

# PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CHANGE ORDER  
«AMENDMENT»

CONTRACT PO NUMBER 2895859  
STANDARD PO NUMBER 2895860

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)

- CONSTRUCTION/DE MOLITION  LEASE  DEED  
 PROFESSIONAL SERVICES

DEPARTMENT HEAD'S SIGNATURE



DEPARTMENT  
PLANNING AND  
DEVELOPMENT

FUNDING SOURCE (Percent)

FEDERAL 100% STATE % CITY % OTHER %

DEPARTMENT CONTACT PERSON

**D. CARRINGTON**

PHONE NO.

**224-6544**

CONTRACTOR'S

**St. Patrick Senior Center**

DATE

PREPARED

**01/22/2015**

CONTRACTOR'S ADDRESS:

**58 PARSONS  
Detroit, MI 48201**

ENGINEER'S ESTIMATE  CONTRACT  CHANGE

TOTAL CONTRACT AMOUNT **\$361,652.00**

TOTAL CPO AMOUNT **\$261,652.00**

CHANGE AMOUNT **\$100,000.00**

PHONE NO :(313) 831-3050 EXT. 230

CORPORATION  PARTNERSHIP  INDIVIDUAL

FEDERAL EMPLOYER :38-2953534

MINORITY FIRM  YES  NO

PURPOSE OF CONTRACT: PUBLIC SERVICES

Amend # 1 200-360454-80065-651147-05149-00000-00000 - 100,000 (2014-15)  
CHARGE ACCOUNT: **2001-360454-790414-651147-05149-000000-00000**

TIME & DATE IN APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER TIME & DATE IN

REQUESTING DEPARTMENT



AUTHORIZED DEPARTMENT REPRESENTATIVE

06-12-15

JUN 25 2015

**BUDGET**  
 RECOMMEND APPROVAL  
 RECOMMEND DENIAL



BUDGET DIRECTOR OR DEPUTY

JUL - 2 2015

JUN 22 2015

**GRANT MANAGEMENT SECTION**  
 RECOMMEND APPROVAL



GRANT ACCOUNTANT

JUN 23 2015

JUL 07 2015

**FINANCE DEPARTMENT**  
 RECOMMEND APPROVAL  
 RECOMMEND DENIAL



FINANCE DIRECTOR OR DEPUTY

15 JUL - 9 AM 8:53  
CITY OF DETROIT  
DEPARTMENT OF FINANCE  
PURCHASING DIVISION

7/7/15

**LAW DEPARTMENT**  
 RECOMMEND APPROVAL  
 RECOMMEND DENIAL



CORPORATION COUNSEL

**RECEIVED**  
PURCHASING DIVISION  
JUL 07 2015  
CITY OF DETROIT  
CONTRACTS SECTION  
LAW DEPARTMENT



PURCHASING DIRECTOR

JUN 12 2014

CITY COUNCIL APPROVAL JCC REFERENCE: PAGE DATE

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 01  
TO  
AGREEMENT CPO NO. 2895859**

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of January, **2015**, between **St. Patrick Senior Center**, the "Sub-recipient," and the City of Detroit, a Municipal Corporation, acting by and through the Planning & Development Department, the "City," made relative and pertaining to Agreement **CPO No. 2895859-01**, dated **January 1, 2014**, between the Sub-recipient and the City (herein called the "Agreement"):

**WITNESSETH:**

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

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

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

WHEREAS, it is the mutual desire of the parties hereto to amend the Agreement to provide for an extension of the term of the Agreement for an additional **twelve (12) months up to and including December 31, 2016**;

NOW, THEREFORE, in consideration of the premises, the mutual undertakings and benefits to accrue to the parties and to the public, the parties hereto agree that this Agreement is amended in the following manner:

That Article 3.01 which reads:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be from **January 1, 2014 through December 31, 2015**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Sub-recipient.

Is Amended to read:

3.01 This Agreement, subject to the approval of the City Council, shall be effective upon (1) such approval of the City Council, and (2) execution by the Purchasing Director of the City of Detroit. The term shall be from **January 1, 2014 through December 31, 2016**. Upon the approval of the City Council and execution by the Purchasing Director, the City shall so notify the Sub-recipient.

That Article 5.01 which reads:

5.01 The City agrees to pay the Sub-recipient an amount up to **ONE HUNDRED SIXTY ONE THOUSAND SIX HUNDRED FIFTY TWO DOLLARS AND NO CENTS, (\$161,652.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Sub-recipient may be entitled.

