

# CONTRACT TRANSMITTAL RECORD

 **PERSONAL SERVICE**
 **PROFESSIONAL SERVICE**

CHANGE ORDER #: 1

STANDARD PO # 2897020

CONTRACT PO # 2895777

 TYPE OF CONTRACT: (Check One) (IF APPLICABLE)  
 CONSTRUCTION/DEMOLITION  LEASE  DEED

 DEPARTMENT HEAD'S SIGNATURE  


 DEPARTMENT  
**MUNICIPAL PARKING**

 FUNDING SOURCE %  
 FEDERAL STATE CITY **100%** OTHER

 DEPARTMENT CONTACT PERSON  
 EUNICE WILLIAMS, MGR II, MPD

 PHONE NO.  
 (313) 221-2526

 CONTRACTOR'S NAME:  
**RANDY K. LANE, PC, CPA**

 DATE PREPARED  
 4-01-2015

 CONTRACTOR'S ADDRESS:  
**535 GRISWOLD ST, SUITE 111-607  
 DETROIT, MI 48226**

 CHANGE 

|                               |                     |
|-------------------------------|---------------------|
| CURRENT CONTRACT AMOUNT       | \$170,000.00        |
| <b>CONTRACT CHANGE AMOUNT</b> | <b>\$ 15,000.00</b> |
| TOTAL CONTRACT AMOUNT         | \$185,000.00        |

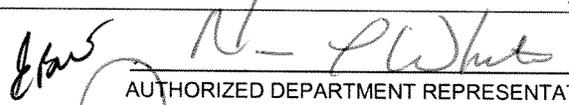
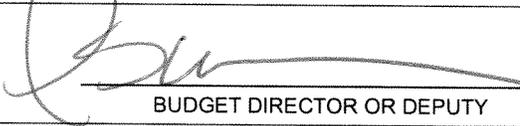
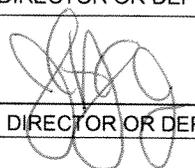
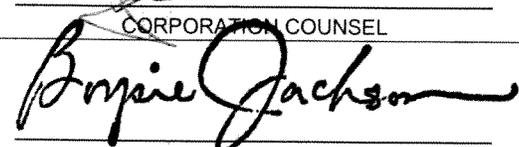
 PHONE NO. **(313) 706-1153**
 CORPORATION  PARTNERSHIP  INDIVIDUAL

 FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: **30-0127880**

PURPOSE OF CONTRACT: PROVIDE AUDITING SERVICES FOR PREPARATION OF THE CITY AND MUNICIPAL PARKING 2014 CAFR

LENGTH OF CONTRACT: JULY 1, 2014 TO JUNE 30, 2015

 ACCOUNT STRING: 5102 - 340010 - 00145 - 611200 - 04108 - 000000 - A3570 **\$100,000**  
 5301 - 200090 - 00000 - 611200 - 00146 - 000000 - A3550 **\$80,000**  
 1000 - 230130 - 00078 - 617900 - 00245 - 000000 - A5020 **\$5,000**

| TIME & DATE IN | APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE   | TIME & DATE IN                    |
|----------------|---|-----------------------------------|
|                | <b>REQUESTING DEPARTMENT</b><br><br>AUTHORIZED DEPARTMENT REPRESENTATIVE  |                                   |
| APR 02 2015    | <b>BUDGET</b><br><input type="checkbox"/> RECOMMEND APPROVAL<br><input checked="" type="checkbox"/> RECOMMEND DENIAL<br><br>BUDGET DIRECTOR OR DEPUTY                               | 15 MAY - 4 PM 3:41<br>APR 17 2015 |
|                | <b>GRANT MANAGEMENT SECTION</b><br><input type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br>_____<br>GRANT DIRECTOR OR DEPUTY  |                                   |
| APR 21 2015    | <b>FINANCE DEPARTMENT</b><br><input checked="" type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br><br>FINANCE DIRECTOR OR DEPUTY                  | 4/21/15                           |
|                | <b>LAW DEPARTMENT</b><br><input checked="" type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br>_____<br>CORPORATION COUNSEL  | 5-1-15                            |
|                | <b>OFFICE OF CONTRACTING AND PROCUREMENT</b><br><input type="checkbox"/> RECOMMEND APPROVAL<br><input type="checkbox"/> RECOMMEND DENIAL<br><br>CHIEF PROCUREMENT OFFICER OR DEPUTY |                                   |
| APR 21 2015    | CITY COUNCIL APPROVAL: DATE <b>MAY 19 2015</b><br>FINANCIAL REVIEW COMMISSION APPROVAL: DATE _____  |                                   |

RECEIVED

**PROFESSIONAL SERVICES CONTRACT**

**BETWEEN**

**CITY OF DETROIT, MICHIGAN**

**AND**

**RANDY K. LANE, P.C., CPA**

**535 GRISWOLD ST, SUITE 111-607**

**DETROIT, MI 48226**

**Phone: (313) 961-1181 / Facsimile: (313) 961-1182**

**CONTRACT NO.**

**2895777**

**AMENDMENT NO. 1**

**CITY OF DETROIT**  
**AMENDMENT AGREEMENT NO. 1**  
**TO**  
**CONTRACT NO. 2895777**

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Municipal Parking Department** ("City"), and **Randy K. Lane, P.C., CPA** ("Contractor"), a state of Michigan, Professional Corporation (P.C.) with its principal place of business located at: 535 Griswold St, Suite 111-607, Detroit, MI 48226.

(name of contractor)  
(state of the union) (form of business)  
(complete address)

**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**, Article 17 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 SECTION 7**  
**COMPENSATION**

**1.01** Section 7, which now reads:

“Compensation for Services provided shall not exceed the amount of One Hundred Seventy Thousand and 00/100 Dollars (\$170,000.00), inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.”

