

Log # 5700

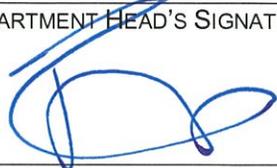
P & D 4418-01

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2895821-01  
STANDARD PO NUMBER 2895822  
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/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
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FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON <b>D. CARRINGTON</b>	PHONE NO. <b>224-6544</b>
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CONTRACTOR'S <b>International Institute of Metropolitan Detroit</b>	DATE PREPARED <b>07/08/2015</b>
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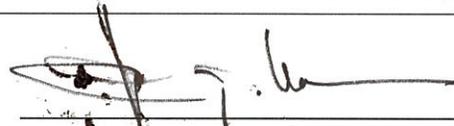
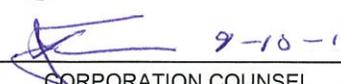
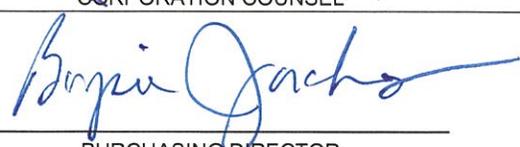
CONTRACTOR'S ADDRESS: <b>111 KIRBY Detroit, MI 48202</b>	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT <b>\$ 227,060.00</b> TOTAL CPO AMOUNT <b>\$ 127,060.00</b> CHANGE AMOUNT <b>\$ 100,000.00</b>
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PHONE NO : (313) 871-8600 EXT. 230  CORPORATION  PARTNERSHIP  INDIVIDUAL

FEDERAL EMPLOYER : 38-1358200 MINORITY FIRM  YES  NO

PURPOSE OF CONTRACT: PUBLIC SERVICES

CHARGE ACCOUNT: **2001-360772-796314-651147-06709-000000-00000**

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	07-30-15
AUG 19 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	AUG 24 2015
AUG 18 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	AUG 14 2015
AUG 24 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	AUG 25 2015
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	
	PURCHASING DIVISION  PURCHASING DIRECTOR	9/29/15
	CITY OF DETROIT CONTRACTS SECTION APPROVAL JCC REFERENCE: PAGE _____ DATE <b>JUN 12 2014</b>	

**RECEIVED**  
AUG 27 2015  
SEP 10 2015  
CITY OF DETROIT CONTRACTS SECTION  
LAW DEPARTMENT

CITY OF DETROIT  
FINANCE DEPARTMENT  
PURCHASING DIVISION  
15 SEP 14 AM 11:03

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT NO. 2895821-1**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 28<sup>th</sup> day of May, 2015, between **International Institute of Metropolitan Detroit**, 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.2896119-01, 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 Community Development Block Grant herein called **CFDA Number 14.218, GRANT AGREEMENT NUMBER B-13-MC-26-0006** for **2014/2015**, 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, 2016**; 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 3.01Is 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 Sub-recipient an amount up to **ONE HUNDRED TWENTY SEVEN THOUSAND SIXTY DOLLARS AND NO CENTS, (\$127,060.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made 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 Sub-recipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Sub-recipient an amount up to **TWO HUNDRED TWENTY SEVEN THOUSAND SIXTY DOLLARS AND NO CENTS, (\$227,060.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Amended Exhibit B, and is inclusive of any and all remuneration to which the Sub-recipient 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.



EXHIBIT B

Amended BUDGET  
 INTERNATIONAL INSTITUTE OF METROPOLITAN DETROIT, INC.  
2014-2015 NOF FUNDING

Category/Account Title	Description	NOF Budget	Other Funding
<b>ADMNSTRATION</b>			
Executive Director	\$24/hr x 10 hrs/wk x 50 weeks	\$10,000.00	\$45,000.00
Accountant	\$25/hr x 5 hrs/month x 12 months	\$1,500.00	\$2,400.00
Administrative Assistant	\$9/hr x 20/hrs/month x 12 months	\$2,000.00	\$8,000.00
Mainten Engineer	\$9/hr x 20/hrs/month x 12 months	\$2,000.00	\$8,000.00
Emolover Taxes			\$8,000.00
Frimie Benefits			\$6,000.00
<b>OPERATING EXPENSE</b>			
Utilities	Monthly electric, gas, water - allocated \$417/mo	\$7,000.00	\$8,500.00
Insurance	Liability insurance - \$167.00 a month	\$2,000.00	\$3,500.00
Consumable Supplies	Toilet paper, Hand towels, Liquid Soaps and so on budaeted at \$125/mo	\$1,500.00	\$2,000.00
Buidinci Maintenance	Daily office/classrooms cleaning, set-up Budget set for NOF at \$417.00 a month	\$5,000.00	\$5,000.00
<b>PROGRAM EXPENSE</b>			
ESL Instructor	\$18/hr x 9hrs/wk x 50/weeks	\$4,000.00	\$3,300.00
Financial Literacy Workshop Coordinator	8 workshops x \$700 per workshop (7 workshops are supported by NOF	0.00	\$5,600.00
Career Devel Director	\$20.83/hr x 40 hrs/wk x 50/weeks	\$40,000.00	0.00
Job Readiness Workshop Coordinator	8 workshops x \$700 per workshop (7 workshops are suooorted by NOF	\$0.00	\$5,600.00
Immiation Attorney	\$22.50/hr x 10hrs/wk x 52 wks	\$12,000.00	\$33,000.00
Construction Course Administrator	\$25/hr x 100 hrs	\$0.00	\$2,500.00
Carpentrv Instructor	\$30/hr x 100 hrs x 2 sessions	\$3,000.00	\$3,000.00
Electrical Instructor	\$30/hr x 100 hrs x 2 sessions	\$3,000.00	\$3,000.00
Sewing Instructor	\$30/hr x 100 hrs x 2 sessions	\$6,000.00	
ESL Books & Notebooks		0.00	\$1,500.00
Financial Literacy Printed Materials		\$0.00	\$1,500.00
Program Suoolies	Papers, pencils, markers	\$1,000.00	\$1,000.00
			\$150,800.00
	<b>TOTAL REQUESTED FROM CDBG/NOF</b>	<b>\$100,000.00</b>	

