

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD AMENDMENT

CONTRACT PO NUMBER 2895828-01
 STANDARD PO NUMBER
 CHANGE ORDER AMENDMENT

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON GAIL PRYOR	PHONE NO. 628.0164
CONTRACTOR'S L & L ADULT DAY CARE	DATE PREPARED 10/25/2014	
CONTRACTOR'S ADDRESS: 1485 EAST OUTER DRIVE Detroit, Michigan 48234	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$105,000.00 TOTAL CPO AMOUNT \$180,000.00 CHANGE AMOUNT \$ 75,000.00	
PHONE NO (313) 366-1100	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER 26-0009074 MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
PURPOSE OF CONTRACT: PUBLIC SERVICE CHARGE ACCOUNT: 2001-363060-772313-651147-10621-000000-A3050		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT AUTHORIZED DEPARTMENT REPRESENTATIVE	03-23-15
MAR 26 2015 FEB 25 2015	BUDGET <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	APR 17 2015
MAY 01 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL	MAY 01 2015
APR 21 2015	FINANCE DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	4/21/15
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	4/23/15
	PURCHASING DIVISION PURCHASING DIRECTOR	

RECEIVED

APR 21 2015

JOURNAL OF THE DETROIT CITY COUNCIL, TUESDAY, MAY 13, 2014
FORMAL SESSION

RESOLUTION
APPROVING THE ALLOCATION
OF COMMUNITY DEVELOPMENT
BLOCK GRANT BUDGET FOR
FISCAL YEAR 2014-2015

By ALL COUNCIL MEMBERS:

WHEREAS, Each year the Administration and City Council collectively evaluate and determine the expenditure of the Community Development Block Grant (CDBG) entitlement from the U.S. Department of Housing and Urban Development (HUD); and

WHEREAS, Under the federal guidelines, CDBG funds may be used for City staffing, administrative costs, planning initiatives, various City projects including, but not limited to public facility rehabilitation, demolition, public infrastructure and economic development, as well as support for programs operated by organizations that service low- to moderate-income families and other vulnerable populations within our community.

WHEREAS, The Planning and Development Department (P&DD) has prepared and the City Council has reviewed the 2014-15 CDBG Summary which allocates these funds across various categories of need and priority; NOW THEREFORE BE IT

RESOLVED, That the Detroit City Council hereby approves the attached 2014-15 CDBG Summary and authorizes the finalization and inclusion in the 2014-15 Action Plan for submittal to HUD; and BE IT FURTHER

RESOLVED, That a copy of this resolution be sent to Emergency Manager Kevyn Orr, Mayor Mike Duggan and P&DD Interim Director Trisha Stein.

Adopted as follows:

Yeas — Council Members Benson, Castaneda-Lopez, Cushingberry, Jr., Jenkins, Loland, Sheffield, Spivey, Tate, and President Jones — 9.

Nays — None.

"WAIVER OF RECONSIDERATION (No. 2), per motions before adjournment.

Dept.	Action	Appr. #	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	04898	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13398	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13556	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
			SUB-TOTAL		\$ 500,000	\$ 1,486,390	
PDD	Decrease	13167	PDD — Development	PFRTA	\$ 2,468,905	\$ 0	-\$ 2,468,905
			SUB-TOTAL		\$ 2,468,905	\$ 1,199,198	
PDD	Decrease	12945	Unassigned Projects	PS	\$ 3,677,644	\$ 0	-\$ 3,677,644
			SUB-TOTAL		\$ 3,677,644	\$ 0	
PDD	Increase	07523	Accounting Aid Society	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	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	Mercy 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
			SUB-TOTAL		\$ 0	\$ 725,000	
PDD	Increase	12420	Joy-Southfield CDC	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 375,000	
PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 325,000	
PDD	Increase	10105	Alkebulan Village	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 0	\$ 350,000	
PDD	Increase	13841	East Michigan Christian	PS/Pub. Sity.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10620	Jefferson Business Association	PS/Pub. Sity.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity.	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 0	\$ 275,000	
PDD	Increase	04683	Alzheimer's Association	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dalray United Action Council	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	L&L Adult Day Care	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05662	LASED	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11393	Matrix Human Services — Reuther Older	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000

2014-15 SCHEDULE A

Dept.	Action	Appr #	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	10154	Bridging Communities	PS/Foreclos. Prevention	\$0	\$75,000	\$75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Foreclos. Prevention	\$0	\$75,000	\$75,000
PDD	Increase	11799	Michigan Legal Services	PS/Foreclos. Prevention	\$0	\$100,000	\$100,000
PDD	Increase	13840	SEED	PS/Foreclos. Prevention	\$0	\$75,000	\$75,000
			SUB-TOTAL		\$0	\$325,000	
PDD	Increase	10105	Alkebu-lan Village	PS/Rec	\$0	\$100,000	\$100,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec	\$0	\$75,000	\$75,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec	\$0	\$75,000	\$75,000
PDD	Increase	11167	The Green of Detroit	PS/Rec	\$0	\$100,000	\$100,000
			SUB-TOTAL		\$0	\$350,000	
PDD	Increase	13841	East Michigan Christian	PS/Pub Sfty	\$0	\$100,000	\$100,000
PDD	Increase	10620	Jefferson Business Association	PS/Pub Sfty	\$0	\$100,000	\$100,000
PDD	Increase	13842	Wayne State University	PS/Pub Sfty	\$0	\$75,000	\$75,000
			SUB-TOTAL		\$0	\$275,000	
PDD	Increase	04683	Alzheimer's Association	PS/Seniors	\$0	\$100,000	\$100,000
PDD	Increase	06403	Delray United Action Council	PS/Seniors	\$0	\$100,000	\$100,000
PDD	Increase	10621	L&L Adult Day Care	PS/Seniors	\$0	\$75,000	\$75,000
PDD	Increase	05662	LASED	PS/Seniors	\$0	\$75,000	\$75,000
PDD	Increase	11893	Matrix Human Services - Reuther Older Adult & Wellness Center	PS/Seniors	\$0	\$100,000	\$100,000
PDD	Increase	05149	St. Patrick Senior Center	PS/Seniors	\$0	\$100,000	\$100,000
			SUB-TOTAL		\$0	\$550,000	
PDD		13529	Section 108 Loans	REPAY	\$7,334,688	\$3,500,000	-\$3,834,688

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895828**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this the 1st day of January, 2015, between, **L & L ADULT DAY CARE**, 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 **CPO No.2895828**, dated **January 1, 2014**, between the Subrecipient and the City (herein called the "Agreement"):

WITNESSETH:

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

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

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

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **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 Subrecipient.

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 Subrecipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED FIVE THOUSAND (\$105,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Subrecipient an amount up to **ONE HUNDRED EIGHTY THOUSAND (\$180,000.00) DOLLARS** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Subrecipient may be entitled.

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

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

RESOLUTION OF CORPORATE AUTHORITY

I, Alisa Burke, CORPORATE SECRETARY of **L & L ADULT DAY CARE**, 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 09/20, 2014, and that the same is now in full force and effect:

I FURTHER CERTIFY that:

Kenneth Jackson is Chairman of the Board,
DeVaughn Owens is Executive Director,
Cassandra Embry is President,
Alice Simpson is Vice President,
Gloria Drake is Treasurer,
and Alisa Burke is Secretary.

"RESOLVED, that the following are 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."

Cassandra Embry Title/Position President
DeVaughn Owens Title/Position Executive Director
Alice Simpson Title/Position Vice President
Gloria Drake Title/Position Treasurer
Alisa Burke Title/Position Secretary
and Kenneth Jackson Title/Position Board Chairman

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 Agreement «CPO» between the City of Detroit and **L & L ADULT DAY CARE** entered into for the purpose of providing Public Services and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 27th day of October, 2014.

CORPORATE SEAL
(if any)

Signature: Alisa Burke
Corporate Secretary

L&L Adult Day Care Inc
1485 E. Outer Drive
Detroit MI 48234

EXHIBIT A
SCOPE OF SERVICES
L&L ADULT DAY CARE
2014-2015 NOF FUNDING
9/23/14

During the term of this Agreement, the Subrecipient, L&L Adult Day Care, shall provide Public Service activities, herein called the "Project" or the "Services," in the form of adult day care services for Detroit residents.

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 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.

Through 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 preferences to persons, nor limit provisions of Services to persons, based solely on factor of race, ethnicity, gender, age, handicap, disability, sexual orientation or religion.

2. CDBG OBJECTIVE CRITERIA – LIMITED CLIENTELE

This project will meet the community Development Block Grant Program national objective of providing a benefit to a total number of persons at least 51% of whom are of low and moderate income in the following way: **FORMALLY LIMITED (100%) CLIENTELE – PRESUMED BENEFIT.**

This Project will meet the Community Development Block Grant Program national objective of providing a benefit to a total number of persons, (at least 51%) low to moderate income persons.

- Senior Citizens
- Handicapped
- Homeless
- Abused Children
- Battered Spouses
- Illiterate Persons
- Migrant Farm Workers
- Persons Living with Aids

All of the individuals services will be seniors 60 years of age and older

L&L Adult day Care shall make and maintain such data and records as required by the City and as necessary for the reports in Exhibit E hereof. Such records shall identify project participants and/or beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quality or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. L&L Adult Day Care 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, L&L Adult Day Care shall provide adult day care services for senior citizens age 60 or older with or without developmental disabilities, mental impairments and/or physical disabilities. The Services shall be provided in accordance with the Operating Standards for Adult Day Care as defined by the Michigan Office of Services to the Aging, and as monitored by the Detroit Area Agency on Aging. A copy of the Standards will be kept on file by the City Of Detroit. The project will be publicized through flyers, radio and TV announcements, community outreach activities, and churches, local/state agencies such as Department of Human Services, Neighborhood Services Organization, and Detroit Area Agency on Aging.

