

P&DD #4405-01

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

AMENDMENT

CONTRACT PO NUMBER 2895815-01
STANDARD PO NUMBER 2895816-01
CHANGE ORDER AMENDMENT

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
---	---	-------------------------------------

FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER	DEPARTMENT CONTACT PERSON STEPHANIE CREWS	PHONE NO. 224-9039
---	---	------------------------------

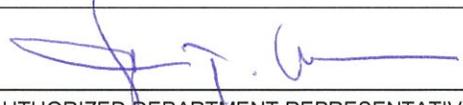
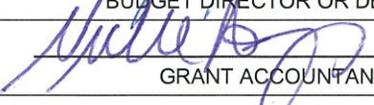
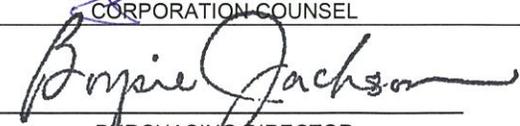
CONTRACTOR'S ACCOUNTING AID SOCIETY	DATE PREPARED 3/20/15
-------------------------------------	---------------------------------

CONTRACTOR'S ADDRESS: 7700 SECOND AVE., SUITE 314 DETROIT, MICHIGAN 48202	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$293,662.00 TOTAL CPO AMOUNT \$193,662.00 CHANGE AMOUNT \$100,000.00
---	---

PHONE NO (313)556-1920 CORPORATION PARTNERSHIP INDIVIDUAL

FEDERAL EMPLOYER
23-7310753 MINORITY FIRM YES NO

PURPOSE OF CONTRACT: PUBLIC SERVICE
CHARGE ACCOUNT: **2001-360901-796514-651147-07523-000000-00000**

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	06-24-15
JUL - 6 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL 13 2015
JUL 02 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	JUL 06 2015
JUL 14 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	JUL 17 AM 11:58 JUL 14 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	7/17/15
	PURCHASING DIVISION  PURCHASING DIRECTOR	

RECEIVED
JUL 15 2015

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT NO. 2895815**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of January, 2015, between **Accounting Aid Society** the "Subrecipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to **Agreement No. 2895815**, dated **JANUARY 1, 2014** between the Subrecipient and the City (herein called the "Agreement"):

WITNESSETH:

WHEREAS, the City has received a letter of credit for its entitlement of NOF Grant (herein called "CDBG" from the U.S. Department of Housing and Urban Development (herein called HUD), CFDA NUMBER 14.218, GRANT AGREEMENT NUMBER: **B-14-MC-26-0006**, and

WHEREAS, the Subrecipient and the City did heretofore enter into the Agreement to provide Public Services to residents of the City of Detroit; and

WHEREAS, said Agreement can be modified pursuant to Article 13 thereof; and

WHEREAS, the term of the Agreement is from **January 1, 2014 through December 31, 2015**; and

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **12-MONTHS up to and including December 31, 2016**;

NOW, THEREFORE, in consideration of the premises, the mutual undertakings and benefits to accrue to the parties and to the public, the parties hereto agree that this Agreement is amended in the following manner:

That Article 3.01 Amended to read:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the City Purchasing Director. The term shall be from **January 1, 2014 through December 31, 2016**. Upon execution of this Agreement, the City shall notify the Subrecipient, which Notice (herein called a "Commencement Notice") shall specify the term of this Agreement consistent with this paragraph.

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

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

That Article 5.01 which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **One Hundred Ninety Three Thousand Six Hundred Sixty Two and 00/100 Dollars (\$193,662 and 00/100)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **Two Hundred Ninety Three Thousand Six Hundred Sixty Two Dollars (\$293,662 and 00/100)**, for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

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

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

RESOLUTION OF CORPORATE AUTHORITY

I, John Anstett, OFFICER of Accounting Aid Society, a Michigan corporation (the "Company"), DO HEREBY CERTIFY that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on May 5, 2014, and that the same is now in full force and effect:

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

I FURTHER CERTIFY that:

<u>Angela Acosta</u>	is Chairman of the Board,
<u>Kathleen Hatke Aro</u>	is Vice Chair of the Board,
<u>John Anstett</u>	is Treasurer of the Board,
<u>Ellen Hoepfner</u>	is Secretary of the Board,
<u>Kathleen Hatke Aro</u>	is President of Accounting Aid Society.

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Amendment #1 Agreement CPO No. 2895815-01 between the City of Detroit and **Accounting Aid Society** entered into for the purpose of providing Public Services for the period of **January 1, 2014** up to and **including December 31, 2016**, and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 5th day of May, 2014.