Is amended to read:

Compensation for Services provided shall not exceed the amount of One Hundred Eighty-Five Thousand and 00/100 Dollars **(\$185,000.00)**, inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

## **2. AMENDMENT TO EXHIBIT A**

**2.01** Exhibit A, which now reads:

*“Assist the Department of Municipal Parking in the following areas: **(\$85,000)**  
In the preparation of the annual audit of the City’s Department of Municipal Parking’s financial statements for the year ended June 30, 2014. The assistance will include closing the books, preparing necessary audit support schedules and discussion with external auditors.”*

Exhibit A of the Contract is amended by deleting the existing language and by substituting the attached First Amended Exhibit A in its place.

Is amended to read:

*“Assist the Department of Municipal Parking in the following areas: **(\$100,000)**  
In the preparation of the annual audit of the City’s Department of Municipal Parking’s financial statements for the year ended June 30, 2014. The assistance will include closing the books, preparing necessary audit support schedules and discussion with external auditors.”*

## **3. AMENDMENT TO EXHIBIT B**

**3.01** Exhibit B, which now reads:

**(a)** *“The Contractor shall be paid for those Services performed pursuant to the Contract a maximum amount of One Hundred Seventy Thousand and 00/100 Dollars (\$170,000.00), per year, for a one year period and any time extension, beginning on the date of approval by the City Council.”*

Exhibit B of the Contract is amended by deleting the existing language and by substituting the following in attached First Amended Exhibit B in its place:

*(a) "The Contractor shall be paid for those Services performed pursuant to the Contract a maximum amount of **One Hundred Eighty-Five Thousand and 00/100 Dollars (\$185,000.00)**, per year, for a one year period and any time extension, beginning on the date of approval by the City Council."*

#### **4. EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT**

**4.01** 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.

#### **5. AMENDMENT AUTHORIZATION**

**5.01** 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.

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Valid  
Signature  
Pages  
and  
Insurance  
Certificate

**CITY ACKNOWLEDGMENT**

STATE OF MICHIGAN )

)SS.

COUNTY OF WAYNE )

The foregoing contract was acknowledged before me the 1<sup>st</sup> day of April,

2015, by John Naglick,  
(name of person who signed the contract)

the Director,  
(title of person who signed the contract as it appears on the contract)

of Finance Department,  
(complete name of the City department)

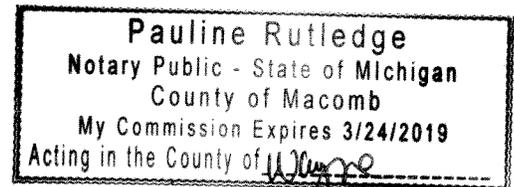
on behalf of the City.



Notary Public, County of Wayne

State of Michigan

My commission expires: 3-24-2019



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

**WITNESSES:**

1. [Signature]  
(signature)  
Troy Hutcherson  
(print name)

2. [Signature]  
(signature)  
Richard Barton, Sr  
(print name)

**CONTRACTOR: Randy K. Lane, P.C., CPA**

BY: [Signature]  
(signature)  
Randy K. Lane  
(print name)

ITS: President  
(title)

EIN: 30-0127880

Phone: (313) 706-1153 / Email: rlane@lane-cpa.com

**WITNESSES:**

1. [Signature]  
(signature)  
Tylene Blue  
(print name)

2. [Signature]  
(signature)  
Troy Hutcherson  
(print name)

**CITY OF DETROIT  
FINANCE DEPARTMENT:**

BY: [Signature]  
(signature)  
Jim Naslick Sr  
(print name)

ITS: Finance Director  
(title)

**THIS AMENDMENT WAS APPROVED  
BY THE CITY COUNCIL ON**

MAY 19 2015  
[Signature] 5/22/2015  
Purchasing Director Date

**APPROVED BY LAW DEPARTMENT  
PURSUANT TO SECTION 7.5-406 OF  
THE CHARTER OF THE CITY OF DETROIT**

[Signature] 5-12-15  
Corporation Counsel Date

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

**ACKNOWLEDGEMENT OF A PERSON ACTING IN HIS (HER) OWN RIGHT**

STATE OF MICHIGAN )  
) SS.  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 30<sup>th</sup> day of March, 2015,  
by Randy K. Lane to me known to be the person described in and who executed the foregoing  
("Name of Person Signing Contract")

instrument and acknowledged that he (she) executed the same as his (her) free and voluntary act and deed.

[Signature]  
Notary Public  
**Pauline Rutledge**  
My Commission Expires  
Notary Public - State of Michigan  
County of Macomb  
My Commission Expires 3/24/2019  
Acting in the County of Wayne

**CORPORATION CERTIFICATE OF AUTHORITY**

I, Randy K. Lane, Corporate Secretary of  
(name of corporate secretary)

Randy K. Lane, P.C., a Michigan For-Profit  
(complete name of corporation) (state of incorporation) (non-profit or for profit)

Professional Corporation (the "Corporation"), **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 January 2, 2015, and that the same is now in  
(date of meeting)

full force and effect

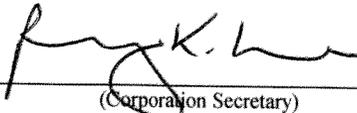
"**RESOLVED**, that the Chairman, the President, each Vice President, the Treasurer, and the Secretary and each of them, is authorized to execute and deliver, in the name of and on behalf of the Corporation and under its corporate seal or otherwise, any agreement or other instrument or document ('Contract') in connection with any matter or transaction that shall have been duly approved; and the execution and delivery of any Contract by any of the aforementioned officers shall be conclusive evidence of such approval."

**FURTHER, I CERTIFY** that \_\_\_\_\_ is Chairman,  
Randy K. Lane is President,  
\_\_\_\_\_ is (are) Vice President(s),  
\_\_\_\_\_ is Treasurer,  
\_\_\_\_\_ is Secretary,  
\_\_\_\_\_ is Executive Director, and  
\_\_\_\_\_ is \_\_\_\_\_.

**FURTHER, I CERTIFY** that any of the aforementioned officers or employees of the Corporation are authorized to execute and commit the Corporation to the conditions, obligations, stipulations and undertakings contained in Contract No. 2895777 Amendment No. 1 between the City and the above-referenced Corporation and that all necessary corporate approvals have been obtained in relationship thereto.