L&L Adult Day Care will provide a structured program of socializing and daily, individualized care in a supportive group setting outside the client's home. The Services will include a nutritious lunch and snack, socialization and recreation, arts and crafts, therapeutic activities, health monitoring, community outings, medication administration, educational and computer services, personal grooming and hygiene assistance, physical and occupational therapy, physical fitness classes specifically geared for Seniors and family counseling. The project will meet the daily nutritional needs of the client's through well-balanced meals and snacks provided by the center and through the Congregate Meals Program hosted by the DAAA. Physical activity will be emphasized as a means of increasing mobility. All medication will be administered under the supervision of a Registered Nurse. All staff will be trained according to OSA standards for adult day care. Each client will have a care plan specific to his/her needs, developed upon intake. The care plans will be reviewed and revised periodically under the supervision of a Registered Nurse, so that each client's goals will be achieved. L&L Adult Day Care will also arrange for special events such as holiday activities and client's birthday celebrations. Family support and participation in all activities will be encouraged. L&L Adult Day Care will provide transportation to and from the facility for its client's. Discharge or discontinuance of Services will be documented by L&L Adult Day Care in the client's files.

4. PERSONNEL

The services shall be performed by qualified personnel. Personnel performing professional health or food services 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 L&L Adult Day Care and shall be available for review by the City Of Detroit.

5. PROJECT LOCATION AND OPERATIONS SCHEDULE

Services will be provided at 1485 E. Outer Drive, Detroit, MI. 48234. The center will be open Monday – Friday between the hours of 8:00 a.m. and 4:30p.m.

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

6. PERFORMANCE SCHEDULE

During the term of this Agreement, the L&L shall provide a minimum of 6382.0 service units (Adult Day Care) to a minimum of 20 older adults. On a monthly basis, L&L shall strive to meet the goal to provide 532.0 units of project services to an average of 15 persons. A unit of service is one hour of adult day care. On any given day, a minimum of fifteen (15) participants will be serviced but not less than (12).

7. ANNUAL MEASURABLE PROJECT OUTCOME

100% of clients serviced in our program have delayed /and or postponed entering into a nursing home placement. This also has allowed clients of our program to remain with family members in a home and community base setting.

Key Outcomes Measures

Adult Day Care Activities	Delayed or postponed entering into nursing home	100% of clients remain with family
Adult Day Care Activities	Positive impact on quality of life	100% of families report improved quality of life

EXHIBIT B

UNIT BASED PERFORMANCE BUDGET

L&L ADULT DAY

2015 CDBG/NOF

October 30, 2014

Organization Name: L&L Adult Day Care
Project Name: Adult Day Care Services for Detroit Residents
Unit of Service: (1) hour of Adult Day Care Service for One (1) Client
Total Number of Units to be provided: 6382
Cost of Service Per Unit: \$11.75
Proposed Budget: \$11.75 X 6382 units = \$75,000.00

L&L Adult Day Care may request prior approval for budget line item shifts of Direct Cost line items. Requests for line item shifts shall be granted by the City as it deems reasonable and necessary for the performance of Services hereunder and shall not be deemed approved unless such approval is given in writing by the City.

TOTAL AGREEMENT COST NOT TO EXCEED \$75,000.00

EXHIBIT C

ACCOUNTING AND BOOKKEEPING PROCEDURES AND REQUIREMENTS

ACCOUNTING JOURNALS & LEDGERS

1. **Co-mingling Funds.** There shall be a separate accounting that shows the source and "application" (distribution or expenditure) for all Agreement funds, but a separate bank or checking account is not required.
2. **Non-eligible costs** shall be segregated from Agreement costs. "Non-eligible costs" are those costs which are not properly documented or incurred in accord with the terms of this Agreement, are unallowable under Federal Cost Principles (OMB Circular A-122), or are non-eligible under Community Development Block Grant Regulations.
3. **Recovery from Other Sources.** Expenses paid or payable from outside funding sources other than this Agreement shall be excluded from the Agreement general ledger account. Double billing is prohibited. Expenses recovered or recoverable from other funding sources shall not be included in the Agreement payment/reimbursement requisition (Exhibit D herein).
4. **Generally Accepted Accounting Principles/Double Entry System.** All financial records shall be kept in accord with generally accepted accounting principles and procedures. The Subrecipient, or the Sub-recipient's authorized fiduciary hereunder, shall maintain a double entry accounting system. The Subrecipient may use appropriate accounting computer software and technology to accomplish this purpose. The double entry accounting system shall include:

- a. **General Ledger** shall be established and maintained for all accounts affected by this Agreement. The General Ledger shall be posted up-to-date at least once a month.

- b. A **Cash Receipts Journal** shall be established and maintained. All Agreement payments shall be deposited in full in the Sub-recipient's bank. Such bank must be a member of the FDIC. A bank deposit slip shall be kept on file which matches the amount of the Agreement payment.

Book cash balances shall be reconciled to bank balances in accordance with Standard Accounting Procedures.

- c. A **Cash Disbursements Journal** shall be established and maintained.

- *1.** Disbursement shall be made by prenumbered checks signed **by two (2) authorized representatives of the Subrecipient.** A mechanical check protector is recommended for use to the extent possible, or checks shall be typewritten. Individual items purchased with petty cash (\$500 maximum) shall be supported by properly executed cash vouchers (or requisitions) and vendor's invoices.

2. The Subrecipient will distribute its expenses in its records in accordance with approved budget classifications.

3. Disbursement shall be supported by copies of vendor invoices

for all items other than payroll. Payroll shall be supported by a list of names, titles, time, rate, amount, deductions, and time sheets.

4. The Subrecipient shall make a clerical check of all Invoices and Records to ensure their accuracy. Evidence of such clerical checks shall be noted on the Invoice and/or be appropriately documented in records (electronic or manual) to prevent double payments, double billings or improper cost allocation.

5. Documentation in support of any rent charges (10% maximum allowed) shall be determined by the City, but shall minimally include a copy of the lease and monthly rent receipts.

6. All cash register receipts submitted as documentation must be validated. That is, the purpose and description of the purchase shall be noted on the receipt, and it shall be signed both by the person who made the purchase and the authorizing representative of the Subrecipient. A properly completed purchase requisition with the cash register receipt attached may be used for this purpose.

7. Mileage reimbursement reports shall be reviewed and approved by an authorized representative of the Subrecipient.

d. A **Payroll Register** shall be maintained to adequately accumulate the required payroll information. Payroll tax withholding information shall be maintained in such a manner as to allow accurate payment to the taxing authorities. Required payroll tax returns shall be prepared and filed in sufficient time to avoid penalties, interest, and additional taxes.

The Subrecipient may make tax payments by electronic transfer or such means as permitted by the taxing authorities.

1. Employee salary and wage payments shall be supported by time and attendance forms which the Subrecipient shall keep on file for City review and monitoring. Time-keeping/attendance records and Time/Task logs shall be formally approved by an authorized supervisory representative of the Subrecipient or as otherwise provided in the Sub-recipient's personnel procedures.

2. Withholding taxes shall be based on proper authorizations and computed in the proper manner.

3. Reporting of payroll with supportive detail shall meet the requirements as stipulated in this Agreement (Exhibits B, G, H,M and V).

4. Written contracts shall be maintained when the Subrecipient has hired a person to work on this Agreement as a personal services contractual employee or independent professional contractor. The Subrecipient shall follow Internal Exhibit C, Accounting And Bookkeeping Procedures And Requirements Revenue Services guidelines (IRS Publication 15, Circular E) regarding the treatment of, and liability for payment of, withholding and other taxes for all such persons hired on contract.

INTERNAL CONTROLS

* **5. Segregated Financial Oversight Duties.** Employee responsibilities shall be formalized and accounting responsibilities **shall be segregated, to the extent possible**, as follows:

a. Employees of the Subrecipient preparing payrolls and handling time reporting records shall not have access to the related paychecks. Employees, including managers, shall not sign their own pay checks.

b. Employees who handle or record cash or prepare or sign checks shall not also reconcile bank statements to accounting records.

GENERAL

6. Employee/Personnel Records. Appropriate personnel data for employees, including personal services contract employees, as specified in the Sub-recipient's written personnel policy, and as required herein, shall be maintained for all employees working on this Agreement (i.e., personnel folder, signed withholding authorization forms, employment contract or terms, disclosures, etc, as applicable)

7. Equipment and other Personal Property. Equipment [as defined at 24 CFR 54.2(l)], having a useful life of more than one year, that is purchased with funds derived from this Agreement, shall be marked with an appropriate tag or label, and inventories of such equipment shall periodically be taken. An inventory list of all such equipment purchased under this Agreement shall be submitted to the City. Tangible property purchased by the Subrecipient with Agreement funds shall revert to the City at the expiration or termination of this Agreement, unless the City enters into a new Agreement with the Subrecipient or issues other instructions regarding disposition of such property. Generally, the Subrecipient shall implement the Federal property management standards found at 24 CFR 54.31-37 with respect to property acquired under this Agreement.