CORPORATE SEAL
(if any)

Signature:

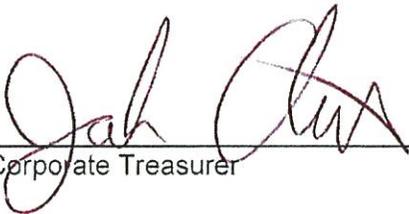

Corporate Treasurer

EXHIBIT A
SCOPE OF SERVICES
Accounting Aid Society 2014-2015 Funding Year

During the term of this Agreement, the Subrecipient, **Accounting Aid Society**, shall provide public service activities, herein called the "Project" or the "Services," in order to provide Tax Preparation and Counseling Services for persons who are residents in the city of Detroit.

1. GENERAL REQUIREMENTS

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

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

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

2. CDBG NATION OBJECTIVE CRITERIA

This Project will meet the Community Development Block Grant Program national objective of providing a benefit to a total number of persons at least 51% of whom are low to moderate income in the following way:

CDBG MAXIMUM GROSS INCOME LIMITS - Effective 12/18/13			
FAMILY SIZE	EXTREMELY BELOW 30%	VERY LOW INCOME ABOVE 30% BELOW 50%	LOW INCOME ABOVE 50% BELOW 80%
1	13,600	22,650	36,200
2	15,550	25,850	41,400
3	17,500	29,100	46,550
4	19,400	32,300	51,700
5	21,000	34,900	55,850
6	22,550	37,500	60,000
7	24,100	40,100	64,150
8*	25,650	42,650	68,250

The Subrecipient shall make and maintain such data and records as required by the City and as necessary for the reports required in Exhibit E & F hereof. Such records shall identify project participants and /or beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quantity or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. The Subrecipient shall maintain all records taking care to treat participant personal or income information with due respect and confidentially.

3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Subrecipient shall provide free Income Tax Preparation and Counseling services to low income residents of the City of Detroit.

Accounting Aid Society provides free tax preparation, information and assistance to low income residents of the City of Detroit. Elderly and Handicapped individuals, who cannot make it to the tax sites, are served through a correspondence-based "homebound" program operated at the agency's office.

The primary outcome of Tax Preparation and Counseling is that clients obtain the refunds and credits to which they are entitled. At this income level, such funds can provide the basic necessities of life: food, heat, shelter, etc. Clients also gain a better understanding of their rights and responsibilities under the tax laws and accept responsibility for filing future returns, either with or without Accounting Aid assistance. In addition, they are provided with the resources to access financial education and banking opportunities aimed at helping them become financially independent and become part of the economic mainstream. The program will leverage NOF funding and other Subrecipient resources using volunteer time other in-kind resources.

Client recruitment and outreach is undertaken by publicizing the project in the local media, through area service and neighborhood organizations and at participating tax sites. Intake is done by appointment or walk-in at the sites. Trained screeners determine the income eligibility of clients.

This project participates in the IRS Volunteer Income Tax Assistance (VITA) Program, therefore no fees or donations are accepted for services. Accurate tax returns will be prepared in accordance with federal, state and city tax regulations. The quality of the returns will be maintained through training and supervision of volunteers by experienced professional volunteers and paid staff.

Project volunteers are trained by Accounting Aid Society at various sites in the City or through an online e-learning system operated. At least 150 business professionals and 100 student volunteers will be recruited, trained, scheduled and managed by paid Subrecipient staff members. Volunteers and paid staff members will prepare tax returns and data records for each client. Each volunteer must pass an IRS VITA certification test. All volunteers are required to participate in a Conducts and Ethics training and sign a volunteer Code or Conduct Agreement. All recruitment, training and coordination of volunteers is conducted and/or supervised by paid Accounting Aid staff members.

The project goal is to inform clients, to prepare their tax forms and thus enable clients to receive the tax refunds and credits to which they are entitled. These funds include the Federal and State Earned Income Credit, State Property Tax and Home Heating Credit, Federal, State and City tax returns, as well as any taxes withheld or other credits for which they may be eligible.

Households will receive immediate financial benefits from these free services by; a) saving \$200 in commercial tax preparation fees; b) receiving an average \$900 in tax refunds and credits; and c) achieving IRS tax compliance.

During the term of this Agreement, the Subrecipient shall provide a minimum of 12,000 services units to approximately 12,000 Detroit households that meet the HUD Income Guidelines. A unit of service is one complete set of Federal, State and City Tax returns (up to 8 tax forms), where applicable, per household.

The contract will be billed on a pay for performance basis, with the first 1,754 households served billed at the rate of \$57/service unit, with a minimum of 12,000 service units provided during the term of the contract.

4. PERSONNEL

The services shall be performed by qualified personnel. Personnel professional services shall maintain the appropriate permits, licenses or the other credentials as may be required by State or local law. Job descriptions and credentials for all personnel providing Services hereunder shall be kept on file by the Subrecipient and shall be available for review by the City.

Staff reimbursed by NOF involved in recruiting, training and coordinating the volunteers, preparing and e-filing tax returns, maintenance of quality and analyzing results shall include: the Tax Services Director, part-time and seasonal Tax Program preparers/E-filers, seasonal site coordinators and phone call center specialists.