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN )  
 ) SS  
COUNTY OF WAYNE )

The foregoing instrument was acknowledged before me this 30 day of July, 2015, by **Arthur Jemison, the Director** of the ~~Planning and Development~~ Department of the City of Detroit, Michigan, a municipal corporation. Housing & Revitalization

  
Notary Public, Wayne County, Michigan

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

My commission expires: 6/21/18

RESOLUTION OF CORPORATE AUTHORITY

I, Mona Kane, CORPORATE SECRETARY of International Institute of Metropolitan Detroit, 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 21, 2015, 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>James Clark</u>	is Chairman of the Board,
<u>Julius Johnson</u>	is Executive Director,
<u>Mona V. Fought</u>	is President,
<u>Mona Hermit</u>	is Vice President,
<u>Mona Kane</u>	is Treasurer,
and <u>Mona Kane</u>	is Secretary.

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. 2872789 between the City of Detroit and International Institute of Metropolitan Detroit 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 28 day of May 2015.

CORPORATE SEAL  
(if any)

Signature: Mona Kane  
Corporate Secretary

EXHIBIT A  
SCOPE OF SERVICES  
**INTERNATIONAL INSTITUTE OF METROPOLITAN DETROIT, INC.**  
**2014-2015 NOF FUNDING**

During the term of this Agreement, the Subrecipient, **INTERNATIONAL INSTITUTE OF METROPOLITAN DETROIT, INC.** shall provide public service activities herein called the "Project" or the "Services", in order to provide **EDUCATIONAL SERVICES** for persons who are residents of the City of Detroit.

**1. GENERAL REQUIREMENTS**

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

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

Though public Services hereunder may be targeted to a particular subpopulation or problem area, the Subrecipient must abide by the provisions of Article 12 (Compliance with Laws and Security Regulations) and Article 15 (Fair Employment Practices and Nondiscrimination Requirements) of this Agreement. Therefore, the 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 NATIONAL OBJECTIVE CRITERIA**

This Project will meet the Community Development Block Grant Program national objective in the following way: Limited Clientele - INCOME DETERMINATION RECORDS.

The Subrecipient will gather and maintain records of INCOME information to show that a minimum of 51% of Project participants shall be members of low to moderate-income families. Unless the SUBRECIPIENT is otherwise notified by the City in writing, low to moderate-income family limits shall be determined in accord with the following guidelines:

FY 2011 Income Limit Area	FY 2011 Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
Wayne County	<u>Extremely Low (30%) Income Limits</u>	\$13,950	\$15,950	\$17,950	\$19,900	\$21,500	\$23,100	\$24,700	\$26,300
	<u>Very Low (50%) Income Limits</u>	\$23,250	\$26,600	\$29,900	\$33,200	\$35,900	\$38,550	\$41,200	\$43,850
	<u>Low (80%) Income Limits</u>	\$37,200	\$42,500	\$47,800	\$53,100	\$57,350	\$61,600	\$65,850	\$70,100

Data file last updated Jul 14, 2011.

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 and 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 for confidentiality.

### 3. SERVICES TO BE PERFORMED

During the term of this Agreement, the Subrecipient shall provide programs to assist the immigrant community and non-immigrant Detroit residents in getting access to education that will enable them to get jobs and/or pursue better employment opportunities. The following Programs are regarded as pathways to self-sufficiency:

- a. Immigration/Legal services – provide immigration/legal assistance to 150 low income immigrants residing in the City of Detroit. Additionally, 100 foreign-born Detroit residents will be assisted with work-permits and Social Security. Service relate to the family based immigration law, including adjustment of status as well as an employment authorization. The service consist of intakes, individual counseling, feeling the applications, representing individuals in before the USCIS or the immigration court, maintaining the records, workshops in the community (particularly Southwest Detroit). The attorney salary is \$45,000. The allocated work load of 250 cases amounts to \$12,000 a year, which is directly allocated to the CDBG/NOF.
- b. English as a Second Language (ESL) –continue to provide classes in the evening to serve 60 to 80 students. This class is offered two days a week Monday, and Wednesday to working immigrants who want to enhance their language abilities to communicate more effectively in job interviews – mock interviews will be conducted in the class. \$7,300 will be used from the CDBG/NOF Funding to pay for the instructor. The main tasks associated with the ESL program are as follow: hire additional instructor(s); registration; pre-test individuals to determine which level they should attend; provide books and other sources to enhance the learning abilities for the participants. Conduct several evaluations and make necessary adjustment to meet the goals. Assign volunteers as peer conversers to enhance the students' conversations abilities. Conduct post-test and input results in database management system.
- c. GED classes – provide GED classes to 40 individuals. 100% of the program participants are residents of the City of Detroit (95% non-immigrant; 5% -immigrants. 100% of the funding is provided by other sources.
- d. Financial Empowerment Program –funds would be used to pay for the Instructor and the materials distributed to the 150 to 200 participants. Eight 3 hours workshops will be provided by experienced instructors from Jewish Vocational Services. \$5,600 is allocated to CDBG/NOF funding to offset the cost for the workshops. The main activities relevant to the Financial Literacy Program are following: retaining qualify instructor(s); market program; register and pre-test students. Conduct workshops with continuous focus on practical application of saving, financial planning, budgeting, debt management and consolidation. Conduct post-test and input results into database management system
- e. Individual Career Development Program –funds will be used to extend a Career

Development Director from part-time to full time position for (\$40,000) to meet the increased demands for the service. A Career Development Director will work on one-on-one basis with (150) individuals. CDBG/NOF funding would be used directly to pay for the Career Development Director. In addition, the program provides 8 job readiness sessions (\$5,600) approximately 30 to 50 per session for about 200 attendees. IIMD will conduct Job Readiness Sessions which will focus on how to perform the career assessment, pursue the career that best fit the set of skills, what other skills are necessary to market individual as more employable, how to navigate the resources in seeking the employment, how to draft resume and cover letter, interview proper etiquette and mock interviews with the use of the volunteers. 3 hrs workshops are provided once a month. The activities associated with the Job Readiness Workshop are as follow: market workshops through partner agencies. Assign staff and volunteers to assist with the workshop and registration process. Conduct workshop, with hand-out materials for assessment and tools to build personal and professional career. Post-evaluation by the participants. Data is placed in database management system.