8. Budget Revisions. Proper budgetary controls shall be established and periodically reviewed. Excessive (e.g. revised every month) shifts between budget line items are unallowable. The Subrecipient shall not change any line or sub-line item in the Budget (Exhibit B) without written approval by the City. Acceptance of a Budgetary Status Report (Exhibit J hereof) revision and subsequent payment of an invoice by the City constitutes such City approval, unless the Subrecipient is otherwise notified of a denial or a hold by the City in writing. All Budget line item adjustments must be reflected on the Budgetary Status Report (Exhibit J) as approved by the City. **The Subrecipient is never approved to create a new (additional) line item without City approval of an amendment to this Agreement in accordance with Article 13 hereof, Amendments.**

9. Dishonesty Protection. The Subrecipient shall obtain fidelity bonds or other similar dishonesty insurance protection covering all employees who have access to Agreement funds in an amount adequate to cover the largest Agreement proceeds estimated to be on hand at any one interval. In the event such bonds are canceled the Subrecipient shall immediately notify the City. If the Subrecipient has a fiduciary agent, then the fiduciary must provide evidence of such bonding or insurance. Certificates evidencing bonding and insurance shall be submitted to the City prior to commencement of Services hereunder.

***10. Nepotism and Conflict of Interest.** The Subrecipient's formal hiring policy shall prohibit nepotism and conflicts of interest. Relatives of board members, managers or other such persons with decision making authority shall not be hired to work on, or be paid from, this Agreement. Pre-agreement incidence of nepotism shall be disclosed to the City and such persons salary/wages shall not be included in this Agreement budget or be paid by the City.

The Subrecipient shall require its employee(s) working on this Agreement to disclose their outside employment or business ties (if any) before beginning work on Services under this Agreement. All such disclosure(s) that may constitute, or give the appearance of, a conflict of interest or nepotism shall be reported to the City during the term of this Agreement. All disclosures, required certifications and/or other such documentation shall be kept on file in each employee's personnel file, as applicable.

***11. Interest Earned on Advance.** If any Federal Funds are advanced under this Agreement, all Agreement funds shall be kept in interest bearing accounts, to the extent reasonable and possible. All interest earned on such funds shall be reported in each payment request. If total interest earned during the term of this Agreement should exceed \$250.00, the excess shall be promptly remitted to the Federal Government in the manner in which the City shall prescribe.

12. Program Income. In accordance with Article 6.07/and Exhibit W of this Agreement if any program income is earned by the Subrecipient, all program income earned must be reported to the City with each Payment request and Exhibit W.

13. Waiver or Determinations. If any provision of these Accounting and Bookkeeping Procedures cause the Subrecipient undue hardship, particularly those paragraphs herein preceded by "**", are in contradiction of other state or federal grant agreements, are impractical to implement or otherwise conflict with the Sub-recipient's own formally adopted and authorized written policies, then the Subrecipient may request a determination for using an alternative procedure or a waiver of enforcement of the conflicting provision from the City. No such determination or waiver shall be deemed effective unless approved in writing by the City's authorized representative. The City may not waive provisions that are statutory or that would violate generally accepted accounting principles or CDBG program rules and regulations.

EXHIBIT D
PAYMENT/REIMBURSEMENT PROCEDURES AND REQUIREMENTS

The following procedures shall be followed by the Subrecipient to facilitate the request for reimbursement of funds expended for budgeted items in performance of the Agreement. The Subrecipient shall submit all requests for reimbursement **by the 15th of each month**. Requests for reimbursement shall be made monthly, unless the City approves a different time interval for submission. All final reimbursements shall be submitted within 90 days of expiration of the contract or by **(May 31, 2017)** unless the City approves a different time interval.

1. The Subrecipient shall submit **one original and two complete copies** of an Invoice that contains the following items of information:

A. A letter of transmittal on the Subrecipient's letterhead that:

1. provides the Subrecipient's legal name and Federal Employer I.D. Number,
2. states the total requested amount;
3. specifies the time period covered by the invoice;
4. specifies the Agreement Number;
5. specifies the amount of Indirect Costs included, if any;
6. specifies the amount to be credited toward the Advance,
7. reports all program income earned; and
8. is signed by an authorized representative of the Subrecipient.

B. A budgetary status report in the format of the sample attached hereto as Exhibit J which includes appropriate line items for Indirect Costs (if any) and the Advance (if any) and line items to report Program Income and Interest earned on the Advance (if any);

C. A check register listing the direct cost expenditures for the period listed in account order (see sample attached hereto as Exhibit I);

All items of expenditure listed on the check register shall be accompanied by invoices and receipts or other appropriate backup information, in check register order. The City may, in its sole discretion, and at its option, provide the Subrecipient with notice that cancelled checks will be additionally required to backup expenditures should the City decide it necessary. Unless otherwise notified, backup information shall be prepared as follows:

1. Receipts and Invoices - Copies of receipts and invoices shall be submitted in check register order. They shall include the date paid and the check number, and be signed or initialed by an authorized representative of the Subrecipient.
2. Mileage Reimbursement – All requests are to be on the "Private Car Mileage Report" (see sample attached hereto as Exhibit L).
3. Long Distance Calls - All long distance calls contained on the accompanying copy of the telephone bill shall be itemized on one form using the sample attached hereto as Exhibit K, or its equivalent. Any calls not accounted for will be assumed ineligible and therefore not reimbursable.

Long distance calls are those made outside the Detroit metropolitan area. Reimbursement of any costs of telephone service and/or long distance calls shall only be allowable as pursuant to the Budget, Exhibit B.

D. Each submission shall contain a payroll register as per item d4 of Exhibit C (attached hereto and made a part hereof) following the instructions given in Exhibit G (attached hereto and made a part hereof) and utilizing the form found attached hereto as a sample as Exhibit H. ADP payroll or similar information acceptable to the City may be substituted for the Exhibit H form if it contains essentially the same information categories.

E. Personnel and payroll costs shall be backed-up with the Time Distribution Summary (Exhibit M hereof). Unless the City specifically requests the Subrecipient to submit time-related records for its review, time sheets, time cards, tax withholding records and other such records shall be kept on file by the Subrecipient in its offices to back up all personnel and payroll charges.

F. The signature of the Subrecipient's authorized representative is required on the forms to be submitted under paragraphs A, B, C, D, and E above.

2. The Subrecipient shall also submit together with each payment request, or at such time otherwise prescribed by the City Project Manager:

A. Performance Schedule, attached hereto as samples Exhibits E and E-2 respectively. If performance, or submission of Performance Schedules under this Agreement should fall behind by 60 days or more with respect to the Performance Schedule of this Agreement, then in accord with Article 9 hereof, the City may, within its reasonable discretion, suspend payment in whole or in part to the Subrecipient under this Agreement, until the City determines whether progress on the Project warrants payment and is commensurate with work performed, or is otherwise justifiable.

B. Statement of Eligibility, attached hereto as example Exhibit F, as instructed by the Project Manager.

3. Any submission that does not comply with these procedures and which does not include all of these required supporting documents, may be returned to the Subrecipient with a Letter of Deficiency stating the reason for return. Reimbursement processing in full or in part will not begin by the City until an acceptable invoice with sufficient supportive documentation is received.

4. Requests for reimbursement for a contract years must begin to be submitted to the City within 90 days of contract execution or the start of the contract term whichever is later and must be submitted monthly thereafter.

5. All request for reimbursement must be for expenses incurred or purchases made during the term of the contract.

6. No request for reimbursement may be submitted later than fifteen (15) days after the termination date of the contract.

7. The City reserves the right, without compliance with Article 13 of this Agreement, to amend any of the above items or to add or to delete items, if experience, technological advances, Grantor Agency mandate, or other pertinent issues should make such a change, addition or deletion reasonable and/or necessary.

8. Indirect costs (if any) listed on Budget (Exhibit B), shall be paid, pending City approval of the Subrecipient's indirect cost proposal, as follows:

- A. The approved indirect cost percentage shall be multiplied by the Subrecipient's direct costs for the period
- B. This sum shall be added to the total direct costs documented and approved for that period.
- C. The indirect cost calculation shall be shown as the last item on Exhibit I, the check register.
- D. Should the City disallow any direct costs from the request, and then the City shall recalculate and reduce the indirect costs accordingly.

**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 further Subrecipient performance data may need to be reported upon. The Subrecipient agrees to provide the City with any data that the Planning and Development Department may require. The City agrees that no unreasonable additional requirement shall be imposed upon the Subrecipient as to data to be reported. The City shall base any such additional reporting requirements on Federal regulations and the City's program monitoring needs.

Subrecipient Organization: _____
 Agreement SPO # _____ Report for the Month of _____, 20____

Prepared by: _____ Phone No. _____

Racial Categories	Total Participants	Total New Participants	Hispanic 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					
TOTAL NUMBER OF PARTICIPANTS					
Total Number of Ethnic Category Responses (Hispanic or Latino)					

TOTAL FEMALE HEAD OF HOUSEHOLD	
Total # of NEW** participants this month who are VERY LOW	
Total # of NEW** participants this month who are LOW	
Total # of NEW** participants this month who are MOD	
Total # of NEW** participants this month who are moderate income	

**EXHIBIT E
PERFORMANCE SCHEDULE**

(Part II – Activity/Outcomes Report)

Subrecipient Organization _____

Number of Service Units Provided *This Month*, _____, 20__

Add as many lines as needed to this table.

Total Service Units	

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.)

Outcome Report

Add as many lines as needed to this table.

*The Outcome Report is to be filled in 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).

