

PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER

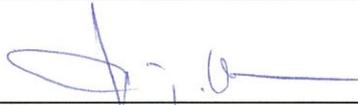
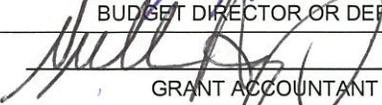
STANDARD PO NUMBER 2895855

CONTRACT PO NUMBER 2895854-01

Insurance Requirement

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

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DE MOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES	DEPARTMENT HEAD'S SIGNATURE 	DEPARTMENT PLANNING AND DEVELOPMENT
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON HAROLD F. BRYANT	PHONE NO. 313-628-0114
CONTRACTOR'S Freedom House	DATE PREPARED 1-30-15	
CONTRACTOR'S ADDRESS: 2630 WEST LAFAYETTE Detroit, MI 48216	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$200,000 TOTAL AMOUNT \$100,000 CHANGE AMOUNT 100,000	
PHONE NO 313-964-4320	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER:	MINORITY FIRM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PUBLIC SERVICES CHARGE ACCOUNT: <i>2001-366040-802015-651147-11791-00000-00000</i>		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	<i>05-06-15</i>
<i>JUN 30 2015</i>	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	<i>JUL - 2 201</i>
<i>JUN 25 2015</i>	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL  GRANT ACCOUNTANT	<i>JUN 26 2015</i>
<i>JUL 07 2015</i>	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	<i>7/7/15</i>
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	<i>7/7/15</i>
	PURCHASING DIVISION  PURCHASING DIRECTOR	

RECEIVED
 JUL 07 2015
 CITY OF DETROIT
 CONTRACTS SECTION
 LAW DEPARTMENT

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE _____

H2CDBG

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895854-01**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this **1st** day of **January 2014**, between **Freedom House**, 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. 2895854-01, dated September 19, 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 **ONE HUNDRED THOUSAND AND 00/100 DOLLARS (\$100,000.00)**;

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 THOUSAND and 00/100 DOLLARS (\$100,000.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made 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 **TWO HUNDRED THOUSAND and 00/100 (\$200,000.00) 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.

IN WITNESS WHEREOF, the City and the Subrecipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement CPO# 2895753 CO#01 (SPO# 2895754) as of the date first above written.

WITNESSED BY:

- 1. Lucie Nyobe
- 2. Marva K. Rice

SUBRECIPIENT:

By: Deborah A. Druman
 (Signature of Corporate Officer)
 Its: Executive Director
 (Office Held)

* * * * *
 CORPORATE ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
 COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 25 day of March, 2015, by Deborah A. Druman, the Executive Director of Freedom House, a Michigan Non-profit Corporation on behalf of the Corporation.

KOFFI ITTO
 Notary Public, State of Michigan
 Notary Public County of Wayne
 My Commission Expires 12-31-2016
 Acting in the County of Wayne
 My commission expires Indefinitely

WITNESSES:
 1. [Signature]
 2. [Signature]

CITY OF DETROIT
 By: [Signature]
 ARTHUR JEMISON
 Its: DIRECTOR

THIS AGREEMENT WAS APPROVED BY THE CITY COUNCIL ON JUN 12 2014

[Signature]
 Purchasing Director Date

APPROVED BY LAW DEPARTMENT PURSUANT TO SECTION 6-406 OF THE CHARTER OF THE CITY OF DETROIT

[Signature] 7/13/15
 Corporation Counsel Date

* This Amendment Agreement is not valid or authorized until approved by resolution of the City Council and signed by the Purchasing Director of the City of Detroit.

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 5th day of May, 2015, by **Arthur Jemison**, Director Planning and Development Department of the City of Detroit, Michigan, a municipal corporation.

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

Karen M. Beaver
Notary Public, Wayne County, Michigan

My commission expires: 6/21/2018

RESOLUTION OF CORPORATE AUTHORITY

I, Richard Blanchard, CORPORATE SECRETARY of **Freedom House**, 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 3-23-2015, and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Executive Director, the Vice Chairperson, the 2nd Vice Chairperson, the Treasurer, the Secretary, and the President and each of them, hereby is authorized to execute and deliver, in the name and on behalf of the Company and under its corporate seal or otherwise, any agreement or other instrument or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, or document, or other instrument, or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any agreement, document, or other instrument by any of such officers to be conclusive evidence of such approval."

