

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER 01

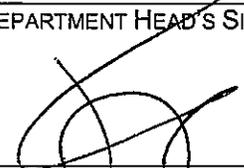
STANDARD PO NUMBER 2895835

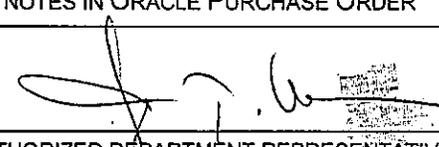
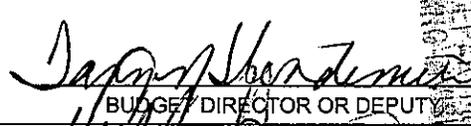
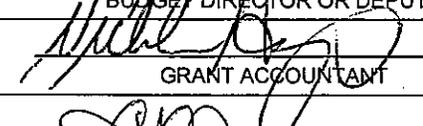
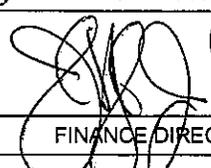
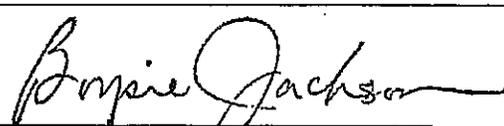
CONTRACT PO NUMBER 2895834-01

REVISION

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %		DEPARTMENT CONTACT PERSON SHERI PERSON	PHONE NO. (313) 628-2710
CONTRACTOR'S World Medical Relief		DATE PREPARED 6-2-2015	
CONTRACTOR'S ADDRESS: 11745 Rosa Parks Blvd. Detroit, MI 48206-1270		ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$178,838.00 TOTAL CPO AMOUNT \$103,838.00 CHANGE AMOUNT \$75,000.00	
PHONE NO: (313) 866-5333 EXT. 227		<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER: 38-1575570		MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: TO PROVIDE AFFORDABLE PRESCRIPTION DRUG COVERAGE			
CHARGE ACCOUNT: 2001 -360263-801115-651147- 04178-000000- 00000			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	15 JUL 14 PM 4:06 06-22-15
JUL - 6 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL - 9 2015
JUL 02 2015	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL  GRANT ACCOUNTANT	JUL 06 2015
JUL 13 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	JUL 13 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	7/14/15
R JUL 13 2015 CITY OF DETROIT CONTRACTS SECTION LAW DEPARTMENT	PURCHASING DIVISION  PURCHASING DIRECTOR	JUN 12 2014

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE **JUN 12 2014**

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895834**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this **1st** day of **January, 2015**, between World Medical relief, 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. **2895826**, 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**; with an increase in compensation in the amount of **SEVENTY- FIVE THOUSAND DOLLARS AND 00/100 CENTS (\$75,000.00)**;

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 and Three Thousand Eight Hundred and Thirty Eight Dollars and 00/100 cents (\$103,838.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made apart 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 SEVENTY-EIGHT THOUSAND EIGHT HUNDRED AND THIRTY EIGHT DOLLARS and 00/100 CENTS (\$178,838.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the 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.

CITY COUNCIL ON JUN 12 2014
OF THE

PURSUANT TO SECTION 6406
CHARTER OF THE CITY OF

DETROIT

Bonnie Jackson

[Signature]

Purchasing Director Date

Corporation Counsel Date

THIS AGREEMENT IS NOT VALID OR AUTHORIZED UNTIL SIGNED BY THE PURCHASING DIRECTOR.

RESOLUTION OF CORPORATE AUTHORITY

I, REBECCA TUNGOL, CORPORATE SECRETARY of **World Medical Relief**, 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 APRIL 29, 2014, and that the same is now in full force and effect:

I FURTHER CERTIFY that:	
<u>MIKE BAYDOWN</u>	is Chairman of the Board,
	is Executive Director,
<u>GEORGE SAMSON</u>	is President,
<u>ARCHIE BROWN</u>	is Vice President,
<u>MICHAEL SKINNER</u>	is Treasurer,
and <u>REBECCA TUNGOL</u>	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."

<u>GEORGE V. SAMSON</u>	Title/Position	<u>PRESIDENT & CEO</u>
<u>MIKE BAYDOWN</u>	Title/Position	<u>BOARD CHAIR</u>
_____	Title/Position	_____
_____	Title/Position	_____
_____	Title/Position	_____
and _____	Title/Position	_____

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 # 2895834 between the City of Detroit and **World Medical Relief** 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 18th day of December, 2014.

