

Budget log #5685

CONTRACT TRANSMITTAL RECORD

PERSONAL SERVICE **PROFESSIONAL SERVICE**

CHANGE ORDER #

STANDARD PO #

CONTRACT PO # 2898252
AMENDMENT NO. 2

TYPE OF CONTRACT: (Check One) (IF APPLICABLE)
 CONSTRUCTION/DEMOLITION LEASE DEED

DEPARTMENT HEAD'S SIGNATURE
SEE Attached Signature page

DEPARTMENT HEALTH AND WELLNESS

FUNDING SOURCE %
FEDERAL STATE CITY 100 OTHER

DEPARTMENT CONTACT PERSON
VERONICA BENJAMIN

PHONE NO.
313-876-0348

CONTRACTOR'S NAME: SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION

DATE PREPARED
7-8-15

CONTRACTOR'S ADDRESS:
3011 WEST GRAND BLVD,
200 FISHER BUILDING
DETROIT, MI 48202

CHANGE
CURRENT CONTRACT AMOUNT \$4,115,188
CONTRACT CHANGE AMOUNT \$513,361
TOTAL CONTRACT AMOUNT \$4,628,549

PHONE NO. 313-873-6500

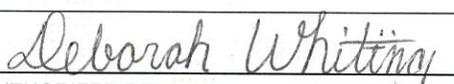
CORPORATION PARTNERSHIP INDIVIDUAL

FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER:

PURPOSE OF CONTRACT: FIDUCIARY SERVICES FOR ADMINISTRATION AND CONTRACT MANAGEMENT

LENGTH OF CONTRACT: 10-1-14 / 9-30-15

ACCOUNT STRING: SEE ATTACHED

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE	TIME & DATE IN
	REQUESTING DEPARTMENT  AUTHORIZED DEPARTMENT REPRESENTATIVE	7/8/15
JUL - 8 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  BUDGET DIRECTOR OR DEPUTY	JUL 14 2015
	GRANT MANAGEMENT SECTION <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL _____ GRANT DIRECTOR OR DEPUTY	
JUL 14 2015	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  FINANCE DIRECTOR OR DEPUTY	JUL 14 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CORPORATION COUNSEL	7/16/15
	OFFICE OF CONTRACTING AND PROCUREMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL  CHIEF PROCUREMENT OFFICER OR DEPUTY	
	CITY COUNCIL APPROVAL: DATE JUL 28 2015 FINANCIAL REVIEW COMMISSION APPROVAL: DATE _____	

RECEIVED
JUL 15 2015
CITY OF DETROIT
FINANCIAL
CONTRACTS SECTION
LAW DEPARTMENT

Use Only One Set For Each Contract Package

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 2
TO CONTRACT NO. 2898252**

THIS AMENDMENT AGREEMENT NO. 2 is entered into by and between the City of Detroit, a municipal corporation of the State of Michigan, acting by and through its **Health and Wellness Department ("City")** and the **Southeastern Michigan Health Association ("Fiduciary")**, a Michigan non-profit corporation with an office located at 200 Fisher Building, 3011 West Grand Boulevard, Detroit, Michigan 48202-3011.

WITNESSETH:

WHEREAS, the City has engaged the Contractor to provide certain services ("Services") to the City; and

WHEREAS, the City and the Contractor have entered into a Contract reflecting the terms and conditions governing the subject engagement; and

WHEREAS, Article 17.01 of the Contract permits the parties to amend the Contract by mutual agreement; and

WHEREAS, it is the mutual desire of the parties to enter into this Amendment to amend the Contract as set out in detail in the following sections;

NOW, THEREFORE, in consideration of the foregoing, and of the benefits to accrue to the parties from this Amendment, the parties agree that this Contract is amended as follows:

**1. AMENDMENT TO SECTION 7.01
COMPENSATION**

1.01 Compensation for Services provided shall not exceed the amount of \$ 4,115,188 inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this Contract is amended pursuant to Article 16, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

Is amended to read:

Compensation for Services provided shall not exceed the amount of \$ 4,628,549 inclusive of expenses, and will be paid in the manner set forth in Exhibit B. Unless this

Contract is amended pursuant to Article 17, this amount shall be the entire compensation to which the Contractor is entitled for the performance of Services under this Contract.