**IN WITNESS THEREOF**, I have set my hand this 30<sup>th</sup> day of March, 2015.

CORPORATE SEAL  
(if any)

  
\_\_\_\_\_  
(Corporation Secretary)





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Valid  
Income Tax  
and  
Revenue  
Collection  
Clearances

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 Municipal Parking

ADDRESS OF DEPARTMENT 1600 W. Lafayette St
DATE SENT March 11, 2015 CONTACT PERSON L. HUNLEY
PHONE NUMBER (313) 221-2569 FAX NUMBER (313) 221-2544 EMAIL hunleyl@detroitmi.gov
CONTRACT AMOUNT \$310,346.00

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME RANDY K. LANE, P.C., CPA
ADDRESS 535 Griswold St, Suite 111 - 607 CITY/STATE/ZIP Detroit, MI 48226
CITY PERSONAL PROPERTY NUMBER n/a FID / EIN NUMBER 30-0127880
CONTACT PERSON Randy Lane PHONE NUMBER (313) 961-1181 EMAIL ADDRESS rlane@lane-cpa.com

SECTION C: PARTNERSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER 03-992880-121 FID / EIN NUMBER
A: PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
B. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

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

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

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED
SIGNATURE Annette Smith DATE MAR 27 2015
DENIED WITH ATTACHMENTS
CLEARANCE VALID UNTIL AUG 30 2015

AUG 19 2014



### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Finance

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT NAME: Eric Higgins PHONE: (313) 224-6957 FAX: (313) 628-1171

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

To:  
A. City of Detroit  
Income Tax Division  
Coleman A. Young Municipal Center  
2 Woodward Avenue, Ste. 130  
Detroit, MI 48226

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

For:  
Individual or  
Company Name Randy K. Lane, P.C.

Address 535 Griswold  
Suite 111-607

City DETROIT

State MI Zip Code 48226

Telephone (313) 961-1181 Fax # (313) 447-2985

E-mail Address INFO@CLANE-CPA.COM

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

Randy K. Lane

Telephone # (313) 961-1181

Fax # (313) 447-2985

Employer Identification or Social Security Number

30-0127880

Spouse Social Security Number

Nature of Contract PROFESSIONAL  
SERVICES

BID CONTRACT AMOUNT (if known):  
Labor: \$ 170,000 Material: \$ \_\_\_\_\_

Contract # (if known) 2895777

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 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 [Signature] Date AUG 19 2014 Expires AUG 19 2015

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://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](mailto:IncomeTaxClearance@detroitmi.gov)

Valid Signed  
and  
Notarized  
Affidavits

# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

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

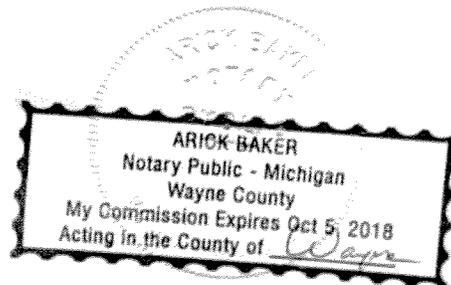
- Name of Contractor: RANDY K. LANE, P.C., CPA
- Address of Contractor: 535 GRISWOLD ST, STE# 111-607  
DETROIT, MICHIGAN 48226  
Phone Number (313) 961-1181  
Fax Number (313) 447-2985 / EMAIL: rlane@lane-cpa.com
- Name of Predecessor Entities (if any): \_\_\_\_\_  
\_\_\_\_\_
- Prior Affidavit submission?  No  Yes, on: August 19, 2014  
(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.
- 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).
- 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.

Randy K. Lane (Printed Name) PRESIDENT (Title)

[Signature] (Signature) 3-18-15 (Date)

Subscribed and sworn to before me  
this 18 day of March 2015

[Signature]  
Notary Public, Wayne County, Michigan  
My Commission expires: 10-05-2018



# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

## NOTICE OF ENACTMENT OF ORDINANCE

TO: THE PEOPLE OF DETROIT, MICHIGAN

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

### ORDINANCE NO. 20-04

#### CHAPTER 18 ARTICLE V

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

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

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

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

# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

## 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.

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

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

### Sec 18-5-93. Voidability of contract.

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

### Sec 18-5-94—18-5-100. Reserved.

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

**Section 3.** This ordinance is declared necessary for the preservation of the public peace, health, safety,

and welfare of the People of the City of Detroit.

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

(J.C.C.p. )            May 5, 2004  
Passed:                June 23, 2004  
Published:            July 19, 2004  
Effective:             July 19, 2004  
                              JACKIE L. CURRIE  
                                      City Clerk

# 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, RANDY K. LANE, CPA, being duly sworn, state that I am the

PRESIDENT  
(Title)

of RANDY K. LANE, P.C., CPA  
(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.

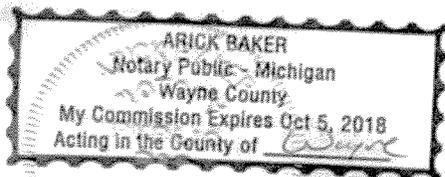
In support of this affidavit, I **attach a copy of the application form** that will be used to hire employees needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted.

SIGNED,

  
Title: PRESIDENT Date: 3-18-15

STATE OF MICHIGAN)  
) SS  
COUNTY OF WAYNE)

The foregoing Affidavit was acknowledged before me the 18 day of March, 2015,  
by .