EXHIBIT K
LONG DISTANCE TELEPHONE CALL
REIMBURSEMENT FORM
(SAMPLE)

SUBRECIPIENT _____
 AGREEMENT NUMBER _____
 REIMBURSEMENT FOR EXPENSES FROM: _____ TO: _____

The person who signed under the initials-of-caller column made the following telephone calls. It is understood that each and every telephone call enumerated below was on and for the Subrecipient's performance under this Agreement.

Telephone Service for the Month of _____

LONG DISTANCE TELEPHONE CALL REIMBURSEMENT FORM

Telephone Number Called	Location	Amount Billed for this Call	Initials of Caller	Comments (Explain how this call relates to NOF project operations.)
-------------------------	----------	-----------------------------	--------------------	---

TOTAL

Prepared by: _____ Date: _____ Approved by: _____ Date: _____

Exhibit M
Time Distribution Summary

Subrecipient Name: _____

Period From: _____ To: _____

Agreement Number: _____

Prepared By: _____ Date: _____

Authorized By: _____ Date: _____

List All Personnel Charged to the Agreement and their work hours.
Personnel listed must coincide with the payroll register. NOF of hours worked must be used to pro-rate charges for each individual employee's salary and withholding tax amounts charged to NOF and be shown on the payroll register calculations. The NOF % also applies to employer FICA taxes charged to this NOF Agreement.

Time Period	Name & Job Title	Hourly Rate	Total Hrs. Worked	NOF Hours Worked	NOF %
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Total All Hours: _____

Total Leave Hours, Holiday, Sick, Vacation for Period: _____

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.

Page 1 of 2

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

By: *D. Donahew Owens*
D. Donahew Owens
Its: *Executive Director*
Date: *October 27, 2014*



Exhibit N, Certification Regarding Debarment
Page 2 of 2

Exhibit O
Certification Regarding Lobbying

The undersigned certifies, to the best of his knowledge or belief, that:

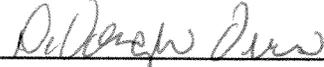
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal Contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Subrecipient Organization Name: L&L Adult Day Care Inc.

Authorized Representative's Signature: 

Printed Name: DeVaughn Owens

Title: Executive Director

Date: October 27, 2014

Exhibit P
SEPARATION OF CHURCH AND STATE

Pursuant to Title I of the Housing and Community Development Act of 1974, as amended, and the implementing CDBG regulations at 24 CFR 570.200(j) dated September 30, 2003, the Subrecipient agrees that with respect to use and expenditure of CDBG funds in performance of the Services hereunder:

- a) It will not discriminate against any person applying for, or seeking to participate in, CDBG funded activities on the basis of religion and will not limit such services or give preference to persons on the basis of religion or religious belief;
- b) It will provide no religious instruction or counseling, conduct no religious worship or services, and engage in no religious proselytizing, in the provision of funded CDBG activities;
- c) If the organization conducts any religious activities, such activities must be offered separately in time or location from the funded CDBG activities, and participation of beneficiaries of CDBG funded activities in any such religious activities must be wholly voluntary;
- d) If CDBG funds are received for public service activities, minor maintenance repairs may be made to the facility space in which public services are to be provided only in proportion to the CDBG funding allocation for the entire facility and to the extent to which the facility is used for secular, public service eligible purposes. Such space must not be a sanctuary, chapel or other room(s) used as a principal place of worship or for inherently religious activities. The above notwithstanding, such expenditures are governed by approved line items as provided in Exhibit B, Budget, of this Agreement and in no case shall maintenance repair costs exceed \$5,000.00, unless the City grants an exception in writing.
- e) No CDBG funds may be used to improve, acquire, construct, rehabilitate, repair or maintain a sanctuary, chapel or other rooms that a CDBG-funded religious congregation uses as its principal place of worship or for inherently religious activities. However, if CDBG funds are awarded for public facility rehabilitation, and space other than provided above is used, the CDBG funds may be used for rehabilitation of structures only to the extent and proportion that those structures are used for conducting eligible CDBG activities. CDBG funds may not exceed the cost of those portions of the rehabilitation that are attributable to eligible CDBG activities in accordance with cost accounting requirements of OMB Circular A-122.

Subrecipient Organization Name: LLC Adult Day Care Inc.

Authorized Representative's Signature: DeVoughn Owens

Printed Name: DeVoughn Owens

Title: Executive Director

Date: October 27, 2014

Page 1 of 1

EXHIBIT Q
INSURANCE WAIVER & CERTIFICATION for

Subrecipient Organization Name: L+L Adult Day Care Inc.

Subrecipient Certification for Waiver of Workers Compensation and Employers Liability Insurance

The undersigned authorized representative of the Subrecipient does hereby certify that the above named Subrecipient organization has no employees and does not intend to have any employees during the term of this Agreement.

It is further agreed that should the Subrecipient intend to hire and employ any person(s) during the term of this Agreement, the Subrecipient will: (1) notify the Planning and Development Department of such intent at least thirty (30) days prior to the employment of any such person; and (2) shall provide the Planning and Development Department with certificates of insurance covering Workers Compensation and Employers Liability as specified in Article 8.01 paragraph (a) of this Agreement at least ten (10) days prior to employing any such person(s).

Signed: DeVoughn Owens

Printed Name: DeVoughn Owens

Title: Executive Director

Date: October 27, 2014

L+L Adult Day Care Inc., does
have employees.

Page 1 of 1

DeVoughn Owens

**EXHIBIT R
INSURANCE WAIVER & CERTIFICATION for**

Subrecipient Organization Name:

Subrecipient Certification for Waiver of Owned Automobile Liability Insurance

The undersigned authorized representative of the Subrecipient does hereby certify that the above named Subrecipient organization does not own and does not intend to own any automobile {including one or more car(s), van(s), truck(s) or other motor vehicle(s)} during the term of this Agreement.

It is further agreed that should the Subrecipient intend to acquire one or more automobile(s) {including one or more car(s), van(s), truck(s) or other motor vehicle(s)} during the term of this Agreement, the Subrecipient will: (1) notify the Planning and Development Department of such intent at least thirty (30) days prior to acquiring any such automobile; and (2) shall provide the Planning and Development Department with a certificate of insurance covering Automobile Liability as specified in Article 8.01 paragraph (c) of this Agreement upon its acquisition of such automobile(s).

Signed: DeVaughn Owens

Printed Name: DeVaughn Owens

Title: Executive Director

Date: October 27, 2014

EXHIBIT S
INSURANCE WAIVER & CERTIFICATION for

Subrecipient Organization Name: *LJL Adult Day Care Inc.*

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

This will affirm that «Name», 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: *DeVaughn Owens*

<i>DeVaughn Owens</i>	<i>Executive Director</i>	<i>October 27, 2014</i>
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:

Name

Title

Date

Page 1 of 1

EXHIBIT T
INSURANCE WAIVER & CERTIFICATION for

Subrecipient Organization Name: L+L Adult Day Care Inc.

PDD Determination: Insurance Certificates to be Submitted After City Execution of Agreement.

In accordance with Article 8.04 of this Agreement, the undersigned Project Manager of the Planning and Development Department authorizes delayed submission of the insurance certificates required in Article 8 hereof. The Subrecipient is instead required to submit all of the specified insurance certificates no later than ten (10) days after receipt of notice from the Planning and Development Department that the Agreement has been executed by the City Purchasing Director. The Planning and Development Department shall not issue a notice for commencement of Services hereunder until all such certificates are received by the Planning and Development Department.

Signed: DeVaughn Owens

Printed Name: DeVaughn Owens

Title: Executive Director

Date: October 27, 2014

**EXHIBIT U
EXECUTIVE ORDER NO. 2007-1**

THIS LANGUAGE MUST BE INCLUDED IN ALL BID PACKAGES, CONTRACTS AND SUBCONTRACTS FOR ALL CONSTRUCTION AND DEMOLITION PROJECTS, TO WHICH EXECUTIVE ORDER NO 2007-1 APPLIES.

EXECUTIVE ORDER NO. 2007-1 EMPLOYMENT OF LOCAL LABOR ON PUBLICLY FUNDED CONSTRUCTION AND DEMOLITION PROJECTS:

Per Executive Order No. 2007-1 All City of Detroit project construction contracts shall provide that at least fifty-one percent (51%) of the workforce must be bona-fide Detroit residents. In addition, Detroit residents shall perform fifty-one percent (51%) of the hours worked on the project. Workforce and project hours shall included work performed be Detroit residents in the various job categories: officials and managers; supervisors and forepersons, professionals, technicians, sale workers, office and clerical, skilled trades, craft workers, operators, laborers, service workers, apprentices, and on-the-job training positions.

Failure to meet the Detroit resident workforce requirement, including project hours, will result in the following monthly financial penalties:

Financial Penalties

Detroit Resident Hours

Monthly Recruitment Fee

45% -50%
40% - 44%
30% -39%
0% -29%

3%
7%
10%
15%

Developers, general contractors, prime contractors and sub-contractors are required to pass the requirements of this Executive Order down to all lower-tier contractors. However, it is the sole responsibility of the entity contracting with the City of Detroit to require all of their contractors to comply with the City of Detroit requirement to utilize fifty-one percent (51%) of Detroit residents on construction projects. In reaching the Detroit residency requirement, local union halls may be utilized, however, the City of Detroit Workforce Development Department and/or its designee shall be the first source utilized to recruit and hire Detroit residents, where Detroit residents are unavailable at the local union halls. **Failure to meet the requirements of this Executive Order will constitute a breach of contract and may result in immediate termination of the contract.**

At the option of the City of Detroit, any developer, general contractor, prime contractor, sub-contractor, or lower-tier contractor that is deficient in the utilization of Detroit residents may be barred from doing business with the City of Detroit for one (1) year. In

addition, the City of Detroit reserves the right to re-bid the contract, in whole or in part, and/or hire its own workforce to complete the work.