5. PROJECT LOCATION(S) AND OPERATING SCHEDULE

The service will be provided at three types of locations. Year round services are performed at Neighborhood Tax Centers. Seasonal tax sites have regularly scheduled hours of operation during the tax season, from approximately January 20 through April 15. A "drop-off tax team" travels to various Detroit locations, including senior centers, for single day tax preparation events.

Possible additional and/or alternate sites in the City are also being considered. Exact dates and times are subject to adjustment.

Tax Center	Address	Dates of Operation	Client Intake Hours
Northend Neighborhood Tax Center	7700 Second Ave., Ste. 314, 48202	Tues - Sat. Jan 20 - April 18 Mon - Fri April 19 - Jan 19	9am-4pm 9am-4pm
Northwest Neighborhood Tax Center	19556 Grand River, 48223	Tues - Sat. Jan 20 - April 18 Mon - Fri April 19 - Jan 19	9am-4pm 9am-4pm
Osborn Neighborhood Tax Center	4777 E. Outer Dr., 48234	Thurs - Sat. Jan 20 - April 18	9am-4pm
Southwest Neighborhood Tax Center	2826 Bagley, 48226	Tues - Sat. Jan 20 - April 18 Mon - Fri April 19 - Jan 19	9am-4pm 9am-4pm
Main Library - Detroit	5201 Woodward, 48202	Sat. 1/26 - 4/13	10am-2pm
Duffield Branch	2507 W. Grand Blvd., 48208	Sat. 1/26 - 4/13	10 am-2pm
Focus:HOPE	1300 Oakman, 48238	Tue. - Sat. 1/19 - 4/13	10am-2pm
Harper-Gratiot Multi-Service Center	9641 Harper, 48213	Sat. 1/26 - 3/3	9 am-2 pm
University of Detroit-Mercy	4001 W. McNichols	Sat. 02/08-03/29	9 am-2 pm
Don Bosco Hall	19321 W Chicago, 48228	Sat. 1/26 - 3/8	9am-2pm
Piquette Square for Veterans	6221 Brush St, 48202	TBD	TBD

The Administrative Offices will be maintained and the homebound program operated at 7700 Second Avenue, Suite 314, Detroit, MI 48202.

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

6. PERFORMANCE SCHEDULE

A unit of service is one complete set of Federal, State and City Tax returns (up to 8 tax forms), where applicable, per household.

The contract will be billed on a pay for performance basis, with the first 1,754 households served billed at the rate of \$57/service unit, with a minimum of 12,000 service units provided during the term of the contract.

During the term of this Agreement the Subrecipient shall, at a minimum, provide 12,000 service units to 12,000 persons.

7. ANNUAL MEASURABLE PROJECT OUTCOME

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

<u>Condition</u>	<u>Instrument</u>	<u>Quantity or % Accomplished</u>
Low and Mod Income Households	Free tax preparation services	12,000 households' incomes increase by an average \$900 and return \$10.8 million into the local economy

BUDGET
2014-2015
ACCOUNTING AID SOCIETY

PERSONNEL	# FTE	Annual Amt.	Amount. For Other Funding Source	Amount from CDBG / NOF
Tax Services Director 40 hrs. X \$29.00 hr.	.6	\$36,200	\$25,340	\$10,860
Tax Preparers, E-filer 40 hrs. X \$14.00 hr.	4	\$116,500	\$81,550	\$34,950
Site Coordinator Seasonal, 40 hrs. X \$18.00	1.2	\$44,900	\$31,430	\$13,470
Call Center Specialist 40 hrs. X \$12.00	1.2	\$30,000	\$21,000	\$9,000
Employer Taxes (FICA, FUTA, etc.)			\$45,945	\$7,580
Fringe			\$42,378	\$2,360
Sub-Total				\$78,220
OPERATING EXPENSES				
Office Equipment & Maintenance			\$2,440	\$1,930
Insurance			\$1,314	\$700
Office & Tax Site Supplies			\$8,650	\$3,750
Information Technology			\$8,850	\$2,950
Marketing & Advertising			\$6,325	\$875
Occupancy			\$68,342	\$4,000
Telephone & Telecommunications			\$7,050	\$4,000
Sub-Total				\$18,205
SPECIFIC PROGRAM EXPENSES				
Printing & Postage			\$9,375	\$1,875
Volunteer Expenses			\$8,500	\$1,700
Sub-Total				\$3,575
TOTAL				\$100,000

All time must be documented by Time/Task Logs

The **SUBRECIPIENT** may request prior City approval for budget line item shifts of Direct Cost line items. Exception: that such line item shifts involving personnel shall not result in an increase in the rate of pay for such salaries. Requests for line item shifts shall be granted by the City as it deems reasonable and necessary for the performance of Services hereunder and shall not be deemed approved unless such approval is given in writing by the City.