d. Vocational Training & Certificate Program – IIMD will provide 3 basic understanding courses (Electrical, General Carpentry and Machine Sewing Operator) for 100 individuals (50 each session). Each course is 100 hours in length. CDBG/NOF Funding will be used to pay for Vocational Training Administrator (\$2,500), and for 2 sessions for Electrical Instructor (\$6,000), Carpentry Instructor (\$6,000) Machine Sewing Instructor (\$6000). Upon completion of the course the participants will receive the Certificate of Completion. The serious of activities related to Vocational Training are: retain qualify instructors for a specific subject as defined by the 3 Courses. Market program; conduct registration and pre-test to evaluate skills level of participants. Conduct classroom instructions; provide hands on training; conduct post- evaluation. Place student who complete course into employment with the respective industries. Retention and analysis of the collected data

#### 4. PERSONNEL

Staff partially reimbursed under this NOF grant are ESL, GED and Financial Empowerment Program Instructors, Director of Career Development, Immigration Attorney, Vocational Training Administrator, Electrical Instructor, Plumbing Instructor, Carpentry Instructor

Qualified personnel shall perform the Services. Personnel performing trades, professional, health or food services, AS APPLICABLE, shall maintain the appropriate permits, licenses or 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.

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

**A. Administrative and program offices are located at 111 E. Kirby, Detroit, 48202.**

**B. All the programs/services of the IIMD Resource Center are open to the City-wide residents**

**C. The hours of operation:**

**The hours of operation for the Immigration/Legal, Career Development and job Placement, Financial Empowerment, Job Readiness Workshops are:  
Monday through Friday – 9:00 AM till 5:00 PM**

**The hours of operation for the GED Program are:  
Monday through Thursday: 4:00 PM till 7:00 PM**

**ESL (Evening Session) – Monday and Tuesday – 6:00 PM till 9:00 PM**

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**

During the term of this Agreement the Subrecipient shall, at a minimum, provide 8,000 service units to a minimum of 600 persons. On a monthly basis, the Subrecipient shall strive to meet the goal to provide 400 units of project services to an average of 50 persons.

A unit of service is: one class or one workshop or one counseling session.

**7. ANNUAL MEASURABLE PROJECT OUTCOME**

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

The Subrecipient’s programs addressed the Suitable Living Environment objective by improving the students’ access to supplemental educational services in that 85% of the students enrolled improved self sufficiency ratings by completing the various programs offered.

Immigration/Legal Services				
ACTIVITIES	OBJECTIVES/ OUTCOME	FINAL REPORT		PERFORMANCE INDICATOR
Provide immigration/legal counseling to low income individuals and families; conducting workshops and presentations to immigrant communities; filling out various legal applications and forms on behalf of clients; representing clients before the adjudication	150 individuals will receive immigration/legal service related to Family Based Petitions			# of intakes
				# of submitted applications
				# of clients represented
	Increased score on the self-sufficiency matrix			Scores of 5-point scale Self-Sufficiency Matrix updated at month 3, 6, 9

officer or immigration court; research and filing forms for the clients; translation and interpretation of the required documents and forms; updating the case management system	90% of participants completed the intake process.			# of inquiries recorded on PIKA
				# of intakes completed
	95% of the eligible participants fulfill the required tasks and collected all necessary documents for adjustment of status			# of open cases
				# of cases submitted
	98% of the eligible participants applied for work permit			# of eligible individuals recorded on PIKA
				# of applications submitted
	99% of participants have been approved for adjustment of status			Scores of 5-point scale Self-Sufficiency Matrix updated at month 3, 6 & 9
				# of cases submitted
				# of approval
	90% of participants with the approved status enrolled in other programs to improve communication and employability skills			Intake and pre-screening form
				# of clients referred for further programs
				# of clients enrolled from the referral list

ESL & GED									
ACTIVITIES	OBJECTIVES/ OUTCOMES	FINAL REPORT	% OF THE GOAL	PERFORMANCE INDICATOR					
Register participants for the ESL and GED classes; Pre-Test and Evaluation of language skills; Conduct teaching instruction for Beginner, Intermediate and Advanced English Classes	40 to 60 foreign born will attend ESL evening program			Registration Form					
				Pre-Test Evaluation					
				Post-Test Evaluation					
	40 to 50 low income Detroit residents attend GED classes				Registration Form				
					Pre-Test Evaluation				
					Post-Test Evaluation				
	Increased score on the self-sufficiency matrix				Scores of 5-point scale Self-Sufficiency Matrix updated at month 3,6 & 9				
					95% of the individuals who took the pre-test are enrolled in the ESL program				Registration Form
									Pre-Test Form
	80% of the participants demonstrate improvements on their tests				# of enrollees				
					Pre-Test				
					Score Cards				
					Periodic Test				
	85 to 90% passed the English Proficiency Test				Writing & Reading evaluation tests				
Post-Test Life Skill Test									