Is Amended to read:

5.01 The City agrees to pay the Sub-recipient an amount up to **TWO HUNDRED SIXTY ONE THOUSAND SIX HUNDRED FIFTY TWO DOLLARS AND NO CENTS, (261,652.00)** for the complete and proper performance of the Services as set forth in Article 2 herein, and as described in Exhibit A, attached hereto and made a part hereof. Such compensation shall be paid only as provided in, and pursuant to, the Budget, attached hereto as Exhibit B, and is inclusive of any and all remuneration to which the Sub-recipient may be entitled.

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

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

IN WITNESS WHEREOF, the City and the Sub-recipient, by and through their duly authorized officers and representatives, have executed this Amendment Agreement CPO# 2895859-01 P&DD# 4418-01 (SPO# ) as of the date first above written.

WITNESSED BY:

- 1. Mary Watson
- 2. Suzanne Sutter

SUBRECIPIENT:

By: Satrice Coleman-Betts  
 (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 30<sup>th</sup> day of January, 2015, by Satrice Coleman-Betts, the Executive Director of St. Patrick Senior Center, Inc. a Michigan Nonprofit 501c3 Corporation on behalf of the Corporation.  
 (Name of Corporate Officer) (Office Held) (Michigan Non-profit)

Gloria M. Hopkins  
 Notary Public

My commission expires 11-16-2018

\* \* \* \* \*

WITNESSES:

- 1. Shirley Walker
- 2. Sandra Neal

CITY OF DETROIT

By: Arthur Jemison  
 Its: Mayoral Designee, pursuant to EM Order No. 38, p13 Planning and Development Department (if needed)

\* \* \* \* \*

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

Barry Ojeda  
 Purchasing Director Date

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

[Signature] 7/8/15  
 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 18th day of June, 2015, by **Arthur Jemison**, the **Mayoral Designee, pursuant to EM Order No. 38, p13 Planning & Development Department** (if needed) of the City of Detroit, Michigan, a municipal corporation.

  
\_\_\_\_\_  
Notary Public, Wayne County, Michigan

My commission expires: 03/10/2018

ALVIN J. MITCHELL  
NOTARY PUBLIC, STATE OF MI  
COUNTY OF WAYNE  
MY COMMISSION EXPIRES Mar 10, 2018  
ACTING IN COUNTY OF WAYNE

RESOLUTION OF CORPORATE AUTHORITY

I, SANDRA A COLEMAN, CORPORATE SECRETARY of , a Michigan corporation (the "Company"), DO HEREBY CERTIFY that the following is a true and correct excerpt from the minutes of the meeting of the Board of Directors duly called and held on December 2, 2014, and that the same is now in full force and effect:

"RESOLVED, that the Chairperson, the Executive Director, the Vice Chairperson, the 2<sup>nd</sup> 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 that:

JIMMY ROBERTS  
SATRICE COLEMAN-BETTS  
JOHN BENTLEY  
FRANK CRAWFORD  
SANDRA A COLEMAN

Chairperson of the Board,  
Executive Director,  
Vice Chairperson,  
2<sup>nd</sup> 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# 2895859-01, SPO# , between the City of Detroit and **St. Patrick Senior Center** , 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 21<sup>st</sup> day of JANUARY 2015

CORPORATE SEAL  
(if any)

Signature: Sandra A. Coleman  
Corporate Secretary

**EXHIBIT A  
SCOPE OF SERVICES**

**ST. PATRICK SENIOR CENTER, INC.  
HEALTH AND WELLNESS PROGRAM  
2014-2015 NOF FUNDING**

During the term of this Agreement, the Subrecipient, **ST. PATRICK SENIOR CENTER, INC.**, shall provide public service activities, herein called the "Project" or the "Services", in order to operate an **HEALTH AND WELLNESS PROGRAM** for Seniors who are Detroit residents.

**1. GENERAL REQUIREMENTS**

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

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

Though public Services hereunder may be targeted to a particular subpopulation or problem area, the Subrecipient must abide by the provisions of Article 12 (Compliance with Laws and Security Regulations) and Article 15 (Fair Employment Practices and Nondiscrimination Requirements) of this Agreement. Therefore, the Subrecipient, in the provision of public Services hereunder, shall not discriminate against any otherwise qualified person applying for the public Services, nor give preference to persons, nor limit provision of Services to persons, based solely on factors of race, ethnicity, gender, age, handicap, disability, sexual orientation or religion.