2. AMENDMENT TO EXHIBIT A

2.01 Scope of Services

The following paragraph:

The *Contract* term shall commence on **October 1, 2014** and shall continue through and until **September 30, 2015**.

Is amended to read:

The *Contract* term shall commence on **October 1, 2014** and shall continue through and until **September 30, 2015**. The City may, at its option, extend the term of this Contract for one (1) additional year upon sixty (30) days written notice to Contractor prior to the termination date.

The following paragraph:

The *Fiduciary* shall prepare payrolls and vouchers for the reimbursement of *Service Providers*, program staff, program consultants, *Subcontractors*, vendors, equipment, and supplies. The *Fiduciary* shall immediately notify the *City* if it discovers that (1) all funds may not be expended prior to the end of the *Contract* period, or (2) the allocated *Contract* funds appear to be insufficient to meet anticipated expenditures or to pay the approved providers.

Is amended to read:

The *Fiduciary* shall prepare payrolls and vouchers for the reimbursement of *Service Providers*, program staff, program consultants, *Subcontractors*, *Subrecipients*, vendors, equipment, and supplies. The *Fiduciary* shall immediately notify the *City* if it discovers that (1) all funds may not be expended prior to the end of the *Contract* period, or (2) the allocated *Contract* funds appear to be insufficient to meet anticipated expenditures or to pay the approved providers.

3. AMENDMENT TO EXHIBIT B

3.01 Budget

The following paragraph:

The *Fiduciary* shall be reimbursed for fees and costs incurred in connection with the administration of the *Grant Funding* provided under this *Contract* in an amount not to exceed **\$4,115,188** in accordance with this *Exhibit B*. This amount is inclusive of the *Fiduciary's* Administrative Fee as specified below and any advance as specified in Article 5.02. Unless this *Exhibit B* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Fiduciary* is entitled for the performance of the *Services* under this *Contract*.

The Administrative Fee shall be five (5%) of the expended funds for each of the programs the *Fiduciary* administers in accordance with this *Contract*. Said Administrative Fee shall be conditioned upon the submission of a properly submitted Financial Status Report ("FSR") as noted below.

DHWP Public Health Programs

The following programs shall be administered under this contract with the designated funding:

WIC Residential Admin	\$500,883
WIC Breastfeeding	\$85,868
Infant Safe Sleep-	\$39,631
ELPHS Immunization & Coord.	\$1,056,835
Immunization IAP	\$291,660
Local MCH	\$1,346,796
FIMR	2,451
Public Health Emergency Preparedness (PHEP) Oct-Jun	\$167,632
Public Health Emergency Preparedness (CRI) Oct-Jun	\$195,642
HIV Integrated Planning	\$45,397
Prime Local Learning Collaborative	\$3,523
DHWP Administration	\$378,870
TOTAL	\$4,115,188

Is amended to read:

The *Fiduciary* shall be reimbursed for fees and costs incurred in connection with the administration of the *Grant Funding* provided under this *Contract* in an amount not to exceed **\$4,628,549** in accordance with this *Exhibit B*. This amount is inclusive of the *Fiduciary's* Administrative Fee as specified below and any advance as specified in Article 5.02. Unless this *Exhibit B* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Fiduciary* is entitled for the performance of the *Services* under this *Contract*.

The Administrative Fee shall be five (5%) of the expended funds for each of the programs the *Fiduciary* administers in accordance with this *Contract*. Said Administrative Fee shall be conditioned upon the submission of a properly submitted Financial Status Report ("FSR") as noted below.

