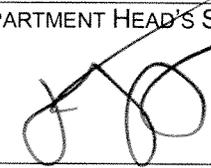


PROFESSIONAL SERVICE CONTRACT TRANSMITTAL RECORD

CONTRACT PO NUMBER 2895966-01
 STANDARD PO NUMBER 2895967-01
 CHANGE ORDER - 01

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 NEIGHBORHOOD SUPT SDVCS
FUNDING SOURCE (Percent) FEDERAL 100% STATE % CITY % OTHER %	DEPARTMENT CONTACT PERSON CLINTON GRIFFIN	PHONE NO. 313-224-9121
CONTRACTOR'S Society of St Vincent de Paul	DATE PREPARED	
CONTRACTOR'S ADDRESS: 3000 GRATIOT DETROIT, MI. 48207	ENGINEER'S ESTIMATE <input type="checkbox"/> CONTRACT <input checked="" type="checkbox"/> CHANGE <input type="checkbox"/> TOTAL CONTRACT AMOUNT \$204,994.00 TOTAL CPO AMOUNT \$ 104,994.00 CHANGE AMOUNT \$100,000.00	
PHONE NO 313-393-3599	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL	
FEDERAL EMPLOYER	MINORITY FIRM YES <input type="checkbox"/> NO	
PURPOSE OF CONTRACT: PUBLIC SERVICE CHARGE ACCOUNT 2001-367186-789674-651147-12719-00000-00000		

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT AUTHORIZED DEPARTMENT REPRESENTATIVE	
APR 22 2015	BUDGET <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	APR 30 2015
MAY 20 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL	
MAY 01 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	5/1/15
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL	5/1/15
	PURCHASING DIVISION RECEIVED MAY 04 2015	5/29/15
	CITY COUNCIL APPROVAL JCC REFERENCE: PAGE DATE JUN 05 2014	

2014/2015

COBG

CC APPROVED

TRUE COPY CERTIFICATE

STATE OF MICHIGAN, }
City of Detroit } ss.

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

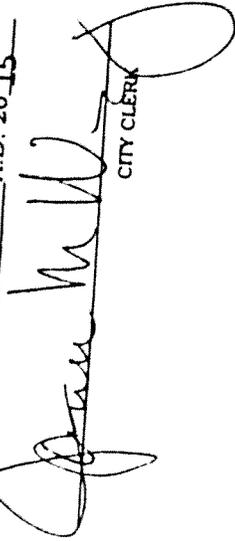
Thursday, June 12, 2014
in accordance with EM Order No. 3 dated April 11, 2013.