* This total amount of \$ 8,333.33 is an estimate of the groups monthly reimbursement request.

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }
City of Detroit

CITY CLERK'S OFFICE, DETROIT

I, Janice M. Winfrey

State, do hereby certify that the annexed paper is a TRUE COPY OF RESOLUTION

Approved by the Emergency Manager for the City of Detroit on

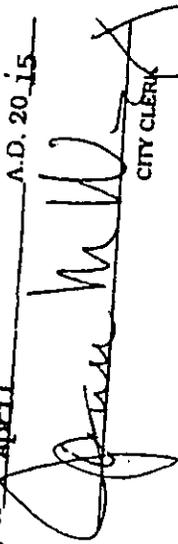
Thursday, June 12, 2014
in accordance with EM Order No. 3 dated April 11, 2013.

as appears from the Journal of said City Council in the office of the City Clerk of Detroit, aforesaid; that I have compared the same with the original, and the same is a correct transcript therefrom, and of the whole of such original.

In Witness Whereof, I have hereunto set my hand and affixed the corporate seal of said City, at

Detroit, this 28th

day of April A.D. 2015


CITY CLERK

2014/2015

COBG

CC APPROVED

Contract Not Listed

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

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

By Council Member Lutland:

RESOLVED That, the Detroit City Council hereby approves as part of the 2014-15 Budget the allocations for the 2014-2015 Community Development Block Grant program (which includes the Neighborhood Opportunity Fund), as provided in the attached Schedule A.

2014-2015 SCHEDULE A

Dept.	Action	Appr.#	Spencer	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13594	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,675	-\$ 2,059,452
PDD	Decrease	13594	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	-\$ 1,653,018
PCD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	-\$ 22,700
PDD	Decrease	13169	PDD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	-\$ 513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	-\$ 690,669
PDD		13611	Soc. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	
			SUB-TOTAL		\$ 8,746,361	\$ 3,806,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDG Elections	ADPLN	\$ 25,000	\$ 25,000	
PDD		13635	City Plan Comm/Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	
			SUB-TOTAL		\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
			SUB-TOTAL		\$ 0	\$ 0	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 8,500,000	\$ 8,500,000
			SUB-TOTAL		\$ 0	\$ 2,250,000	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 2,138,207	\$ 2,550,000	
PDD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11798	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11801	NSO — Turmain Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12428	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10628	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	08733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11808	Tra Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11806	United Community Housing Coalition	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11809	YWCA Intern House	HPS	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 2,269,216	\$ 2,250,000	
			Housing				
PDD	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	-\$ 8,000,000
PDD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
PDD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
PDD	Decrease	13610	Intern Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
			SUB-TOTAL		\$ 8,400,000	\$ 7,000,000	
DD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	-\$ 941,365
			SUB-TOTAL		\$ 2,941,365	\$ 3,399,934	
DD	Increase	11428	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,486,350	\$ 186,350
DD	Increase	04715	A-Jul Wellbeing Services	PFR	\$ 0	\$ 134,650	\$ 134,650
DD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	06608	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
DD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 120,000	\$ 120,000

Oppt	Action	APPL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 187,000	\$ 187,000
PDD	Increase	13845	North Rosedale Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04808	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13358	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
SUB-TOTAL					\$ 500,000	\$ 1,486,390	\$ 200,000
PDD	Decrease	13187	PDD — Development	PFRTA	\$ 2,468,905	\$ 0	-\$ 2,468,905
SUB-TOTAL					\$ 2,468,905	\$ 0	-\$ 2,468,905
PDD	Decrease	12945	Unassigned Projects	PS	\$ 3,677,644	\$ 0	-\$ 3,677,644
SUB-TOTAL					\$ 3,677,644	\$ 0	-\$ 3,677,644
PDD	Increase	07523	Accounting Aid Society	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05083	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Marcy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05178	Wallspring	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
SUB-TOTAL					\$ 0	\$ 725,000	\$ 725,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 375,000	\$ 375,000

PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	10105	Alkebu-lan Village	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 350,000	\$ 350,000
PDD	Increase	13841	East Michigan Christian	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10820	Jefferson Business Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	04683	Alzheimer's Association	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dairy United Action Council	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	L&L Adult Day Care	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05662	LASED	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11593	Matrix Human Services — Rehabil Ctter	PS/Seniors	\$ 0	\$ 75,000	\$ 75,000

