

Log # 311

P & D 4408-01

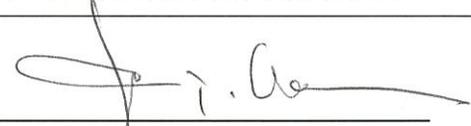
# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2895823 - 01  
 STANDARD PO NUMBER  
 CHANGE ORDER "AMENDMENT"  
 REVISION

### 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 <b>D. CARRINGTON</b>	PHONE NO. <b>224-9973</b>
CONTRACTOR'S <b>Detroit Area Pre-College Engineering Program</b>		DATE PREPARED <b>01/22/2015</b>	
CONTRACTOR'S ADDRESS: <b>2111 WOODWARD AVENUE, SUITE 506-01 Detroit, MI 48201</b>		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT <b>\$200,000.00</b> TOTAL CPO AMOUNT <b>\$100,000.00</b> CHANGE AMOUNT <b>\$100,000.00</b>	
PHONE NO : (313) 831-3050 EXT. 230		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER : 38-2451827		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PUBLIC SERVICES			
CHARGE ACCOUNT: <b>2001 -360238-788414-651147-04139-000000- A3050</b>			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	<b>REQUESTING DEPARTMENT</b>   AUTHORIZED DEPARTMENT REPRESENTATIVE	05-21-15
SEP 03 2015	<b>BUDGET</b> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   BUDGET DIRECTOR OR DEPUTY	SEP 04 2015
	<b>GRANT MANAGEMENT SECTION</b> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  GRANT ACCOUNTANT	
SEP 08 2015	<b>FINANCE DEPARTMENT</b> <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   FINANCE DIRECTOR OR DEPUTY	SEP 08 2015
	<b>LAW DEPARTMENT</b> <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL   CORPORATION COUNSEL	9/10/15
	<b>PURCHASING DIVISION</b>   PURCHASING DIRECTOR	9/20/15

**RECEIVED**  
 SEP 09 2015  
 CITY OF DETROIT  
 CONTRACTS SECTION  
 LAW DEPARTMENT

CITY OF DETROIT  
 FINANCE DEPARTMENT  
 PURCHASING DIVISION  
 15 SEP 10 AM 11:48  
 SEP 10 AM 11:30

JUN 12 2014

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2895823**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of January, **2015**, between **Detroit Area Pre-College Engineering Program**, the "Sub-recipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to Agreement **CPO No. 2895823**, dated **January 1, 2014**, between the Sub-recipient and the City (herein called the "Agreement"):

**WITNESSETH:**

WHEREAS, the Sub-recipient 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 **twelve (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 which reads:

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 Purchasing Director of the City of Detroit. The term shall be from **January 1, 2014 through December 31, 2015**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Sub-recipient.

Is 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 Purchasing Director of the City of Detroit. The term shall be from **January 1, 2014 through December 31, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Sub-recipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Sub-recipient an amount up to **ONE HUNDRED THOUSAND DOLLARS AND NO CENTS, (\$100,000.00)** 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 THOUSAND DOLLARS AND NO CENTS, (200,000.00)** 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.

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, Alycia Meriweather, CORPORATE SECRETARY of Detroit Area Pre-College Engineering Program, 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 December 9, 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:

\_\_\_\_\_ is Chairman of the Board,  
Jason D Lee \_\_\_\_\_ is Executive Director,  
Stephen Lewis \_\_\_\_\_ is President, of the Board  
Joi Harris \_\_\_\_\_ is Vice President,  
Albert Ware \_\_\_\_\_ is Treasurer,  
and Alycia Meriweather \_\_\_\_\_ 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 Detroit Area Pre-College Engineering Program entered into for the purpose of providing Public Services for the period of January 1, 2014 up to and including December 31, 2015, and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 15<sup>th</sup> day of January 2015.