All construction contracts, construction contract amendments, change orders, and extensions shall include the terms of this Executive Order. The Human Rights Department shall have the responsibility for preparing administrative guidelines, monitoring, and enforcing the provisions of this Executive Order.

EXHIBIT V
 Weekly Time/task log
 (Sample- for NOF activities ONLY)

PLEASE CHANGE, ADD OR ELIMNATE ANY ACTIVITIES FROM WEEK TO WEEK AS APPLICABLE TO YOUR SITUATION

Use actual times so that this serves as a time sheet. Exhibit. E backup should match hours worked.

Staff position: Executive Director

(WEEKLY time/task log)

Week One -	Mon	Tues	Wed	Thurs	Fri	Sat	Weekly totals
	1-4-09	1-5-09	1-6-09	1-7-09	1-8-09		
(List the task performed by your organization)	(Time spent on task)						
Business/Community Event		9-11:30a					2.5
Business Counsel and Refer	1-3p	1-3p	1-3p	1-3p			8
Web-Site database	10:30-a.m 11:30a.m.						1
Lead Grant (2004-2007)							0
Committee meeting				6-7:30 p			1.5
Staff training							0
Newsletter distribution	3-5p						2
Board, staff	6-7:30 p				11a-12p		2.5
Workshops - plan/conduct							0
Collaborative partner meetings		12-1p					1
Other: Deliver NOF report	10-10:30a						0.5
Daily totals (total number of hours)	7	5.5	2	3.5	1		19

Prepared by: _____

Approved By: _____

Date _____
 Signature _____

COMMENTS:

Note: WEEKLY time/task log must be prepared for each week of the month

EXHIBIT W
FUNDING AWARD EXPENDITURE CERTIFICATION

Subrecipient Organization Name: LTL Adult Day Care Inc.

The Subrecipient understands and agrees that the funding awards indicated in the Exhibit B, Budget shall be reimbursed when acceptable forms of payment and documentation are submitted to the City as prescribed in Exhibit D for costs and services performed during the term of the agreement.

Any remaining balance shall be reprogrammed within 90 days of expiration of the agreement. Any prior grant award balances shall be reprogrammed and rendered inaccessible to the Subrecipient.

Signed: DeVaughn Owens

Printed Name: DeVaughn Owens

Title: Executive Director

Date: October 27, 2014

REQUEST
\$105,000

PS & HPS SCORING FORM 2014

TOTAL POINTS SCORED

94

Attachment: 2

Proposal # 025 Organization Name: LPL ADULT DAY, INC.

Reviewer Signature: [Signature]

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
1.	Meets City Consolidated Plan Priority	5	5
I. CONSOLIDATED PLAN			
II. ORGANIZATIONAL INFORMATION			
2.	Unique experiences and qualifications-- <i>Org-1. (Page 7)</i>	5	5
3.	Strength of board, including community representation and number bonded-- <i>Org-2 thru 7. (Page 7)</i>	5	5
4.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-10. (Page 7)</i>	5	5
III. MANAGEMENT PLAN			
5.	Provide IRS form 990 - <i>MP-1 (Page 9)</i>	5	5
6.	Provided a funding action plan for the activity/(ies) you plan on funding -- <i>MP-2 (Page 9)</i>	5	5
7.	Provided a timing plan for Project/Activity -- <i>MP-3 (Page 9)</i>	5	5
IV. PROJECT DESCRIPTION			
8.	Project description adequately describes proposed activities and quality of project design-- <i>Sum - 7 & PS 1 thru 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	4
11.	Demonstrated community support and collaboration; facility appropriate to carry out proposed activity, including proof of site control-- <i>PS-16 thru PS 19 and support letters. (Page 12 & 13)</i>	5	4
V. OUTPUTS AND OUTCOMES			
12.			
13.	Clearly identifies and describes past and proposed outputs-- <i>Out-1 (Page 14)</i>	5	5
14.	Strength of proposed outputs-- <i>Out-2, Out-3 (Page 14)</i>	5	5
15.	Demonstrated successful lasting benefits for program outcome/evaluation- - Out -4 (<i>Page 14</i>)	5	5
16.	Evidence and adequacy of process and tools to measure outcomes - - <i>Out-5 (Page 14)</i>	5	4
VI. BUDGET			
17.	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	2
18.	Strength of other funding sources-- <i>Bud-8 (Page 16)</i>	5	5
19.	Demonstrated acceptable financial management system-- <i>Bud-11 (Page 16)</i>	5	5
20.	Budget is accurately computed-- <i>Bud-12 (Page 17)</i>	5	5
	Budget is reasonable, necessary, related to proposed activity-- <i>Bud-12, Bud-13, and Bud-14. (Page 17)</i>	5	5
	TOTAL	100	94

Name of Organization L & L Adult Day, Inc. Date 4/21/14
 Reviewer Signature [Signature]

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	

①

COMMENTS: \$105,000 Request
 ① Most recent statement for year ending 12/31/12 -
 No evidence of cash on hand per 7% of request.
 statement showed loss of 24,444
 Attach 7 - Bank statement - basis for 7% coverage
 shows \$7,500 available balance on rise card

* Attach this form to the outside of each proposal envelope

City Council Contract Agenda Items Review Checklist

Reviewer: _____ **Date Received:** _____

Date: 11/7/2014 **Department:** Housing & Revitalization Dept. **Division:** NSS

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

Description: CDBG. Contract No.: 2895828 PO Type: Prof Svc - CPO Est. Value: \$ 75,000.00

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

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

Recommended Supplier: L & L ADULT DAY CARE Required Date: A.S.A.P.

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

If "Yes" please explain why: Adult Day Care Services to seniors, and disabled residents of the City of Detroit.

Consequence : PROVIDE SUPPLEMENTAL IN ACAD., FILM & PHYSICAL YOUTH EDUC.

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

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

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

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

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

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

[View assistance for Search Results](#)

Search Results

Current Search Terms: "L & L Adult Daycare*"

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.
No records found for current search.

Glossary

Search

Results

Entity

Exclusion

Search

Filters

By Record
Status

By
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By
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Area -
Performance
Information

SAM | System for Award Management 1.0

IBM v1.P.27.20150327-1711

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



Date Submitted: 2-16-2015

REQUEST FOR INCOME TAX CLEARANCE

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

Contact: **CLINTON GRIFFIN**

Project Manager: **BAITINGER** 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: L&L ADULT Address: 1485 OUTER DRIVE Detroit, MI 48234</p>
--	--

<p>A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above)</p>	<p>Telephone: same</p>
<p>Employer Identification of Social Security Number 26-0009074</p>	<p>Spouse Social Security Number</p>
<p>Nature of Contract: PUBLIC SERVICE-</p>	<p>BID/CONTRACT AMT (if known): \$105,000.00 Labor: \$ _____ Material \$ _____ Contract # (if known)</p>

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

Check One: Individual Corporation Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

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: **LAMONT FISHER**

Date: **MAR 27 2015** Expires: **MAR 27 2015**

YES NO Signature: _____

Date: _____ Expires: _____

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

SECTION A PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT 65 Cadillac Ste 1400
DATE SENT 1/13/2015 CONTACT PERSON Clinton Griffin
PHONE NUMBER 224-9121 FAX NUMBER 828-2064 EMAIL cgriffin@detroitmi.gov
CONTRACT AMOUNT \$105,000.00

SECTION B: CORPORATION

CORPORATION NAME L&L Adult Day Care LICENSE TYPE N/A
ADDRESS 1485 East Outer Drive CITY/STATE/ZIP Detroit, MI 48234 LEASE
CITY PERSONAL PROPERTY NUMBER 09990618.10 FID / EIN NUMBER 26-0009074
OTHER CITY-OWNED PROPERTY PARCELS No knowledge
CONTACT PERSON DeVought Owens PHONE NUMBER 313-366-1100 EMAIL ADDRESS not available

SECTION C: PARTNERSHIP

BUSINESS NAME _____ LICENSE TYPE _____
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

BUSINESS NAME _____ LICENSE TYPE _____
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 LEASE
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY

APPROVED
Annette Smith
SIGNATURE

DENIED

DENIED WITH ATTACHMENTS

JAN 26 2015
DATE

CLEARANCE VALID UNTIL **AUG 30 2015**

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: **BAITINGER** Phone: **(313) 224-9121** Fax: **(313) 224-2321**

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<p>Employer Identification of Social Security Number 26-0009074</p> <p>Nature of Contract: PUBLIC SERVICE-</p>	<p>Spouse Social Security Number</p> <p>BID/CONTRACT AMT (if known): \$105,000.00 Labor: \$ _____ Material \$ _____ Contract # (if known)</p>

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(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: **FEB 17 2016**

YES NO Signature: _____ Date: _____ Expires: _____

Date Submitted: 2-16-2015

**City of Detroit
Law Department
Contracts Section**

INTERDEPARTMENTAL MEMORANDUM

TO: Zenola Holland, Contracts Desk
Purchasing Division, Finance Department

FROM: Jim Edwards
Senior Assistant Corporation Counsel
Direct Dial: (313) 237-3025

SUBJECT: EXPIRED DOCUMENTS – CONTRACT NUMBER: 2895828
Vendor Name: L + L Adult Day Care - Amend. No. 1
DATE: 4/23/2015

The documents checked below have expired, or are missing. Before this contract is placed on City Council's agenda, the department originating the contract must ensure that the documents identified below are current or have been renewed, and have been provided to the Purchasing Division of the Finance Department. The department originating the contract has been notified on the date listed below.