Notary Public, County of Wayne

State of MI

My commission expires: 10-05-2018



Assurance | Tax | Advisory

| PREVIOUS EMPLOYMENT   |                    |                    |  |
|---|--------------------|--------------------|--|
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES NO |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES NO |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES NO |                    |                    |  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/22/2014

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><br>PAYCHEX INSURANCE AGENCY INC<br>150 SAWGRASS DR<br>ROCHESTER, NY 14620<br>(877) 362-6785<br>SV996 70A |  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (877) 362-6785 FAX (A/C, No): (877) 677-0447<br>E-MAIL ADDRESS: paychex@travelers.com<br>PRODUCER CUSTOMER ID #: 2498A0176                                 |  |
| <b>INSURED</b><br>RANDY K. LANE, P.C<br>535 GRISWOLD ST<br>STE 111-607<br>DETROIT, MI 48226                              |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA<br>INSURER B: THE TRAVELERS INDEMNITY COMPANY<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
|  |  | <b>NAIC #</b>  |  |

**COVERAGES**

CERTIFICATE NUMBER: 782138312051241

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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> HIRED AUTO<br><input checked="" type="checkbox"/> NON OWNED AUTO<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |           |          | 680-2D10720A-14 | 05/07/2014              | 05/07/2015              | EACH OCCURRENCE                           | \$2,000,000 |
|          |   |           |          |                 |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000   |
|          |   |           |          |                 |                         |                         | MED EXP (Any one person)                  | \$5,000     |
|          |   |           |          |                 |                         |                         | PERSONAL & ADV INJURY                     | \$2,000,000 |
|          |   |           |          |                 |                         |                         | GENERAL AGGREGATE                         | \$4,000,000 |
|          |   |           |          |                 |                         |                         | PRODUCTS - COMP/OP AGG                    | \$4,000,000 |
|          |   |           |          |                 |                         |                         |   | \$          |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       | \$          |
|          |   |           |          |                 |                         |                         | BODILY INJURY (Per person)                | \$          |
|          |   |           |          |                 |                         |                         | BODILY INJURY (Per accident)              | \$          |
|          |   |           |          |                 |                         |                         | PROPERTY DAMAGE (Per accident)            | \$          |
|          |   |           |          |                 |                         |                         |   | \$          |
|          |   |           |          |                 |                         |                         |   | \$          |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$5,000  |           |          | CUP-2D10886A-14 | 05/07/2014              | 05/07/2015              | EACH OCCURRENCE                           | \$3,000,000 |
|          |   |           |          |                 |                         |                         | AGGREGATE                                 | \$3,000,000 |
|          |   |           |          |                 |                         |                         |   | \$          |
|          |   |           |          |                 |                         |                         |   | \$          |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below  |           | N/A      |                 |                         |                         | WC STATU-TORY LIMITS                      | OTHER       |
|          |   |           |          |                 |                         |                         | E.L. EACH ACCIDENT                        | \$          |
|          |   |           |          |                 |                         |                         | E.L. DISEASE - EA EMPLOYEE                | \$          |
|          |   |           |          |                 |                         |                         | E.L. DISEASE - POLICY LIMIT               | \$          |

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

**CERTIFICATE HOLDER****CANCELLATION**

|  |   |
|--|---|
| CITY OF DETROIT<br>2 WOODWARD AVE<br>RM 801<br>DETROIT, MI 48226 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE <i>Mary J. Swan</i> |
|--|---|

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REVISED 7-12-2012  
**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being duly authorized representative of the **RANDY K. LANE, P.C., CPA** (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) #2879763 Amendment #2

Duration of Covenant May 21, 2014 to August 30, 2015

Printed Name of Contractor/Organization RANDY K. LANE, P.C., CPA  
(Type or Print Legibly)

Contractor Address: 535 GRISWOLD ST, STE# 111-607, DETROIT, MICHIGAN, 48226  
(City) (State) (Zip)

Contractor Phone/Fax #: (313) 961-1181 / (313) 447-2985 E-mail rlane@lane-cpa.com

Printed Name & Title of Authorized Representative Randy K. Lane, President

Signature of Authorized Representative [Handwritten Signature]

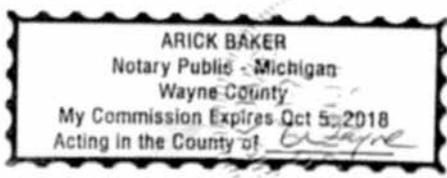
Date 3-18-15

\*\*\* This document **MUST** be notarized \*\*\*

Signature of Notary: [Handwritten Signature]

Printed Name of Seal of Notary: Arick Baker

My Commission Expires: 10 / 05 / 2018



|                                      |                               |                   |
|--------------------------------------|-------------------------------|-------------------|
| FOR CONTRACTING DEPARTMENT USE ONLY: |                               |                   |
| Date Rec'd: <u>5 / 30 / 2014</u>     | Received by: <u>L. Hunley</u> | Title: <u>PGA</u> |

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

## **FIRST AMENDED EXHIBIT A**

### **SCOPE OF SERVICES**

#### **Randy K. Lane, P.C., CPA**

535 Griswold St., Suite 111-607

Detroit, MI 48226

Ph: (313) 961-1181/Fax: (313) 961-1182

Email: [rlane@lane-cpa.com](mailto:rlane@lane-cpa.com)

#### **Services To Be Performed**

- Assist Department of Transportation in the following areas: **(Total \$80,000)**
  - a) In the preparation of the annual audit of the Department of Transportation's financial statements and supplemental schedules for the year ended June 30, 2014. The assistance will include closing the books, preparing necessary audit support schedules and discussion with external auditors (\$60,000).
  - b) Additional support of the Department of Transportation's operations and financial reporting as requested by management, if any (\$20,000).
  
- Assist Department of Municipal Parking in the following areas: **(Total \$100,000)**  
In the preparation of the annual audit of the Department of Municipal Parking's financial statements and supplemental schedules for the year ended June 30, 2014. The Assistance will include closing the books, preparing necessary audit support schedules and discussion with external auditors (\$100,000).
  
- Assist in the preparation of required external audit support schedules of the City-wide legal reserves, compensated absences estimates, and updates to the City's reporting entity (i.e., GASB 14) **(\$5,000)**.
  
- Provide other special project services on an as needed basis.