CORPORATE SEAL
(if any)

Signature: Rebecca Tungol
Corporate Secretary

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }
City of Detroit

CITY CLERK'S OFFICE, DETROIT

I, Janice M. Winfrey

City Clerk of the City of Detroit, in said

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

Approved by the Emergency Manager for the City of Detroit on

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

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

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

Detroit, this 28th

day of April A.D. 2015


CITY CLERK

2014/2015

CDBG

CC APPROVED

CONTRACT NOT LISTED

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

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

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

2014-2015 SCHEDULE A

Dept	Action	Appr#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13594	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,875	-\$ 2,059,252
PDD	Decrease	13594	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	-\$ 1,653,018
PDD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	-\$ 22,700
PDD	Decrease	13169	PDD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	-\$ 513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	-\$ 690,669
PDD		13611	Sec. IC6 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
			SUB-TOTAL		\$ 8,746,361	\$ 3,808,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
			SUB-TOTAL		\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Easton Market Shed Rehab.	CREH	\$ 300,000	\$ 0	-\$ 300,000
			SUB-TOTAL		\$ 0	\$ 0	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 5,500,000	\$ 5,500,000
			SUB-TOTAL		\$ 0	\$ 12,000,000	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11808	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 2,138,207	\$ 2,550,000	
PDD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11797	L.J.F. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11798	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11801	NSO — Turmain Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12428	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10628	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11898	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11806	United Community Housing Coalition	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11809	YWCA Interim House	HPS	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL		\$ 2,269,216	\$ 2,250,000	
			Housing				
ID	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	-\$ 8,000,000
ID	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
ID	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
ID	Increase	13669	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
ID	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
			SUB-TOTAL		\$ 8,400,000	\$ 7,000,000	
ID	Increase	13170	PDD — Housing Services	HRTA	\$ 2,041,365	\$ 2,000,000	-\$ 41,365
			SUB-TOTAL		\$ 2,941,365	\$ 3,399,934	
ID	Increase	11458	Public Facility Rehab.	PF	\$ 1,300,000	\$ 1,438,390	\$ 138,390
ID	Increase	04735	Adult Volunteering Services	PF	\$ 0	\$ 134,690	\$ 134,690
ID	Increase	13838	Charles H. Wright Museum of African American History	PF	\$ 0	\$ 85,000	\$ 85,000
ID	Increase	06698	Focus HOPE	PF	\$ 0	\$ 102,700	\$ 102,700
ID	Increase	06514	Franklin Wright Settlements	PF	\$ 0	\$ 120,000	\$ 120,000

Oppl	Action	Appl#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 167,000	\$ 167,000
PDD	Increase	13845	North Rosedale Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04898	San-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13358	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13556	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
SUB-TOTAL					\$ 500,000	\$ 1,486,390	\$ 200,000
PDD	Decrease	13167	PDD — Development		\$ 0	\$ 0	\$ 0
PDD	Decrease	12945	Unassigned Projects	PFRTA	\$ 2,468,905	\$ 0	-\$ 2,468,905
SUB-TOTAL					\$ 2,468,905	\$ 0	-\$ 2,468,905
SUB-TOTAL				PS	\$ 3,877,644	\$ 1,199,198	-\$ 3,677,644
PDD	Increase	07523	Accounting Aid Society	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	08709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Marcy Education Project	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10124	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 725,000	\$ 725,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 375,000	\$ 375,000

PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	10105	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	\$ 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	\$ 275,000
PDD	Increase	04683	Alzheimer's Association	PS/	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dulay United Action Council	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	L3L Adult Day Care	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05662	LASED	Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11593	Mainz Human Services — Reuther Older	Seniors	\$ 0	\$ 75,000	\$ 75,000