CORPORATE SEAL  
(if any)

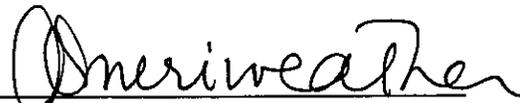
Signature:   
Corporate Secretary



EXHIBIT A  
SCOPE OF SERVICES  
DETROIT AREA PRE-COLLEGE ENGINEERING PROGRAM (DAPCEP)

During the term of this Agreement, the Subrecipient, **DETROIT AREA PRE-COLLEGE ENGINEERING PROGRAM**, shall provide public service activities, herein called the "Project" or "Services," in order to provide **SATURDAY SERIES STEM YOUTH PROGRAM** for students 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. The Services shall 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: **NATURE/LOCATION OF SERVICES** (51% low/mod benefit).

Students attend Title I Detroit Public Schools, churches, and community/recreation centers that are documented as having at least 51% of enrolled students belonging to low and moderate income households. The project serves students residing in the following census tracts: all census tracts and the street boundaries of 8 mile Road to the north; I-75 and the Rouge River to the south, Moross and Mack to the east and Five Points to the West. The percentage of low to moderate income persons residing in this defined area is 90%.

The Subrecipient shall make and maintain such data and records as required by the City as necessary for the reports required in Exhibits E and F hereof. Such records shall identify program participants/and or beneficiaries, 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 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 academic enrichment in science and mathematics and pre-engineering, orientation and assistance to 500 students who are residents of the City of Detroit via the operation of two programs as further described below.

**SATURDAY AND SUMMER PROGRAM:** During the terms of this Agreement, the Subrecipient will provide approximately 500 students (grades 4 through 12) with the opportunity to attend special classes free of charge at U of D Mercy, Tabernacle, U of M Dearborn, Pewabic Pottery, U of M Ann Arbor, and Wayne State University on Saturdays during the school year and at times to be announced during the summer. Classes may include but are not limited to such subjects and titles as:

- 1 Pre- Engineering Mathematics
- 2 Rockets, Rainbows and motors
- 3 Think 3D Geometry
- 4 Electrical Engineering
- 5 Environmental Explorations
- 6 Engineering Design
- 7 Technically Right
- 8 Physics
- 9 Study Skills
- 10 Intro to C-Programming
- 11 Manufacturing and Energy
- 12 Pre-Calculus
- 13 ACT/SAT Preparation
- 14 Lines and Curves
- 15 Tutorial

### 4. PROJECT LOCATION

Administrative functions shall be performed at 2111 Woodward Avenue Suite 506, Detroit, MI 48201. The Saturday and Summer Program classes will operate out of classrooms at U of D Mercy, Wayne State University, and several other locations. A list of participating universities and corporations will be available upon execution of this Agreement.

### 5. PERFORMANCE SCHEDULE

During the term of this agreement the Subrecipient shall, at a minimum, provide 450 service units to a minimum of 450 students. On a monthly basis during the school year, the Subrecipient shall strive to meet the goal to provide an average of 50 units of project services to the clients.

## **6. PERSONNEL**

The Services shall be performed by qualified personnel. The Subrecipient shall submit job descriptions to the City for all persons performing work there under and such descriptions shall name the workers and describe their qualifications. Such information shall be provided to the City upon execution of this Agreement.

## **7. ANNUAL MEASURABLE PROJECT OUTCOME**

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

Pre- and post-test results will be compared to show that at least 50% of the participants have improved their skills. The Subrecipient will provide at least one report of the results of such pre- and post-tests at the end of the project, even if the project ends after the expiration date of this Agreement (as the Agreement period does not coincide with the school year).