**2. CDBG NATIONAL OBJECTIVE CRITERIA**

This Project will meet the Community Development Block Grant Program national objective in the following way:

**B3) Formally Limited (100%) Clientele – PRESUMPTIVE BENEFIT CATEGORIES.**

The Subrecipient will gather and maintain records with appropriate information to show that 100% of clients meet HUD guidelines that specify the subpopulation(s) below as being presumed to be primarily low to moderate income persons:

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

The Subrecipient shall make and maintain such data and records as required by the City and as necessary for the reports required in Exhibits E and F hereof. Such records shall identify program participants and/or beneficiaries and their addresses, the nature of the services provided, dates services are provided, the quantity or number of times services are provided, and such other information which the City deems necessary to fulfill the City's project monitoring responsibility. The Subrecipient shall maintain all records taking care to treat participant personal or income information with due respect for confidentiality.

### **3. SERVICES TO BE PERFORMED**

During the term of this Agreement, the Subrecipient shall provide companionship and act as a liaison with the community and medical resources to ensure seniors receive services needed to maintain independence, thereby preventing institutionalization. The Subrecipient with the assistance of Senior Advocates when deemed necessary for program operation shall offer the following services:

1. Outreach and Assistance to identify, contact, and provide ongoing assistance to aid in the continued or improved independence of older adults. Outreach will be performed at the organization's primary location, public locations in the community, and residence facilities of older adults.
2. Information and referral of community navigation services to match seniors with providers (whether public or private) of needed services by staff and peer senior advocates.
3. Perform community living support services to assist clients with remaining in their own homes. Arrange for and/or perform ongoing home-services to foster self-reliance and facilitate independent living, perform independent living assessments, maintain a care schedule by making home visits to homebound and/or at-risk older adult clients. Perform follow up through calls and visits for care coordination and support;
4. A monthly comprehensive schedule of healthy aging activities will be planned and implemented to enhance the quality of life of seniors participating in the program. The programs will include nutrition education, disease prevention and health promotion services. Other services will include but not be limited to congregate meals, physical activity and exercise instruction, health education and screening, chronic disease management, technology training, independence and basic need services, and transportation for socialization and recreational needs.
5. Provide transportation services to older adults to increase their access to nonemergency medical, independence services, and socialization activities to reduce isolation. Arranging for senior advocates/navigators to accompany and assist clients who are transported to medical appointments, independence services, and the wellness center site. The clients will be driven to and from such appointments by a qualified driver employed by the Subrecipient.
6. Provide assistance to enable clients to access and enroll in entitlement and benefit programs to increase their financial and basic need resources.

The clientele are Detroit residents and their caregivers aged 55 years and older. Participants of the Health and Wellness Program are recruited through hospital discharge planners, social workers, home health care agencies, agencies within the aging network, outreach

presentations, and word of mouth through program participants and volunteers. The services will be provided by St. Patrick Senior Center staff and volunteers.

Advocates themselves are older adults who are trained by the Subrecipient and who will receive payment for services rendered.

### **4. PERSONNEL**

The Services shall be performed by qualified personnel. All personnel performing trades, professional, health or food services, AS APPLICABLE, shall maintain the appropriate permits, licenses or other credentials as may be required by State or local law. Job descriptions and credentials for all personnel providing Services hereunder shall be kept on file by the Subrecipient and shall be available for review by the City.

The staff positions funded by the NOF Budget are: Drivers, Medical Assistant, Activities Director, and Grant Reporter.

## 5. PROJECT LOCATION AND OPERATING SCHEDULE

The program will maintain its business office at 58 Parsons, Detroit, Michigan 48201. Services will be provided Monday – Friday, from 8:00 A.M. until 4:00 P.M. The program will be offered to residents of all Detroit zip codes. Services will be offered on most weekends from 10 am - 2 pm and for extended hours in emergency situations until all clients have been satisfied.

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

## 6. PERFORMANCE SCHEDULE

During the term of this agreement, the Subrecipient shall provide a minimum of 6,186 service units to at least 620 older adults over the life of the Agreement. A minimum of 927 service units will be delivered each month. The milestones are a 12 month total for the life of the agreement. The milestones will accumulate monthly.