Thank you for your cooperation in this request.

CLEARANCES

Revenue / Property Tax Income Tax
 Human Rights Other (Identify: _____)

_____ The coverage required by this contract per the certificate of insurance furnished with this contract is missing or has expired as follows:

Entire Certificate: _____ General Liability: _____
Professional Liability: _____ Excess Liability: _____
Automobile: _____ Workers Compensation: _____

Other (Identify) _____

The departmental requestor was notified by this writer on 4/23/2015

cc: HRD Department – Attn: Shirley Walker

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: L+L Adult Day Care Inc.
2. Address of Contractor: 1485 East Outer Drive Detroit
MI 48234
3. Name of Predecessor Entities (if any): N/A
4. Prior Affidavit submission? No Yes, on: 9-17-12
(Date of prior submission)

If "No", complete Items 5 and 6.

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

5. Contractor was established in _____ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.

Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.

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

6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

DeVoughn Owens (Printed Name) Executive Director (Title)
DeVoughn Owens (Signature) 9-23-14 (Date)

Subscribed and sworn to before me
this 23rd day of September 2014
[Signature]
Notary Public, Wayne County, Michigan
My Commission expires: March 16, 2017

TYRONE SHEPARD
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Mar 16, 2017
ACTING IN COUNTY OF WALKER

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

I, being a duly authorized representative of the L & L Adult Day Care 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: L & L Adult Day Care Inc.
(Type or Print Legibly)

Contractor Address: 1485 E. Outer Drive, MI, 48234
(City) (State) (Zip)

Contractor Phone/E-mail: 313 366-1100 or 248 240-7647 / landadultdaycare@yahoo.com or devought@yahoo.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: DeVaughn Owens Executive Director

Signature of Authorized Representative: DeVaughn Owens

Date: 9-23-14

Signature of Notary: Tyrone Shepard
Printed Name of Seal of Notary: Tyrone Shepard

TYRONE SHEPARD
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Mar 16, 2017
ACTING IN COUNTY OF Wayne

My Commission Expires MARCH 16, 2017

For Office Use Only:	
Cov. Rec'd: <u>1/14/15</u> in	Department Name: <u>PDD</u>
<input type="checkbox"/> Accepted by: <u>Chris Nyeche</u>	<input type="checkbox"/> Rejected by: _____

D

October 30, 2014

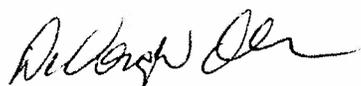
Ms. Gail Pryor
City of Detroit
Planning and Development Department
65 Cadillac Square, Suite 1400
Detroit, MI. 48226

RE: Question regarding felonies on the employment application

Dear Gail Pryor:

L&L Adult Day Care does not have a question regarding felonies on our employment application. However, because we provide services to seniors that are frail, Mentally Ill, Developmentally Disabled, who also suffer from Dementia or Alzheimer's we let every prospective employee know that we will be conducting a background check. This is necessary to ensure the safety of the seniors that we provide services for. It is our policy which also reflects the policy from the State of Michigan DHS that you cannot have a misdemeanor within 10 years or a felony within 15 years from the date of application which relates to abuse or neglect of an individual. If you have any questions please feel free to contact me at (248) 240-7647.

Sincerely



DeVoughn Owens
Executive Director

Cc: Richard Owens (Human Resources)
Katrina Harvey (Project Director)
Merverly Hicks (Manager)

Application for Employment

Please Print

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Position(s) applied for _____ Date of application ____/____/____

Name _____ Social Security # _____
Last First Middle

Address _____
Street City State Zip Code

Telephone # () _____ Mobile/Beeper/Other Phone # () _____ E-mail Address _____

If you are under 18, and it is required, can you furnish a work permit? Yes No
 If no, please explain _____
 Have you ever been employed here before? If yes, give dates and positions Yes No
 Are you legally eligible for employment in this country? Yes No
 Date available for work _____ What is your desired salary range? _____ \$ _____
 Type of employment desired Full-Time Part-Time Temporary Seasonal Educational Co-Op
 Are you able to meet the attendance requirements of the position? Yes No

Driver's license number if driving is an essential job function _____ State _____

Employment History

From	To	Employer	Telephone #
Starting Job Title / Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per
Starting Job Title / Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per
Starting Job Title / Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per
Starting Job Title / Final Job Title		Address	
Immediate Supervisor and Title		Summarize the nature of work performed and job responsibilities	
May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/> Later <input type="checkbox"/>			
Reason for leaving		Hourly Rate/Salary	
		Start \$	Per
		Final \$	Per

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background (if applicable)

		Major	Degree
High School			
College			
Other			

Work History

Employer	Position	Start Date	End Date

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant _____ Date ____/____/____



© 2000 G. Neil | a CENTIS™ Company
720 International Parkway, Sunrise, FL 33325
Call 954-959-9111 or visit www.gneil.com to register
Application for Employment (Short Form) - FR8 A0502 E



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CERTIFICATE OF LIABILITY INSURANCE

L&LAD-2

OP ID: TP

DATE (MM/DD/YYYY)

08/21/2014

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

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

PRODUCER Michigan Assisted Living Insur a service of Marsh & McLennan 15441 Middlebelt Livonia, MI 48154 Anita P. Bingham	CONTACT NAME: Anita P. Bingham PHONE (A/C, No, Ext): 800-547-1312 FAX (A/C, No): 734-525-1020 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED L & L Adult Day Care Inc. 1485 E. Outer Drive Detroit, MI 48234-1265	INSURER A: Philadelphia Indemnity Ins. Co NAIC # 18058	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

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	ADD'L SUBR (NSR / WVD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY	X	PHPK1220685	08/29/2014	08/29/2015	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
	<input checked="" type="checkbox"/> Professional Liab					PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$ 3,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG	\$ 3,000,000
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$
	<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 type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (PER ACCIDENT)	\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A			E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

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

The City of Detroit Planning and Development is named as Add'l Insured for General Liability per form CG2026 0413 and Professional Liability per form PIHS011 0704 for the operations of the named insured only at 1485 E. Outer Drive, Detroit MI
 Sexual/Physical Abuse or Molestation - \$1,000,000/\$3,000,000

CERTIFICATE HOLDER CITYO-3 The City of Detroit Planning and Development 2300 Cadillac Tower, Ste 1400 Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Anita P. Bingham</i>



CERTIFICATE OF LIABILITY INSURANCE

L&LAD-2

OP ID: TP

DATE (MM/DD/YYYY)

08/21/2014

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

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

PRODUCER Michigan Assisted Living Insur a service of Marsh & McLennan 15441 Middlebelt Livonia, MI 48154 Anita P. Bingham	CONTACT NAME: Anita P. Bingham	
	PHONE (A/C, No, Ext): 800-547-1312	FAX (A/C, No): 734-525-1020
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Ins. Co		18058
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED L & L Adult Day Care Inc.
 1485 E. Outer Drive
 Detroit, MI 48234-1265

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 INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below					<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	
A	Employee Theft & Client Coverage		PHSD969072	08/29/2014	08/29/2015	Limit	100,000
						Deduct	500

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

CERTIFICATE HOLDER CITYO-3 The City of Detroit Planning and Development 2300 Cadillac Tower, Ste 1400 Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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CERTIFICATE OF LIABILITY INSURANCE

L&LAD-2

OP ID: TP

DATE (MM/DD/YYYY)

08/21/2014

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

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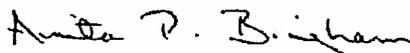
PRODUCER Michigan Assisted Living Insur a service of Marsh & McLennan 15441 Middlebelt Livonia, MI 48154 Anita P. Bingham	CONTACT NAME: Anita P. Bingham	
	PHONE (A/C, No, Ext): 800-547-1312	FAX (A/C, No): 734-525-1020
E-MAIL ADDRESS:		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED L & L Adult Day Care Inc. 1485 E. Outer Drive Detroit, MI 48234-1265	INSURER A: Philadelphia Indemnity Ins. Co	18058
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

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 INSR / WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$ \$
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	PHPK1220685	08/29/2014	08/29/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> 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 N/A				<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City of Detroit Planning and Development is named as Additional Insured their interest may appear with respects to Hired and Non-Owned Automobile Coverage.

CERTIFICATE HOLDER CITYO-3 The City of Detroit Planning and Development 2300 Cadillac Tower, Ste 1400 Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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WORKERS COMPENSATION
AND
EMPLOYERS LIABILITY POLICY

TYPE AR INFORMATION PAGE WC 00 00 01 (A)

POLICY NUMBER: (6KUB-5B70376-6-14)

RENEWAL OF (6KUB-5B70376-6-13)

INSURER: THE TRAVELERS INDEMNITY COMPANY

NCCI CO CODE: 11347

1.

INSURED:

L&L ADULT DAYCARE INC
1485 E. OUTER DR
DETROIT MI 48234

PRODUCER:

JAMES RALPH AGENCY
17515 W 9 MILE RD STE 430
SOUTHFIELD MI 48075

Insured is A CORPORATION

Other work places and identification numbers are shown in the schedule(s) attached.