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

JOURNAL OF 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	13504	PDD — Administration	ADPLN	\$ 4,751,127	\$ 2,691,875	-\$ 2,059,452
PDD	Decrease	13504	PDD — Administration Direct Staffing	HR	\$ 1,653,018	\$ 0	\$ 1,653,018
PCO	Decrease	05707	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	\$ 1,100,669	\$ 500,000	-\$ 600,669
PDD		13611	Sec. 106 Clearances	ADPLN	\$ 115,280	\$ 115,280	\$ 0
			SUB-TOTAL		\$ 8,746,381	\$ 3,806,955	
PDD	Decrease	13635	BSEED — Demolition	DEMO	\$ 3,002,662	\$ 0	-\$ 3,002,662
PDD	Increase	13635	PDD — Demolition	DEMO	\$ 0	\$ 3,358,245	\$ 3,358,245
PDD		13635	Department of Elections — CDC Elections	ADPLN	\$ 25,000	\$ 25,000	\$ 0
PDD		13635	City Plan Comm./Historic Designation Advisory Board	ADPLN	\$ 25,000	\$ 25,000	\$ 0
			SUB-TOTAL		\$ 3,052,662	\$ 3,408,245	
PDD	Decrease	10847	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	\$ 6,500,000	\$ 6,500,000
			SUB-TOTAL		\$ 0	\$ 11,000,000	
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	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
			SUB-TOTAL		\$ 2,138,207	\$ 2,450,000	
PDD	Increase	11785	Coalition on Temporary Shelter (COTS)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11786	Covenant House Michigan	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11882	Detroit Rescue Mission Ministries	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Emmanuel House	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12168	Forgotten Harvest	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11791	Freedom House	HPS	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11797	L.I.F.T. Women's Resource Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06505	Legal Aid and Defender Association	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11798	Mariners Inn	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11800	Michigan Veterans Foundation	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11801	NSO — Turnant Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10663	Neighborhood Legal Services	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11839	Operation Get Down Inc.	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12428	St. John Community Center	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10626	Southwest Counseling Solutions	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06733	THAW	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11896	The Noah Project (Central United Methodist Church)	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11805	Travelers Aid Society of Metropolitan Detroit	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11806	United Community Housing Coalition	HPS	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11809	YWCA Interim House	HPS	\$ 0	\$ 75,000	\$ 75,000
			SUB-TOTAL		\$ 2,269,216	\$ 2,250,000	
			Housing				
PDD	Decrease	13009	Housing Rehabilitation	HR	\$ 8,000,000	\$ 0	-\$ 8,000,000
PDD	Increase	11517	Minor Home Repair	HR	\$ 0	\$ 0	\$ 0
PDD	Increase	13558	Emergency Home Repair	HR	\$ 0	\$ 2,000,000	\$ 2,000,000
PDD	Increase	13609	CDBG Housing Rehab. Loan Program	HR	\$ 0	\$ 5,000,000	\$ 5,000,000
PDD	Decrease	13610	Interim Assistance Emergency Conditions	HR	\$ 400,000	\$ 0	-\$ 400,000
			SUB-TOTAL		\$ 8,400,000	\$ 7,000,000	
PDD	Increase	13170	PDD — Housing Services	HRTA	\$ 2,941,365	\$ 2,000,000	-\$ 941,365
			SUB-TOTAL		\$ 2,941,365	\$ 2,000,000	
PDD	Increase	11498	Public Facility Rehab.	PFR	\$ 1,300,000	\$ 1,436,390	\$ 136,390
PDD	Increase	04715	Adult Volunteering Services	PFR	\$ 0	\$ 134,650	\$ 134,650
PDD	Increase	13838	Charles H. Wright Museum of African American History	PFR	\$ 0	\$ 85,000	\$ 85,000
PDD	Increase	06608	Focus HOPE	PFR	\$ 0	\$ 102,700	\$ 102,700
PDD	Increase	06514	Franklin Wright Settlements	PFR	\$ 0	\$ 120,000	\$ 120,000

OSPL	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	13845	North Rosedale Civic Association	PFR	\$ 0	\$ 248,000	\$ 248,000
PDD	Increase	12432	Samaritan Center	PFR	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04808	Sur-Mutro-Detroit, Jobs for Progress	PFR	\$ 0	\$ 104,000	\$ 104,000
PDD	Increase	13308	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
SUB-TOTAL					\$ 500,000	\$ 1,488,390	
PDD	Decrease	13187	PDD — Development	PFRTA	\$ 2,468,905	\$ 0	-\$ 2,468,905
SUB-TOTAL					\$ 2,468,905	\$ 1,199,198	
PDD	Decrease	12945	Unassigned Projects	PS	\$ 3,877,644	\$ 0	-\$ 3,877,644
SUB-TOTAL					\$ 3,877,644	\$ 0	
PDD	Increase	07523	Accounting Aid Society	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11499	Coleman Young	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	04139	DAPCEP	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05983	Dominican Literacy Center	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06709	International Institute of Metropolitan Detroit	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11554	Marcy Education Project	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	10124	Mercy Education Project	PS/Ed	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	05178	St. Vincent and Sarah Fisher Center	PS/Ed	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 725,000	
PDD	Increase	12420	Joy-Southfield CDC	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12998	Greater Detroit Agency for Blind	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	12719	The Society of St. Vincent de Paul	PS/Health	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	04178	World Medical Relief	PS/Health	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 375,000	