I FURTHER CERTIFY

Debra Drennan
Deborah

Chairperson of the Board
~~Executive Director~~
Vice Chairperson
2nd Vice Chairperson
Treasurer
Secretary
President

I FURTHER CERTIFY that any of the aforementioned officers of the Company is authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations and undertakings contained in the Amendment Agreement **CPO No. 2895854, CO#01**, between the City of Detroit and **Freedom House**, 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 3/24 day of 2015, _____.

CORPORATE SEAL
(if any)

Signature: 
Corporate Secretary

FREEDOM HOUSE
SCOPE of SERVICES
2014-15 Budget Extension
(Submitted 3/31/15)

Freedom House's target population is political refugees and their families. All of our residents are seeking political asylum, or are victims of human trafficking, which means they have fled their country of origin out of fear of persecution or death because of their political beliefs, religious practices, national origin, ethnic or tribal identity, sexual orientation, or because of war. About 95 percent of our residents come from sub-Saharan Africa.

The services provided include: intake and assessment; shelter while residents seek asylum; all meals and snacks; clothing; transportation to all legal, medical, mental health and educational appointments; case management to ensure client is ready to live independently after asylum is won; assistance locating a suitable apartment after asylum is won; purchase of resale furniture for the new apartment; transportation and coordination of the move to the apartment; follow-up site visits by the case manager.

The services provided as part of the Emergency Shelter activity comprise a portion of the comprehensive services Freedom House provides its clients. The political refugees who arrive at Freedom House have nowhere else to go that can provide for their particular legal, language and health needs. U.S. law prohibits asylum-seekers from working while they are pursuing their asylum claim. Thus, not only do we require needs to operate the shelter, but we supply our residents with all personal needs; appropriate and seasonal clothing, necessary health and beauty and over the counter medical item, etc. In some cases, newcomers arrive malnourished with chronic medical needs, many who require special dietary attention due to diabetes, high blood pressure, heart disease, etc. Without our support, they would be unable to secure their asylum, which allows them to ultimately work and live legally in the United States. They are ineligible for most other publicly-funded services because they lack a Social Security card. Therefore, our clients require the comprehensive range of services that we provide. **Without Freedom House's support, our residents would be, by HUD's definition, literally homeless, with a nighttime residence not meant for human habitation.**

The Freedom House legal staff conducts an initial assessment of all clients to determine their eligibility to apply for legal status. Eligible claimants are referred to the program department. Program staff also conducts an initial interview using the CoC required CAM forms and process, as well as the Freedom House intake forms and assessments, completing the required VISPDAT, and enrolling all intakes in HMIS. These questionnaires ask proof of homelessness, questions about citizenship, services required, health history, legal status, medical needs, criminal record, children and additional concerns. Shortly after arrival, clients meet with the case manager and complete an initial service plan, which includes receiving a psychological and medical assessment from ACCESS and/or Cabrini Clinic. Residents are also assessed for their English fluency. This initial service plan assesses residents' specific needs to develop a case plan designed to help them achieve asylum and gain the skills they need to live self-sufficiently.

By law, asylum seekers have one year from the date they entered the U.S. to apply for asylum. Although entering legally, our residents are not yet registered with United States Custom and Immigration Service and do not have an Alien # (A#.) Although by the color of the law they are in legal status, local border patrol agents continue to stop and apprehend our residents. Apprehension could result in deportation. Returning our residents to the countries they were forced to flee torture and persecution, would be a death sentence for them. Not only would they

be murdered, but their family members would also be at risk of torture, persecution and even death.

To safeguard our program and residents, Freedom House must transport our residents to all off-site meetings, appointments and services. This include medical and mental health care appointments, as well as legal, educational and ESL sessions, and organized social events. We have over 100 partners throughout the Detroit area who provide specialized services to our residents. We require a passenger van and licensed driver to provide this service.

Proper staffing the organization also requires an Evening/Overnight Coordinator. This role is to welcome newcomers, provide intake and emergency assessment during overnight hours; secure the residents safety in the evening and overnight hours. Some transportation is required for residents who require off-site appointments. This position is available to help coordinate evening programming, monitor client chores, and be available for resident emergencies due to histories of trauma, that often occur in the late night hours. This position also monitors the safety of the building, enters HMIS data and generates required reports.

The Weekend Coordinator welcomes newcomers, provides intake and emergency assessment during weekend hours; secure the residents safety in the evening and overnight hours. This position is available to help coordinate weekend programming and activity, monitor client chores, and be available for resident emergencies due to histories of trauma, which often occur in the late night hours. This position also monitors the safety of the building. Some transportation is required for residents who require off-site appointments.