Origl Action	Appr. #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD Increase	05149	Adult & Wellness Center St. Patrick Senior Center	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	13529	Section 108 Loans	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	13529	Book Cadillac	REPAY	\$ 7,334,888	\$ 550,000	\$ 3,834,888
PDD	13529	Ferry Street	REPAY	\$ 1,820,958	\$ 641,268	\$ 1,179,888
PDD	13529	Fort Shelby	REPAY	\$ 337,199	\$ 67,199	\$ 270,000
PDD	13529	Garfield	REPAY	\$ 1,857,125	\$ 857,125	\$ 1,000,000
PDD	13529	Garfield II	REPAY	\$ 242,648	\$ 17,648	\$ 225,000
PDD	13529	Garfield Geothermal	REPAY	\$ 542,199	\$ 432,199	\$ 110,000
PDD	13529	Garfield Sugar Hill	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD	13529	Mexicantown	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD	13529	Now Amsterdam	REPAY	\$ 437,438	\$ 167,438	\$ 270,000
PDD	13529	Stuberstone	REPAY	\$ 847,767	\$ 447,767	\$ 400,000
PDD	13529	Vernor Lawndale	REPAY	\$ 33,264	\$ 3,264	\$ 30,000
PDD	13529	Woodward Garden	REPAY	\$ 122,992	\$ 72,992	\$ 50,000
PDD Increase	13635	Public Park Improvement	REPAY	\$ 919,826	\$ 619,826	\$ 300,000
			PI	\$ 7,334,888	\$ 3,500,000	\$ 1,000,000
				\$ 0	\$ 1,000,000	\$ 1,000,000
				\$ 0	\$ 187,144	
				\$43,890,841	\$28,562,866	
				\$ 0	\$ 0	
				\$43,890,841	\$28,562,866	
REVENUE						
PDD	06040	Planning and Development Program Income		\$ 310,000	\$ 310,000	\$ 0
PDD	13529	Section 108 Loan		\$ 1,132,419	\$ 1,132,419	\$ 0
PDD Increase	06102	Planning and Development Letter of Credit		\$31,233,230	\$32,109,171	\$ 875,941
				\$32,875,649	\$33,551,590	\$ 875,941

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



City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: 3/27/2015 Department: Planning & Development Dept. Division: NSS

Dept Head/Contact Person: Arthur Jemison Phone No.: 224-2670

Description: CDBG. Contract No.: _____ PO Type: Prof Svc - CPO Est. Value: \$ 100,000.00

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

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

Recommended Supplier: Accounting Aid Society. Required Date: A.S.A.P.

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

If "Yes" please explain why: TAX PREPARATION AND COUNSELING SERVICES FOR CITY OF DETROIT RESIDENTS

Consequence of not buying: Inaccurate tax forms not prepared in accordance with federal, state and city regulations

✓ Was the product or service competitively bid? Yes No (CDBG Grant Proposal)
(Request copies of bid tabulation/evaluation score sheets as needed)

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

✓ 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: _____

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

✓ Does the supplier currently provide other goods and services to the City? Yes No
If yes please list: Same as above.

✓ The business being awarded is NEW CONTRACT
If #6 is a renewal provide justification for renewal: _____

012/27/12

P#4405-01

If #6 is a increase/decrease does this represent:

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

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

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

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

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

NOTES:



PLACE ON CITY COUNCIL AGENDA



REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: Stephanie Crews DATE: 4-8-15

INFORMATION PROVIDED BY: Stephanie Crews

TITLE: NSS

PHONE NO. 224-9039

200,000

Attachment: 2

Proposal # 78 Organization Name: Accounting Aid Society

Reviewer Signature: Kerry Baitinger *KB*

Summary of Scoring Rules

Proposals will be ranked and scored on a 100 point scale, with 0 being the lowest and 100 the highest score. Proposals must score at least 70 points to be recommended for funding.

- 5 points: criterion is very strong
- 4 points: criterion is strong
- 2 points: criterion is acceptable
- 0 points: criterion is incorrect, incomplete or missing

Public Service Ranking

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

7,000 volunteer hours reported for more than 500 volunteers

Full board/meets 7 times per year

Organization provided free tax preparation and counseling assistance to low and moderate income households since 1976, returning over 262 million in tax refunds and credits to Detroit residents.

Best Managed Non-Profit by Crain's Detroit

V. Management Plan

Over 100 partner organizations and 500 volunteers support the program. Operates year round, with expanded intake sites from January through April.

Staff/volunteers will visit residents in the home, under their "homebound" appointments.

Partners with the Heat and Warmth fund to provide utility referrals.

IV. Project Description

To provide free tax preparation and counseling assistance to low and moderate income Detroit households. Provides Education in financial management.

III. Outputs and Outcomes

2013) 12,000 Detroit assisted returning 12 million dollars in refunds to low/moderate income Detroiters

2014) 12,000 Detroit resident to be assisted.

II. Budget

This is a performance based budget @ \$57.00 per client. $57.00 \times 12,000 = 684,000.00$

Excellent leveraging dollar ratio.