Total Amount for this Professional Contract #2895777 Amendment No. 1 for **Randy K. Lane, P.C., CPA** Shall Not Exceed: **\$185,000.00 for the contract period**

**FIRST AMENDED EXHIBIT B**

**FEE SCHEDULE**

**Randy K. Lane, P.C., CPA**

535 Griswold St., Suite 111-607

Detroit, MI 48226

Ph: (313) 961-1181/Fax: (313) 961-1182

Email: [rlane@lane-cpa.com](mailto:rlane@lane-cpa.com)

**I. General**

(a) The Contractor shall be paid for those Services performed pursuant to the Contract a maximum amount of **One Hundred Eighty-Five Thousand and 00/100 Dollars (\$185,000.00)**, per year, for a one year period and any time extension, beginning on the date of approval by the City Council.

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the City of Detroit invoices for payment. Each invoice shall certify the total cost, itemizing costs when applicable. Each invoice must be received by the City not more than thirty (30) days after the close of the calendar month in which the services were rendered and must be signed by an authorized officer or designee of the Contractor.

**II. Project Fees**

**Randy K. Lane, P.C.**, will provide services on an hourly, as needed basis and will submit invoices for services rendered semi-monthly in compliance with an anticipated Purchase Order issued by the City of Detroit Purchasing Department.

The following fee schedule and provisions shall apply to all invoices and work set forth under Exhibit A:

Consistent with Lane-CPA's established management advisory rate structure, as discounted for government assignments, our fees will be based on the specific hours to complete the work described above at the following billing rates:

|                                      |       |
|--------------------------------------|-------|
| Managing Director (Restructure Cost) | \$250 |
| Director (CAFR Readiness Cost)       | \$185 |
| Senior Manager                       | \$135 |
| Manager                              | \$117 |
| Senior                               | \$99  |
| Experience Staff                     | \$77  |
| Staff                                | \$54  |

### **III. Project Billing**

Billings for professional service shall be made twice a month, occurring approximately on the 1<sup>st</sup> and 16<sup>th</sup> of each month. Each billing shall be based on the actual hours incurred under the aforementioned *Scope of Services*, during the billing date's preceding period.

## **FIRST AMENDED EXHIBIT A**

### **SCOPE OF SERVICES**

#### **Randy K. Lane, P.C., CPA**

**535 Griswold St., Suite 111-607**

**Detroit, MI 48226**

**Ph: (313) 961-1181/Fax: (313) 961-1182**

**Email: rlane@lane-cpa.com**

#### **Services To Be Performed**

- Assist Department of Transportation in the following areas: **(Total \$80,000)**
  - a) In the preparation of the annual audit of the Department of Transportation's financial statements and supplemental schedules for the year ended June 30, 2014. The assistance will include closing the books, preparing necessary audit support schedules and discussion with external auditors (\$60,000).
  - b) Additional support of the Department of Transportation's operations and financial reporting as requested by management, if any (\$20,000).
  
- Assist Department of Municipal Parking in the following areas: **(Total \$100,000)**  
In the preparation of the annual audit of the Department of Municipal Parking's financial statements and supplemental schedules for the year ended June 30, 2014. The Assistance will include closing the books, preparing necessary audit support schedules and discussion with external auditors (\$100,000).
  
- Assist in the preparation of required external audit support schedules of the City-wide legal reserves, compensated absences estimates, and updates to the City's reporting entity (i.e., GASB 14) **(\$5,000)**.
  
- Provide other special project services on an as needed basis.

Total Amount for this Professional Contract #2895777 Amendment No. 1 for **Randy K. Lane, P.C., CPA** Shall Not Exceed: **\$185,000.00 for the contract period**

## FIRST AMENDED EXHIBIT B

### FEE SCHEDULE

#### **Randy K. Lane, P.C., CPA**

535 Griswold St., Suite 111-607

Detroit, MI 48226

Ph: (313) 961-1181/Fax: (313) 961-1182

Email: [rlane@lane-cpa.com](mailto:rlane@lane-cpa.com)

#### **I. General**

(a) The Contractor shall be paid for those Services performed pursuant to the Contract a maximum amount of **One Hundred Eighty-Five Thousand and 00/100 Dollars (\$185,000.00)**, per year, for a one year period and any time extension, beginning on the date of approval by the City Council.

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The following fee schedule and provisions shall apply to all invoices and work set forth under Exhibit A:

Consistent with Lane-CPA's established management advisory rate structure, as discounted for government assignments, our fees will be based on the specific hours to complete the work described above at the following billing rates:

|                                      |       |
|--------------------------------------|-------|
| Managing Director (Restructure Cost) | \$250 |
| Director (CAFR Readiness Cost)       | \$185 |
| Senior Manager                       | \$135 |
| Manager                              | \$117 |
| Senior                               | \$99  |
| Experience Staff                     | \$77  |
| Staff                                | \$54  |

### **III. Project Billing**

Billings for professional service shall be made twice a month, occurring approximately on the 1<sup>st</sup> and 16<sup>th</sup> of each month. Each billing shall be based on the actual hours incurred under the aforementioned *Scope of Services*, during the billing date's preceding period.

**CITY OF DETROIT BUDGET DEPARTMENT  
CONTRACT TRANSMITTAL**

|   |   |
|---|---|
| <b>DEPARTMENT:</b> MUNICIPAL PARKING  | <b>DATE REC:</b> 4/2/15                   |
| <b>CPO:</b> 2895777   | <b>SPO:</b> 2897020 <b>C/O:</b> 001       |
| <b>NAME:</b> RANDY K. LANE, PC, CPA   | <b>AMOUNT:</b> \$15,000.00 (Change Order) |
| <b>ADDRESS:</b> 535 GRISWOLD ST., SUITE 111-607<br>DETROIT, MI 48226  | <b>LOG #:</b> 5324                        |
| <b>PURPOSE – Provide auditing services for preparation of the City and Municipal Parking Department’s 2014 CAFR</b> |   |

**RECOMMENDATION:**

|                            |                                   |
|----------------------------|-----------------------------------|
| <b>APPROVE:</b> <u>YES</u> | <b>DATE COMPLETED:</b> 4/15/15    |
| <b>DENY:</b>               | <b>ANALYST:</b> D. ROBINSON II    |
|                            | <b>DATE RELEASED:</b> APR 17 2015 |
|                            |                                   |