DHWP Public Health Programs

The following programs shall be administered under this contract with the designated funding:

WIC Residential Admin	\$ 501,087
WIC Breastfeeding	\$ 85,903
Infant Safe Sleep	\$ 39,647
ELPHS Immunization & Coord.	\$ 1,010,137
Immunization IAP	\$ 291,779
Local MCH	\$ 1,347,346
FIMR	\$ 2,453
Public Health Emerg Prep (PHEP) Oct-Jun	\$ 167,700
Public Health Emerg Prep (CRI) Oct-Jun	\$ 195,722
HIV Integrated Planning	\$ 45,416
Prime Local Learning Collaborative	\$ 2,000
Ebola	\$ 28,742
Public Health Emerg Prep (PHEP) Jul-Sep	\$ 47,946
Public Health Emerg Prep (CRI) Jul-Sep	\$ 54,201
Vision	\$ 70,694
Hearing	\$ 102,366
Food Safety	\$ 103,768
Lead Intervention	\$ 22,279
Childhood Lead Prevention	\$ 85,131
DHWP Administration	\$ 424,233
Total	\$ 4,628,549.00

**5. EFFECT OF AMENDED TERMS ON THE REMAINING
PROVISIONS OF THE CONTRACT**

5.01 With the exception of the provisions of the Contract specifically contained in this Amendment, all other terms, conditions and covenants contained in the Contract shall remain in full force and effect and as set forth in the Contract.

6. AMENDMENT AUTHORIZATION

6.01 This Amendment to the Contract shall not become effective until:

- (a) The Amendment has been approved by the required City departments;
- (b) The Amendment has been authorized by resolution of the City Council; and
- (c) The Amendment has been signed by the City's Purchasing Director.

Prior to the approvals set forth in this Section, the Finance Director shall not authorize any payments to the Contractor pursuant to this Amendment, nor shall the City incur any liability to pay for any services or to reimburse the Contractor for any expenditure authorized by this Amendment.

SECOND AMENDED EXHIBIT B

The *Fiduciary* shall be reimbursed for fees and costs incurred in connection with the administration of the *Grant Funding* provided under this *Contract* in an amount not to exceed \$4,628,549 in accordance with this *Exhibit B*. This amount is inclusive of the *Fiduciary's* Administrative Fee as specified below and any advance as specified in Article 5.02. Unless this *Exhibit B* is amended pursuant to Article 17, this amount shall be the entire compensation to which the *Fiduciary* is entitled for the performance of the *Services* under this *Contract*.

The Administrative Fee shall be five (5%) of the expended funds for each of the programs the *Fiduciary* administers in accordance with this *Contract*. Said Administrative Fee shall be conditioned upon the submission of a properly submitted Financial Status Report ("FSR") as noted below.

DHWP Public Health Programs

The following programs shall be administered under this contract with the designated funding:

WIC Residential Admin	\$ 501,087
WIC Breastfeeding	\$ 85,903
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Vision	\$ 70,694
Hearing	\$ 102,366
Food Safety	\$ 103,768
Lead Intervention	\$ 22,279
Childhood Lead Prevention	\$ 85,131
DHWP Administration	\$ 424,233
Total	\$ 4,628,549.00

Conditions for Reimbursement

The *Fiduciary* shall be reimbursed for expenditures in accordance with the following terms and conditions:

Reimbursement shall be contingent upon submission to the *City* of a properly submitted Financial Status Report ("FSR"). The FSR shall be submitted on a monthly basis and must reflect total actual program expenditures regardless of the source of funds. FSRs shall be submitted to the *City* not later than ten (10) days after the close of each calendar month. The *FSR* must be signed by an authorized officer or designate of the *Fiduciary* in order to avoid unnecessary delays in reimbursement.

In order to qualify for reimbursement, all expenditures must be necessary, reasonable, allowable and allocable for the proper and efficient administration of the applicable program.

The *Fiduciary* may request reimbursement only against the fiscal year in which the costs are accrued. The *City* shall not be liable for any costs accrued by the *Fiduciary* or its *Subcontractors* outside of the *Contract* period as stated in *Exhibit A*.

Unless otherwise provided by the *Grantor Agency*, Fees and collections earned by the *Fiduciary* and any *Subcontractor* under this *Contract* which are generated by the provision of service to clients and/or shared cost supported wholly or in part by state-administered funds, shall be the first source of funding.

The *Fiduciary* agrees to refund to the *City* within thirty (30) days, upon notice, any payment or portion thereof, which the *City* determines was not properly due to *Fiduciary*. In the alternative, *Fiduciary* may request that the *City* deduct the amount of the overpayment from the *Fiduciary* during the next billing period.