	80% completed the GED program and received the Certificate			Post-Test # of GED Certificates	
<b>Career Development &amp; Job Readiness</b>					
ACTIVITIES	OBJECTIVES/ OUTCOMES	FINAL REPORT	% OF THE GOAL	PERFORMANCE INDICATOR	
Career Development Director provides individual counseling, evaluation, career development and employment assistance to low income foreign-born and non-immigrant	150 low income individuals will participate in the Counseling & Career Development Program			Intake Forms	
				Income Verification Form	
				Self-Sufficiency Matrix Form	
	150 to 200 individuals will participate in Job Readiness Workshops				Registration Form
					Sign-up Sheet
					Post-Evaluation Form
	Participants have achieved "SAFE" level for some and "BUILDING CAPACITY" level for others on the self-sufficiency Matrix				Intake Forms
					Evaluation Forms
					Income Verification Forms
					Scores of 5-point scale Self-Sufficiency Matrix updated at month 3, 6 & 9
	90% of individuals who took career and skill assessment test are enrolled in individual				Intake Form
					Registration Form
# of enrolled & recorded in Case					

	counseling.			Management System
	85% have developed a resume and posted it on various job sites.			Updates on the Case management system
				Updates to the Self-Sufficiency Matrix
				Copy of resume on file
	60 to 80% pursue further career development			Updates on the Case Management system
				Updates to the Self-Sufficiency Matrix
	80% regularly attend network support meetings			Sign-up Sheets
				Registration Forms
				Updates to the Self-Sufficiency Matrix
	20 to 30% have been employed within first 12 months			Follow-up Phone Calls
				Updates to the Self-Sufficiency Matrix
	60% of participants have become mentors in their respective communities and neighborhoods			Follow – up Phone calls
				Attendance at the mentoring/networking workshops

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**FINANCIAL Empowerment**

ACTIVITIES	OBJECTIVES/ OUTCOMES	FINAL REPORT	% OF THE GOAL	PERFORMANCE INDICATOR
Agency staff provide	150 to 200			Intake forms

individual counseling and group instructions in the area of credit, debt management and debt reduction, budget, saving, checking accounts to low income individuals and families	individuals will enroll in Financial Literacy Empowerment			Registration Forms	
				Attendance Sheet	
				Income Verification Forms	
	Participants have achieved "SAFE" level for non-immigrant participants and "EMPOWERED" level for immigrant participants				Income Verification Form
					Scores of 5-point scale Self-Sufficiency Matrix updated at month 3, 6 & 9
	60 to 80 % have improved credit score				Credit Score
					Updates to the Self-Sufficiency Matrix
	80% have systematically deposited funds to their savings account.				Income Verification
					Bank Statements
					Updates to the Self-Sufficiency Matrix
	60% have discretionary income				Bank Statements
Updates to the Self-Sufficiency Matrix					
80% use monthly budget to manage income and expenses on regular basis				Income Verification Form	
				Updates to the Self-Sufficiency Matrix	

**VOCATIONAL TRAINING**

ACTIVITIES	OBJECTIVES/ OUTCOMES	PROGRESS	% OF THE GOAL	PERFORMANCE INDICATOR
Certified Contractors/Instructors under the supervision of the Administrator provide 125 hrs. of instruction in each of the Vocational Classes: Carpentry, Plumbing and Electrical	25 to 30 individuals will enroll in Carpentry Vocational Training Program			Registration Form Attendance Sheet Pre-Test Post-Test # of Certificates of Completion
	25 to 30 individuals will enroll in Electrical Vocational Training Program			Registration Form Attendance Sheet Pre-Test Post-Test # of Certificates of Completion
	25 to 30 individuals will enroll in Machine Sewing Operator Training Program			Registration Form Attendance Sheet Pre-test Post-Test # of Certificates of Completion
	Participants have achieved the "EMPOWERED" level on the self-sufficiency Matrix.			Scores of 5-point scale Self-Sufficiency Matrix updated at month 3, 6 & 9
				Updates to the Self-Sufficiency Matrix at 3, 6 & 9 month

	20 to 30% of the graduates found a job within a year			Employment Verification	
				Updates to the Self-Sufficiency Matrix at 3, 6 & 9 month	
	60% have demonstrated that the knowledge and new skills helped to better maintain their own homes and apartments.				Post-Test Evaluation
					Updates to the Self-Sufficiency Matrix at 3,6 & 9 month
	50% of the participants have become mentors in their own neighborhoods				Follow-up Phone Calls
					Updates to the Self-Sufficiency Matrix at 3, 6 & 9 month

**EXHIBIT E  
PERFORMANCE SCHEDULE**

(Part I – Demographics)

The Subrecipient understands and agrees that Exhibit E reporting requirements may be changed to conform to the requirements of an ordinance, rule, regulation or policy of the City of Detroit or HUD. In addition to the reporting requirements of this Exhibit E, the Planning and Development Contract Management System or any current modifications thereof may require that other Subrecipient performance data may need to be reported and submitted. The Subrecipient agrees to provide the City with any data that the Planning and Development Department may deem necessary. The City shall base any such additional reporting requirements on Federal regulations and the City's program monitoring needs.

Organization name: The International Institute of Metropolitan Detroit  
 Agreement CPO # \_\_\_\_\_ Report for the Month of \_\_\_\_\_, 20\_\_\_\_  
 Prepared by: \_\_\_\_\_ Phone No. \_\_\_\_\_

Racial Categories	Total Participants	Total New Participants	Hispanic or Latino	Total Participants Head of Household	Total Participants Year to Date
Black or African-American					
White					
American Indian or Alaska Native					
Asian					
Native Hawaiian or Other Pacific Islander					
Black or African-American and White					
Asian and White					
American Indian or Alaska Native and Black or African-American					
<b>TOTAL NUMBER OF PARTICIPANTS</b>					
Total Number of Ethnic Category Responses (Hispanic or Latino)					

\*\*A NEW Client is a person never before served during the period of the Agreement – count each NEW Client only ONCE.

**EXHIBIT E  
PERFORMANCE SCHEDULE**

(Part II – Activity Report)

Subrecipient Organization: The International Institute of Metropolitan Detroit

Number of Service Units Provided *This Month*, \_\_\_\_\_, 20\_\_

Total # Clients Receiving Immigration/Legal Service	
Total # Of ESL Classes Held	
Total # Of ESL Students (from sign in sheets)	
# GED Classes Held	
# Of GED Students (from sign in sheets)	
# Of Financial Literacy Programs Held	
# Of Financial Literacy Program Participants (from sign in sheets)	
# Of Vocational Training/Certificate Programs Held	
# Of Vocational Training/Certificate Program Participants	

COMMENTS: Use this space for explaining any changes in the staffing of the organization, rapid or slow progress in delivering services, changes in the nature of the services, etc. Attach any supporting documents that verify activities, attendance, etc., as directed by the Project Manager.