COMPLETE BELOW WHEN DOCUMENT DELAYED, USE DC1 FOR FIRST DELAY AND DC2 FOR SECOND DELAY

|                             |                    |                         |                             |
|-----------------------------|--------------------|-------------------------|-----------------------------|
| DELAY CODE 1 (DC1): _____   | 0 NO DELAY         | 4 REQ DEPT IMPOSED HOLD | DELAY CODE 2 (DC2): _____   |
| DC1 DELAY START DATE: _____ | 1 MORE INFORMATION | 5 MANAGEMENT DELAY      | DC2 DELAY START DATE: _____ |
| DC1 DELAY END DATE: _____   | 2 LACK FUNDS       | 6 OTHER                 | DC2 DELAY END DATE: _____   |
|                             | 3 HUMAN RES COORD  |                         |                             |

**Parking Operating Fund  
Transportation Operation Fund  
General Fund**

The **Municipal Parking Department** wishes to have a Professional service contract approved with **Randy K. Lane, PC, CPA, of Detroit, MI**, as follows:

**Amount:** Current Contract \$ 170,000.00  
**Change Amount:** \$ 15,000.00  
 New Contract: \$ 185,000.00

**Scope:** The Contractor will provide auditing services for preparation of the City and Municipal Parking’s 2014 CAFR. The Contractor will assist the Municipal Parking, DOT and Finance departments in preparation of the annual audit of DOT and Municipal Parking’s financial statements and supplemental schedules for the year ended June 30, 2014. The Contractor will also assist the City in preparation of required external audit support schedules of the City-wide legal reserves reporting and other General Fund reporting issues.

**Term:** August 31, 2014, through August 31, 2015

**Funding:** Funds are available in 340010-611200 FA. **\$152,457.50**

OK for Municipal Parking: DR

OK for Department of Transportation: 16510  
200090-611200

OK for Finance Department: AM \$5,000  
230130-617900

Funds Available Inquiry (COD)

**Selection Criteria**

Budget: **CODAMENDED** Amount Type: **Year To Date Extended**

Period: **JUN-15** Encumbrance Type: **ALL**

Account Level: **All**

**Funds Available (USD)**

Summary

| Account   | Budget     | Encumbrance | Actual    | Funds Available |
|---|------------|-------------|-----------|-----------------|
| <input type="checkbox"/> 5102-340010-000000-611200-0410 | 150,000.00 | 0.00        | 0.00      | 150,000.00      |
| <input type="checkbox"/> 5102-340010-000000-611200-0410 | 0.00       | 0.00        | 0.00      | 0.00            |
| <input type="checkbox"/> 5102-340010-000145-611200-0410 | 0.00       | 0.00        | 0.00      | 0.00            |
| <input type="checkbox"/> 5102-340010-000145-611200-0410 | 102,615.00 | 11,408.50   | 88,749.00 | 2,457.50        |
| <input type="checkbox"/> 5102-340010-000146-611200-0410 | 0.00       | 0.00        | 0.00      | 0.00            |
| <input type="checkbox"/>                                |            |             |           |                 |
| <input type="checkbox"/>                                |            |             |           |                 |
| <input type="checkbox"/>                                |            |             |           |                 |

**Encumbrance Amounts**

Requisition: **0.00** Purchase Order: **0.00** Other: **0.00**

**Account Description**

Parking Operating-Administration-DUMMY PROJECT FOR GL-Auditing-Operation and Mainte-Undefined Utility Ac-U

5102-340010-000145-611200-04108-000000-A3570

Funds Available Inquiry (COD)

Selection Criteria

Budget **CODAMENDED**  
 Period **JUN-15**

Amount Type **Year To Date Extended**  
 Encumbrance Type **ALL**  
 Account Level **All**

Funds Available (USD)

| Summary                  | Account                         | Budget     | Encumbrance | Actual     | Funds Available |
|--------------------------|---------------------------------|------------|-------------|------------|-----------------|
| <input type="checkbox"/> | 1000-230130-0000000-617900-0024 | 720,000.00 | 0.00        | 0.00       | 720,000.00      |
| <input type="checkbox"/> | 1000-230130-0000000-617900-0024 | 0.00       | 0.00        | 0.00       | 0.00            |
| <input type="checkbox"/> | 1000-230130-0000074-617900-0024 | 0.00       | 0.00        | 0.00       | 0.00            |
| <input type="checkbox"/> | 1000-230130-0000074-617900-0024 | 0.00       | 0.00        | 0.00       | 0.00            |
| <input type="checkbox"/> | 1000-230130-0000075-617900-0024 | 0.00       | 0.00        | 0.00       | 0.00            |
| <input type="checkbox"/> | 1000-230130-0000078-617900-0024 | 0.00       | 0.00        | 0.00       | 0.00            |
| <input type="checkbox"/> | 1000-230130-0000078-617900-0024 | 144,749.88 | 285,144.28  | 533,952.08 | (674,346.48)    |
| <input type="checkbox"/> | 1000-230130-0000078-617900-0024 | 0.00       | 0.00        | 0.00       | 0.00            |
| Encumbrance Amounts      |                                 |            |             |            |                 |

Requisition **0.00**      Purchase Order **0.00**      Other **0.00**

Account Description **General Fund-General Accounting-DUMMY PROJECT FOR GL-Contract Svcs\Other\Accounts Division \-Undefined**

**CITY OF DETROIT BUDGET DEPARTMENT  
CONTRACT TRANSMITTAL SHEET**

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|                    |  |                 |             |
|--------------------|--|-----------------|-------------|
| <b>DEPARTMENT:</b> | Municipal Parking  | <b>LOG#:</b>    | 5324        |
| <b>CONTR:</b>      | 2895777  | <b>DATEREC:</b> | 4/2/2015    |
| <b>NAME:</b>       | Randy K. Lane, CPA   | <b>C/O:</b>     | 001         |
| <b>ADDRESS:</b>    | Detroit, MI  | <b>AMOUNT:</b>  | \$15,000.00 |
| <b>PURPOSE:</b>    | Provide Auditing Service for Preparation of the City and Municipal Parking 2014 CAFR |                 |             |