**Unit definition table**

Description of Unit of service	Measure	Milestones
Outreach and Assistance	Assisting one participant with accessing independence services and economic security benefits	607
Transportation Network Services	Number of one way trips per person to public service and recreational sites for healthy aging activities.	1730
Transportation for socialization and leisure activities	Number of one way trips per person for socialization and leisure activities.	522
Peer Advocacy Assisted Intervention and Support Services	One hour of intervention and support services provided by peer senior advocates.	1505
Friendly Reassurance Contacts	One contact through telephone, in-home, or nursing home visits with a home-bound or isolated at-risk older adult including reminders for medical appointments.	2034
Hours of wellness center service	Number of hours the center is open for operating year.	1764
Disease Prevention, Health Promotion and Education Services	One participant attending a health or education related activity session.	13895
Advocacy Transportation Medical and Independence Services	Number of one way trips to access medical and independence services.	2806
Unreimbursed Meals Provided to Senior Citizens	Meal provided to one client per day not supported by another funder.	2769

## 7. ANNUAL MEASURABLE PROJECT OUTCOME

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

The Subrecipient's health and wellness program addresses the Suitable Living Environment objective by sustaining the community in that 80% of the clients annually enrolled will remain un-institutionalized as a result of the services provided.

Total Neighborhood Opportunity Fund Public Service Budget  
St. Patrick Senior Center, Inc.  
2014-2015

Budget Category	Amount from other funding source(s)	Amount from 2014-2015 CDBG/NOF	Total Budget
<b>PERSONNEL</b>			
Gross Salaries	\$52,638	\$45,740	\$98,378
Employer Taxes (FICA, FUTA, etc.)	\$7,525	0	\$7,525
Fringe (health insurance, life insurance, etc.)	\$19,417	0	\$19,417
Independent contractor/consultant personal services contracts (List title for each & hourly rate or weekly pay or other fee scale)			
16 Senior Advocate Stipends: [(50 hours week)* (\$6.50/hour) X(52 weeks)] = \$16,900	\$7,292	\$9,608	\$16,900
8 – 10 Class Instructors: [(16 classes/week) X (\$20/hour) X (52 weeks)] = \$16,640	\$8,580	\$8,060	\$16,640
<b>OPERATING EXPENSES (pro rata share)</b>			
Utilities	\$39,010	\$15,000	\$54,010
Insurance	\$15,107	\$2,592	\$17,699
Independent Organization Audit	\$3,500	\$0	\$3,500
<b>SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)</b>			
Health Consumable Supplies (diabetic test strips, lancets, gloves, Band-Aids, cotton balls, alcohol swabs, misc. health screening supplies)	\$1,254	\$0	\$1,254
Repair/Maintenance Kitchen Equipment	\$1,000	\$0	\$1,000
Auto Expenses (Gas, Repairs, Maintenance, Insurance)	\$35,000	\$10,000	\$45,000
Advocacy/Clinic Telephone (Windstream land line and AT&T monthly cell phone cost)	\$1,980	\$0	\$1,980
Senior Meals (3958 meals per month X 12 months X \$3.25)	\$153,362	\$9,000	\$162,362
<b>TOTAL AMOUNT REQUESTED FROM CDBG/NOF</b>		<b>\$100,000</b>	<b>\$445,665</b>