2. The policy period is from 11-14-14 to 11-14-15 12:01 A.M. at the insured's mailing address.

3. A. **WORKERS COMPENSATION INSURANCE:** Part One of the policy applies to the Workers Compensation Law of the state(s) listed here:

MI

B. **EMPLOYERS LIABILITY INSURANCE:** Part Two of the policy applies to work in each state listed in item 3.A. The limits of our liability under Part Two are:

Bodily Injury by Accident: \$ 100000 Each Accident
Bodily Injury by Disease: \$ 500000 Policy Limit
Bodily Injury by Disease: \$ 100000 Each Employee

C. **OTHER STATES INSURANCE:** Part Three of the policy applies to the states, if any, listed here:

COVERAGE EXCLUDED - REFER TO RESIDUAL MARKET LIMITED OTHER STATES
INSURANCE ENDORSEMENT WC 00 03 26

D. This policy includes these endorsements and schedules:

SEE LISTING OF ENDORSEMENTS - EXTENSION OF INFO PAGE

4. The premium for this policy will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All required information is subject to verification and change by audit to be made ANNUALLY.

DATE OF ISSUE: 11-06-14 WC

ST ASSIGN: MI

OFFICE: ORLANDO 893

PRODUCER: JAMES RALPH AGENCY

76N4R

CONTRACT # 4411-01 CPO # 2895828-01 SPO # Waiver

CHANGE ORDER # 01 Agenda Date _____

DEPARTMENT Planning and Development Department CCR: _____

CONTRACT SYNOPSIS

NAME: L & L DAY CARE

ADDRESS: 1485 East Outer Drive, Detroit, MI. 48234

NOF Public Service – Living Wage Ordinance Does Not Apply

WHAT FORM OF COMPETITION Request for Proposal (RFP) # CDBG - Public Service

DID THE DEPARTMENT ENGAGE Request for Quotes (RFQ) # _____

IN TO OBTAIN THIS PROFESSIONAL Request for Qualifications (RFQQ) # _____

SERVICE CONTRACT: If there was no competition obtained, explain why:

Annual public service Neighborhood Opportunity Fund RFP's (applications) are issued in October. City Council budgets awards for specific activities and organizations. Thus the projects are already earmarked for certain groups and cannot be bid out again.

PROJECT:

Type of Funding and %: 100 % Community Development Block Grant

CONTRACT AMOUNT: \$75,000.00

CONTRACT PERIOD: 1/1/2015 to 12/31/2016

ADVANCE PAYMENT -0-

BRIEF

DESCRIPTION: Adult Day Care

REASON FOR DELAY:



02/24/15

Living Arts
Cara Graninger
8701 W. Vernor Hwy, Suite 310
Detroit, Michigan 48210

RE: 2010-2011 Community Development Block Grant
(CDBG) Neighborhood Opportunity Fund (NOF)
Agreement No.CPO 2815283 SPO 2815284
Amount:\$50,000.00

Dear Ms. Granger:

Our records indicate that your service agreement Contract# SPO 2815283 in the amount of \$50,000.00 with the City of Detroit expired August 31, 2012. Further research revealed that this project has been completed with an outstanding balance of \$1,469.31. Consequently, this account is closed and all outstanding balances are being reprogrammed for other uses.

Should you have any questions regarding this matter, please feel free to contact your project manager, Ms. Sheri Person at (313) 628-2710.

Sincerely,

Chidi Nyeche
Executive Manager

kp

cc: Project Manager
Fern Clement, FRM
Norberto Valina, FRM

**CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL**

DEPARTMENT: PLANNING & DEVELOPMENT	DATE REC: 2/25/15
CPO: 2895828	SPO: C/O: 001
NAME: L & L ADULT DAY CARE	AMOUNT: \$75,000.00 (Change Order #1)
ADDRESS: 1485 EAST OUTER DRIVE DETROIT, MI 48234	LOG #: 5272
PURPOSE – To provide adult day care services for senior citizens in the City of Detroit	

RECOMMENDATION:

APPROVE: <u>YES</u>	DATE COMPLETED: 3/2/15
DENY:	ANALYST: D. ROBINSON II
	DATE RELEASED: APR 17 2015

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

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

Block Grant

The **Planning & Development Department** wishes to have a Professional service contract approved with **L & L Adult Day Care, of Detroit, MI**, as follows:

<u>Amount:</u>	Current Contract	\$ 105,000.00
	<u>Change Amount:</u>	\$ 75,000.00
	New Contract:	\$ 180,000.00

Scope: The Contractor will provide adult day care services for senior citizens aged 60 or older with or without development and/or physical disabilities, and mental impairments, who are residents of the City of Detroit. Services will include: lunch and snacks; socialization and recreation; arts and crafts; therapeutic activities; health monitoring; community outings; medication administration; educational and computer services; personal grooming and hygiene assistance; physical and occupational therapy; physical fitness classes; and other related services as deemed necessary.

Term: January 1, 2014, through December 31, 2016

Funding: Funds are available in 363060-651147 FA. **\$133,556.05**

Funds Available Inquiry (COD)

Selection Criteria

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

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

Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input checked="" type="checkbox"/> 2001-363060-000000-651147-1062	50,000.00	0.00	0.00	50,000.00
<input type="checkbox"/> 2001-363060-000795-651147-1062	(24,249.95)	0.00	0.00	(24,249.95)
<input type="checkbox"/> 2001-363060-772313-651147-1062	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001-363060-796114-651147-1062	105,000.00	9,683.50	62,510.50	32,806.00
<input type="checkbox"/> 2001-363060-799815-651147-1062	75,000.00	0.00	0.00	75,000.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

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

Account Description

Block Grant-LL Daycare-DUMMY PROJECT FOR GL-Public Services-Bloc-L L Daycare-Undefined Utility Ac-Undefined

2001-363060-799815-651147-10621-000000-00000

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

DEPARTMENT:	Planning & Development	LOG#:	5272
CONTR:	2895828	DATEREC:	2/25/2015
NAME:	L & L Adult Day Care	C/O:	001
ADDRESS:	Detroit, MI	AMOUNT:	\$75,000.00
PURPOSE:	Public Service		

RECOMMENDATION:

_____ DATE Up Front	DATE COMPLETED	_____
_____ APPROVE	ANALYST	_____
_____ DENY	DATE RELEASED	_____
_____ MANAGEMENT APPROVAL DATE:	MANAGEMENT CODE	_____

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

Seq	Date	Rev	Action	Performed By	Note
17		0		Johnson, Alicia	
16	23-MAR-2015 11:2	1	Forward	Valina, Norberto T	P&DD preapproved Pu
15	23-MAR-2015 11:2	1	Submit	Valina, Norberto T	P&DD preapproved Pu
14	23-MAR-2015 11:2	0	update the close state	Valina, Norberto T	
13	16-SEP-2014 08:45	0	Approve	Holland, Zenola	P&DD Preapproved NC
12	12-SEP-2014 11:13	0	Forward	Walker, Michelle	P&DD Preapproved NC
11	02-SEP-2014 14:57	0	Forward	Hadley, Tylene E	P&DD Preapproved NC
10	30-AUG-2014 10:3	0	Forward	Davis, Brenda L	P&DD Preapproved NC
9	30-AUG-2014 10:3	0	Submit	Davis, Brenda L	P&DD Preapproved NC
8	30-AUG-2014 10:3	0	update the close state	Davis, Brenda L	

**PLANNING AND DEVELOPMENT DEPARTMENT
CONTRACT CHECKLIST**

Amendment #1

Contractor's/Project Name: _____ L & L Day Care _____

Contract Amount: _____ \$75,000 _____

SPO Number 2895829

CPO Number 2895828

Please denote the status of the following in said contract:

- | | | | |
|---|--|--|------|
| 1. Divisional approval of contract (by Exec/Gen Mgr or designate) | | X Yes | No |
| 2. Catalog of Federal Domestic Assistance (CFDA) Number | Yes | No | X_NA |
| 3. Grant Agreement Number | Yes | No | X_NA |
| 4. Signatures: | | | |
| a. Authorized Representatives and Witnesses | | X Yes | No |
| b. Corporate Acknowledgement (notarized) | | X Yes | No |
| c. Resolution of Corporate Authority (form completed) | | X Yes | No |
| d. Lobbying Certificate | | X Yes | No |
| e. Certification of Debarment/Suspension | | X Yes | No |
| f. Insurance Certificates (if applicable) | | | _NA |
| i. Employee Insurance | X Yes | No (if no, identify reason under Comments) | |
| Comments | _____ | | |
| ii. Auto Insurance | X Yes | No (if no, identify reason under Comments) | |
| Comments | _____ | | |
| 5. Verification: | Based on my review, it does not appear that the <u>contract date</u> , <u>scope of service</u> or <u>budget</u> have been altered or changed after Labor Standards (if applicable) and/or Contract Monitoring (if applicable) previous approval. | | |
| | <i>[Signature]</i> | (Initial) | |

Reviewed by *[Signature]*

Date: 2/14/15

Section One: (to be completed by contract manager)

Date

Vendor Name

RECEIVED

Name L & L DAY CARE

Address: Detroit, MI 48234

FEB 16 2015

Phone # (313) 366-1100

CITY OF DETROIT
PLANNING & DEVELOPMENT DEPT
BUDGET

Ownership over 50% Black Hispanic American Indian Asian White
 Male Female

Contract/Cost Center Name: L & L DAY CARE Approp. # _____ Object Code # _____

HUD Activity # _____ Grantee APN: _____ Org. # _____ Advance \$ 0.00

Contract Amount \$75,000.00 Set-up Amendment Contract # CPO #2895828-01 SPO # _____