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(Part III, Outcome Report) The Outcome Report is to be provided ONLY ONCE - at the completion of the performance period. Outcomes are to be reported statistically and show how your organization has met the goal(s) stated in Section 7 of the Scope (Exhibit A). But, at the completion of the performance period use the actual number achieved, not the goal from the Scope. Keep data on file that backs up this statement.

Accomplishment Narrative: State the total numbers achieved within the term of this contract in a complete sentence along with the total number of clients enrolled from 12 months of activity reports.



**EXHIBIT F  
STATEMENT OF ELIGIBILITY - SUBRECIPIENT**

CFR 570.201(e) Public services. Provision of public services (including labor, supplies, and materials) including but not limited to those concerned with employment, crime prevention, child care, health, drug abuse, education, fair housing counseling, energy conservation, welfare home buyer down payment assistance, or recreational needs.

SUBRECIPIENT ORGANIZATION: **The International Institute of Metropolitan Detroit**

AGREEMENT SPO# \_\_\_\_\_

**STATEMENT OF ELIGIBILITY - PARTICIPANTS**

**AREA BENEFIT**

Participant Name: \_\_\_\_\_ Date \_\_\_\_\_

Service/s Requested: \_\_\_\_\_

Address: \_\_\_\_\_ Detroit, MI 482\_\_

Phone #: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age \_\_\_\_\_

Is the Service Recipient/Client a Single Female Head of Household (i.e., a single female parent with a child 18 years old or younger)?

Yes       No

Race and Ethnicity: \*\*Client must check ONE of the first two lines below THEN choose the appropriate Race category/ies

Hispanic or Latino	
NOT Hispanic or Latino	
Black or African American	
White	
American Indian or Alaska Native	
Asian	
Native Hawaiian or Other Pacific Islander	
Black or African American and White	
American Indian and White	
Asian and White	
American Indian or Alaska Native and Black African American	
*Other multi-racial category: List	

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }  
City of Detroit }

CITY CLERK'S OFFICE, DETROIT

I, Janice M. Winfrey

City Clerk of the City of Detroit, in said

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

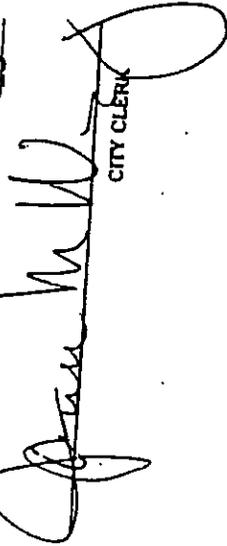
Approved by the Emergency Manager for the City of Detroit on  
Thursday, June 12, 2014  
in accordance with EM Order No. 3 dated April 11, 2013.

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

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

Detroit, this 28th

day of April A.D. 2015

  
CITY CLERK

2014/2015

CDBG

CC APPROVED

CONTRACT NOT LISTED

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

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

By Council Member Leland:

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

2014-2015 SCHEDULE A

Dept.	Action	Appr. #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13534	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,875	-\$ 2,059,252
PDD	Decrease	13534	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	-\$ 1,653,018
PDD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	-\$ 22,700
PDD	Decrease	13169	PDD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	-\$ 513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,668	\$ 500,000	-\$ 690,668
PDD		13611	Soc. IC6 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
SUB-TOTAL					\$ 8,746,361	\$ 3,806,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
SUB-TOTAL					\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
SUB-TOTAL					\$ 0	\$ 0	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 5,500,000	\$ 5,500,000
SUB-TOTAL					\$ 0	\$ 10,000,000	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
SUB-TOTAL					\$ 2,138,207	\$ 2,450,000	
DD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11798	Marriners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turmain Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12426	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06713	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11898	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11808	United Community Housing Coalition	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11809	YWCA Interm House	HPS	\$ 0	\$ 100,000	\$ 100,000
SUB-TOTAL					\$ 2,269,216	\$ 2,250,000	
Housing							
DD	Decrease	13009	Housing Rehabilitation	HR	\$ 6,000,000	\$ 0	-\$ 6,000,000
DD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
DD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
DD	Increase	13669	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
DD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
SUB-TOTAL					\$ 6,400,000	\$ 7,000,000	
DD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	-\$ 941,365
SUB-TOTAL					\$ 2,941,365	\$ 2,298,934	
DD	Increase	11426	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,486,350	\$ 186,350
DD	Increase	04715	Adult Volunteering 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	06698	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
DD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 120,000	\$ 120,000

Oppl	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	\$ 167,000	\$ 167,000
PDD	Increase	13645	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	13378	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
PDD	Decrease	13187	PDD — Development	PFR	\$ 500,000	\$ 1,488,390	\$ 200,000
PDD	Decrease	12945	Unassigned Projects	PFRTA	\$ 2,468,905	\$ 0	\$ 2,468,905
PDD	Increase	07523	Accounting Aid Society	PS	\$ 3,677,644	\$ 0	\$ 3,677,644
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05983	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	Wellspring	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
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	\$ 100,000	\$ 100,000
PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10105	A'kebu-lan Village	PS/Rec.	\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13841	East Michigan Christian	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10620	Jefferson Business Association	PS/Pub. Sity	\$ 0	\$ 350,000	\$ 350,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04683	Alzheimer's Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dulay United Action Council	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10621	L&L Adult Day Care	PS/ Seniors	\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	05662	LASED	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11993	Matrix Human Services — Reuther Center	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase			PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000