Freedom House
2014 CDBG Homeless Public Service Proposed Budget Adjustment
1-1-15 through 5-30-15

Emergency Shelter-Transitional Housing Complete the following budget form for the request public service activity	Budget	Proposed Adjustments	Budget After Adjustments
Evening/Overnight Coordinator	\$19,000	\$3,510.00	- \$22,510
Weekend Advocate	\$5,000.00	(\$460.00)	\$4,540
Driver	\$10,000.00		\$10,000
Lawyer	\$10,000.00		\$10,000
Employer Taxes	\$4,000.00	(\$55.00)	\$3,945.00
Fringes	\$2,000.00	(\$2,000)	
Independent Contractor/Consultant	\$10,000.00	(\$854.00)	\$9,146.
OPERATING EXPENSES			
Utilities	\$7,200.00	\$1,000.00	\$8,200.00
Transportation	\$4,200		\$4,200
Food	\$6,000.00	\$1,000	\$7,000
Security	\$1,600.00	\$593	\$2,193
Repairs/Maintenance	\$5,000	\$2,000	\$7,000
PROGRAM EXPENSES			
Medical	\$4,000		\$4,000
Consumable supplies	\$12,000	(\$4,734.00)	\$7,266.00
TOTAL AMOUNT REQUESTED FROM CDBG	\$100,000		\$100,000

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

Instructions for Certification:

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

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

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

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

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

Subrecipient, Contractor
Subcontractor, or Principal

By: Deborah Adrennan 
Its: Executive Director
Date: 3-24-15

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: _____

Authorized Representative's Signature: _____

Printed Name: _____

Title: _____

Date: _____

CERTIFICATION - DRUG FREE WORKPLACE REQUIREMENTS

- A. The grantee certifies that it will provide a drug-free workplace by:
1. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
 2. Establishing a drug-free awareness program to inform employees about....
 - a. The dangers of drug abuse in the workplace
 - b. The grantee's policy of maintaining a drug-free workplace
 - c. Any available drug counseling, rehabilitation and employee assistance programs and;
 - d. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
 3. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (1).
 4. Notifying the employee in the statement required by paragraph (1) that as a condition of employment under the grant, the employee will:
 - a. Abide by the terms of the statement; and
 - b. Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction;
 5. Notifying the agency within ten days after receiving notice under subparagraph (4) (b), from an employee or otherwise receiving actual notice of such conviction;
 6. Taking one of the following actions within 30 days of receiving notice under subparagraph (4) (b) with respect to any employee who is so convicted....
 - a. Taking appropriate personnel action against such an employee, up to and including termination; or



A handwritten signature in blue ink, followed by the date 3/24/15.

b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by Federal, State, or local health, law enforcement, or other appropriate agency;

c. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (1) (2) (3) (4) (5) (6).

A. The grantee shall insert in the space provided below the site(s) for the performance of work done in connection with the specific grant:

Place of Performance

Street Address:

City:

State:

County:

Zip Code:

Freedom House

Name of Organization

Authorization Representative's Signature

Printed/Typed Name

Title

Date

Deborah A. Drennon

Executive Director

3/24/15

2014/2015

COBG

CC APPROVED

CONTRACT NOT LISTED

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }
City of Detroit

CITY CLERKS OFFICE, DETROIT

I, Janice M. Winfrey

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

Approved by the Emergency Manager for the City of Detroit on

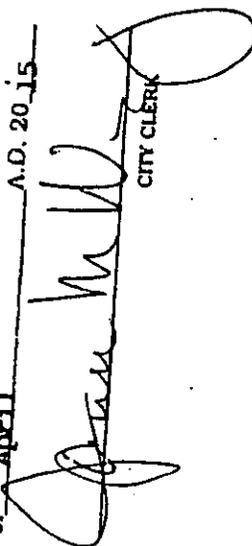
in accordance with EM Order No. 3 dated April 11, 2013, Thursday, June 12, 2014

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

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

Detroit, this 28th

day of April A.D. 2015


CITY CLERK

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

By Council Member Leland:

A RESOLUTION ADOPTING SCHEDULE A FOR THE 2014-15 BUDGET

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	\$ 2,691,675	\$ -2,059,452
PDD	Decrease	13534	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	\$ -1,653,018
PDD	Decrease	05797	Eight Mile Boulevard Assoc.	ADPLN	\$ 22,700	\$ 0	\$ -22,700
PDD	Decrease	13169	PDD — Planning	ADPLN	\$ 1,013,567	\$ 500,000	\$ -513,567
PDD	Decrease	13170	PDD — Neighborhood Support Services	ADPLN	\$ 1,190,669	\$ 500,000	\$ -690,669
PDD		13611	Soc. 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		13835	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
SUB-TOTAL					\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	\$ -300,000
SUB-TOTAL					\$ 0	\$ 0	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 5,500,000	\$ 5,500,000
SUB-TOTAL					\$ 0	\$ 10,000,000	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	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
DD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11798	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turant Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12428	St John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11898	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11808	United Community Housing Coalition	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11809	YWCA Interm House	HPS	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 2,269,216	\$ 2,250,000	
Housing							
DD	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	\$ -8,000,000
DD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
DD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
DD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
DD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	\$ -400,000
SUB-TOTAL					\$ 8,400,000	\$ 7,000,000	
DD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,041,365	\$ 2,000,000	\$ 41,365
SUB-TOTAL					\$ 2,941,365	\$ 3,399,934	
DD	Increase	04715	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,486,390	\$ 186,390
DD	Increase	13838	Adult Well-being Services	PFR	\$ 0	\$ 134,690	\$ 134,690
DD	Increase	00698	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	06514	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
DD	Increase		Franklin Wright Samterments	PFR	\$ 0	\$ 120,000	\$ 120,000

QDPL	Action	APPL#	SPONSOR	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Increase	13839	Liberty Temple Baptist Church — Senior Project	PFR	\$ 0	\$ 187,000	\$ 187,000
PDD	Increase	13645	North Rosedale Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04808	San-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13338	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
PDD	Decrease	13167	PDD — Development	PFR	\$ 500,000	\$ 1,488,390	\$ 988,390
PDD	Decrease	12045	Unassigned Projects	PFRTA	\$ 2,468,905	\$ 0	-\$ 2,468,905
PDD	Increase	07523	Accounting Aid Society	PS	\$ 3,877,844	\$ 0	-\$ 3,877,844
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Marcy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10105	Atkebu-Jan Village	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 325,000	\$ 325,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	13841	East Michigan Christian	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10620	Jefferson Business Association	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04683	Alzheimer's Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	DuWay United Action Council	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10621	L&L Adult Day Care	PS/Seniors	\$ 0	\$ 275,000	\$ 275,000
PDD	Increase	05662	LASED	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11593	Matrix Human Services — Reuther Center	PS/Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase			PS/Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase			PS/Seniors	\$ 0	\$ 75,000	\$ 75,000

Dept	Action	APPR. #	SPONSOR	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Alteration	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	\$ 7,334,688	\$ 3,500,000	-\$ 3,834,688
PDD		13529	Ferry Street	REPAY	\$ 1,820,958	\$ 641,268	-\$ 1,179,690
PDD		13529	Fort Shelby	REPAY	\$ 337,199	\$ 67,199	-\$ 270,000
PDD		13529	Garfield	REPAY	\$ 1,857,125	\$ 857,125	-\$ 1,000,000
PDD		13529	Garfield II	REPAY	\$ 242,648	\$ 17,648	-\$ 225,000
PDD		13529	Garfield Geothermal	REPAY	\$ 542,199	\$ 432,199	(\$ 110,000)
PDD		13529	Garfield Sugar Hill	REPAY	\$ 134,554	\$ 134,554	\$ 0
PDD		13529	Mexicantown	REPAY	\$ 38,720	\$ 38,720	\$ 0
PDD		13529	Now Amsterdam	REPAY	\$ 437,438	\$ 187,438	-\$ 250,000
PDD		13529	Stuberslone	REPAY	\$ 847,787	\$ 447,787	-\$ 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
					\$ 7,334,688	\$ 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	\$ 875,941

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

City Council Contract Agenda Items Review Checklist

Reviewer: _____ Date Received: _____

Date: **April 1, 2015**

Department: Planning & Development Division: NSS

Dept Head/Contact Person: Arthur Jemison

Phone No.: 224-2670

Description: CDBG

Contract No.: 2895714

PO Type: Prof Svc - CPO Est. Value: \$ 200,000

Contract Term (if applicable **January 1, 2014 – December 31, 2015**)

Funding: City _____% State _____% Federal 100% Other: _____%

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

Recommended Supplier: **Freedom House –Emergency shelter** Required Date: A.S.A.P.

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

If "Yes" please explain why: Required activity in to stay within HUD guidelines to offer services to the Homeless Citizens of Detroit.

Consequence of not buying: Lack of above cited services to an area whereby 97% of the population qualify as participants.