PDD	Increase	10154	Bridging Communities	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05742	Detroit Non-Profit Housing Solutions	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11799	Michigan Legal Services	PS/Fore-clos. Prevention	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13840	SEED	PS/Fore-clos. Prevention	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 325,000	
PDD	Increase	10105	Alkebulan Village	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	11547	Clark Park Coalition	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05897	Mosaic Youth Theatre of Detroit	PS/Rec.	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11187	The Green of Detroit	PS/Rec.	\$ 0	\$ 100,000	\$ 100,000
SUB-TOTAL					\$ 0	\$ 350,000	
PDD	Increase	13341	East Michigan Christian	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10820	Jefferson Business Association	PS/Pub. Sity	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	13342	Wayne State University	PS/Pub. Sity	\$ 0	\$ 75,000	\$ 75,000
SUB-TOTAL					\$ 0	\$ 275,000	
PDD	Increase	04683	Alzheimer's Association	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	06403	Dairy United Action Council	PS/ Seniors	\$ 0	\$ 100,000	\$ 100,000
PDD	Increase	10621	LSL Adult Day Care	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	05662	LASED	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000
PDD	Increase	11393	Matrix Human Services — Reuther Center	PS/ Seniors	\$ 0	\$ 75,000	\$ 75,000

Origl Action	Apprl	Sponsor	2014-15 Proposed Allocation	2014-15 Mayor/City Council Allocation	Difference
PDD Increase	05119	Adult & Wellness Center St. Patrick Senior Center	Seniors \$ 0 PSY \$ 0	\$ 100,000	\$ 100,000
PDD	13529	Section 108 Loans	Seniors \$ 0	\$ 100,000	\$ 100,000
PDD	13529	Boek Cadillac	REPAY \$ 7,334,688	\$ 550,000	\$ 3,834,688
PDD	13529	Furry Street	REPAY \$ 1,820,958	\$ 641,268	\$ 1,179,690
PDD	13529	Fort Shelby	REPAY \$ 337,199	\$ 87,199	\$ 250,000
PDD	13529	Garfield	REPAY \$ 1,857,125	\$ 857,125	\$ 1,000,000
PDD	13529	Garfield II	REPAY \$ 242,648	\$ 17,648	\$ 225,000
PDD	13529	Garfield Geothermal	REPAY \$ 542,199	\$ 432,199	\$ 110,000
PDD	13529	Garfield Sugar Hill	REPAY \$ 134,554	\$ 134,554	\$ 0
PDD	13529	Mexicantown	REPAY \$ 38,720	\$ 38,720	\$ 0
PDD	13529	New Amsterdam	REPAY \$ 437,438	\$ 187,438	\$ 250,000
PDD	13529	Stuberstone	REPAY \$ 847,787	\$ 447,787	\$ 400,000
PDD	13529	Varnor Lwmdale	REPAY \$ 33,284	\$ 3,284	\$ 30,000
PDD	13529	Woodward Garden	REPAY \$ 122,992	\$ 72,992	\$ 50,000
PDD Increase	13635	Public Park Improvement	REPAY \$ 919,826 PI \$ 7,334,688	\$ 619,826 \$ 3,500,000	\$ 300,000
SUB-TOTAL			\$ 0	\$ 1,000,000	\$ 1,000,000
SUB-TOTAL P&DD			\$ 0	\$ 187,144	\$ 187,144
SUB-TOTAL OTHER DEPARTMENTS			\$43,890,841	\$28,562,866	\$15,327,975
TOTAL			\$ 0	\$ 0	\$ 0
TOTAL			\$43,890,841	\$28,562,866	\$15,327,975
REVENUE					
PDD	06040	Planning and Development Program Income	\$ 310,000	\$ 310,000	\$ 0
PDD	13529	Section 108 Loan	\$ 1,132,419	\$ 1,132,419	\$ 0
PDD Increase	06102	Planning and Development Letter of Credit	\$31,233,230	\$32,109,171	\$ 875,941
TOTAL			\$32,875,649	\$33,551,590	\$ 675,941

