / 303929

CONTRACT INCREASE FORM DEPARTMENT REQUEST

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

C.C. Res.* _____

☐ AGENCY SPECIFIC
☒ CITY WIDE

Oracle Purchase Order No. 2895761 **File No.** _____

Description of Commodity: Mechanical Services

Contract Period: **FROM:** 7/1/14 **TO:** 6/30/17

Original Department Estimate: $ 2,100,000.00

Pre. Approved Dept. Increase(s): $ 765,000.00

Requested Dept. Increase: [redacted] $155,680.00

Total Contract Estimated Expenditure to: [redacted] $3,520,680.00

Total Contract Estimate:* $3,365,000. **Total Expended on Contract:*** $2,191,870.50

Detailed Reason for Increase: Facilities Capital Improvement mechanical services projects.

Vendor: Systemp Corporation

Vendor's Address: 3909 Industrial Drive

City, State & Zip Code: Rochester Hills, MI 48309

User Agency: General Services

Janet G. Anderson / Deputy Director / 243877 11-10-15
Authorized Department Signature/Title/Phone No. **Date:**

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

_____ _____
Budget Department Signature **Date:**

Purchasing Approval: _____ **Date:** _____

1000-470010-006004-617900-11830-000000-A4510
$250,000.00
1000-470010-006004-621900-11830-000000-A4510 $250,000.00
3100-350143-000000-628500-13824-
000000 — 00000 — $155,680.

Y.GAINES

MECHANICAL- LABOR RATES

07/09/2014

BID TABULATION

ASSUMPTIONS	Supplier 1		
D-BB's	1	Walker Heating and Cooling	
D-RB's		15921 W. 8 Mile	
D-BB's w/HQ in Detroit	1	Detroit, Mi	
D-BSB's	1		
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Straight time - Journeyman	1	57.36	$57.36
Straight time - Apprentice	1	42.33	$42.33
After Hours - Journeyman	1	86.04	$86.04
After Hours- Apprentice	1	63.5	$63.50
Sun & Holidays - Journeyman	1	129.06	$129.06
Sun & Holidays - Apprentice	1	95.25	$95.25
Emergency - Journeyman	1	129.06	$129.06
Emergency - Apprentice	1	95.25	$95.25
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00

ASSUMPTIONS	Supplier 2		
D-BB's		Visions Consulting	
D-RB's	1	14111 Meyers	
D-BB's w/HQ in Detroit		DETROIT, MI 48393	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Straight time - Journeyman	1	87.53	$87.53
Straight time - Apprentice	1	70.04	$70.04
After Hours - Journeyman	1	117.23	$117.23
After Hours- Apprentice	1	94.87	$94.87
Sun & Holidays - Journeyman	1	143.17	$143.17
Sun & Holidays - Apprentice	1	122.06	$122.06
Emergency - Journeyman	1	143.17	$143.17
Emergency - Apprentice	1	122.06	$122.06
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00

ASSUMPTIONS	Supplier 3		
D-BB's		Great Lakes Power, Inc.	
D-RB's		30 W. Lantz	
D-BB's w/HQ in Detroit		Detroit, Mi	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Straight time - Journeyman	1	116	$116.00
Straight time - Apprentice	1	110	$110.00
After Hours - Journeyman	1	174	$174.00
After Hours- Apprentice	1	165	$165.00
Sun & Holidays - Journeyman	1	232	$232.00
Sun & Holidays - Apprentice	1	220	$220.00
Emergency - Journeyman	1	232	$232.00
Emergency - Apprentice	1	220	$220.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00

Walker Heating & Cooling was rejected based on past performance.

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

Y.GAINES

MECHANICAL- LABOR RATES

07/09/2014

BID TABULATION

ASSUMPTIONS	Supplier 4		
D-BB's		Keo & Associates	
D-RB's		18286 Wyoming St.	
D-BB's w/HQ in Detroit		Detroit. MI	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Straight time - Journeyman	1	121	$121.00
Straight time - Apprentice	1	102	$102.00
After Hours - Journeyman	1	181	$181.00
After Hours- Apprentice	1	153	$153.00
Sun & Holidays - Journeyman	1	242	$242.00
Sun & Holidays - Apprentice	1	204	$204.00
Emergency - Journeyman	1	242	$242.00
Emergency - Apprentice	1	204	$204.00
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00