✓ Was the product or service competitively bid? Yes No (RFP)
(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: _____

N/A

✓ 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 **Amendment to contract**

If #6 is a renewal provide justification for renewal: _____

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

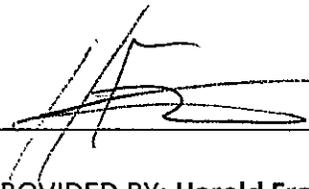
Variance in unit price only (Current unit price \$ _____ Suggest Unit Price \$ _____)

- Change in amount/volume of the good or service to be used (no change in unit price)
- ✓ Is this good/service used by other departments? Yes No
- If "yes" can this req/par be combined other department requirements? Yes No
- ✓ Is this a service that can be performed by City employees? Yes No
- Is this a service that City employees can be trained to do? Yes No
-

NOTES: Case management as to shelter, food and clothing tailored towards to those seeking asylum.

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: 9.1.15

INFORMATION PROVIDED BY: Harold Franklin Bryant
TITLE: NSS
PHONE NO. 313-628-0114

1043
PS & HPS SCORING FORM 2013-14

Proposal # 072 Organization Name: Freedom House #1 #112761
 Reviewer Name: Sandra O'Neal

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 clearly, directly, and verifiably satisfied
- 4 points: criterion appears to be satisfied
- 3 points: criterion appears to be satisfied but is somewhat lacking in clarity or documentation
- 2 points: criterion is only partially satisfied
- 1 point: criterion is not satisfied
- 0 points: question or questions are incorrectly answered or not answered completely

1.	PS & HPS CRITERIA	Max Points	Score
2.	Meets City Consolidated Plan Priority	5	5
3.	ORGANIZATIONAL INFORMATION		
4.	Unique experiences and qualifications--Org-6.	5	5
5.	Strength of board, including community representation--Org-7 through Org-13.	5	5
6.	Staffing plan to implement program, including appropriate allocation of staff--Org-16.	5	5
7.	MANAGEMENT PLAN		
8.	Application documents clearly establishes project need--MP-3	5	5
9.	Provided a funding action plan for the activity/(ies) you plan on funding --MP-6	5	4
10.	Provided a timing plan for Project/Activity --MP-7	5	5
11.	PROJECT DESCRIPTION		
12.	Project description adequately describes proposed activities and quality of project design--PS-3 or HPS-3	5	4
13.	Project description clearly addresses identified need--PS-4 & PS-5 or HPS-4 & 5	5	3
14.	Demonstrated community support and collaboration--PS-17, PS-18, PS-19 and support letters or HPS-17, HPS-18, and HPS-19 and support letters	5	4
15.	Facility appropriate to carry out proposed activity, including proof of site control--PS-20 and PS-21 or HPS-20 AND HPS-21	5	4
16.	OUTPUTS AND OUTCOMES		
17.	Clearly identifies and describes past and proposed outputs--Out-1, Out-2, and Out-3.	5	3
18.	Strength of proposed outputs--Out-2, Out-3 and PS-15 or HPS-15.	5	3
19.	Extent demonstrated successful past program outcome/evaluation--Out-4.	5	4
20.	Proposed outcomes are identified, reasonable, and measurable--Out-5 and Out-6.	5	4
21.	BUDGET		
22.	Strength of finances, including adequate cash on hand, minimal amount of unspent CDBG funds, etc.--Bud-3 and Bud-6	5	4
23.	Strength of other funding sources-- Bud-9	5	4
24.	Demonstrated acceptable financial management system--Bud-13	5	4
25.	Budget is accurately computed--Bud-14	5	5
26.	Budget is reasonable, necessary, related to proposed activity--Bud-14, Bud-15, and Bud-16.	5	2
27.	TOTAL		62

NOTES: Good program
~~Organization not in good standing~~
~~Budget is not accurate~~
 62

Date Submitted: 2-16-2015

REQUEST FOR INCOME TAX CLEARANCE

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

Contact: **CLINTON GRIFFIN** Project Manager: S. PERSON Phone: (313) 224-9121 Fax: (313) 224-2321

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

A. To: City of Detroit Income Tax Division Coleman A. Young Municipal Center Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-4588	For: Individual or Company Name: FREEDOM HOUSE Address: 2630 LAFAYETTE DETROIT, MI48216
--	--

A. Name of Chief Financial Officer/Authorized Contact Person (Include address if different from above) <i>Deborah Orenman</i>	Telephone: same
Employer Identification of Social Security Number 38-2487626	Spouse Social Security Number
Nature of Contract: PUBLIC SERVICE-	BID/CONTRACT AMT (if known: \$100,000.00)