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

CITY OF DETROIT
AMENDMENT AGREEMENT NO. 01
TO
AGREEMENT CPO NO. 2895966

THIS AMENDMENT AGREEMENT NO. 1, herein called the "Amendment," entered into this 1st day of January, 2015, between **Society of St. Vincent DePaul Detroit**, 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. 2895966**, dated **July 1, 2013**, 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, 2014**; 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, 2013 through December 31, 2014**. 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, 2015 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 FOUR THOUSAND NINE HUNDRED NINETY FOUR (\$104,994.00) 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 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 FOUR THOUSAND NINE HUNDRED AND NINETY FOUR DOLLARS (\$ 204,994.00)** 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.

CITY ACKNOWLEDGMENT

STATE OF MICHIGAN)
) SS
COUNTY OF WAYNE)

The foregoing instrument was acknowledged before me this 10 day of April, 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.

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, William Buckley, 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 9-29, 2014, 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 that:

William Brazier

Bartholomew A. Seymour III

Mark Gilroy

William Buckley

Therese Frye

**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# 2895966-01, SPO#2895976-01**, between the City of Detroit and **Society of St Vincent DePaul Detroit**, 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 X 4th day of X FEBRUARY, 2015.

CORPORATE SEAL
(if any)

Signature: X William Buckley
Corporate Secretary

**EXHIBIT A
SCOPE OF SERVICES
2014-2015 NOF
Society of Saint Vincent de Paul**

During the term of this Agreement, the Subrecipient, **SOCIETY OF ST. VINCENT DE PAUL, Dental Clinic**, shall provide public service activities, herein called the "Project" or the "Services", in order to provide dental services to persons who are residents of the City of Detroit.

1. GENERAL REQUIREMENTS

The Services shall be performed as scheduled and in the manner specified herein, unless an exception is otherwise approved by the City in writing. Services shall be provided to Detroit residents. No excessive fees shall be charged, nor "donations" for project services be requested, which would preclude lower income persons from gaining access to, or participating in, the Project Services hereunder.

Though public Services hereunder may be targeted to a particular subpopulation or problem area, the Subrecipient must abide by the provision of Article 12 (Compliance with Laws and Security Regulations) and Article 15 (Fair Employment Practices and Nondiscrimination Requirement) of the 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 Service 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:

B1. Limited Clientele – INCOME DETERMINATION RECORDS

The Subrecipient will gather and maintain records of INCOME information to show that A minimum of 51% of Project participants shall be members of low to moderate-income families. Unless the SUBRECIPIENT is otherwise notified by the City in writing, low to moderate-income family limits shall be determined in accord with the following guidelines:

CDBG MAXIMUM GROSS INCOME LIMITS - Effective 1/1/13			
FAMILY SIZE	EXTREMELY LOW BELOW 30%	LOW INCOME ABOVE 30% BELOW 50%	MODERATE INCOME ABOVE 50% BELOW 80%
1	13,550	22,550	36,050
2	15,450	25,800	41,200
3	17,400	29,000	46,350
4	19,300	32,200	51,500
5	20,850	34,800	55,650
6	22,400	37,400	59,750
7	23,950	39,950	63,900
8*	25,500	42,550	68,000

* Over 8 persons in family add 8% of four person family limit for each additional member and then round to the nearest \$50.00.

The Subrecipient shall make and maintain such data and records as required by the City and as necessary for the reports required in Exhibit E and F hereof. Such records shall identify project 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

A. PUBLIC RELATIONS and RECRUITMENT OF CLIENTS

The Subrecipient shall publicize the Project through distribution of flyers to community agencies, organizations, churches, etc., and by other advertising means. Brochures of the Society of St. Vincent de Paul Services will be available in the Society's Van Elslander Center for visitors shopping at our Thrift Store, for walk-ins needing assistance, for Head Start families and for DTE bill payment customers. "Word of Mouth" is the main way that the program is communicated to people and through our phone message alerting people when and how applications for dental services will be taken.