Attach this Form to the outside of each proposal envelope

List Below Your Education and Training:

High School & Location	Highest Grade Completed	Date Completed
College/Community College (Name & Location)	Highest Level Completed (Include Degree, Major & Minor)	Dates Attended
Graduate Work (Name & Location)	Highest Level Completed (Include Degree, Major & Minor)	Dates Attended
Business/Trade/Other (Describe, include Name & Location)	Highest Level Completed	Dates Attended

Do you have any professional licenses or certifications? Yes No

If yes, list the type of license, issuing state and the license number: _____

Have you ever held a professional license which has been suspended or revoked or are there proceedings pending to suspend or revoke such a license? Yes No

If yes, explain: _____

Previous Employment:

List all employment during the past ten years and all other experience which you consider related to the job position for which you are applying. List most recent employment first. This must be completed even if resume is attached (use extra page if necessary).

Name, Address, Telephone, Supervisor, Dates	Salary/hourly rate	Final Position/Duties	Reasons for Leaving

How were you referred to Accounting Aid Society? Employee Ad Other

If currently employed, may we contact your present employer? Yes No

Have you ever been discharged or suspended from employment? Yes No

If yes, explain: _____

Have you ever been asked to resign your employment? Yes No

If yes, explain: _____

Have you signed a non-compete or confidentiality agreement with a current or prior employer? Yes No

If yes, please provide the date(s) of the agreement(s) and with whom you entered into each agreement: _____

What software programs do you have working knowledge of? _____

Emergency Contact:

Name: _____ Phone: _____

Address: _____

PLEASE READ CAREFULLY

I affirm that the facts set forth above are true and complete to the best of my knowledge. False statements in this application may result in a refusal to hire, revocation of an offer of employment, or termination of employment.

I authorize investigation of all information contained in this application and also authorize full disclosure of my present and prior work record by an employer. I hereby release any employer from any obligation to provide me with written notification of any information disclosed. I understand that this may include a record of disciplinary action assessed by the employer.

Michigan law provides that disabled persons are entitled to certain legal rights including, where appropriate, accommodation. If you are disabled and need accommodation, you must notify Accounting Aid Society **in writing** of the need for accommodation within 182 calendar days of the date you know or should have known of the need for accommodation. Failure to give timely written notice of the need for accommodation may result in loss of legal rights under Michigan law.

I agree that if I am employed by Accounting Aid Society, the employment relationship is "at will", which means that either Accounting Aid Society or I may terminate the employment relationship at any time with or without cause or notice. I understand and agree that no one other than the President of Accounting Aid Society has the authority to enter into any agreement contrary to any information in this application. I understand that to be binding, such an agreement must be in writing directed to me personally and signed by both the President and me. No other practice, procedure, written or oral policy or statement by anyone, including other management personnel, can alter the at-will employment relationship.

As a condition of application for employment, and if employed, I agree not to file any action, suit or charges relating to my employment or application for employment with Accounting Aid Society more than 180 days (or in less time if any applicable law so requires) after the event and/or employment practice or action complained of, including, but not limited to, employment termination and discrimination claims, claims for wages, salary, commissions, or expenses, and to waive any state or federal statutes of limitation to the contrary (except those requiring a shorter period). I understand and agree that any employer action that is the subject of a claim or complaint is barred if it is not filed within the 180 day period (or in less time if any applicable law so requires), and I understand and agree that the 180 day period (or applicable shorter period) will not be extended for any reason, including claims of continuing violations.

The above provision does not prohibit the timely filing of a charge of discrimination under federal law, but, unless filed within 180 days, I understand that I waive my right to recover money damages or other relief. Filing a charge or claim of discrimination with an administrative agency or internally with Accounting Aid Society does not toll the 180 calendar day period for filing a civil suit.

I have read, understand, and agree to the above statements and conditions of employment.

Signature: _____ Date: _____

It is the policy of Accounting Aid Society not to discriminate in its employment and personnel practices because of a person's race, color, creed, religion, sex, national origin, age, height, weight, marital status, disability or any other basis protected by federal, state or other applicable law.

AUTHORIZATION OF FORMER EMPLOYER TO RELEASE INFORMATION

I hereby waive the right to written notice (under the Bullard-Plawecki Employee Right to Know Act) from my employer or former employer(s) with regard to the release of a disciplinary report, letter of reprimand, or other disciplinary action. I therefore authorize my employer or former employer(s) to release this information to:

Accounting Aid Society
7700 Second Avenue, Suite 314
Detroit, MI 48202-2411

Employee Name: _____
Please Print

Employee Signature: _____

Date: _____

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

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

ORDINANCE NO. 20-04 CHAPTER 18 ARTICLE V

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

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

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

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

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

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

SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE ORDINANCE

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

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

Sec 18-5-93. Voidability of contract.

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

Sec 18-5-94—18-5-100. Reserved.