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**
INCOME TAX INVESTIGATOR Date: **MAR 30 2015** Expires: **MAR 30 2016**

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: BUSINESS LICENSE BUDGET CITY COUNCIL DDOT DPW FINANCE FIRE HEALTH
HUMAN RIGHTS LAW MAYOR OMBUDSMAN PLANNING & DEVELOPMENT POLICE PURCHASING
RECREATION WATER & SEWAGE OTHER HVRUD

ADDRESS OF DEPARTMENT Housing & Revitalization - CAYMC - Ste 908

DATE SENT 2-8-16 CONTACT PERSON Harold F Bryant

PHONE NUMBER 313 628-0142 FAX NUMBER - EMAIL Hbryant@detroitmi.gov

CONTRACT AMOUNT \$ 100,000

SECTION B: CORPORATION LICENSE TYPE

CORPORATION NAME Freedom House

ADDRESS 2630 W. Lafayette CITY/STATE/ZIP Detroit 48216 OWN LEASE

CITY PERSONAL PROPERTY NUMBER 10990028.00 FID/EN NUMBER 382487626

OTHER CITY-OWNED PROPERTY PARCELS N/A

CONTACT PERSON Deb Droman PHONE NUMBER 3139644320 EMAIL ADDRESS ddroman@freedomhouseDETROIT.MI.GOV

SECTION C: PARTNERSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID/EN NUMBER

A: PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME PHONE NUMBER

HOME ADDRESS CITY/STATE/ZIP OWN LEASE

DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE

CITY PERSONAL PROPERTY NUMBER FID/EN 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 OWN LEASE

CITY/STATE/ZIP

PHONE NUMBER DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED SIGNATURE Annette Smith

DATE FEB 18 2016

DENIED WITH ATTACHMENTS AUG 31 2016 CLEARANCE VALID UNTIL

REVENUE COLLECTIONS APPROVED CONTRACT CLEARANCES

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

I, being a duly authorized representative of the Freedom House (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: Freedom House
(Type or Print Legibly)

Contractor Address: 2630 W Lahayette Detroit MI 48216
(City) (State) (Zip)

Contractor Phone/E-mail: 313964-4320 ; adrenan@freedomhousedetroit.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Deborah Adrenan, ED

Signature of Authorized Representative [Signature]

Date: 3/24/15

Signature of Notary [Signature]
Printed Name of Seal of Notary _____
My Commission Expires _____
KOFFI ITITO
Notary Public, State of Michigan
County of Wayne
My Commission Expires 12-31-2016
Acting in the County of Wayne

Cov. Rec'd: <u>4/21/15</u> in	For Office Use Only: _____
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	Department Name: <u>POD</u>
<input type="checkbox"/> Rejected by: _____	
<u>Chido B. Ayedee, Exec. Manager</u>	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2015

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 Goodwin, Lademan & Associates, Inc. 20352 Eureka Road Taylor MI 48180-5310	CONTACT NAME: David Goodwin
	PHONE (A/C, No, Ext): (734) 287-2400 FAX (A/C, No):
E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE
(313) 964-4320	INSURER A: Accident Fund Ins Co of America NAIC # 10166
INSURED Freedom House, Inc. 2630 W. Lafayette Detroit MI 48216-2019	INSURER B:
	INSURER C: Philadelphia Insurance Cos.
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES **CERTIFICATE NUMBER:** Cert ID 189 **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
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> HS Prof Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK1268303	12/20/2015	12/20/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Empl Benefits Liab \$ 1/1000000
C	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			PHPK1268303	12/20/2015	12/20/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS \$						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	WCV0384507	12/20/2015	12/20/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Crime			PHPK1268303	12/20/2015	12/20/2016	Employee Theft \$100,000

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

CERTIFICATE HOLDER **CANCELLATION**

City of Detroit 5031 Grandy Detroit MI 48211	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
--	---

Hiring Policy Compliance Affidavit

I, Deborah Adreman being duly sworn, state that I am the Executive Director
of Freedom House
Title Name of Bidder Corporation or Other Business Entity

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

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

SIGNED, [Signature]

Title: Executive Director Date: 3/24/15

STATE OF MI)
COUNTY OF Wayne) SS

The foregoing Affidavit was acknowledged before me the 24 day of March, 2015,
by _____.