B. DENTAL SERVICES

The Subrecipient shall provide dental care primarily to those adults who lack insurance. It will provide patient service visits for fillings, extractions and other services. It will also provide full or partial dentures for those who have multiple extractions and oral surgery for those with serious dental or health problems.

4. PERSONNEL

The Services shall be performed by qualified personnel. 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.

Staff: Nancy Harmon, Dental Director
Christina Hill, Dental Assistant
Sunnie Holloway, Receptionist

Ben Smith, Dental Assistant
Dental Assistant—in process of being hired

5. PROJECT LOCATION (S) AND OPERATIONS SCHEDULE

The Subrecipient shall maintain a business office at 3000 Gratiot, Detroit, MI 48207. This is a city-wide program.

The Services shall be provided at the 3000 Gratiot Ave. site:

General Dental Services	9:00 a.m. to 2:00 p.m. (T, Th, F)
General Dental Services	9:00 a.m. to 4:00 p.m. (2 Sat. per month)
Dental Hygienic Services	9:00 a.m. to 3:00 p.m. (M, 3-W & Th in spring)
Oral Surgery Services	9:00 p.m. to 1:00 p.m. (1 Mon. per month)

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

The Dental Clinic during the term of this Agreement shall, at a minimum, provide general dental services to 300 new patients with 1,600 patient visits, 40 oral surgery visits, and 150 hygiene visits. A minimum of 50 partial dentures and 175 full dentures will be provided to the above patients.

7. ANNUAL MEASURABLE PROJECT OUTCOME

DENTAL CLINIC: The outcome for the dental clinic will be to provide emergency dental care for people so that they can: after having decayed or infected teeth filled or extracted, obtain enough good teeth with dentures to be able to chew their food, help their facial appearance and obtain jobs, career education or human services to maintain their basic needs on their own. The patients served will obtain a personal oral health education and directives that will assist their total future health. The outcome will be measured by the number of people who have a full or mostly full set of teeth that will be usable for chewing food, will not be hurting and distracting and appropriate in appearance for normal human relations activities.

EXHIBIT B

SOCIETY OF ST. VINCENT DE PAUL DENTAL CLINIC

PS-41. Public Service Budget: 2014-15 Community Development Block Grant

Complete the following budget form for the requested public service activity:	Amount from other funding	Amount from 2014-2015 CDBG/NOF
PERSONNEL		
Salaries <i>(matches total from salaries-Page 7, Org-26)</i>	63,648	77,792
Employer Taxes (FICA, FUTA, etc.)	7,638	9,335
Fringe (health insurance, life insurance, etc.)		
Independent contractor/consultant Personal Services Contracts <i>(List title for each & hourly rate or weekly pay or other fee scale)</i>		
OPERATING EXPENSES (Itemize)		
Rent (Building Expense)	25,428	
Utilities	11,490	
Transportation		
Communication	545	
Insurance	2,795	
Consumable supplies		
Other (list)		
SPECIFIC PROGRAM EXPENSES –Excluding personnel (Itemize)		
Equipment Repair & Maintenance		2,000
Instruments and Supplies		5,873
Dentures	30,000	5,000
TOTAL AMOUNT REQUESTED FROM CDBG/NOF		100,000

Exhibit O

Certification Regarding Lobbying

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

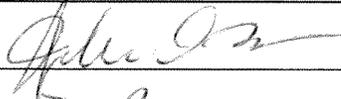
(1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection 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: William D. Brazier

Title: Executive Director

Date: 2-3-15

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.