Ordl	Action	APPL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	05149	Adult & Wellness Center St. Patrick Senior Center	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Section 108 Loans	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Bock Cadillac		\$ 0	\$ 550,000	
PDD		13529	Ferry Street	REPAY	\$ 7,334,688	\$ 3,500,000	-\$ 3,834,688
PDD		13529	Fort Shelby	REPAY	\$ 1,820,956	\$ 641,268	-\$ 1,179,688
PDD		13529	Garfield	REPAY	\$ 337,199	\$ 67,199	-\$ 270,000
PDD		13529	Garfield II	REPAY	\$ 1,857,125	\$ 857,125	-\$ 1,000,000
PDD		13529	Garfield Geothermal	REPAY	\$ 242,648	\$ 17,648	-\$ 225,000
PDD		13529	Garfield Sugar Hill	REPAY	\$ 542,199	\$ 432,199	(\$ 110,000)
PDD		13529	Mexicantown	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD		13529	Now Amsterdam	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD		13529	Shubertone	REPAY	\$ 437,438	\$ 167,438	-\$ 270,000
PDD		13529	Vernor Lawndale	REPAY	\$ 847,767	\$ 447,767	-\$ 400,000
PDD		13529	Woodward Garden	REPAY	\$ 33,284	\$ 3,264	-\$ 30,000
PDD		13529		REPAY	\$ 122,992	\$ 72,992	-\$ 50,000
PDD	Increase	13635	Public Park Improvement	REPAY	\$ 919,826	\$ 619,826	-\$ 300,000
					\$ 7,334,688	\$ 3,500,000	
				PI	\$ 0	\$ 1,000,000	\$ 1,000,000
					\$ 0	\$ 187,144	
					\$43,890,841	\$28,562,866	
					\$ 0	\$ 0	
					\$43,890,841	\$28,562,866	
					\$ 310,000	\$ 310,000	\$ 0
					\$ 1,132,419	\$ 1,132,419	\$ 0
					\$31,233,230	\$32,109,171	\$ 875,941
					\$32,875,648	\$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.

01/11/12

## City Council Contract Agenda Items Review Checklist

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

Date: July 8, 2015 Department: P&DD Division: NeighborHood Support Services

Dept Head/Contact Person: D. Carrington Phone No.: 224-6544

Description: Public Service Contract No.: 2895821-01 PO Type: Prof Svc - CPO Est. Value: \$227,060

Contract Term (if applicable): January 1, 2014 to December 31, 2015

Funding: City \_\_\_\_\_% State \_\_\_\_\_% Federal 100% Other: \_\_\_\_\_ %

(Documentation must be furnished by the Dept. if anything other than City funding)

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

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

If "Yes" please explain why: \_\_\_\_\_

Consequence of not buying: \_\_\_\_\_

2. Was the product or service competitively bid? X  Yes  No  
(Request copies of bid tabulation/evaluation score sheets as needed)

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

\_\_\_\_\_

3. Was a Co-Operative Agreement Considered?  Yes X  No Co-Operative Name: \_\_\_\_\_  
If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

4. Were savings achieved?  
 Yes Amount \$ \_\_\_\_\_ X  No  
Were additional savings requested? (10%)  Yes  No

5. Does the supplier currently provide other goods and services to the City?  Yes X  No  
If yes please list: \_\_\_\_\_

6. The business being awarded is NEW CONTRACT  
If #6 is a renewal provide justification for renewal: \_\_\_\_\_  
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)

01/11/12

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

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

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

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

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NOTES:

Contract is a CDBG Grant Contract, Funded by the government and awarded to organizations who submit proposals through the City of Detroit bid process.

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *Daniel Carrington* DATE: 7-8-2015, ~~2014~~

INFORMATION PROVIDED BY: D. Carrington

TITLE: Sr. Development Specialist

PHONE NO. 224-6544

**Attachment: 2**

**Proposal # 5**      **Organization Name:** International Institute of Metropolitan Detroit

**Reviewer Signature:** Kerry Baitinger *VB*

**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**

		<b>Max Points</b>	<b>Score</b>
<b>I. CONSOLIDATED PLAN</b>			
1.	Meets City Consolidated Plan Priority	5	5
<b>II. ORGANIZATIONAL INFORMATION</b>			
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page7)</i>	5	5
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	4
<b>III. MANAGEMENT PLAN</b>			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding -- <i>MP-2 (Page 9)</i>	5	5
7.	Provided a timing plan for Project/Activity -- <i>MP-3 (Page 9)</i>	5	5
<b>IV. PROJECT DESCRIPTION</b>			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 &amp; PS 1 thru PS3 (Page 1 and 11)</i>	5	5
9.	Project clearly specifies operational structure serving the community residents -- <i>PS-4 thru PS 12 (Page11 - 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 &amp; 13)</i>	5	5
<b>V. OUTPUTS AND OUTCOMES</b>			
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
<b>VI. BUDGET</b>			
16.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.-- <i>Bud-1 thru Bud - 7 (Page 15)</i>	5	5
17.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	5
18.	Demonstrated acceptable financial management system-- <i>Bud-11 (Page16)</i>	5	5
19.	Budget is accurately computed-- <i>Bud-12 (Page17)</i>	5	5
20.	Budget is reasonable, necessary, related to proposed activity-- <i>Bud-12, Bud-13, and Bud-14. (Page17)</i>	5	5
<b>TOTAL</b>		<b>100</b>	<b>99</b>

**Reviewers Notes & Comments**

**I. Consolidated Plan**

. Meets consolidated Plan for Education

**VI. Organizational Information**

Ex Director salary for this program is \$12,500 with \$10,000 requested from CDBG.M Organization has a funding plan which identifies funding sources from grants and other funding. Project plan is detailed.

**V. Management Plan**

Program identifies detail plan on what services are provided and how the programs are advertised. Program aims to bring the client into self-sufficiency through ESL classes/clearing immigration issues/Financial literacy/Career development/job training.

**IV. Project Description**

Low/Mod to assist immigrants and non-immigrants with immigration issues/legal/GEED/Financial Literacy/Career Development. Job readiness integrates life skills to ensure individual success. Only organization that is able to assist all ethnic groups

**III. Outputs and Outcomes**

2013) 12,000 individual counseling sessions/100 residents assisted with immigration and legal issues/60 residents assisted with work permits and social security

2014) 18,000 individual counseling sessions/150 residents assisted with immigration and legal issues/100 residents assisted with work permits and social security

**II. Budget**

Budget for year is 435,735 for the year. Administration salaries are 58,000 with 16,000 requested from CDBG.