Budget requests must be a minimum of \$100,000 (per request)

**Bud-12. Public Service Budget**

Complete the following budget form for the requested public service activity:	Amount from other funding source(s)	Amount from 2014-2015 CDBG/NOF
<b>PERSONNEL</b>		
Salaries (should match total from salaries-Page 8, Org-10)	286,166	5,375
Employer Taxes (FICA, FUTA, etc.)	43,374	0
Fringe (health insurance, life insurance, etc.)	9,181	0
Independent contractor/consultant personal services contracts (List title for each & hourly rate or weekly pay or other fee scale)		
Accounting Services	4,800	1,600
<b>OPERATING EXPENSES (pro rata share)</b>		
Postage & Mailing	1,200	800
Supplies	5,000	2,000
<b>SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)</b>		
Universities / Institution Student Fees	85,933	75,000
Transportation	25,000	12,425
Orientation / Registration / Closing	8,000	2,800
Evaluation	20,000	0
Food	1,500	0
Facility Rental	13,000	0
Parent / Family Support	2,500	0
Materials	1,600	
In-Kind Expense	227,880	0
<b>TOTAL AMOUNT REQUESTED FROM CDBG/NOF</b>		<b>100,000</b>

**Bud-13. What percentage of your budget (compared to total costs) will be expended on administrative costs? 15%**

(Administrative cost total divided by total project costs will give you the administrative cost percentage)  
 (Examples of Administrative costs incl. Management, Accounting, Non-Operational, etc)

**EXHIBIT N**  
**CERTIFICATION REGARDING DEBARMENT, SUSPENSION INELIGIBILITY AND VOLUNTARY**  
**EXCLUSION LOWER TIER COVERED TRANSACTIONS**

Instructions for Certification

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, principal proposal, and voluntarily excluded, as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant further agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transaction" without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION - LOWER TIER COVERED TRANSACTIONS.

(1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a Federal department or agency.

(2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Subrecipient, Contractor  
Subcontractor, or Principal

Subrecipient Organization Name: Detroit Area Pre-College  
Engineering Program .

By:  \_\_\_\_\_

Its: Executive Director \_\_\_\_\_

Date: 4/14/14 \_\_\_\_\_

EXHIBIT S  
INSURANCE WAIVER & CERTIFICATION for

**Subrecipient Organization Name:** Detroit Area Pre-Engineering Program .

**Subrecipient Certification for Waiver of Owned Auto Coverage ("Any Auto")**

This will affirm that Detroit Area Pre College Engineering Program, Inc., the Subrecipient under Agreement CPO No. \_\_\_\_\_ is an organization which owns no automobiles other than those which have been scheduled with the insurer providing automobile insurance coverage as shown on the insurance certificate provided and further affirms that the Subrecipient has no plans to acquire any additional automobiles during the term of the Agreement. If any such automobiles should be acquired during the term of the Agreement, the Subrecipient affirms that it will provide insurance coverage as required by the Agreement.

**Signed for Subrecipient, by:**



Executive Director

8/6/14

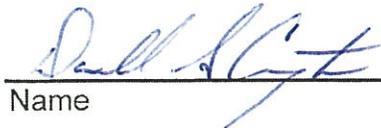
Name

Title

Date

Under these circumstances, it is requested that the requirement for Owned Auto Coverage be deemed satisfied by virtue of the fact that the Subrecipient has shown that it has the required coverage for scheduled autos.

**Signed for Department, by:**



Develop. Spec.

8/6/14

Name

Title

Date

# Hiring Policy Compliance Affidavit

I, Jason D Lee, being duly sworn, state that I am the Executive Director  
\_\_\_\_\_ of Detroit Area Pre College Engineering Program, Inc  
Title Name of Bidder Corporation or Other Business Entity

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

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

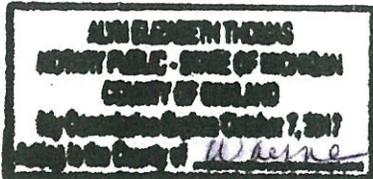
SIGNED,

[Signature]  
Title: Executive Director Date: 6/24/15

STATE OF Michigan )  
COUNTY OF Oakland ) SS

The foregoing Affidavit was acknowledged before me the 24<sup>th</sup> day of June, 2015,  
by Walter Thomas.

Notary Public, County of Oakland  
State of Michigan  
My commission expires: 10/2017



TRUE COPY CERTIFICATE

STATE OF MICHIGAN, } ss  
City of Detroit

CITY CLERKS 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  
in accordance with EM Order No. 3 dated April 11, 2013.