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

Instructions for Certification

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

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

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

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

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

Subrecipient, Contractor  
Subcontractor, or Principal

Subrecipient Organization Name: St. Patrick Senior Center

By: Antwice/DeMan-Betts

Its: Executive Director

Date: 4/9/14

TRUE COPY CERTIFICATE

STATE OF MICHIGAN,  
City of Detroit

CITY CLERKS 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

COBG

CC APPROVED

CONTRACT NOT LISTED

**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	APPL#	Sponsor	Category	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD	Decrease	13534	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,875	\$ -2,059,252
PDD	Decrease	13534	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	\$ -1,653,018
PCD	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. ICB Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
			<b>SUB-TOTAL</b>		<b>\$ 8,746,381</b>	<b>\$ 3,808,355</b>	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	\$ -3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
			<b>SUB-TOTAL</b>		<b>\$ 3,052,662</b>	<b>\$ 3,408,245</b>	
PDD	Decrease	10847	Eastern Market Shed Rehab.	CREH	\$ 300,000	\$ 0	\$ -300,000
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 0</b>	
PDD	Increase	11507	Economic Development	ED	\$ 0	\$ 1,500,000	\$ 1,500,000
PDD	Increase	13837	Economic Development Summer Jobs Program	ED	\$ 0	\$ 3,000,000	\$ 3,000,000
PDD	Increase	13837	Economic Development Small Business Development	ED	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13837	Economic Development Commercial Development	ED	\$ 0	\$ 5,500,000	\$ 5,500,000
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 12,000,000</b>	
PDD	Increase	12168	Homeless Public Service	HPS	\$ 2,138,207	\$ 2,250,000	\$ 111,793
PDD	Increase	11784	Alternatives for Girls	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11838	Case Community Social Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12708	Catholic Social Services of Wayne County	HPS	\$ 0	\$ 100,000	\$ 100,000
			<b>SUB-TOTAL</b>		<b>\$ 2,138,207</b>	<b>\$ 2,450,000</b>	
DD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11798	Manners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11801	NSO — Turnant Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	12428	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	10628	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11898	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
DD	Increase	11806	United Community Housing Coalition	HPS	\$ 0	\$ 75,000	\$ 75,000
DD	Increase	11809	YWCA Interm House	HPS	\$ 0	\$ 100,000	\$ 100,000
			<b>SUB-TOTAL</b>		<b>\$ 2,269,218</b>	<b>\$ 2,250,000</b>	
			<b>Housing</b>				
DD	Decrease	13609	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	\$ -8,000,000
DD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 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
			<b>SUB-TOTAL</b>		<b>\$ 8,400,000</b>	<b>\$ 7,000,000</b>	
			<b>SUB-TOTAL</b>		<b>\$ 2,941,385</b>	<b>\$ 2,000,000</b>	
DD	Increase	11178	Public Facility Rehab.	PFR	\$ 2,941,385	\$ 3,398,934	\$ 457,549
DD	Increase	04715	Adult Volunteering Services	PFR	\$ 1,300,000	\$ 1,486,390	\$ 186,390
DD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 134,600	\$ 134,600
DD	Increase	06608	Focus HOPE	PFR	\$ 0	\$ 85,000	\$ 85,000
DD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 102,700	\$ 102,700
			<b>SUB-TOTAL</b>		<b>\$ 0</b>	<b>\$ 120,000</b>	

Qspt	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	Sar-Metro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13378	Sickle Cell Disease Association	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10875	Southwest Housing Solutions	PFR	\$ 0	\$ 125,000	\$ 125,000
PDD	Increase	13558	Urban Neighborhood Initiatives	PFR	\$ 0	\$ 200,000	\$ 200,000
PDD	Decrease	13187	PDD — Development		\$ 500,000	\$ 1,486,390	\$ 200,000
PDD	Decrease	12945	Unassigned Projects		\$ 2,468,905	\$ 0	\$ 2,468,905
PDD	Increase	07523	Accounting Aid Society	PS	\$ 3,877,644	\$ 0	\$ 3,877,644
PDD	Increase	11499	Coleman Young		\$ 2,468,905	\$ 1,199,198	\$ 1,269,707
PDD	Increase	04139	DAPCEP		\$ 3,877,644	\$ 0	\$ 3,877,644
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06708	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11554	Mercy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10124	St Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05178	Wellspring	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	12420	Joy-Southfield CDC	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Ed	\$ 0	\$ 725,000	\$ 725,000
PDD	Increase	04178	World Medical Relief	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
			SUB-TOTAL	PS/Health	\$ 0	\$ 100,000	\$ 100,000
				PS/Health	\$ 0	\$ 100,000	\$ 100,000
				PS/Health	\$ 0	\$ 100,000	\$ 100,000
				PS/Health	\$ 0	\$ 75,000	\$ 75,000
					\$ 0	\$ 375,000	\$ 375,000
PDD	Increase	10154	Bridging Communities	PS/Fore- clos. Preven- tion	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore- clos. Preven- tion	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore- clos. Preven- tion	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10840	SEED	PS/Fore- clos. Preven- tion	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10105	Alkebu-lan Village		\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11547	Clark Park Coalition		\$ 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	10820	Jefferson Business Association	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13842	Wayne State University	PS/Pub. Sity	\$ 0	\$ 350,000	\$ 350,000
PDD	Increase	04683	Alzheimer's Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dairy United Action Council	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	L&L Adult Day Care	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05662	LASED	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11593	Matrix Human Services — Reuther Center	PS/ Seniors	\$ 0	\$ 275,000	\$ 275,000
				PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
				PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
				PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
				PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000



01/11/12

## City Council Contract Agenda Items Review Checklist

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

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Date: February 9, 2014 Department: P&DD Division: NeighborHood Support Services

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

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

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

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

Recommended Supplier: St. Patrick Senior Center Required Date: \_\_\_\_\_

---

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

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

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

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

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

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

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

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

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

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

01/11/12

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

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

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

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

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NOTES:

Contract is a CDBG Grant Contract, Funded by the government and awarded to organizations who submit proposals through the City of Detroit bid process. During term of Agreement the subrecipient shall provide Health and Wellness Programs for Seniors who are residents of the City of Detroit.