ASSUMPTIONS	Supplier 5		
D-BB's		Detroit Boiler Company	
D-RB's		2931 Beaufait	
D-BB's w/HQ in Detroit	1	Detroit, MI	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Straight time - Journeyman	1	97.34	$97.34
Straight time - Apprentice	1	87.87	$87.87
After Hours - Journeyman	1	145.01	$145.01
After Hours- Apprentice	1	130.8	$130.80
Sun & Holidays - Journeyman	1	192.68	$192.68
Sun & Holidays - Apprentice	1	173.74	$173.74
Emergency - Journeyman	1	145.01	$145.01
Emergency - Apprentice	1	130.8	$130.80
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00

ASSUMPTIONS	Supplier 6		
D-BB's		Systemp Corp	
D-RB's		3909 Industrial Dr	
D-BB's w/HQ in Detroit		Rochester, MI	
D-BSB's			
D-BMBC			
Joint Venture			
Mentor Venture			
	UNITS	UNIT PRICE	TOTAL PRICE
Straight time - Journeyman	1	70	$70.00
Straight time - Apprentice	1	45	$45.00
After Hours - Journeyman	1	105	$105.00
After Hours- Apprentice	1	67.5	$67.50
Sun & Holidays - Journeyman	1	140	$140.00
Sun & Holidays - Apprentice	1	90	$90.00
Emergency - Journeyman	1	105	$105.00
Emergency - Apprentice	1	67.5	$67.50
UP TO $10,000.00	0.05		$0.00
$10,000.01-$100,000.00	0.04		$0.00
$100,000.01-$500,000.00	0.03		$0.00
$500,000.01 AND OVER	0.02		$0.00
D-RB's			$0.00
D-BB's w/HQ in Detroit	0.03		$0.00
D-BSB's	0.01		$0.00
D-BMBC	0.02		$0.00
Joint Venture	0.02		$0.00
Mentor Venture	0.01		$0.00

ASSUMPTIONS
D-BB's
D-RB's
D-BB's w/HQ in Detroit
D-BSB's
D-BMBC
Joint Venture
Mentor Venture
Purchase order TOTAL
UP TO $10,000.00
$10,000.01-$100,000.00
$100,000.01-$500,000.00
$500,000.01 AND OVER
D-RB's
D-BB's w/HQ in Detroit
D-BSB's
D-BMBC
Joint Venture
Mentor Venture
BID TABULATION GRAN

The lowest bidder is Systemp Corporation.

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

CITY OF DETROIT

AMENDMENT AGREEMENT NO. 2

TO

CONTRACT NO. 2895761

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 ("City"), and **Systemp Corporation.**, a Michigan Corporation with is pricipal place located at 3909 Industrial Drive, Rochester Hills, MI 48309 ("Contractor").

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

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

WHEREAS, Article 16 of the *Contract* permits the parties to amend the *Contract* by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to amend the *Contract* to extend the time of performance, and to provide increased compensation to cover additional costs and *Services*.

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

I. AMENDMENT TO ARTICLE 7.01 COMPENSATION

1.01 The maximum amount of compensation for the complete and proper performance of the *Services* under this *Contract* is increased by this ***Amendment 2*** from Two Million Eight Hundred Sixty Five Thousand Dollars and 00/100 Dollars **($2,865,000.00)** to an amount not to exceed Three Million Five Hundred Twenty Thousand Six Hundred Eighty Dollars and 00/100 Dollars **($3,520,680.00)**.

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

VII. EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT

3.01 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*.

VIII. PAYMENT AUTHORIZATION

4.01 The Finance Director of the *City* shall not authorize any payment pursuant to this *Amendment* until the *Amendment* has been approved by resolution of the Detroit City Council, all appropriate departmental approvals have been obtained and this *Amendment* has been executed by the Purchasing Director for the *City*.

IN WITNESS WHEREOF, the *City* and the *Contractor*, by and through their duly authorized officers and representatives, have executed this *Amendment*.