2014 / 2015 Planning & Development Department  
Public Service Threshold Criteria

Proposal Number

5

Name of Organization International Institute of Metropolitan Detroit

Reviewer Signature Kerry Baitinger Date 4-21-14

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

COMMENTS:

Cash on hand in excess of \$30,000 as of March 2014. Which fulfills the 7% operating cash requirement.

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



# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION: PDD

E-MAIL ADDRESS: BAITINGERK@DETROITMI.GOV

CONTACT NAME: K. BAITINGER

PHONE: 224-4172

FAX: 224-2321

Type of Clearance:

New

Renewal (Please submit 30 days prior to submitting bid or expiration date)

To:  
A. City of Detroit  
Income Tax Division  
Culeman A. Young Municipal Center  
2 Woodward Avenue, Ste. 512  
Detroit, MI 48226

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

For:  
Individual or  
Company Name The International Inst.

Address of Metropolitan Detroit

111 E. Kirby

City Detroit

State MI

Zip Code 48202

Telephone (313) 871-8600 Fax # \_\_\_\_\_

E-mail Address \_\_\_\_\_

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

WOJCLECH ZOHVOWSKI

Telephone # 871-8600

Fax # \_\_\_\_\_

Employer Identification or Social Security Number

38-1358200

Spouse Social Security Number \_\_\_\_\_

Nature of Contract PUBLIC SERVICE

JNT (if known): \_\_\_\_\_

Material: \$ \_\_\_\_\_

C. ALL QUESTIONS MUST BE ANSWERED TO EXPEDITE A  
ANSWERED MAY RESULT IN A DENIAL OF INCOME TAX

Check One:  Individual  Corporation

QUESTION NOT

Estate & Trust

### INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

1. Have you filed joint returns with spouse during the last seven (7) years
2. Are you a student, and/or claimed as a dependent on someone else's tax
3. Were you employed during the last seven (7) years?
4. Were you a resident of Detroit during the last seven (7) years?

(above)  Yes  No  
 Yes  No  
 Yes  No  
 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).
6. Will the company have employees working in Detroit?
7. Will the company use sub-contractors or independent contractors in Detroit?

Yes  No  
 Yes  No  
 Yes  No

### D. FOR INCOME TAX USE ONLY

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

Yes  No  
 Yes  No  
 Yes  No

Signature LAMONT FISHER

Date

APR 01 2014

Expires

APR 01 2015

Signature LUCHETTA JENNINGS

Date

MAR 27 2015

Expires

MAR 27 2016

Date

Expires

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329  
VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT [www.ci.detroit.mi.us](http://www.ci.detroit.mi.us)

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid.

Please update

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\_CAYMC Suite 908

DATE SENT 9/30/15 CONTACT PERSON Clinton Griffin

PHONE NUMBER 224-9121 FAX NUMBER 628-2064 EMAIL cgriffin@detroitmi.gov

CONTRACT AMOUNT: \$127,000.00

SECTION B: CORPORATION

LICENSE TYPE N/A

CORPORATION NAME

ADDRESS International Institute of Metro Detroit Detroit, MICHIGAN ZIP 48201

CITY PERSONAL PROPERTY NUMBER #01990982.00

FID / EIN NUMBER# 38-1358200

OTHER CITY-OWNED PROPERTY PARCELS- NO 01992281.21

CONTACT PERSON: Wojciech Zohvowski PHONE NUMBER: 313-871-8600 E-MAIL ADDRESS:

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 LIC/ENSE # 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 OWN LEASE CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED SIGNATURE DATE

SEP 29 2015

DENIED WITH ATTACHMENTS

CLEARANCE VALID UNTIL

JAN 15 2016

**COVENANT OF EQUAL OPPORTUNITY**  
**(Application for Clearance – Terms Enforced After Contract is Awarded)**

I, being a duly authorized representative of the International Institute (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit. ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

I understand that it is my responsibility to ensure that all potential sub-contractors are reported to the City of Detroit Human Rights Department and have a current *Contract Specific* Clearance on file prior to working on any City of Detroit contract. I further understand that the City of Detroit reserves the rights to require additional information prior to, during, and at any time after the Clearance is issued.

Furthermore, I understand that this covenant is valid for the life of the contract and that a breach of this covenant shall be deemed a material breach of the contract and subject to damages in accordance with the City of Detroit Code, Ordinance No. 27-3-2, Section (e)

RFQ / PO No. \_\_\_\_\_  
Printed Name of Contractor: International Institute of Metropolitan Detroit  
(Type or Print Legibly)  
Contractor Address: 111 E. Kirby Detroit MI 48202  
(City) (State) (Zip)  
Contractor Phone/E-mail: 313-871-8620 wojciech.517@yahoo.com  
(Phone) (E-mail)  
Printed Name & Title of Authorized Representative: Wojciech Zadworski, Executive J.  
Signature of Authorized Representative: \_\_\_\_\_  
Date: Sept 22, 2014

MIECZYSLAW TOMASZ ONISKIEWICZ  
NOTARY PUBLIC - MICHIGAN  
OAKLAND COUNTY  
ACTING IN THE COUNTY OF WAYNE  
MY COMMISSION EXPIRES 12/29/2019

Signature of Notary: Mieczyslaw Tomasz Oniskiewicz  
Printed Name of Seal of Notary: MIECZYSLAW TOMASZ ONISKIEWICZ  
My Commission Expires: 12 29 2019 SEP 22 2014

For Office Use Only:  
Cov. Rec'd: 1 / 1 in Department Name: Grant  
 Accepted by: \_\_\_\_\_  Rejected by: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

INTEKTU OP ID: 1R

DATE (MM/DD/YYYY)

07/22/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Brownrigg Companies, Ltd. 840 West Long Lake Rd Ste 100 Troy, MI 48098 Valissa J. Naganashe	<b>CONTACT NAME:</b> Valissa J. Naganashe <b>PHONE (A/C, No, Ext):</b> 248-373-5580 <b>FAX (A/C, No):</b> 248-373-5586 <b>E-MAIL ADDRESS:</b>													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Great American Insurance Co.</td> <td></td> </tr> <tr> <td><b>INSURER B:</b></td> <td></td> </tr> <tr> <td><b>INSURER C:</b></td> <td></td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Great American Insurance Co.		<b>INSURER B:</b>		<b>INSURER C:</b>		<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>
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<b>INSURER C:</b>														
<b>INSURER D:</b>														
<b>INSURER E:</b>														
<b>INSURER F:</b>														
<b>INSURED</b> International Institute of Metropolitan Detroit, Inc. 111 E. Kirby Detroit, MI 48202														