---

|  |  |                       |       |
|--|--|-----------------------|-------|
| <b>RECOMMENDATION:</b>                 |  | <b>DATE COMPLETED</b> | _____ |
| _____ <b>DATE Up Front</b>             |  | <b>ANALYST</b>        | _____ |
| _____ <b>APPROVE</b>                   |  | <b>DATE RELEASED</b>  | _____ |
| _____ <b>DENY</b>                      |  |                       |       |
| _____ <b>MANAGEMENT APPROVAL DATE:</b> |  | <b>MANAGEMENT COD</b> | _____ |

Please use the space below to explain delay over five days:



View assistance for Search Results



USER NAME:  PASSWORD:  **LOG IN**

[Forgot Username?](#) [Forgot Password?](#)

[Create an Account](#)

- HOME
- SEARCH RECORDS
- DATA ACCESS
- GENERAL INFO
- HELP

Search Results

Your search results represent the broadest set of records that match your criteria. You may get entity registration records that are still in progress or have been submitted, but not yet activated. Check the record status of each result and use the Search Filters to narrow your results.

Of note, some entities have chosen to opt out of public display. Even if they are registered in SAM, you will not see their entity registration records in a public search. You can only see them if you are logged in as a Federal Government user.

If you want to perform a new search, be sure to use the Clear Search button to remove your results. If you have a SAM user account and are logged in, you can use the Save Search button to run your current search again at a later time.

[Important message regarding exclusion searches.](#)

Current Search Terms: Randy\* K. Lane\*

[Clear Search](#)

TOTAL RECORDS: 0  
Result page 0 of 0

Save PDF Export Results Print

Sort by: Modified Date Order by: Descending

**FILTER RESULTS** No records found for current search.

By Record Status

- Active
- Inactive

By Functional Area

- Entity Management
- Performance Information

[Apply Filters](#)

Note: Filters are case sensitive

Result page 0 of 0

Save PDF Export Results Print

Glossary

- Search Results
- Entity
- Exclusion
- Search Filters
- By Record Status
- By Functional Area - Entity Management
- By Functional Area - Performance Information

Valid  
Income Tax  
and  
Revenue  
Collection  
Clearances

AUG 19 2014



### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: FINANCE

E-MAIL ADDRESS: \_\_\_\_\_

CONTACT NAME: Eric H. EGGS PHONE: (313) 224-6157 FAX: (313) 628-1171

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

To: City of Detroit For: Individual or  
Income Tax Division Company Name RANDY K. LANE, P.C.  
Coleman A. Young Municipal Center Address 535 GRISWOLD  
2 Woodward Avenue, Ste. 130 SO. TE 111-607  
Detroit, MI 48226 City DETROIT

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

State MI Zip Code 48226

Telephone (313) 961-1181 Fax # (313) 447-2985

E-mail Address INECLANE@CPA.COM

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above) Telephone # (313) 962-1181

Randy K. Lane

Fax # (313) 447-2985

Employer Identification or Social Security Number

30-0127080

Spouse Social Security Number

Nature of Contract PROFESSIONAL

BID CONTRACT AMOUNT (if known):

Labor: \$ 170,000 Material: \$ \_\_\_\_\_

SERVICES

Contract # (if known) 2895777

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

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

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

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4).  Yes  No
- Will the company have employees working in Detroit?  Yes  No
- 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 [Signature] AUG 19 2014 Expires AUG 19 2015

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://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](mailto:IncomeTaxClearance@detroitmi.gov)

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 ODOT DPW FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER Municipal Parking

ADDRESS OF DEPARTMENT 1600 W. Lafayette St
DATE SENT March 11, 2015 CONTACT PERSON L. HUNLEY
PHONE NUMBER (313) 221-2569 FAX NUMBER (313) 221-2544 EMAIL hunleyl@detroitmi.gov
CONTRACT AMOUNT \$310,346.00

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME RANDY K. LANE, P.C., CPA
ADDRESS 535 Griswold St, Suite 111 - 607 CITY/STATE/ZIP Detroit, MI 48226
CITY PERSONAL PROPERTY NUMBER n/a FID / EIN NUMBER 30-0127880
CONTACT PERSON Randy Lane PHONE NUMBER (313) 961-1181 EMAIL ADDRESS rlane@lane-cpa.com

SECTION C: PARTNERSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER 02-992880-121 FID / EIN NUMBER
A. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
B. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

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

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

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED WITH ATTACHMENTS
SIGNATURE DATE MAR 27 2015 CLEARANCE VALID UNTIL AUG 30 2015

Valid Signed  
and  
Notarized  
Affidavits

# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

## CITY OF DETROIT

### SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: RANDY K. LANE, P.C., CPA
2. Address of Contractor: 535 GRISWOLD ST, STE# 111-607  
DETROIT, MICHIGAN 48226  
Phone Number (313) 961-1181  
Fax Number (313) 447-2985 / EMAIL: rlane@lane-cpa.com
3. Name of Predecessor Entities (if any): \_\_\_\_\_  
\_\_\_\_\_

4. Prior Affidavit submission? \_\_\_ No \_\_\_ X \_\_\_ Yes, on: August 19, 2014  
(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.

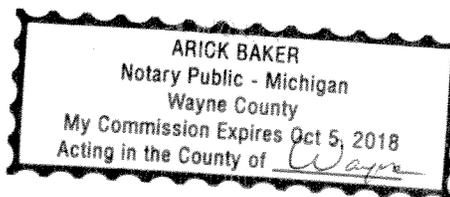
\_\_\_ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in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

Randy K. Lane (Printed Name) PRESIDENT (Title)  
[Signature] (Signature) 3-18-15 (Date)

Subscribed and sworn to before me  
this 18 day of March 2015

[Signature]  
Notary Public, Wayne County, Michigan  
My Commission expires: 10-05-2018



# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

## NOTICE OF ENACTMENT OF ORDINANCE

TO: THE PEOPLE OF DETROIT, MICHIGAN

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

### ORDINANCE NO. 20-04

CHAPTER 18

ARTICLE V

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

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

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

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

# SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

## 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.

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

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

### Sec 18-5-93. Voidability of contract.

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

### Sec 18-5-94—18-5-100. Reserved.

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

**Section 3.** This ordinance is declared necessary for the preservation of the public peace, health, safety,

and welfare of the People of the City of Detroit.