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PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: 2/18/15, 2015

INFORMATION PROVIDED BY: D. Carrington

TITLE: Sr. Development Specialist

PHONE NO. 224-9973

**PS & HPS SCORING FORM 2013-14**

**Proposal # 65**      **Organization Name: St. Patrick Senior Center**

**Reviewer Name: Darrell Carrington**

**Summary of Scoring Rules**

Proposals will be ranked and scored on a 100 point scale, with 0 being the lowest and 100 the highest score. Proposals must score at least 70 points to be recommended for funding.

- 5 points: criterion is 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.	<b>PS &amp; HPS CRITERIA</b>	<b>Max Points</b>	<b>Score</b>
2.	Meets City Consolidated Plan Priority	5	5
3.	<b>ORGANIZATIONAL INFORMATION</b>		
4.	Unique experiences and qualifications-- <i>Org-6.</i>	5	5
5.	Strength of board, including community representation-- <i>Org-7 through Org-13.</i>	5	5
6.	Staffing plan to implement program, including appropriate allocation of staff-- <i>Org-16.</i>	5	5
7.	<b>MANAGEMENT PLAN</b>		
8.	Application documents clearly establishes project need-- <i>MP-3</i>	5	5
9.	Provided a funding action plan for the activity/(ies) you plan on funding – <i>MP-6</i>	5	5
10.	Provided a timing plan for Project/Activity – <i>MP-7</i>	5	5
11.	<b>PROJECT DESCRIPTION</b>		
12.	Project description adequately describes proposed activities and quality of project design-- <i>PS-3 or HPS-3</i>	5	5
13.	Project description clearly addresses identified need-- <i>PS-4 &amp; PS-5 or HPS-4&amp;5</i>	5	5

*Bevin*



# REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT DIVISION PLANNING & DEVELOPMENT

E MAIL ADDRESS cgriffin@detroitmi.gov

CONTACT NAME Clinton Griffin PHONE 224-9121 FAX \_\_\_\_\_

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

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

For:  
Individual or  
Company Name St Patrick Senior  
Address 58 Parsons

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

City DETROIT  
State MI Zip Code 48201  
Telephone (313) 833-7080 Fax # \_\_\_\_\_

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

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

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

Employer Identification or Social Security Number  
38-2953534

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

Nature of Contract Public Services

BID CONTRACT AMOUNT (if known):  
Labor: \$ \_\_\_\_\_ Material: \$ \_\_\_\_\_

Contract # (if known) 2895859

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  Estate & Trust

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

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

### CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

### D. FOR INCOME TAX USE ONLY

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

Yes  No Signature LUCRETIA JENNINGS INCOME TAX INVESTIGATOR Date OCT 14 2014 Expires OCT 14 2015

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

Yes  No Signature \_\_\_\_\_ Date \_\_\_\_\_ Expires \_\_\_\_\_

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: [www.detroitmi.gov](http://www.detroitmi.gov)

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: [IncomeTaxClearance@detroitmi.gov](mailto:IncomeTaxClearance@detroitmi.gov).

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 IA: PLANNING & DEVELOPMENT

ADDRESS OF DEPARTMENT\_CAYMC Suite 908

DATE SENT 9/3/15 CONTACT PERSON Clinton Griffin

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

CONTRACT AMOUNT: \$75,000.00

SECTION B: CORPORATION

LICENSE TYPE N/A

CORPORATION NAME

ADDRESS St Patrick Senior Ctr Detroit, MICHIGAN ZIP 48201

CITY PERSONAL PROPERTY NUMBER #38-2953534

58 Parsons

FID / EIN NUMBER# 02990733.00

OTHER CITY-OWNED PROPERTY PARCELS- NO 01992281.21

CONTACT PERSON: Sa Trice Coleman-Betts

PHONE NUMBER: 313-833-7080 E-MAIL ADDRESS:

SECTION C: PARTNERSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

A: PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

DRIVER'S LIC/ENSE #

OTHER CITY-OWNED PROPERTY PARCELS

B. PARTNER'S NAME

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

DRIVER'S LICENSE #

OTHER CITY-OWNED PROPERTY PARCELS

CONTACT PERSON

PHONE NUMBER

EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP

LICENSE TYPE

BUSINESS NAME

BUSINESS ADDRESS

CITY/STATE/ZIP

OWN LEASE

CITY PERSONAL PROPERTY NUMBER

FID / EIN NUMBER

OWNER'S NAME

DRIVER'S LICENSE #

PHONE NUMBER

HOME ADDRESS

CITY/STATE/ZIP

OWN LEASE

OTHER CITY-OWNED PROPERTY PARCELS

EMAIL ADDRESS

SECTION E: PERSONAL SERVICES

NAME

ADDRESS

CITY/STATE/ZIP

PHONE NUMBER

DRIVER LICENSE #

OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT

SOCIAL SECURITY NUMBER

EMAIL ADDRESS

REVENUE COLLECTIONS  
APPROVED  
CONTRACT CLEARANCES

OWN LEASE

FOR TREASURY COLLECTION USE ONLY:

APPROVED  
*[Signature]*  
SIGNATURE

DENIED

OCT 02 2015

DENIED WITH ATTACHMENTS

DATE

CLEARANCE VALID UNTIL

JAN 15 2016

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

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

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

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

RFQ / PO No. \_\_\_\_\_

Printed Name of Contractor: St. Patrick Senior Center, Inc  
(Type or Print Legibly)

Contractor Address: 58 Parsons St., Detroit, MI 48201  
(City) (State) (Zip)

Contractor Phone/E-mail: 313-833-7080 / src.belts@stpatsctr.org  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Sa Trice Coleman Belts, Exec Dir.

Signature of Authorized Representative: Sa Trice Coleman Belts

Date: 2/20/14

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

Signature of Notary: Gloria M. Hopkins

Printed Name of Seal of Notary: Gloria M. Hopkins

My Commission Expires: Nov 16 2018

Cov. Rec'd: <u>4/27/15</u> in _____	For Office Use Only: Department Name: <u>PDD</u>
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and ROC to Director of Human Rights Department 1026 CAYMCA at HumanRightsCL@detroitmi.gov or fax (313) 224-3434.	



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2015

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. 300 Ottawa N.W. Suite 301 Grand Rapids, MI 49503-2308 Please call MCC- 517.372.9310	1-616-233-0910	CONTACT NAME: PHONE (A/C, No. Ext): E-MAIL ADDRESS:	FAX (A/C, No):
INSURED Michigan Catholic Conference ST PATRICK SENIOR CENTER, DETROIT 1648 510 S. Capitol Ave. Lansing, MI 48933		INSURER(S) AFFORDING COVERAGE INSURER A: PRINCETON EXCESS & SURPLUS LINES INS NAIC # 10786 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES CERTIFICATE NUMBER: 44293724 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Leased <input checked="" type="checkbox"/> Comp \$0/Col1			R2-A3-FF-000009-12	07/01/15	07/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 10,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Additional Insured			R2-A3-FF-000009-12	07/01/15	07/01/16	#PRIP/(07/2009)

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

\*\*LIMITS ARE INCLUSIVE OF DEFENSE & INSUREDS RETENTION\*\*

CERTIFICATE HOLDER City of Detroit 1648 Planning & Development Dept 65 Cadillac Square Ste 1400 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 
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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/23/2015

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<b>PRODUCER</b> 1-616-233-0910 Arthur J. Gallagher Risk Management Services, Inc.  300 Ottawa N.W. Suite 301  Grand Rapids, MI 49503-2308 Please call MCC (517)372-9310	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____																					
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<b>INSURED</b> Michigan Catholic Conference ST PATRICK SENIOR CENTER, DETROIT 1648 510 S. Capitol Ave.  Lansing, MI 48933																						

**COVERAGES** CERTIFICATE NUMBER: 44290555 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR   WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	<b>AUTOMOBILE LIABILITY</b> <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) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION</b> \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				WC STATUTORY LIMITS   OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>Crime</b> ** EXCESS OF DEDUCTIBLE**		N2-A3-EX-000000602	07/01/15	07/01/16	Per Occurrence 4,750,000 SIR 250,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Regarding general operations & use of grant monies. Coverage included error and omissions (claims made) for counselor employees & volunteers within scope of assigned duties regarding CDBG/neighborhood opportunity fund.  
 Location: St Patrick Catholic Senior Center, Detroit, MI MS