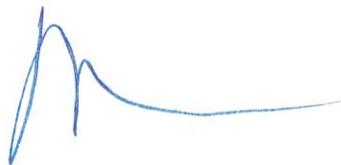
Notary Public, County of _____
State of _____
KOFFI ITISO
Notary Public, State of Michigan
County of Wayne
My Commission Expires 12-31-2016
Acting in the County of Wayne

[Signature]

Hiring Policy Compliance

Summary

City of Detroit Ordinance No. 29-11 approved by the City Council on November 22, 2011 amends, the City's Purchasing Ordinance, Chapter 18 of the 1984 Detroit City Code, *Finance and Taxation*, Article V, *Purchases and Supplies*, by adding Division 6, *Criminal Conviction Questions for City Contractors*, which consists of Sections 18-5-81, 18-5-82, 18-5-83, 18-5-84, 18-5-85 and 18-5-86. This added language provides for prohibiting City contractors from inquiring regarding criminal conviction questions for applicants to fulfill City contracts until the contractor interviews the applicant or determines the applicant is qualified. It further provides for certain exceptions to the prohibition and requires City contractors to submit an affidavit with a copy of their application to make bids or proposals. Bids which do not comply with this division are deemed non-responsive and the City is permitted to deem contractor(s) in breach.

A handwritten signature in blue ink, consisting of a stylized initial 'M' followed by a long horizontal line extending to the right.

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

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

Sec 18-5-93. Voidability of contract.

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

Sec 18-5-94—18-5-100. Reserved.

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

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

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

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

JACKIE L. CURRIE
City Clerk





EMPLOYMENT APPLICATION

Freedom House is an equal opportunity employer committed to the principle of equal opportunity for all. This principle will be adhered to in order to ensure that equal employment opportunity is available to all persons, regardless of race, religion, color, creed, ancestry, country, national origin, citizenship, sex, sexual orientation, gender identity and gender expression age, height, weight, veteran status, marital or familial status, pregnancy, membership in any labor organization, political ideology affiliation, genetic information or physical and/or mental disability as required by federal and/or state law.

1. Applicant Information

Applicant Name: _____
Address: _____
City/State/Zip: _____
Daytime phone #: _____
DL/State ID #: _____

2. Emergency Contact

Who should be contacted if you are involved in an emergency?

Contact Name: _____
Relationship to you: _____
Address: _____
City/State/Zip: _____
Daytime phone #: _____ **Evening phone #:** _____

3. Job Position Applied for: _____

Salary Desired: \$ _____ per _____

Who referred you to Freedom House? _____

Have you previously applied for employment at Freedom House? Yes ___ No ___

If yes, when? _____ and for what position? _____

4. Are you at least 18 years old? Yes ___ No ___

5 Are you willing to work any shift, including nights and weekends?

____ Yes ____ No If not, please state any limitations:

6. If you are offered employment, when would you be available to begin work?

7. Applicant's Skills

List any skills that may be useful for the job you are seeing. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability, while five represents exceptional.)

Skill:

Microsoft Office Suite (Word, Excel, etc.)	Years of Experience	Ability/Rating				
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5
_____	_____	1	2	3	4	5

8. Please list your current or most recent employment first.

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: (Month/Year) _____

Employer Name: _____

Supervisor Name: _____

Address: _____

City/State/Zip: _____

Job Duties: _____

Reason for Leaving: _____

Dates of Employment: (Month/Year) _____

Employer Name: _____
Supervisor Name: _____
Address: _____
City/State/Zip: _____
Job Duties: _____
Reason for Leaving: _____
Dates of Employment: (Month/Year) _____

9. Applicant's Education and Training

College/University Name and Address:

Did you receive a degree? Yes No if yes, degree received: _____

High School/GED Name and Address

Did you receive a degree? Yes No if yes, degree received: _____

Other Training (graduate, technical, vocational):

Awards, Honors, Special Achievements:

10. Military Service:

Yes No

Branch: _____

Specialized training: _____

11. References: Please list two people who are willing to provide a reference for you.

Name: _____

Address: _____

City/State/Zip: _____

Daytime phone #: _____ Evening phone #: _____

Relationship to you: _____

Name: _____
Address: _____
City/State/Zip: _____
Daytime phone #: _____ **Evening phone #:** _____
Relationship to you: _____

12. Please provide any other information you would like considered in this application:

CONFLICT OF INTEREST CERTIFICATE

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

Signature DM, Executive Dir. 3/24/15
President of Board of Directors Date
(Or authorized representative)

Name Of Organization: Freedom House

City of Detroit :-Planning Development Department

CONFLICT OF INTEREST POLICY

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

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

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

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

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Freedom House
2. Address of Contractor: 2630 W. Lafayette
Detroit MI 48216
3. Name of Predecessor Entities (if any): NA
4. Prior Affidavit submission? No Yes, on: 2014
(Date of prior submission)

If "No", complete Items 5 and 6.