Funding Source: CDBG HOME ESG HOPWA Other Federal State General

Fund Bond Other Contract Type: Construction Service Supply

Contract Period: 3/1/2015 TO 5/31/2017

Contract Description: **PUBLIC SERVICE**

Contract Manager : Gail Pryor

Section: Neighborhood Support Services Phone # 628.0164

Section Two: Approval Process

➤ **Executive Manager:** Compensation clause equals Budget Yes No Funds Available Yes No
In _____ FY Consolidated Plan: Activity _____ \$ _____ In Scope Yes No
Contract Monitoring approved boilerplate Yes No Cited exhibits included in contract Yes No

Signature: _____

Date: 1/14/15

➤ **EEO/Labor Standards:** Signature: N/A Date: _____

➤ **Contract Monitoring:** Signature: N/A Date: _____

➤ **Contract Manager:** (The following items are attached to the contract)

- Agreement Transmittal Record (C of D 979)
- Three copies of signed agreement/amendment Indirect cost proposal (if applicable)
- Clearances: Income Tax Property Tax Personal Property Human Rights
- Insurances: General Liability Automobile Workers' Compensation Other _____
- Notification of Contract Award signed by contractor/vendor
- Reason for delay: _____

➤ **Department Approval:** Signature: _____ Date: _____

Accounter Balance \$ 133,556.05 Date: 2-16-15

Approved Denied Insufficient funds Incomplete/Incorrect forms Questionable account number

Signature: _____

Date: _____

➤ **IDIS:** (Consolidated Plan) Signature: _____ Date: _____

Contract Manager must attach copy of IDIS Set-up Form

➤ **Accounting:** Signature: _____ Date: _____

☞ = Copy of form needed for file at these stops, also copy MIS for Federal reporting

NOTIFICATION OF CONTRACT AWARD

P&DD #4411-01

CPO # 2895828-01

ORG

OBJ. CODE/DETAIL:

ACT. PUR. NO:

Name of Program: Public Service

Location: City of Detroit

Grant Number:

CDBG

Sponsor: City of Detroit

% Minority Sponsorship:

100%

Business Name

L & L DAY CARE

Principal Owner:

NON-PROFIT

Address:

1485 East Outer Drive, Detroit, Mich. 48234

Telephone:

(313) 366-1100

Internal Revenue Number (If Applicable): 26-0009074

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male

Female

SUB-CONTRACTOR

Business Name:

Principal Owner:

Address:

Telephone:

Internal Revenue Number (If Applicable):

Principal Ownership Over 50% (Check One on Each Line):

Black Hispanic Amer. Indian Asian White

Sex: Male Female

CONTRACT AWARD

TYPE of CONTRACT: Construction Service Supply

Check Tier: Prime Sub Sub/Sub

Total Dollar Value: \$75,000.00

Award Date: August 28, 2014

If Joint Venture, Amount Minority: \$

Amount Majority: \$

This serves as such notification for the above contract.

Preparer's Signature

Date 1/26/2015

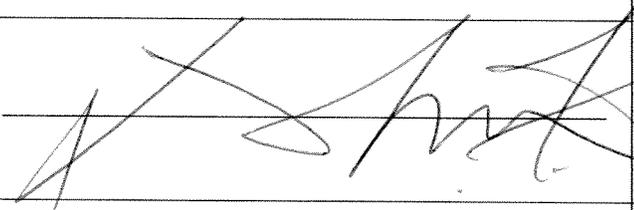
Date to Financial Management _____
 Must Be Stamped with Time Clock

FINANCIAL AND RESOURCE MANAGEMENT

CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

Contractor or Payee: L & L ADULT DAY CARE		PDD Division: Neighborhood Support Services
CPO:	SPO:	Prepared By: Gail Pryor
Payment #: Contract Set-Up	Amount: \$75,000.00	Date Returned to Submitting Division:
Appropriation #:	Organization #:	Reason Returned:
Object Code:		DRMS BATCH #:
APN:		IDIS Vouchers #:

THIS SECTION BELOW TO BE COMPLETED BY THE FINANACIAL & RESOURCE MANAGEMENT DIV.

SECTION	DATE-IN	REMARKS	DATE-OUT
LABOR STANDARDS (if applicable)	N/A	N/A	N/A
NOF PROJECT MANAGER TEAM LEADER			1/14/15
ACCOUNTING MANAGER		_____	
IDIS		_____	
IDIS APPROVAL		_____	

Funds Available Inquiry (COD)

Selection Criteria

Object: **CODAMENDED** Amount Type: **Year To Date Extended**
 Period: **JUN-15** Encumbrance Type: **ALL**
 Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input type="checkbox"/> 2001.363060.000000.651147.1062	50,000.00	0.00	0.00	50,000.00
<input type="checkbox"/> 2001.363060.000795.651147.1062	(24,249.95)	0.00	0.00	(24,249.95)
<input type="checkbox"/> 2001.363060.772313.651147.1062	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001.363060.796114.651147.1062	105,000.00	9,683.50	62,510.50	32,806.00
<input type="checkbox"/> 2001.363060.799815.651147.1062	75,000.00	0.00	0.00	75,000.00
<input type="checkbox"/> BUDC.363060-T.P06200.10621.T.	205,750.05	9,683.50	62,510.50	133,556.05
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

Requisition	Purchase Order	Other
0.00	0.00	0.00

Account Description

Block Grant-LL Daycare-DUMMY PROJECT FOR GL-Public Services\Bloc-L L Daycare-Undefined Utility Ac-Undefined

262-16-15



CITY OF DETROIT
PLANNING & DEVELOPMENT
DEPARTMENT

65 Cadillac Sq., Suite 1400
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Date:

To: CHIDI NYECHE

Kerry Baifinger

From:

OP

NEIGHBORHOOD SUPPORT SERVICES DIVISION

RE: SUBMITTING CONTRACT FOR REVIEW

Contract Number# 2895828 FY *2014/2015*
L&L Detroit Day

It is the department's responsibility to ensure that all documents (clearances, insurance, etc.) are provided to the NSS Division before the contract can be forwarded to Purchasing/City Council. Review your contract to ensure the following items are attached:

- Signed City Council Review Checklist
- Bid Tabulations or Evaluation Score Sheet (Must Have To Justify Competitive Bidding)
- Revenue/Property Tax Clearance - exp. 1/15/2015 -
(Renewal Requested)
- Income Tax Clearance - 2/24/15
- Human Rights Affidavit
- Insurance Certificate - Needs Coverage for Automobile and Worker's Compensation and Employer's Liability and the City of Detroit needs to be named as additional insured
- Hiring Policy Affidavit with Employment Application (**without** reference to questions regarding a felony) *Letter*
- Slavery Era Affidavit
- Other - Contract Incomplete - missing:

Note: IT IS THE PURCHASING DIVISION'S POLICY TO RETURN ANY INCOMPLETE CONTRACT.

Ready for mgmt. review.

Funds Available Inquiry (COD)

Selection Criteria

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

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

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input type="checkbox"/> 2001-363060-000000-651147-1062	50,000.00	0.00	0.00	50,000.00
<input type="checkbox"/> 2001-363060-000795-651147-1062	(24,249.95)	0.00	0.00	(24,249.95)
<input type="checkbox"/> 2001-363060-772313-651147-1062	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001-363060-796114-651147-1062	105,000.00	19,776.75	85,223.25	0.00
<input type="checkbox"/> 2001-363060-799815-651147-1062	75,000.00	0.00	0.00	75,000.00
<input checked="" type="checkbox"/> BUDC-363060-T-P06200-10621-T	205,750.05	19,776.75	85,223.25	100,750.05
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

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

Account Description

Block Grant-LL Daycare-DUMMY PROJECT FOR GL-Public Services\Bloc-L L Daycare-Undefined Utility Ac-Undefined

**CDBG/ESG Sub-recipient Checklist
CONTRACT PROCESSING CHECKLIST**

Sub-recipient/Program Name: 2nd Addict Day Care
Grant Type: CDBG CDBI
Funding Year: 2014/2015 **Contract Term:** 1/1/201
Project Manager: Gail Pryor **Supervisor:** G. Pryor K. Baitinger
Manager Initials: K. Baitinger **Executive Manager Initials:** CBN

1. Electronic (if available) and hard copies of:

- Scope of Services
 - National Objective:
 - (Area Benefit, Slum & Blight, Nature/Location or Presumed Benefit)

Updated Income Guideline Data Budget (Administrative costs up to 20%)

Exhibit E (Performance Schedule)

Vital Information Form

Contract Processing Document

2. Agreement Signatures and Notaries:

- The person who signed the Agreement is NOT the same person who signed the Corporate Authority
- The person who signed the Agreement is authorized to sign
- The person who signs the Corporate Acknowledge and Resolution of Authority must be a different person
- The date the Sub-recipient signed the agreement is on page one (1)
- Exhibit N is signed
- Exhibit O is signed (if contract is over \$100,000.00)

3. Clearances: Include copy with 5 copies of Agreement

- (Indicate: Yes, No, Ordered or Expired – If expired, provide date new clearance ordered) Human Rights:
 - If expired, date a new clearance was ordered _____
- Income Tax: 2/15/15
 - If expired, date a new clearance was ordered _____
- Property Tax: 1/15/15
 - If expired, date a new clearance was ordered _____

4. Insurance: Include copy with 4 copies of Agreement:

- (Indicate: Yes, No, Ordered, Expired or N/A – If expired, provide date new certificate was ordered)
- General Liability Expires: 9/29/15
- Auto Liability Expires: 9/29/15
- Worker Comp and Employer Liability Expires: 11/14/15
- Fidelity (Dishonesty) Bond Expires: 8/29/15
- Waiver (Must include general coverage): _____