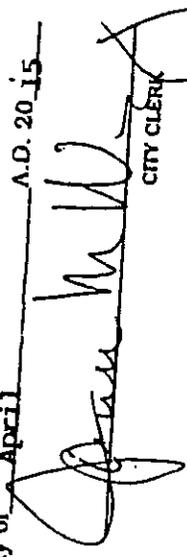
City Clerk of the City of Detroit, in said

Thursday, June 12, 2014

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

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	APPL#	Sponsor	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
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	\$ 1,190,669	\$ 500,000	-\$ 690,669
PDD		13611	Soc. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
			<b>SUB-TOTAL</b>		<b>\$ 8,746,361</b>	<b>\$ 3,806,955</b>	
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	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
			<b>SUB-TOTAL</b>		<b>\$ 3,052,662</b>	<b>\$ 3,408,245</b>	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 0</b>	
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	\$ 6,500,000	\$ 6,500,000
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 13,000,000</b>	
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	11808	Casa Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12768	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
			<b>SUB-TOTAL</b>		<b>\$ 2,138,207</b>	<b>\$ 400,000</b>	
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	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turnant 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	12428	St John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10628	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06733	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	11806	United Community Housing Coalition	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11809	YWCA Intern House	HPS	\$ 0	\$ 100,000	\$ 100,000
			<b>SUB-TOTAL</b>		<b>\$ 2,269,216</b>	<b>\$ 2,250,000</b>	
			<b>Housing</b>				
DD	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	-\$ 8,000,000
DD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
DD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
DD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 400,000	\$ 0	-\$ 400,000
DD	Decrease	13610	Intern Assistance Emergency Conditions	HR	\$ 0	\$ 7,000,000	\$ 7,000,000
			<b>SUB-TOTAL</b>		<b>\$ 8,400,000</b>	<b>\$ 14,000,000</b>	
			<b>PDD — Housing Services</b>				
			<b>SUB-TOTAL</b>		<b>\$ 2,941,365</b>	<b>\$ 2,000,000</b>	
DD	Increase	11428	Public Facility Rehab.	PFR	\$ 2,941,365	\$ 3,399,934	\$ 458,569
DD	Increase	04715	Adult Volunteering Services	PFR	\$ 1,300,000	\$ 1,488,390	\$ 188,390
DD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 134,690	\$ 134,690
DD	Increase	00698	Focus HOPE	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 102,700	\$ 102,700
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 120,000</b>	

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				
PDD	Increase	13645	North Rosedale Civic Association	PFR	\$ 0	\$ 167,000	\$ 167,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	01808	San-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13358	Sickle Cell Disease Association	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Decrease	13167	PDD - Development		\$ 500,000	\$ 1,488,390	\$ 200,000
PDD	Decrease	12945	Unassigned Projects		\$ 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		\$ 3,677,644	\$ 0	\$ 3,677,644
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
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	\$ 100,000	\$ 100,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
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

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	Alkebulan 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	11167	The Green of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
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	\$ 100,000	\$ 100,000
PDD	Increase	04683	Alzheimer's Association	PS/	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	06403	Dairy United Action Council	Seniors	\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	10621	L&L Adult Day Care	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05662	LASED	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11993	Matrix Human Services - Reuther Center	Seniors	\$ 0	\$ 75,000	\$ 75,000