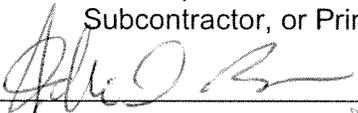
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition 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

X By: 
X Its: EXECUTIVE DIRECTOR
X Date: 2-3-15

**CITY OF DETROIT BUDGET DEPARTMENT
CONTRACT TRANSMITTAL**

DEPARTMENT: PLANNING AND DEVELOPMENT	DATE REC: 4/22/15
CPO: 2895966	SPO: 2895967 C/O: 001
NAME: SOCIETY OF ST. VINCENT DE PAUL	AMOUNT: \$100,000.00 (Change Order)
ADDRESS: 11850 WOODROW WILSON DETROIT, MI 48206	LOG #: 5358
PURPOSE – Provide dental services to residents of the City of Detroit	

RECOMMENDATION:

APPROVE: <u>YES</u>	DATE COMPLETED: 4/28/15
DENY:	ANALYST: D. ROBINSON II
	DATE RELEASED: APR 30 2015

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

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

**Grant Funded
Block Grant
Amendment Number 1**

The **Planning and Development Department** wishes to have a Professional service contract approved with **Society of St. Vincent de Paul, of Detroit, MI**, as follows:

<u>Amount:</u>	Current Contract	\$ 104,994.00
	<u>Change Amount:</u>	\$ 100,000.00
	New Contract:	\$ 204,994.00

Scope: The Contractor will provide dental services to residents of the City of Detroit. The services will include dental care primarily to those adults who do not possess health insurance, patient service visits for fillings, services for extractions, full or partial dentures, multiple extractions, oral surgery for serious dental or health problems, and other services as required.

Term: January 1, 2015, through December 31, 2016

Funding: Funds are available in 367186-651147 FA. **\$145,603.45**

Funds Available Inquiry (COD)

Selection Criteria

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

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

Account Level: **All**

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input type="checkbox"/> 2001.367186.000000.651147.1271:	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001.367186.000795.651147.1271:	7,120.88	0.00	0.00	7,120.88
<input type="checkbox"/> 2001.367186.773813.651147.1271:	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001.367186.789614.651147.1271:	104,994.00	0.00	66,511.43	38,482.57
<input type="checkbox"/> 2001.367186.800515.651147.1271:	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

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

Account Description

Block Grant-Society of St. Vince-DUMMY PROJECT FOR GL-Public Services-Bloc-Society of St. Vince-Undefined Ut

2001-367186-800515-651147-12719-000000-000000

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

DEPARTMENT:	Planning & Development	LOG#:	5358
CONTR:	2895966	DATEREC:	4/22/2015
NAME:	Society of St. Vincent de Paul	C/O:	001
ADDRESS:	Detroit, MI	AMOUNT:	\$104,994.00
PURPOSE:	Public Service		

RECOMMENDATION:

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

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

**PLANNING AND DEVELOPMENT DEPARTMENT
CONTRACT CHECKLIST**

Amendment #1

Contractor's/Project Name: _____ Society of St. Vincent de Paul _____

Contract Amount: _____ \$100,000 _____

SPO Number 2895967

CPO Number 2895966

Please denote the status of the following in said contract:

- | | | | | |
|---|-----|---|-----|------|
| 1. Divisional approval of contract (by Exec/Gen Mgr or designate) | | X | Yes | No |
| 2. Catalog of Federal Domestic Assistance (CFDA) Number | Yes | | No | X_NA |
| 3. Grant Agreement Number | Yes | | No | X_NA |
| 4. Signatures: | | | | |
| a. Authorized Representatives and Witnesses | | X | Yes | No |
| b. Corporate Acknowledgement (notarized) | | X | Yes | No |
| c. Resolution of Corporate Authority (form completed) | | X | Yes | No |
| d. Lobbying Certificate | | X | Yes | No |
| e. Certification of Debarment/Suspension | | X | Yes | No |
| f. Insurance Certificates (if applicable) | | | | _NA |

 i. Employee Insurance X Yes No (if no, identify reason under Comments)