WITNESSES:

1. _____ (Signature)

Alice Cossettini (Print Name)

2. _____ (Signature)

Ann Arroy (Print Name)

CONTRACTOR: Systemp Corp

BY: _____ (signature)

E.R. Niemczycki (Print Name)

ITS: President (Title)

WITNESSES:

1. _____ (Signature)

Zachary Meers (Print Name)

2. _____ (Signature)

Justin Fenwick

CITY OF DETROIT
General Services Department

BY: Janet G. Anderson (Signature)

Janet G. Anderson (Print Name)

ITS: Deputy Director-GSD (Title)

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

(Print Name)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON 1/12/16

FRC Approval 1/25/2016

DocuSigned by:
Boysie Jackson 2/3/2016
E7BD95B6E53A4D0...
Purchasing Director **Date**

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

DocuSigned by:
James Edwards 2/2/2016
23C12B9E4C0A41D...
Corporation Counsel **Date**

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

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

Tom Ferrara Systemp Corp 248 941 1662

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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 or224-3329
Fax: (313) 224-4588

For:
Individual or
Company Name SYSTEMP CORPORATION
Address 3909 INDUSTRIAL DR.
City ROCMHESTER
State MI Zip Code 48309
Telephone _____ Fax # _____
E-mail Address _____

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

Telephone # _____
Fax # _____

Employer Identification or Social Security Number
38-3090285

Spouse Social Security Number

Nature of Contract _____

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

Contract # (if known) _____

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

Check One: ☐ Individual ☒ 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, incude spouse SSN above) ☐ Yes ☐ No
2. Are you a student, and/or claimed as a dependent o n someone else's tax return? ☐ Yes ☐ No
3. Were you employed in the City of Detroit durnig 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 COURTNEY JONES SUPERVISING INCOME TAX INV. Date DEC 11 2015 Expires DEC 11 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

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

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 / DOOT / DPW / FINANCE / FIRE / HEALTH / HUMAN RIGHTS / LAW / MAYOR / OMBUDSMAN / PLANNING & DEVELOPMENT / POLICE / PURCHASING ✓ / RECREATION / WATER & SEWAGE / OTHER

ADDRESS OF DEPARTMENT Contracting & Procurement
DATE SENT 11/9/15 CONTACT PERSON Wesley Norris
PHONE NUMBER FAX NUMBER EMAIL Norrisw@detroitmi.gov
CONTRACT AMOUNT $ $500,000.00

SECTION B: CORPORATION
CORPORATION NAME Systemp Corporation LICENSE TYPE —
ADDRESS 3909 Industrial Dr CITY/STATE/ZIP Rochester Hills Mi OWN / LEASE
CITY PERSONAL PROPERTY NUMBER
OTHER CITY OWNED PROPERTY PARCELS FID / EIN NUMBER 38-3090285
CONTACT PERSON Ed Niemczyk PHONE NUMBER 248-852-2100 EMAIL ADDRESS Eniem@systemp.com

SECTION C: PARTNERSHIP
BUSINESS NAME LICENSE TYPE
BUSINESS ADDRESS
CITY PERSONAL PROPERTY NUMBER CITY/STATE/ZIP OWN / LEASE
A: PARTNER'S NAME FID / EIN NUMBER
HOME ADDRESS PHONE NUMBER
DRIVER'S LICENSE # CITY/STATE/ZIP OWN / LEASE
OTHER CITY OWNED PROPERTY PARCELS
B. PARTNER'S NAME
HOME ADDRESS PHONE NUMBER
DRIVER'S LICENSE # CITY/STATE/ZIP OWN / LEASE
OTHER CITY OWNED PROPERTY PARCELS
CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP
BUSINESS NAME LICENSE TYPE
BUSINESS ADDRESS
CITY PERSONAL PROPERTY NUMBER CITY/STATE/ZIP OWN / LEASE
OWNER'S NAME FID / EIN NUMBER
HOME ADDRESS DRIVER'S LICENSE # PHONE NUMBER
OTHER CITY OWNED PROPERTY PARCELS CITY/STATE/ZIP OWN / LEASE
EMAIL ADDRESS

SECTION E: PERSONAL SERVICES
NAME ADDRESS
CITY/STATE/ZIP OWN / LEASE
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE CLEARANCE VALID UNTIL AUG 31 2016

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

REVISED 7-12-2012

COVENANT OF EQUAL OPPORTUNITY

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

I, being a duly authorized representative of Systemp Corporation, (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) 48526