Ord. 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
			Seniors	\$ 0	\$ 100,000	\$ 100,000
			Seniors	\$ 0	\$ 550,000	\$ 550,000
PDD	13529	Section 108 Loans	REPAY	\$ 7,334,688	\$ 3,500,000	-\$ 3,834,688
PDD	13529	Bock Cadillac	REPAY	\$ 1,820,958	\$ 641,268	-\$ 1,179,690
PDD	13529	Ferry Street	REPAY	\$ 337,199	\$ 67,199	-\$ 270,000
PDD	13529	Fort Shelby	REPAY	\$ 1,857,125	\$ 857,125	-\$ 1,000,000
PDD	13529	Garfield	REPAY	\$ 242,648	\$ 17,648	-\$ 225,000
PDD	13529	Garfield II	REPAY	\$ 542,199	\$ 432,199	(\$ 110,000)
PDD	13529	Garfield Geothermal	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD	13529	Garfield Sugar Hill	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD	13529	Mexicantown	REPAY	\$ 437,438	\$ 187,438	-\$ 250,000
PDD	13529	New Amsterdam	REPAY	\$ 847,767	\$ 447,767	-\$ 400,000
PDD	13529	Stuberslone	REPAY	\$ 33,284	\$ 3,284	-\$ 30,000
PDD	13529	Vernor Lawndale	REPAY	\$ 122,992	\$ 72,992	-\$ 50,000
PDD	13529	Woodward Garden	REPAY	\$ 919,826	\$ 819,826	-\$ 100,000
			REPAY	\$ 7,334,688	\$ 3,500,000	-\$ 3,834,688
PDD Increase	13635	Public Park Improvement	PI	\$ 0	\$ 1,000,000	\$ 1,000,000
				\$ 0	\$ 187,144	\$ 187,144
				\$ 43,890,841	\$ 28,562,856	-\$ 15,327,985
				\$ 0	\$ 0	\$ 0
				\$ 43,890,841	\$ 28,562,856	-\$ 15,327,985
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		\$ 331,233,230	\$ 332,109,171	\$ 875,941
				\$ 332,675,649	\$ 333,551,590	\$ 875,941

Adopted as follows:  
 Yeas — Council Members Banson, 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: Febhruary 9, 2014 Department: P&DD Division: NeighborHood Support Services

Dept Head/Contact Person: D. Carrington Phone No.: 224-9973

Description: Public Service Contract No.: \_\_\_\_\_ PO Type: Prof Svc - CPO Est. Value: \$100,000

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: Detroit Area Pre-College Engineering Program 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
- 

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. During term of Agreement the subrecipient shall provide Saturday Series STEMM Youth Program for persons who are residents of the City of Detroit.

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *Danell C. Carrington* DATE: 1/22, 2015

INFORMATION PROVIDED BY: D. Carrington  
TITLE: Sr. Development Specialist  
PHONE NO. 224-9973

PS & HPS SCORING FORM 2014

TOTAL POINTS SCORED

100

Attachment: 2

Proposal # 12 Organization Name: DETROIT AREA PRE-COLLEGE ENGINEERING PROGRAM

Reviewer Signature: D. CARRINGTON

**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
<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. (Page 7)</i>	5	5
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
<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 (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 &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- - Out -4 ( <i>Page 14</i> )	5	5
15.	Evidence and adequacy of process and tools to measure outcomes - - Out-5 ( <i>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 (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
<b>TOTAL</b>		<b>100</b>	<b>100</b>

2014 / 2015 Planning & Development Department  
Public Service Threshold Criteria

Proposal number  
12

Attachment #1

Name of Organization DETROIT AREA PRE-COLLEGE ENGINEERING PROGRAM

Reviewer Signature D. CARRINGTON Date 4-16-14 \$100,000

Threshold Criteria	Yes	No
Meets HUD National Objective (Thr-1)	X	
Group attended 2014 workshop (check attendance roster) (List of attendees 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 or Line of Credit)	X	

COMMENTS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

FEB 17 2015

Date Submitted: 2-16-2015

### REQUEST FOR INCOME TAX CLEARANCE

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

Contact: **CLINTON GRIFFIN** Project Manager: **D. CARRINGTON** Phone: (313) 224-9121 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: <b>DAPCEP</b> Address: <b>100 FARNSWORTH STE 249</b> <b>Detroit, MI</b></p>
--	---

A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)	Telephone: same
Employer Identification of Social Security Number 38-2451827	Spouse Social Security Number
Nature of Contract: <b>PUBLIC SERVICE-</b>	BID/CONTRACT AMT (if known): \$100,000.00 Labor: \$ _____ Material \$ _____ Contract # (if known)

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

Check One:  Individual  Corporation  Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7