 Comments _____

 ii. Auto Insurance X Yes No (if no, identify reason under Comments)

 Comments _____

5. Verification: Based on my review, it does not appear that the contract date, scope of service or budget have been altered or changed after Labor Standards (if applicable) and/or Contract Monitoring (if applicable) previous approval. (Initial)

Reviewed by *JL*

Date: 3/30/15

PLANNING & DEVELOPMENT TRANSMITTAL FORM

ROUTE TO:

	INITIAL	DATE
1. Nyche	<i>[Signature]</i>	3/26/15
2. Gering	<i>[Signature]</i>	3/30/15
3. Jamison	AS	4/10/15
4. Valina	T/T	4/20/15
5.		

Approve/Sign	Per Conversation	File
Revise/Correct	Recommendations	Follow-Up
Return to me	Circulate	See me/Call me
FYI	Per Request	Provide Status
Forward to:	Discuss with:	Attend
Attached is a: Letter Contract Memo Report		

SUBJECT/DOCUMENT DESCRIPTION/COMMENTS
(Attach related correspondence)

Subrecipient Name St Vincent De Paul

Fiscal Year 2014-16

Period _____

Contract Amount _____

CPO/SPO 2895966-01 / 2895967-01

FROM: G. P. H. N.

PHONE: 224-9121

Division: _____

Section One: (to be completed by contract manager) Date : 1/13/15

Vendor Name: **Society of St Vincent De Paul**

MAR 26 2015

Address **3000 Gratiot, Detroit, Mi48207**

CITY OF DETROIT
PLANNING & DEVELOPMENT DEPT
BUDGET

Phone # 313-393-2931

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

Contract/Cost Center Name: **Society of St Vincent DePaul** Approp. # **12719** Object Code #651147 HUD Activity #7896

Grantee APN: 0622.05.001 Org. # **367186** Advance \$ **0.00**

Contract Amount ~~\$204,994.00.00~~ ^{\$100,000.00} Set-up Amendment Contract # **CPO # 2895966-01 SPO # 2895967-01**

Funding Source: CDBG HOME ESG HOPWA Other Federal State General

Fund Bond Other Contract Type: Construction Service Supply

Contract Period: 1/1/2014 – 12/31/2016

Contract Description: **PUBLIC SERVICE**

Contract Manager : CLINTON GRIFFIN

Section: Neighborhood Support Services Phone # 313-224-9121

Section Two: Approval Process

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

Signature:  Date: 3/19/15

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

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

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

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

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

Cost Center Balance \$ 145,603.45 Date: 3-30-15

Approved Denied Insufficient funds Incomplete/Incorrect forms Questionable account number

Signature: _____ Date: _____

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

Contract Manager must attach copy of IDIS Set-up Form

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

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

NOTIFICATION OF CONTRACT AWARD

P & D # 4417-01

CPO # 2895966-01 ORG # 367186 OBJ. CODE: 651147 /DETAIL: ACT. PUR. NO:

Name of Program: Public Service

Location: City of Detroit

Grant Number:

CDBG

Sponsor: City of Detroit

% Minority Sponsorship:

100%

Business Name

St Vincent DePaul

Principal Owner:

NON-PROFIT

Address:

3000 Gratiot, 48207

Telephone:

(313) 393-35992

Internal Revenue Number (If Applicable):

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

Black Hispanic Amer. Indian Asian White

Sex: Male

Female

SUB-CONTRACTOR

Business Name: _____

Principal Owner: _____

Address: _____

Telephone: _____

Internal Revenue Number (If Applicable): _____

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

Black Hispanic Amer. Indian Asian White

Sex: Male

Female

CONTRACT AWARD

TYPE of CONTRACT: Construction

Service

Supply

Check Tier: Prime

Sub

Sub/Sub

Total Dollar Value: **\$204,994.00**

Award Date: 1/16/2015

If Joint Venture, Amount Minority: \$ _____

Amount Majority: \$ _____

CLINTON GRIFFIN

This serves as such notification for the above contract.