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

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

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

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

JACKIE L. CURRIE
City Clerk

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Accounting Aid Society
2. Address of Contractor: 7700 Second Avenue, Suite 314
Detroit, MI 48202
3. Name of Predecessor Entities (if any): Volunteer Accounting Service
Team of Michigan (VASTMI)
4. Prior Affidavit submission? No Yes, on: 02/03/2014
(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.

Kathleen Hatke Aro (Printed Name) President (Title)

Kathleen Hatke Aro (Signature) October 1, 2014 (Date)

Subscribed and sworn to before me
this 1st day of October

Polly J. Jones
Notary Public, Wayne County, Michigan

My Commission expires August 17, 2019

POLLY J. JONES
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Aug 17, 2019
ACTING IN COUNTY OF Wayne

City of Detroit -Planning Development Department

CONFLICT OF INTEREST POLICY

POLICY STATEMENT The City of Detroit and their sub-grantees shall avoid conflicts of interest, in fact and perception, and shall notify their Executive Management and local Department of Housing and Urban Development (HUD) within twenty-four (24) hours of the occurrence or existence of potential conflicts.

POLICY GUIDANCE Typically there are two instances conflict of interest that may occur:
1) The first is when program participants are to be assisted in a property that is owned by the grantee, sub-grantee, or the parent/subsidiary/affiliated organization of the sub-grantee. In this instance, a grantee must submit a letter to the HUD Community Planning Director (CPD) requesting a waiver for good cause. The waiver must demonstrate that:

1. The use of the housing owned by the grantee/sub-grantee/related entity is necessary to provide an adequate supply of appropriate housing options for participants;
2. The grantee/sub-grantee has disclosed the conflict of interest;
3. The grantee/sub-grantee's attorney has reviewed the conflict of interest and determined that the use of the housing owned by the grantee/sub-grantee/related entity would not violate state or local law;
4. Participants will not be required or steered to live in the grantee/sub-grantee/related entity's housing in order to receive financial or other assistance; and
5. The use of the housing owned by the grantee/sub-grantee/related entity will not result in any personal or financial gain for any employee of the grantee, sub-grantee, or the parent, subsidiary, or affiliated organization of the sub-grantee.
6. The grantee/sub-grantee is not currently providing rental assistance for the property that the waiver is being requested.

Without an approved waiver from HUD, financial assistance cannot be provided to persons served in housing owned by the grantee, sub-grantee, or the parent/subsidiary/affiliated organization of the sub-grantee. For questions about a specific situation, please contact the local HUD field office.

2) The second type of conflict of interest that can occur is at the individual level (as opposed to the grantee/sub-grantee level). The official HUD policy states "No person who is an employee, agent, consultant, officer, or elected or appointed official of the grantee and who exercises or has exercised any functions or responsibilities with respect to assisted activities, or who is in a position to participate in a decision-making process or gain inside information with regard to such activities, may obtain a personal or financial interest or benefit from the activity, or have an interest in any contract, subcontract, or agreement with respect thereto, or the proceeds there under, either for himself or herself or for those with whom he or she has family or business ties,

City of Detroit :-Planning Development Department

CONFLICT OF INTEREST POLICY

during his or her tenure or for one year thereafter."

Please note that employees of a grantee or sub-grantee and their families are not automatically disqualified from receiving assistance, as long as they meet the qualifications of the above paragraph (i.e., they are not in a position to exercise any responsibilities, make decisions about, gain inside information into, or obtain a personal benefit). This situation would be more likely in a large grantee/sub-grantee agency than it would in a very small grantee/sub-grantee agency.

When this type of conflict of interest exists, the grantee may seek an exception by writing to the local HUD Field Office, including the following information:

1. For states and other governmental entities, a disclosure of the nature of the conflict, accompanied by an assurance that there has been public disclosure of the conflict and a description of how the public disclosure was made and
2. For all grantees, an opinion of the grantee's attorney that the interest for which the exception is sought would not violate state or local law.
3. If there is a question or the appearance of a conflict of interest of any type, please contact the local HUD field office to determine if an exception or waiver is needed.

CONFLICT OF INTEREST CERTIFICATE

I hereby affirm that I have received copies of the provisions of the Code of Federal Regulations relevant to conflict of interest in regards to Subrecipient Agreements under the CDBG, HOME, and ESG programs and I hereby Certify that to the best of my knowledge and belief, no actual or apparent Conflict of interest exists with regard to the performance of this contract.