Order	Action	APR 1	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	05149	Adult & Wellness Center St. Patrick Senior Center	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Section 108 Loans	Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD		13529	Book Cadillac	REPAY	\$ 7,334,838	\$ 3,500,000	-\$ 3,834,838
PDD		13529	Ferry Street	REPAY	\$ 1,820,958	\$ 641,268	-\$ 1,179,690
PDD		13529	Fort Shelby	REPAY	\$ 337,199	\$ 87,199	-\$ 250,000
PDD		13529	Garfield	REPAY	\$ 1,857,125	\$ 857,125	-\$ 1,000,000
PDD		13529	Garfield II	REPAY	\$ 242,648	\$ 17,648	-\$ 225,000
PDD		13529	Garfield Geothermal	REPAY	\$ 542,199	\$ 432,199	(\$ 110,000)
PDD		13529	Garfield Sugar Hill	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD		13529	Mexicantown	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD		13529	New Amsterdam	REPAY	\$ 437,438	\$ 167,438	-\$ 270,000
PDD		13529	Stuberstone	REPAY	\$ 847,767	\$ 447,767	-\$ 400,000
PDD		13529	Vernor Lawndale	REPAY	\$ 33,264	\$ 3,264	-\$ 30,000
PDD		13529	Woodward Garden	REPAY	\$ 122,992	\$ 72,992	-\$ 50,000
PDD	Increase	13635	Public Park Improvement	REPAY	\$ 919,826	\$ 619,826	-\$ 300,000
				PI	\$ 7,334,838	\$ 3,500,000	
					\$ 0	\$ 1,000,000	\$ 1,000,000
					\$ 0	\$ 187,144	
					\$43,890,841	\$28,562,866	
					\$ 0	\$ 0	
					\$43,890,841	\$28,562,866	
					\$ 310,000	\$ 310,000	\$ 0
					\$ 1,132,419	\$ 1,132,419	\$ 0
					\$31,233,230	\$32,109,171	\$ 875,941
					\$32,875,849	\$33,551,590	\$ 675,741

Adopted as follows:

Yeas — Council Members Benson, Cushingberry, Jr., Jenkins, Laland, Sheffield, Spivey, Tate, and President Jones — 8.
Nays — None.

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: June 2015 Department: P & DD Division: NSSD Name: World Medical Relief
Dept Head/Contact Person: Sheri Person Phone No: 628-2710

Description: Public Service Contract No. _____ PO Type: Prof Svc - CPO Est. Value: \$ _____

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

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

Recommended Supplier: _____ Required Date: _____

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

If "Yes" please explain why: Per HUD grant agreement.

Consequence of not buying: Violation of HUD Funding with City of Detroit

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

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

3. 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: _____

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

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

6. The business being awarded is NEW CONTRACT
If #6 is a renewal provide justification for renewal: _____
If #6 is a increase/decrease does this represent:

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

7. Is this good/service used by other departments? Yes No
If "yes" can this req/par be combined other department requirements.? Yes No
8. Is this a service that can be performed by City employees? Yes No
Is this a service that City employees can be trained to do? Yes No

NOTES: RFP issues for CDBG Funding. Subrecipients submitted applications. Application reviewed by Departments, City Planning Commission and Approved by the Mayor and City Council

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: *L. Person* DATE: June 5, 2015
INFORMATION PROVIDED BY: _____
TITLE: Project Manager
PHONE NO. (313) 628-2710

Proposal # 076 Organization Name: World Medical Relief

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

Attach this Form to the outside of each proposal envelope

Reviewers Notes & Comments

I. Consolidated Plan

Health

VI. Organizational Information

strong staff, outreach per needs

V. Management Plan

IV. Project Description

HHF
clear, detailed description, serves a need, addresses health issues

III. Outputs and Outcomes

clearly defined and tracked

II. Budget

other sources all spent down, no evidence of matching funds

Attach this Form to the outside of each proposal envelope

JUN 08 2015

Date Submitted: 5/6/15

REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: P&DD - NEIGHBORHOOD SUPPORT SERVICES

Contact: Clinton Griffin Project Manager: Phone: (313) 224-9121 Fax: none

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

A. To:	For:
City of Detroit	Company, WORLD MEDICAL
Income Tax Division	Address: 11475 ROSA PARK
Coleman A. Young Municipal Center	Detroit, MI
2 Woodward Ave	Telephone:
Detroit, MI 48226	Fax:
Phone: (313) 224-3328 or 224-3329	
Fax: (313) 224-4588	

A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above) PERSON, S.	Telephone: SAME AS ABOVE
Employer Identification of Social Security Number TAX ID#: 38-1575570 Personal Property: 8990468.00 Nature of Contract: Homeless Svcs	Spouse Social Security Number N/A
	BID/CONTRACT AMOUNT (if known)
	Contract # (if known)

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

Check One: Individual Corporation Partnership

INDIVIDUALS ANSWER QUESTIONS 1,2,3,4.