Preparer's Signature

Date _____

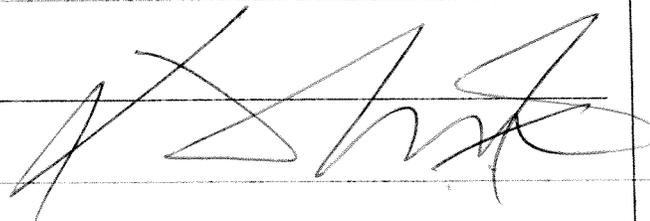
Date to Financial Management _____
 Must Be Stamped with Time Clock

FINANCIAL AND RESOURCE MANAGEMENT

CONTRACT, PAYMENTS, AND PURCHASE ORDER TRANSMITTAL

Contractor or Payee: Society of St Vincent de Paul		PDD Division: Neighborhood Support Services
CPO:# 2895966-01	SPO: # 2895968-01	Prepared By: CLINTON GRIFFIN
Payment #: Contract Set-Up	\$100,000.00	Date Returned to Submitting Division:
Appropriation #: 12719	Organization #: 367186	Reason Returned:
Object Code: 651147		DRMS BATCH #:
APN:		IDIS Vouchers #:

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

SECTION	DATE-IN	REMARKS	DATE-OUT
LABOR STANDARDS (if applicable)	N/A	N/A	N/A
NOF PROJECT MANAGER TEAM LEADER			3/19/15
ACCOUNTING MANAGER		_____	
IDIS		_____	
IDIS APPROVAL		_____	

Selection Criteria

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

Funds Available (USD)

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input type="checkbox"/> 2001-367186-000000-651147-1271	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001-367186-000795-651147-1271	7,120.88	0.00	0.00	7,120.88
<input type="checkbox"/> 2001-367186-773813-651147-1271	0.00	0.00	0.00	0.00
<input type="checkbox"/> 2001-367186-789614-651147-1271	104,994.00	0.00	66,511.43	38,482.57
<input type="checkbox"/> 2001-367186-800515-651147-1271	100,000.00	0.00	0.00	100,000.00
<input type="checkbox"/> BUDC-367186-T-P06200-12719-T	212,114.88	0.00	66,511.43	145,603.45
<input type="checkbox"/>				
<input type="checkbox"/>				

Encumbrance Amounts

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

Account Description

Block Grant-Society of St. Vince-DUMMY PROJECT FOR GL-Public Services-Bloc-Society of St. Vince-Undefined Ut

NOTICE OF DRUG TESTING

EMPLOYEES ONLY, INC. may conduct drug testing of job applicants. You may be contacted regarding the time and location of the pre-employment drug test. Refusal to take the drug test or failing the drug test will disqualify you from further consideration for a position.

Drug/Alcohol test may be required:

- Post Accident - no later than 32 hours after accident (required)
- Reasonable Suspicion
- Return to Duty

Each employee or supervisor whose performance either contributed to the accident or could have potentially contributed to the accident cannot be discounted as a contributing factor to the accident.

DATE _____ EMPLOYEE SIGNATURE _____

CONSENT FOR RELEASE OF INFORMATION

In consideration for my application for employment at EMPLOYEES ONLY, INC. I hereby authorize my former employer to provide any and all written and verbal information concerning me and my character, moral fitness and honesty, my ability to get along with supervisors and co-workers, my ability to perform the position for which I have applied, my disciplinary record, my education and training and the dates of employment, compensation and such other information maintained by the former employer.

In further consideration of the time and effort in responding to this request, I release my former employer, its employees, officers, directors, agents, personnel, attorneys, affiliates and related entities from any and all claims, liabilities, damages or causes of action in any way arising from the reference or information provided as a result of the authorization.

I further agree that a copy of this Consent for Release of Information can be supplied to my former employer in lieu of the original.

DATE _____ EMPLOYEE SIGNATURE _____