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

(J.C.C.p. )                    May 5, 2004  
Passed:                        June 23, 2004  
Published:                    July 19, 2004  
Effective:                     July 19, 2004  
                                      JACKIE L. CURRIE  
                                      City Clerk

# 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, RANDY K. LANE, CPA, being duly sworn, state that I am the

PRESIDENT of RANDY K. LANE, P.C., CPA  
(Title) (Name of Bidder Corporation or Other Business Entity)

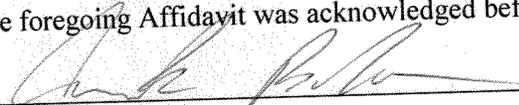
and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18-5-81 through 18-5-86 thereof. I further affirm that this employer will not inquire or consider 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: 3-18-15

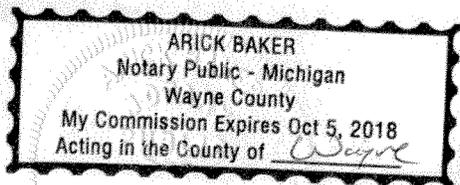
STATE OF MICHIGAN)  
) SS  
COUNTY OF WAYNE)

The foregoing Affidavit was acknowledged before me the 18 day of March, 2015,  
by .

Notary Public, County of Wayne

State of MI

My commission expires: 10.05.2018





Assurance | Tax | Advisory

| PREVIOUS EMPLOYMENT   |                    |                    |  |
|---|--------------------|--------------------|--|
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES NO |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES NO |                    |                    |  |
| Company   |                    | Phone ( )          |  |
| Address   |                    | Supervisor         |  |
| Job Title   | Starting Salary \$ | Ending Salary \$   |  |
| Responsibilities  |                    |                    |  |
| From  | To                 | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? YES NO |                    |                    |  |

| MILITARY SERVICE                 |                   |
|----------------------------------|-------------------|
| Branch                           | From To           |
| Rank at Discharge                | Type of Discharge |
| If other than honorable, explain |                   |

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

**REVISED 7-12-2012**  
**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being duly authorized representative of the **RANDY K. LANE, P.C., CPA** (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) #2879763 Amendment #2

Duration of Covenant May 21, 2014 to August 30, 2015

Printed Name of Contractor/Organization RANDY K. LANE, P.C., CPA  
(Type or Print Legibly)

Contractor Address: 535 GRISWOLD ST, STE# 111-607, DETROIT, MICHIGAN, 48226  
(City) (State) (Zip)

Contractor Phone/Fax #: (313) 961-1181 / (313) 447-2985 E-mail rlane@lane-cpa.com

Printed Name & Title of Authorized Representative Randy K. Lane, President

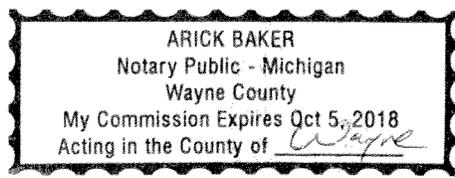
Signature of Authorized Representative [Handwritten Signature]  
Date 3-18-15

\*\*\* This document **MUST** be notarized \*\*\*

Signature of Notary: [Handwritten Signature]

Printed Name of Seal of Notary: Arick Baker

My Commission Expires: 10 / 05 / 2018



**FOR CONTRACTING DEPARTMENT USE ONLY:**

Date Rec'd: 3/30/15 Received by: L. Hunley Title: PGA

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/26/2014

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><br>PAYCHEX INSURANCE AGENCY INC<br>150 SAWGRASS DR<br>ROCHESTER, NY 14620<br>(877) 362-6785<br>SV996 70A |  | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): (877) 362-6785 FAX (A/C, No): (877) 677-0447<br>E-MAIL ADDRESS: paychex@travelers.com<br>PRODUCER CUSTOMER ID #: 2498A0176                                 |  |
| <b>INSURED</b><br>RANDY K. LANE, P.C<br>535 GRISWOLD ST<br>STE 111-607<br>DETROIT, MI 48226                              |  | <b>INSURER(S) AFFORDING COVERAGE</b><br>INSURER A: TRAVELERS CASUALTY INSURANCE COMPANY OF AMERICA<br>INSURER B: THE TRAVELERS INDEMNITY COMPANY<br>INSURER C:<br>INSURER D:<br>INSURER E:<br>INSURER F: |  |
|  |  | <b>NAIC #</b>  |  |

**COVERAGES** CERTIFICATE NUMBER: 140070402441621 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        | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | X         |          | 680-2D10720A-15 | 05/07/2015              | 05/07/2016              | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG | \$2,000,000<br>\$300,000<br>\$5,000<br>\$2,000,000<br>\$4,000,000<br>\$4,000,000<br>\$ |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |           |          |                 |                         |                         | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)                              | \$<br>\$<br>\$<br>\$<br>\$   |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DEDUCTIBLE<br><input checked="" type="checkbox"/> RETENTION \$5,000   |           |          | CUP-2D10886A-15 | 05/07/2015              | 05/07/2016              | EACH OCCURRENCE<br>AGGREGATE   | \$3,000,000<br>\$3,000,000<br>\$<br>\$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under SPECIAL PROVISIONS below  |           | N/A      |                 |                         |                         | WC STATU-TORY LIMITS<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT  | <br>\$<br>\$<br>\$   |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
AS RESPECTS TO GENERAL LIABILITY, CERTIFICATE HOLDER IS ADDITIONAL INSURED - BLANKET ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS, CG D1 05, BUT ONLY AS RESPECTS TO WORK PERFORMED BY THE INSURED.

|   |   |
|---|---|
| <b>CERTIFICATE HOLDER</b><br>CITY OF DETROIT<br>2 WOODWARD AVE<br>RM 801<br>DETROIT, MI 48226 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><i>Mary J. Swan</i> |
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