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	PAC 0528483	07/29/2015	07/29/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X	PAC 0528483	07/29/2015	07/29/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional		PAC0528483	07/29/2015	07/29/2016	Limits 1M/2M
A	Abuse		PAC0528483	07/29/2015	07/29/2016	Limits 1M/2M

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

The City of Detroit is an Additional Insured as funder contractual under the General Liability Fax#313-628-2054

**CERTIFICATE HOLDER****CANCELLATION**

CITY-01  City of Detroit Attn: Paul Aleboua Planning & Dev. Department 2300 Cadillac Tower 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.  AUTHORIZED REPRESENTATIVE Valissa J. Naganashe
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# CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

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**THIS HEREBY CERTIFIES  
THAT**

The International Institute of Metropolitan Detroit Inc  
111 East Kirby  
Detroit, MI 48202  
0019-HM022

is a participant in good standing with the **Human Service Association Workers' Compensation Fund**. Full statutory coverage for workers' disability compensation and employers' liability is guaranteed by the FUND for Michigan operations through authority granted by the State of Michigan under Chapter 6, Section 418.611, Paragraph (2) of the Workers' Disability Compensation Act of 1969, as amended (Act 317 of 1969, MCLA 418.101 et seq.). This certificate is evidence of coverage for **Fund Year 2015**, ending December 31, 2015, unless otherwise cancelled or terminated.

Effective Date: January 01, 2015  
Expiration Date: December 31, 2015



---

Mary V. Penz  
Group Fund Administrator

Limits of Payment: Coverage B Employer's Liability		
Carrier	Type of Policy	Limits
Human Service Association Workers' Compensation Self-Insured Fund	Self-Insured Group	\$500,000 Each Occurrence
Midwest Employers Casualty Company	Workers' Compensation Excess Carrier	\$1,000,000 Each Occurrence (excess of \$500,000)
EWC 005397-15	Excess	\$5,000,000 Self-Insured Group Aggregate

**GROUP FUND ADMINISTRATOR:**

Mary V. Penz  
17000 19 Mile Rd  
Clinton Twp, MI 48038  
Phone: (586) 416-8950 Fax: (586) 783-2753

**CLAIMS:**

CMI  
645 W Grand River Suite 100  
Howell, MI 48843  
Phone: (800) 533-9366 Fax: (517) 548-9246

# Hiring Policy Compliance Affidavit

I, Wojciech Kobuszko being duly sworn, state that I am the Executive Director of the International Institute of Herbology DB.  
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 time 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,

[Signature]  
Title Executive Dir. Date 09/22/2014

STATE OF MICHIGAN )  
COUNTY OF WAYNE ) SS

The foregoing Affidavit was acknowledged before me the 22 day of SEPT 2014 by

[Signature]

MIECZYSLAW TOMASZ ONISKIEWICZ  
NOTARY PUBLIC - MICHIGAN  
OAKLAND COUNTY  
ACTING IN THE COUNTY OF WAYNE  
MY COMMISSION EXPIRES 12/29/2019

Notary Public, County of WAYNE

State of MICHIGAN

My commission expires 12/29/2019

# Application for Employment

PRE-EMPLOYMENT QUESTIONNAIRE  
EQUAL OPPORTUNITY EMPLOYER

## Personal Information

DATE \_\_\_\_\_

NAME (LAST NAME FIRST)		SOCIAL SECURITY NO	
PRESENT ADDRESS	CITY	STATE	ZIP CODE
PERMANENT ADDRESS	CITY	STATE	ZIP CODE
PHONE NO	SECONDARY PHONE NO	REFERRED BY	

## Employment Desired

POSITION	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO	
EVER APPLIED TO THIS COMPANY BEFORE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHERE	WHEN

## Education History

	NAME & LOCATION OF SCHOOL	YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS, OR CORRESPONDENCE SCHOOL				

## General Information

SUBJECT OF SPECIAL STUDY/RESEARCH WORK	
SPECIAL TRAINING	
SPECIAL SKILLS	
U.S. MILITARY OR NAVAL SERVICE	RANK

## Former Employers (LIST BELOW LAST FOUR EMPLOYERS, STARTING WITH LAST ONE FIRST)

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



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

1. Name of Contractor: The International Institute of Metrographi- Detroit  
2. Address of Contractor: 111 E. Kirby  
Detroit MI 48202

3. Name of Predecessor Entities (if any): None

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

If "No", complete Items 5 and 6.

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

5. Contractor was established in 1919 (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.

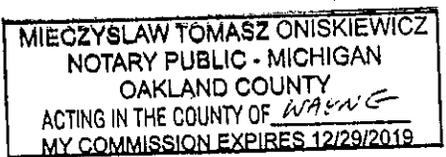
\_\_\_\_ Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in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

Wojciech Kolmogor (Printed Name) Executive Dir (Title)  
[Signature] (Signature) 09/22/2014 (Date)

Presented and sworn to before me  
this 22 day of SEPT. 2014.

Mieczyslaw Tomasz Oniskiewicz  
Notary Public, \_\_\_\_\_ County, Michigan  
My Commission expires: \_\_\_\_\_



[View assistance for Search Results](#)

# Search Results

**Current Search Terms: international\* institute\* of metropolitan\* detroit\***

Your search for "International* Institute* of Metropolitan* Detroit*" returned the following results...		
Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.		
Entity	<b>INTERNATIONAL INSTITUTE OF METROPOLITAN DETROIT INC</b>	Status: Active
DUNS: 049254014	CAGE Code: 8AFV5	<a href="#">View Details</a>
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 01/07/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		

### Glossary

#### Search Results

Entity

Exclusion

#### Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.34.20150710-1415

**Note to all Users:** This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