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

D. FOR INCOME TAX USE ONLY

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

YES  NO Signature: LUCRETIA JENNINGS *INCOME TAX INVESTIGATOR* Date: **FEB 17 2015** Expires: \_\_\_\_\_

YES  NO Signature: LUCRETIA JENNINGS *INCOME TAX INVESTIGATOR* Date: **MAR 10 2015** Expires: **MAR 10 2016**

Date Submitted: 2-16-2015

**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](mailto:RevenueCollections@DetroitMi.gov)

SECTION A: **PLANNING & DEVELOPMENT**

ADDRESS OF DEPARTMENT **CAYMC Suite 908**

DATE SENT **9/3/15** CONTACT PERSON **Clinton Griffin**

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

CONTRACT AMOUNT: **\$100,000.00**

SECTION B: CORPORATION

LICENSE TYPE **N/A**

CORPORATION NAME **DAPCEP**

ADDRESS **100 Farnsworth Ste 249 Detroit, MICHIGAN ZIP 48202**

CITY PERSONAL PROPERTY NUMBER **#01990972.10** FID / EIN NUMBER# **38-2451827**

OTHER CITY-OWNED PROPERTY PARCELS- NO

CONTACT PERSON **Veronica Hall** PHONE NUMBER: **313-831-3060** 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 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**  
**APP**  
**CONTRACT CLEARANCES**

OWN LEASE

FOR TREASURY COLLECTION USE ONLY

APPROVED

DENIED

DENIED WITH ATTACHMENTS

SEP 22 2015

CLEARANCE VALID UNTIL

JAN 15 2016

SIGNATURE

DATE

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

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

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

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

RFQ / PO No.: (if applicable) \_\_\_\_\_

Duration of Covenant \_\_\_\_\_ to \_\_\_\_\_

Printed Name of Contractor/Organization Detroit Area Pre College Engineering Program, Inc  
(Type or Print Legibly)

Contractor Address 2111 Woodward #506-1 Det, Michigan 48211  
(City) (State) (Zip)

Contractor Phone/E-mail 313-831-3050 / \_\_\_\_\_  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative Jason D Lee Executive Director

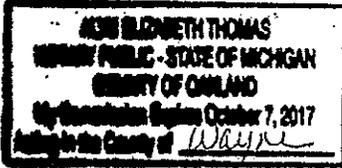
Signature of Authorized Representative: \_\_\_\_\_  
Date: 8/5/14

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

Signature of Notary: Alyn E. Thomas

Printed Name of Seal of Notary: Alyn E. Thomas

My Commission Expires: 10 / 7 / 2017



FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd: 11/27/15 Received by: [Signature] Title: Exec Manager

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

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

I, being a duly authorized representative of the Detroit Area Pre-College Engineering Program, Inc (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: Detroit Area Pre-College Engineering Program, Inc  
(Type or Print Legibly)

Contractor Address: 2111 Woodward Avenue Michigan 48201  
(City) (State) (Zip)

Contractor Phone/E-mail: 313-831-3050 / mreaves@dapcep.org  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Michelle Reaves Deputy Director

Signature of Authorized Representative: Michelle Reaves

Date: 4/3/14

Signature of Notary \_\_\_\_\_

Printed Name of Seal of Notary \_\_\_\_\_

My Commission Expires \_\_\_\_\_

For Office Use Only:	
Cov. Rec'd: ___/___/___ in	Department Name: _____
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
<u>Veridita [Signature]</u> <u>6/11/14</u>	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/28/2015