- 1. Have you filled joint returns with spouse during the last seven (7) years? NA YES NO
(If yes, include spouse SSN above)
- 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? YES NO
If yes, attach Employer Registration (Form DSS-4)
- 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: **JUN 08 2015** Expires: **JUN 08 2016**

YES NO Signature: _____ Date: _____ Expires: _____

CITY OF DETROIT - ACCOUNTS RECEIVABLE CLEARANCE FORM

PLEASE FORWARD IN DUPLICATE TO ROOM 1012 (CCB)

COLEMAN A. YOUNG MUNICIPAL CENTER

REVENUE COLLECTIONS -- (313) 224-4087

SECTION A FROM CITY ENGINEERING HEALTH LAW POLICE RECREATION WATER & SEWERAGE
 OTHER: NEIGHBORHOOD SUPPORT SERVICES - PLANNING & DEVELOPMENT DEPARTMENT

ADDRESS: 65 CADILLAC SQUARE, SUITE 1400 - (313) 224-9974 - Fax: (313) 224-2321

CONTACT PERSON: Tamika Dixon PHONE NUMBER: 224-9974 DATE SENT:

SECTION B: CORPORATION WORLD MEDICAL RELIEF

CORPORATION NAME

ADDRESS: 11745 ROSA PARKS BLVD, DETROIT, MI 48206

OWN

LEASE

CURRENT TAX IDENTIFICATION NUMBER 38-1575570

OTHER/CITY/STATE/TAX IDENTIFICATION NUMBER (S) PREVIOUSLY USED:

CONTACT PERSON CAROLYN RACKLYEFT

PHONE NUMBER: 313-866-5333 ext. 222

SECTION C: PARTNERSHIP

BUSINESS NAME:

ADDRESS:

OWN LEASE

OTHER/CITY/STATE/TAX IDENTIFICATION NUMBER(S) PREVIOUSLY USED:

A. PARTNER'S NAME:

HOME ADDRESS: CITY/STATE/ZIP:

OWN LEASE SOCIAL SECURITY NUMBER:

OTHER CITY PROPERTY OWNED ADDRESSES:

B. PARTNER'S NAME:

HOME ADDRESS: CITY/STATE/ZIP:

OWN LEASE SOCIAL SECURITY NUMBER:

OTHER CITY PROPERTY OWNED ADDRESSES:

CONTACT PERSON:

PHONE NUMBER:

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

SECTION D: SOLE PROPRIETORSHIP

OWNER'S NAME:

HOME ADDRESS:

CITY/STATE/ZIP:

OWN

LEASE

BUSINESS NAME:

BUSINESS ADDRESS:

CITY/STATE/ZIP:

OWN

LEASE

SOCIAL SECURITY NUMBER:

CITY/STATE/ZIP:

PHONE NUMBER:

CURRENT TAX IDENTIFICATION NUMBER:

OTHER/CITY/STATE/TAX IDENTIFICATION NUMBER(S) PREVIOUSLY USED:

OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT:

SECTION E: PERSONAL SERVICES

NAME:

HOME ADDRESS:

CITY/STATE/ZIP:

OWN

LEASE

SOCIAL SECURITY NUMBER:

OTHER PROPERTY ADDRESSES OWNED WITHIN DETROIT:

PHONE NUMBER:

FOR TREASURY COLLECTION USE ONLY!

FOR INCOME TAX DIVISION USE ONLY!

APPROVED DENIED WITH ATTACHMENTS AUG 15 2014

APPROVED

DENIED

CLEARANCE VALID UNTIL:

Signature: Sherida Person

DATE: 8-6-2013

SIGNATURE

DATE

Project Manager: SHERIDA PERSON

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

I, being a duly authorized representative of the WORLD MEDICAL RELIEF, (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. 2895834

Printed Name of Contractor: WORLD MEDICAL RELIEF, INC.
(Type or Print Legibly)

Contractor Address: 11745 ROSA PARKS
DETROIT, MI, 48206
(City) (State) (Zip)

Contractor Phone/E-mail: 313-866-5333 | _____
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: GEORGE V. SAMSON, PRESIDENT & CEO

Signature of Authorized Representative: _____

Date: 9/30/14

Signature of Notary: Carolyn M. Racklyeft

**CAROLYN M. RACKLYEFT
NOTARY PUBLIC WAYNE CO., MI
MY COMMISSION EXPIRES OCT. 13, 2015**

Printed Name of Seal of Notary: _____

My Commission Expires _____

Cov. Rec'd: <u>6/22/15</u> in _____	For Office Use Only: Department Name: <u>HRD</u>
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
<u>Chidi B. Njelle, Exec-Manager</u>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/26/2015

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

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

PRODUCER Arthur J. Gallagher Risk Management Services, Inc. 22930 Nine Mile Road Saint Clair Shores MI 48080	CONTACT NAME: Theresa Recchia	
	PHONE (A/C, No., Ext): 586 439-4351	FAX (A/C, No.): 586-778-2814
E-MAIL ADDRESS: theresa_recchia@aj.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Insurance Co		18058
INSURED World Medical Relief, Inc. 11745 Rosa Parks Blvd. Detroit MI 48206	WORLDMED-01	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** 1833577983 **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1244457	10/19/2014	10/19/2015	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input checked="" 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			PHPK1244457	10/19/2014	10/19/2015	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB477281	10/19/2014	10/19/2015	EACH OCCURRENCE \$1,000,000 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				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Crime			PHPK1244457	10/19/2014	10/19/2015	Per Occurrence 25,000