Duration of Covenant 2014 to 2017

Printed Name of Contractor/Organization Systemp Corporation
(Type or Print Legibly)

Contractor Address Rochester Hills (City), Michigan (State), 48309 (Zip)

Contractor Phone/E-mail (248) 852-2100 (Phone) / (248) 852-7076 (E-mail)

Printed Name & Title of Authorized Representative Thomas E Ferrrara, Sales Engineer

Signature of Authorized Representative: Thomas E. Ferrara

Date: 6/5/14

*** This document MUST be notarized ***

Signature of Notary: Janice C. Olsen

Printed Name of Seal of Notary: Janice C. Olsen

My Commission Expires: 08 / 07 / 2014

JANICE C. OLSEN
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Aug 7, 2018
ACTING IN COUNTY OF Oakland

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: ___/___/___ Received by: _____ Title: _____

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

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/29/2015

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
Mason McBride, Inc
3290 West Big Beaver Road #503
P.O. Box 7028
Troy MI 48007-7028

CONTACT NAME: Carol Dragich
PHONE (A/C, No, Ext): (248) 822-7170 FAX (A/C, No): (248) 822-7150
E-MAIL ADDRESS: cdragich@mason-mcbride.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Hastings Mutual Insurance	14176
INSURER B: Columbia Casualty	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
SYSTEMP CORP, SYSTEMP LEASING CORP,
SYSTEMP TEMPATURE SYSTEMS, SARNY LLC
3909 INDUSTRIAL DR
ROCHESTER HILLS MI 48309-3118

COVERAGES CERTIFICATE NUMBER: CL1562901830 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 X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X XCU Included X Contractural Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY X PRO-JECT LOC			CPP9802110	6/30/2015	6/30/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 300,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			ACV9641908	6/30/2015	6/30/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Uninsured motorist combined	$ 1,000,000 $ $ $ $
A	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED X RETENTION $ 10,000			ULC9641910	6/30/2015	6/30/2016	EACH OCCURRENCE AGGREGATE	$ 6,000,000 $ 6,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WC 9641909	6/30/2015	6/30/2016	X WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 1,000,000 $ 1,000,000 $ 1,000,000
A B	Installation E&O/Pollution			CPP9802110 CEO288379517	6/30/2015 6/30/2015	6/30/2016 6/30/2016	Claims Made	$500,000 $2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Project: Service Work. City of Detroit is an additional insured on the general liability but only with respect to the named insureds operations.

CERTIFICATE HOLDER

City of Detroit
Coleman A Young Municipal Center
2 Woodward Avenue
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

Scott McBride/CDRAG

© 1988-2010 ACORD CORPORATION. All rights reserved.
The ACORD name and logo are registered marks of ACORD

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

Hiring Policy Compliance Affidavit

I, Edward Niemczycki, being duly sworn, state that I am the President

of Systemp Corporation
Title — Name of Bidder Corporation or Other Business Entity

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

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

SIGNED,

Title: President Date: 6/5/14

STATE OF MICHIGAN)
) SS
COUNTY OF OAKLAND)

The foregoing Affidavit was acknowledged before me the 5th day of June, 2014, by EDWARD NIEMCZYCKI.

Notary Public, County of OAKLAND

State of MICHIGAN

My commission expires: 08-07-2014

JANICE C. OLSEN
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Aug 7, 2018
ACTING IN COUNTY OF Oakland

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

APPLICATION FOR EMPLOYMENT

(PRE-EMPLOYMENT QUESTIONNAIRE) (AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE

NAME
LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS
STREET CITY STATE ZIP

PERMANENT ADDRESS
STREET CITY STATE ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? Yes ☐ No ☐

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? Yes ☐ _____ No ☐ _____

EMPLOYMENT DESIRED

POSITION

DATE YOU CAN START

SALARY DESIRED

ARE YOU EMPLOYED NOW?

IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?

EVER APPLIED TO THIS COMPANY BEFORE?

WHERE?

WHEN?

REFERRED BY

EDUCATION	NAME AND LOCATION OF SCHOOL	*NO OF YEARS ATTENDED	*DID YOU GRADUATE?	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

LAST FIRST MIDDLE

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

SPECIAL SKILLS

ACTIVITIES: (CIVIC, ATHLETIC, ETC.)