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> Lewis & Thompson Agency, Inc. 2621 W. Grand Blvd.  Detroit MI 48208-	<b>CONTACT NAME:</b> PHONE (A/C No. Ext): (313) 875-7555      FAX (A/C No): (313) 875-7798 E-MAIL ADDRESS: ltagency@sbcbglobal.net	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> DAPCEP 2111 Woodward Ave Suite 506-1 Wayne Detroit MI 48201-	<b>INSURER A</b> Auto Owners Insurance      AOI	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			93201482-00	12/22/2014	12/22/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 150,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				/ /	/ /	MED EXP (Any one person)	\$ 5,000
					/ /	/ /	PERSONAL & ADV INJURY	\$
					/ /	/ /	GENERAL AGGREGATE	\$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				/ /	/ /	PRODUCTS - COMP/OP AGG	\$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				/ /	/ /	CSL	\$ 1,000,000
A	AUTOMOBILE LIABILITY			93201482-00	12/22/2014	12/22/2015	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input type="checkbox"/> ANY AUTO				/ /	/ /	BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS			/ /	/ /	BODILY INJURY (Per accident)	\$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS			/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
					/ /	/ /		\$
	UMBRELLA LIAB				/ /	/ /	EACH OCCURRENCE	\$
	EXCESS LIAB	<input type="checkbox"/> OCCUR			/ /	/ /	AGGREGATE	\$
	DED				/ /	/ /		\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			040007230	11/20/2014	11/20/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N			/ /	/ /	E.L. EACH ACCIDENT	\$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N	N/A		/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$ 500,000
					/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$ 500,000
					/ /	/ /		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 It is hereby agreed that the Certificate Holder is named as an Additional Insured as respects acts of the Named Insured.

<b>CERTIFICATE HOLDER</b> ( ) - ( ) -  City of Detroit Planning & Development 65 Cadillac Square  Detroit MI 48226-	<b>CANCELLATION</b>  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 
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D B French and Company, LLC

This Company and its affiliates (the "Employer") is an equal opportunity employer and does not discriminate against otherwise qualified employees or applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status. All activities relating to employment including recruitment, testing, selection, promotion, training and termination shall be conducted in a nondiscriminatory manner. The Employer cooperates fully with all organizations that are established and organized to promote Equal Employment Opportunity.

**Internal Use Only**

EEO Job Category:

- 1 Officials/Manager     2 Professionals     3 Technicians     4 Sales     5 Office/Clerical  
 6 Craft Workers     7 Operatives     8 Laborers     9 Service Workers

Vacation Accrual: \_\_\_\_\_ Sick Accrual: \_\_\_\_\_ WC Code: \_\_\_\_\_

Company ID# \_\_\_\_\_ Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_

**Employer Portion** (This section to be completed by the employer)

Company Name:	
Employee's Job Title:	Department:
Hire Date:	Date Employee Begins Work:
Pay Rate: Per:	Standard Hrs/Pay Period:
Primary Pay Type (Check only one): <input type="checkbox"/> Hourly <input type="checkbox"/> Salaried Exempt <input type="checkbox"/> Salaried Non-Exempt <input type="checkbox"/> Commission <input type="checkbox"/> Piecework <input type="checkbox"/> Other:	
Employee Works: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Authorizing Signature: _____	Date: _____
Title:	

**Employee Portion** (This section to be completed by applicant)

**I. General Information**

Name (Last, Middle, First):	Social Security Number:
Address /Apt# /P.O. Box:	County:
City:	State:                      Zip:
Home Phone:	Email Address:
Emergency Contact Name /Relationship:	Phone Number:
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If offered employment, you will be required to provide documentation to verify eligibility.	
Have you ever been convicted of a crime other than a minor traffic offense? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain including date and nature of conviction. (A conviction will not necessarily automatically disqualify you for employment. Rather, such factors as age and date of conviction, seriousness and nature of crime, and rehabilitation will be considered.)	
Are you able to perform all the essential function and duties required of the position for which you are applying, with or without reasonable accommodation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If under age 18, please state your age, _____ and attach work permit.	

**IV. Authorization and Understanding**

**PLEASE SIGN THIS APPLICATION AND READ THE FOLLOWING STATEMENTS CAREFULLY.**

**A. Authorizations:** My answers are complete and true to the best of my knowledge and belief. I acknowledge that any false statement or omission in answering the above questions may result in the rejection of my application or can result in immediate discharge and/or the termination of employment. I hereby release employer, previous employers, and all persons contacted from any and all liability for damages incurred while verifying the accuracy of the lawful information provided. In consideration of my employment, I agree to abide by all Employer and client rules and regulations. I acknowledge that, if employed, unless my employment becomes subject to a collective bargaining agreement, my employment and compensation will be at the will of Employer and can be terminated, with or without cause, and with or without notice, at any time, at the option of either Employer or myself. .