Signature  10/01/2014
President of Board of Directors Date
(Or authorized representative)

Name Of Organization: ACCOUNTING AID SOCIETY

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: **PLANNING & DEVELOPMENT – NEIGHBORHOOD SUPPORT SERVICES**

Contact: **CLINTON GRIFFIN** Project Manager: **K. BAITINGER** Phone: **(313) 224-9948** Fax: **(313) 224-2321**

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

<p>A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center 2 Woodward Avenue, Suite 512 Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588</p>	<p>For: Individual or Company Name: ACCOUNTING AID Address: 7700 2ND AVE Detroit, MI 48202</p>
--	--

<p>B. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)</p>	<p>Telephone: same</p>
<p>Employer Identification of Social Security Number 23-7310753</p>	<p>Spouse Social Security Number</p>
<p>Nature of Contract: PUBLIC SERVICE-</p>	
<p>CONTRACT AMT (if known): \$193,662.00 Labor: \$ _____ Material \$ _____ Contract # (if known)</p>	

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

Check One: Individual Corporation Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

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

D. **FOR INCOME TAX USE ONLY**

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

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

Date: **FEB 17 2015** Expires: **FEB 17 2016**

YES NO Signature: _____ Date: _____ Expires: _____

CITY OF DETROIT

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

SECTION A PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT_65 Cadillac Ste 1400
DATE SENT_1/13/2015 CONTACT PERSON Clinton Griffin
PHONE NUMBER 224-9121 FAX NUMBER 626-2064 EMAIL cgriffin@detroitmi.gov
CONTRACT AMOUNT \$193,662.00

SECTION B: CORPORATION LICENSE TYPE N/A

CORPORATION NAME Accounting Aid Society
ADDRESS 7700 Second Ave., Ste 314 CITY/STATE/ZIP DETROIT, MI 48238 LEASE
CITY PERSONAL PROPERTY NUMBER 22991647.03 FID / EIN NUMBER 23-7310753
OTHER CITY-OWNED PROPERTY PARCELS No knowledge
CONTACT PERSON Gabrielle Thomas PHONE NUMBER 313-unknown EMAIL ADDRESS not available

SECTION C: PARTNERSHIP LICENSE TYPE

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

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

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

SECTION E: PERSONAL SERVICES

NAME ADDRESS
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE JAN 26 2015 CLEARANCE VALID UNTIL AUG 30 2015

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

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

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

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

RFQ / PO No.: (if applicable) _____

Duration of Covenant January 1, 2014 to December 31, 2014

Printed Name of Contractor/Organization Accounting Aid Society
(Type or Print Legibly)

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

Contractor Phone/E-mail (313) 556-1920 / karo@accountingaidsociety.org
(Phone) (E-mail)

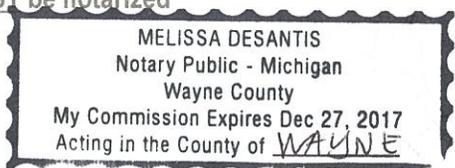
Printed Name & Title of Authorized Representative Kathleen Hatke Aro, President

Signature of Authorized Representative: *Kathleen Hatke Aro*

Date: January 24, 2014

*** This document MUST be notarized ***

Signature of Notary: *Melissa Desantis*
Printed Name of Seal of Notary: MELISSA DESANTIS
My Commission Expires: 12/27/2017



FOR CONTRACTING DEPARTMENT USE ONLY

Date Rec'd: 6/4/15 Received by: *Chidi B. Ajek* Title: Exec. Manager

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

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, Kathleen Hatke Aro, being duly sworn, state that I am the _____

President of Accounting Aid Society
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-R1 through 18-5-S6 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,

Kathleen Hatke Aro

Title: President Date: 02/03/2014

STATE OF Michigan)

COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 3rd day of February 2014
by Kathleen Hatke Aro

Polly J. Jones
Notary Public, County of Wayne

State of Michigan

My commission expires: 8/17/2019

POLLY J. JONES
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Aug 17, 2019
ACTING IN COUNTY OF



September 30, 2014

Ms. Sheri Person, Program Manager
City of Detroit
Planning & Development Department
Neighborhood Support Service Division
65 Cadillac Square, Suite 1400
Detroit, MI 48226

RE: Questions about the Accounting Aid Society Employment Application

Dear Ms. Person,

I am writing to respond to your question regarding why Accounting Aid Society continues to use a question about an applicant's criminal history on our employment application.

Our agency prepares and files thousands of individual and business tax returns for low to middle income households in southeast Michigan. Accordingly, our employees gather confidential personal information such as social security numbers and financial information in order to file such returns.

It is imperative that we screen our employees carefully so that personal financial information is safe and secure for the protection, peace of mind and trust of our clients, especially given the dramatic increase in identity theft in recent years.

While it is our policy to look at the criminal history of applicants, there is no *per se* rule prohibiting applicants with convictions or felonies from employment. We utilize discretion and consider factors such as nature and severity of the offense, when the offense was committed, and relationship of the offense to the duties of the position in order to determine whether the applicant's criminal history would disqualify him or her from employment with our agency.

If you have any questions, please feel free to contact me at (313) 556-1920; extension 1206.

Sincerely,

A handwritten signature in black ink that reads 'Kathleen Aro'.

Kathleen Hatke Aro
President
Accounting Aid Society

Proud to be named...

2008 **CRAIN'S**
Best-managed
NONPROFIT