EXCLUDE ORGANIZATIONS, THE NAME OF WHICH INDICATES THE RACE, CREED, SEX, AGE, MARITAL STATUS, COLOR OR NATION OF ORIGIN OF ITS MEMBERS.

U.S. MILITARY OR NAVAL SERVICE

RANK

PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

*This form has been revised to comply with the provisions of the Americans with Disabilities Act and the final regulations and interpretive guidance promulgated by the EEOC on July 26, 1991.

(CONTINUED ON OTHER SIDE)

LITHO IN U.S.A.

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

FORMER EMPLOYERS (LIST BELOW LAST THREE EMPLOYERS, STARTING WITH LAST ONE FIRST).

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

WHICH OF THESE JOBS DID YOU LIKE BEST?

WHAT DID YOU LIKE MOST ABOUT THIS JOB?

REFERENCES: GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

THE FOLLOWING STATEMENT APPLIES IN: MARYLAND & MASSACHUSETTS. (Fill in name of state)
IT IS UNLAWFUL IN THE STATE OF _____ TO REQUIRE OR ADMINISTER A LIE DETECTOR TEST AS A CONDITION OF EMPLOYMENT OR CONTINUED EMPLOYMENT. AN EMPLOYER WHO VIOLATES THIS LAW SHALL BE SUBJECT TO CRIMINAL PENALTIES AND CIVIL LIABILITY.

Signature of Applicant

IN CASE OF EMERGENCY NOTIFY

NAME ADDRESS PHONE NO.

"I CERTIFY THAT ALL THE INFORMATION SUBMITTED BY ME ON THIS APPLICATION IS TRUE AND COMPLETE, AND I UNDERSTAND THAT IF ANY FALSE INFORMATION, OMISSIONS, OR MISREPRESENTATIONS ARE DISCOVERED, MY APPLICATION MAY BE REJECTED AND, IF I AM EMPLOYED, MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME.
IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO CONFORM TO THE COMPANY'S RULES AND REGULATIONS, AND I AGREE THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME, AT EITHER MY OR THE COMPANY'S OPTION. I ALSO UNDERSTAND AND AGREE THAT THE TERMS AND CONDITIONS OF MY EMPLOYMENT MAY BE CHANGED, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE, AT ANY TIME BY THE COMPANY. I UNDERSTAND THAT NO COMPANY REPRESENTATIVE, OTHER THAN IT'S PRESIDENT, AND THEN ONLY WHEN IN WRITING AND SIGNED BY THE PRESIDENT, HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIC PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING."

DATE SIGNATURE

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY DATE

REMARKS:

NEATNESS ABILITY

HIRED: ☐ Yes ☐ No POSITION DEPT.

SALARY/WAGE DATE REPORTING TO WORK

APPROVED: 1. EMPLOYMENT MANAGER 2. DEPT. HEAD 3. GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Applicati for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questio which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Systemp Corporation

2. Address of Contractor:
3909 Industrial Drive
Rochester Hills, MI 48309

3. Name of Predecessor Entities (if any): _____

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 1993 (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.

Edward Niemczycki (Printed Name) President (Title)

(Signature) 6/5/14 (Date)

Subscribed and sworn to before me
this 5th day of June 2014

Janice C. Olsen

Notary Public, Oakland County, Michigan
My Commission expires: 08-07-2014

JANICE C. OLSEN
NOTARY PUBLIC, STATE OF MI
COUNTY OF OAKLAND
MY COMMISSION EXPIRES Aug 7, 2018
ACTING IN COUNTY OF Oakland

DocuSign Envelope ID: 4E7F82E2-87AB-4DBF-A9A5-2925AD01F763

SAM Search Results
List of records matching your search for :

Search Term : systemp*
Record Status: Active

ENTITY	SYSTEMP CORP.		Status:Active
DUNS: 095618372	+4:	CAGE Code: 6G0Z7	DoDAAC:
Expiration Date: Aug 18, 2016	Has Active Exclusion?: No	Delinquent Federal Debt?: No	
Address: 3909 INDUSTRIAL DR City: ROCHESTER HILLS ZIP Code: 48309-3118		State/Province: MICHIGAN Country: UNITED STATES	