<b>CERTIFICATE HOLDER</b>  City of Detroit 1648 Planning & Development Dept  65 Cadillac Square Ste 1400  Detroit, MI 48226  USA	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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Hiring Policy Compliance Affidavit

I Satrice Coleman-Betts being duly sworn, state that I am the Executive  
Director of St. Patrick Senior Center, Inc.  
Title Name of Bidder Corporation or Other Business Entity

and that I have reviewed the hiring policies of this employer. I affirm that these policies are in compliance with the requirements of Article V, Division 6 of the Detroit City Code of 1984, being Sections 18.5-81 through 18.5-86 thereof. I further affirm that this employer will not inquire or consider the criminal convictions of applicants for employment needed to fulfill the terms of any City contract that may result from the competitive procedure in connection with which this affidavit is submitted until such times as the employer interviews the applicant or determines that the applicant is qualified.

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

SIGNED,

Satrice Coleman-Betts  
Title Executive Director Date 10/8/14

STATE OF Michigan )  
COUNTY OF Wayne ) SS

The foregoing Affidavit was acknowledged before me the 8th day of October 2014  
by Satrice Coleman-Betts

Andrea G. Coleman  
Notary Public, County of Wayne  
State of Michigan  
My commission expires 16 June 2020

## EMPLOYMENT APPLICATION

In order to provide equal employment and advancement opportunities to all individuals, employment decisions at SPSC are based on qualifications and abilities. SPSC complies with the Federal Civil Rights and Equal Pay Acts and does not illegally discriminate in employment opportunities or practices based on race, color, religion, sex, national origin, or any other characteristic protected by law.

Position Sought: \_\_\_\_\_  
 How did you learn about the position? \_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

On what date would you be available for work? \_\_\_\_\_  
 What days and times are you available for work? \_\_\_\_\_  
 Can you get to the Advocacy Office on your own?  Yes  No  
 Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restriction?  
 Yes  No

If selected for employment, are you willing to submit to a criminal background check?  Yes  No

Have you ever been involuntarily terminated or asked to resign from any position of within the last 10 years service?  Yes  No  
 If yes, please describe circumstances: \_\_\_\_\_

EDUCATION				
School Name	Location	Years Attended	Degree Received	Major

Other training, certifications, or licenses held: \_\_\_\_\_

List other information that you think may be pertinent to services you will be providing: \_\_\_\_\_

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

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

1. Name of Contractor: St. Patrick Senior Center, Inc.
2. Address of Contractor: 58 Parsons  
Detroit, MI 48201
3. Name of Predecessor Entities (if any): N/A

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 1973 (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.

SATRICE SOLEMAN-BETHS (Printed Name) Executive Director (Title)  
SATRICE SOLEMAN-BETHS (Signature) 2/20/14 (Date)

Subscribed and sworn to before me  
this 20<sup>th</sup> day of FEBRUARY, 2014  
Gloria M. Hopkins  
Notary Public, WAYNE County, Michigan  
My Commission expires: 11-16-2018

[View assistance for Search Results](#)

## Search Results

Current Search Terms: **St.\* patrick\* senior\* center\***

Notice: This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.  
No records found for current search.

### Glossary

#### Search Results

Entity  
Exclusion

#### Search Filters

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.34.20150710-1415



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

**Zenola Holland - 2895859 St Patrick Senior Center**

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**From:** Zenola Holland  
**To:** Darrell Carrington  
**Subject:** 2895859 St Patrick Senior Center

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Good Afternoon Mr. Carrington

With regard to the above listed contract, there are several documents missing and I will need them before I can approve this Contract, see list below. Secondly, I cannot find this contract on the approved 2014/2015 City Council Approval List. Please verify that it has been approved and forward me that information as well.

1. Insurance (**expired 7/1/15**)
2. Employment Application (**contains information regarding criminal conviction -- needs to be taken off application**)

Thank you.

*Zenola Holland  
Purchasing Assistant  
City of Detroit-Finance Dept.  
Purchasing Division  
2 Woodward Ave., Ste. 1008  
Detroit, MI 48226  
Office: 313-224-9235  
Fax: 313-628-1160  
[hollandz@detroitmi.gov](mailto:hollandz@detroitmi.gov)*

*Michael E. Duggan, Mayor*