**B. Workers' Compensation Claims:** I shall report all work-related injuries and/or illnesses to the Employer as soon as possible following the incident. I understand that the processing of such claims will be done by the Employer's workers' compensation insurance carrier and that any compensation due to me shall be paid by Employer's workers' compensation insurance carrier.

**C. Trade Secrets:** The term "Confidential Information" means all information belonging to or used by Employer or its clients related to internal operations, procedures and policies, business strategies, pricing, billing information, personnel information, customer contacts, sales information, employee lists, technology, software source codes, programs, costs, marketing plans, developmental plans, computer programs and system, security systems, and all other plans, proprietary information and trade secrets of every kind and character. Confidential information is the exclusive property of Employer and/or its clients. By virtue of being employed by Employer, certain confidential information has been and will be disclosed to me. These disclosures are made solely to assist me in the performance of my responsibilities. My right to use confidential information, and the extent thereof, is at Employer's sole discretion and such rights shall expire immediately upon the termination of my employment. I shall not, either during or after my employment with Employer, disclose any confidential information for any reason or purpose contrary to the interest of Employer or the client to which I am assigned. Upon termination of employment, I shall immediately return all property in my possession relating to Employer or the client's business.

**D. Background Checks, Drug Testing and Physical Examinations:** I understand that if my employment requires additional pre-employment criteria, such as a driver's records check, a background investigation, and/or a pre-employment drug test, and if I have been offered or started employment before any such investigation or test is completed, my employment, or continued employment, will be contingent on satisfactory results on all. It is Employer's policy to maintain a work place that is free from the effects of both legal and illegal drug and/or alcohol abuse. Employer may require drug testing of job applicants and employees. I understand a drug test may be required prior to employment, and based upon reasonable suspicion and/or a work-related accident during my employment. Refusal to take, altering the results of, or failing the drug test will disqualify me from consideration or continuation of employment. I also acknowledge that, if hired, I may be required to submit to medical /physical examinations when job related and consistent with business necessity.

I have read each section of the agreement and I accept the terms and conditions described.

X  
Applicants Signature

\_\_\_\_\_  
Date of Signature

CITY OF DETROIT  
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Detroit Area Pre College Engineering Program Inc  
2. Address of Contractor: 2111 Woodward Avenue (DAPEP)  
Suite 506-1  
Detroit MI 48201

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 1976 (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.

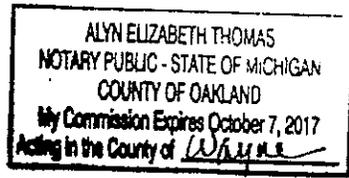
Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached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

Jason D. Lee (Printed Name)  
Executive Director (Title)  
[Signature] (Signature)  
\_\_\_\_ (Date)

Subscribed and sworn to before me  
this 5th day of August

Notary Public, Dakeland County, Michigan  
My Commission expires: 10/7/2017



[View assistance for Search Results](#)

# Search Results

**Current Search Terms: detroit\* Area\* Pre-College engineering\* program\***

Your search for "Detroit\* Area\* Pre-College Engineering\* Program\*" 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	Detroit Area Pre-college Engineering Program Inc.		Status: Active
DUNS: 123807620	CAGE Code: 4AN9B	<a href="#">View Details</a>	
Has Active Exclusion?: No	DoDAAC:		
Expiration Date: 03/17/2016	Delinquent Federal Debt? No		
Purpose of Registration: Federal Assistance Awards Only			

### Glossary

#### Search Results

#### Entity

Entity

Exclusion

#### Search Filters

By Record

Status

By

Functional

Area - Entity

Management

By

Functional

Area -

Performance

Information

SAM | System for Award Management 1.0

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