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

5. Contractor was established in _____ (year) and did not exist during the slavery era in the United States, is not a successor in interest to any entity that existed during such time, and therefore has no relevant records to search, or any pertinent information to disclose.
- Contractor has searched their records and those of any predecessor entity, and has found no records that they or any predecessor(s) made any investments in, or derived profits from the slave industry or from slave holder insurance policies.
- Contractor has found records that they or their predecessor(s) made investments in, or derived profits from, the slave industry or slave holder insurance policies. The nature of the investment, profits, or insurance policies, including the names of any slaves or slave holders, is disclosed in the attached document(s).
6. I declare that the representations made in this Affidavit are accurate to the best of my knowledge and are based upon a diligent search of records in the Contractor's possession or knowledge. All documentation attached to this Affidavit reflects full disclosure of all records that are required to be disclosed to the City of Detroit. I also acknowledge that any failure to conduct a diligent search, or to make a full and complete disclosure, shall render this contract voidable by the City of Detroit.

Deborah A. Drennan (Printed Name) [Signature] (Title)
Executive Director (Signature) 3-24-15 (Date)

Subscribed and sworn to before me
this 24 day of March

Notary Public, _____ County, Michigan
My Commission expires: _____

KOFFI ITHO
Notary Public, State of Michigan
County of Wayne
My Commission Expires 12-31-2016
Acting in the County of Wayne

[Signature]

**NOTICE OF ENACTMENT OF ORDINANCE
TO: THE PEOPLE OF DETROIT, MICHIGAN**

(On June 23, 2004, the City of Detroit adopted the following Ordinance)

**ORDINANCE NO. 20-04
CHAPTER 18
ARTICLE V**

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

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

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

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

DIVISION 7. SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE.

Sec. 18-5-91. Scope.

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

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For

Entity Dashboard

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Freedom House

DUNS: 607532215 CAGE Code: 3Q3V8

Status: Active

Expiration Date: 05/26/201

Purpose of Registration: Federal Assistan

Entity Overview

Entity Information

Name: Freedom House
Business Type: Business or Organization
POC Name: Deborah Drennan
Registration Status: Active
Activation Date: 05/27/2015
Expiration Date: 05/26/2016

Exclusions

Active Exclusion Records? No

[View assistance for Search Results](#)

Search Results

Current Search Terms: freedom* house*

Your search for "Freedom* house*" returned the following results...		
Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.		
Entity	CENTER FOR HUMAN RIGHTS AND CONSTITUTIONAL LAW INC	Status: Active
DUNS: 175894562	CAGE Code: 55KY7	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 07/30/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	Mary Hall Freedom House, Incorporated	Status: Active
DUNS: 155011070	CAGE Code: 4ZH88	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 07/27/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	FREEDOM HOUSE INC	Status: Active
DUNS: 780400156	CAGE Code: 452B7	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 07/13/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	Freedom House	Status: Active
DUNS: 607532215	CAGE Code: 3Q3V8	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/26/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	FREEDOM HOUSE INC	Status: Active
DUNS: 072686657	CAGE Code: 6PD29	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/26/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	FREEDOM HOUSE APARTMENTS	Status: Active
DUNS: 803470038	CAGE Code: 5JA75	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/21/2016	Delinquent Federal Debt? Yes What is this?	
Purpose of Registration: Federal Assistance Awards Only		
Entity	FUNDATIA 'FREEDOM HOUSE INC' - FILIALA BUCURESTI	Status: Active
DUNS: 534067937	NCAGE Code: 1GHBL	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 05/11/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	Freedom House	Status: Active
DUNS: 075328109	CAGE Code: 73U54	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 04/06/2016	Delinquent Federal Debt? No	
Purpose of Registration: Federal Assistance Awards Only		
Entity	FREEDOM HOUSE PRODUCTIONS	Status: Active
DUNS: 008969713	CAGE Code: 7C421	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 03/17/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		
Entity	FREEDOM HOUSE SOBER LIVING INC	Status: Active
DUNS: 053707087	CAGE Code: 7BYV9	View Details
Has Active Exclusion?: No	DoDAAC:	
Expiration Date: 03/10/2016	Delinquent Federal Debt? No	
Purpose of Registration: All Awards		

Glossary

Search Results

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Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

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