See next page.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Detroit is included as Additional Insured in respects to the General Liability under Form #CG2010 (07/04). ✓

CERTIFICATE HOLDER City of Detroit 65 Cadillac Sq. Floor 14 Detroit MI 48226 USA	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>Kip C. Walby</i>
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/3/2015

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

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

PRODUCER The Craft Agency Inc. 2533 Spring Arbor Rd P O Box 1187 Jackson MI 49204	CONTACT NAME: Tracy Pittman PHONE (A/C, No., Ext): (517) 787-0077 FAX (A/C, No.): (517) 787-9356 E-MAIL ADDRESS: tmp@craftagency.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED World Medical Relief Inc 11745 Rosa Parks Blvd Detroit MI 48206-9999	INSURER A: Accident Fund General Ins Co NAIC # 12304	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 15/16 WC **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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"/> PROJECT <input type="checkbox"/> LOC OTHER:	X					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"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	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	WCV0388346	1/22/2015	1/22/2016	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is listed as Additional Insured as required by written contract.

CERTIFICATE HOLDER

CANCELLATION

City of Detroit Planning & Development Dept 2 Woodward Ave Suite 908 Detroit, MI 48226	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Richard Craft/TMP
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Hiring Policy Compliance Affidavit

Rebecca Tungol Secretary of the
BOARD OF DIRECTORS WORLD MEDICAL RELIEF, INC.
Successor of World Corporation of Cities Business, Inc.

I, the undersigned, am a representative of the employer. I affirm that these policies are in compliance with the requirements of the Equal Employment Opportunity Act of 1967, Title VII, 29 U.S.C. 703, and the Michigan Civil Rights Act, 1976, Michigan Compiled Laws, 2011 PA 187, 2012 PA 100, and 2013 PA 100, and that the employer will not discriminate on the basis of race, color, sex, religion, national origin, or ancestry in hiring, promoting, or discharging any employee. I further affirm that the applicant is qualified for the position.

I further affirm that the selection of the applicant is based on the applicant's qualifications and that the selection process was fair and unbiased. I further affirm that the selection process was not influenced by any discriminatory practices.

WITNESSED

Rebecca Tungol
BOARD SECRETARY 2/7/14

STATE OF Michigan
COUNTY OF Wayne

Notary Public in and for the State of Michigan
Carolyn M. Racklyeft 7th Feb. 14

CAROLYN M. RACKLYEFT
NOTARY PUBLIC WAYNE CO., MI
MY COMMISSION EXPIRES OCT. 13, 2015

Wayne
state of Michigan
10-13-15

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include military service assignments.

1	Employer	<u>Dates Employed</u>		Work Performed/Accomplishments
		From	To	
	Address			
	Job Title	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
2	Employer	<u>Dates Employed</u>		Work Performed/Accomplishments
		From	To	
	Address			
	Job Title	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
3	Employer	<u>Dates Employed</u>		Work Performed/Accomplishments
		From	To	
	Address			
	Job Title	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Supervisor			
	Reason for Leaving			
4	Employer	<u>Dates Employed</u>		Work Performed/Accomplishments
		From	To	
	Address			
	Job Title	<u>Hourly Rate/Salary</u>		
		Starting	Final	
	Supervisor			
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper, include volunteer work if you believe it is relevant.

Special Skills and Qualifications

Summarize special skills and qualifications acquired from employment or other experience

K10

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: WORLD MEDICAL RELIEF, INC.
2. Address of Contractor: 11745 ROSA PARKS BLVD.
DETROIT, MI 48206
3. Name of Predecessor Entities (if any): _____
4. Prior Affidavit submission? No _____ Yes, on: _____
(Date of prior submission)
If "No", complete Items 5 and 6
If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5. Contractor was established in 1953 (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.

George V. Symon (Printed Name) Pres./CEO (Title)
George V. Symon (Signature) 9-26-14 (Date)

Subscribed and sworn to before me
this 29 day of September, 2014

Carolyn M. Racklyeft
Notary Public, _____ County, Michigan
My Commission expires: _____

CAROLYN M. RACKLYEFT
NOTARY PUBLIC WAYNE CO., MI
MY COMMISSION EXPIRES OCT. 13, 2015