IN WITNESS WHEREOF, the City and the Contractor, by and through their duly authorized officers and representatives, have executed this Amendment.

WITNESSES:

1. Dawn Coleman
(signature)

Dawn Coleman
(print name)

2. [Signature]
(signature)

JEREMY ANDREWS
(print name)

CONTRACTOR:

BY: Kim Comerzan
(signature)

Kim Comerzan
(print name)

ITS: President
(title)

WITNESSES:

1. Veronica Benjamin
(signature)

Veronica Benjamin
(print name)

2. Jennifer Flynn
(signature)

Jennifer Flynn
(print name)

CITY OF DETROIT Health + Wellness
DEPARTMENT:

BY: Deborah Whiting
(signature)

Deborah Whiting
(print name)

ITS: Interim Director
(title)

THIS AMENDMENT WAS APPROVED BY THE CITY COUNCIL ON

JUL 28 2015
Bonnie Jackson
Purchasing Director Date

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

[Signature] 7/16/15
Corporation Counsel Date

THIS AMENDMENT IS NOT VALID OR AUTHORIZED UNTIL APPROVED BY RESOLUTION OF THE CITY COUNCIL AND SIGNED BY THE PURCHASING DIRECTOR.

CITY ACKNOWLEDGMENT

STATE OF _____)
)SS.
COUNTY OF _____)

The foregoing contract was acknowledged before me the 8th day of July,
2015, by Deborah Whiting
(name of person who signed the contract)
the Interim Director
(title of person who signed the contract as it appears on the contract)
of Detroit Health & Wellness Promotion
(complete name of the City department)
on behalf of the City.

Madge M. White

Notary Public, County of Wayne

State of Michigan

My commission expires: 8/31/18

MADGE M. WHITE
NOTARY PUBLIC-STATE OF MICHIGAN
COUNTY OF WAYNE
My Commission Expires 8/31/18

CORPORATE ACKNOWLEDGMENT

STATE OF _____)
)SS.
COUNTY OF _____)

The foregoing contract was acknowledged before me the 8th day of July,
20 15, by Kim Comerzan
(name of person who signed the contract)
the President
(title of person who signed the contract as it appears on the contract)
of Southeastern Michigan Health Association
(complete name of the corporation)
on behalf of the Corporation.

Madge M. White

Notary Public, County of Wayne

State of Michigan

My commission expires: 8/31/18

MADGE M. WHITE
NOTARY PUBLIC-STATE OF MICHIGAN
COUNTY OF WAYNE
My Commission Expires 8/31/18

PLEASE NOTE THAT THE PERSON WHO SIGNS THE CONTRACT ON BEHALF OF YOUR ENTITY MUST BE ONE OF THE INDIVIDUALS LISTED BELOW AS A PERSON AUTHORIZED TO EXECUTE CONTRACTS IN THE NAME OF AND ON BEHALF OF THE ENTITY.

RESOLUTION OF CORPORATE AUTHORITY

I, William Ridella, Corporate Secretary for the Southeastern Michigan Health Association, 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 February 29, 1980 and that the same is now in force and effect:

"Resolved that the President, each Vice President, the Secretary and the Treasurer and each of them is authorized to execute and deliver, in the name and on behalf of the company and under its corporate seal or otherwise, an agreement or other instrument or documents in connection with any matter of transaction that shall have been duly approved; the execution and delivery of agreement, document or other instrument, or document "(Contract)" in connection with any matter of transaction that shall have been duly approved and the execution and delivery of any contract by any of the aforementioned officers shall be conclusive evidence of such approval."

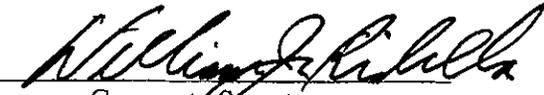
I, FURTHER CERTIFY THAT Kim Comerzan is Chairman _____ is President, Kathy Forzleyst Vice President, William Ridella is Treasurer, Gary Petroni is Executive Director and William Ridella is Corporate Secretary.

I, FURTHER CERTIFY THAT any of the aforementioned officers of the Company are authorized to execute or guarantee and commit the Company to the conditions, obligations, stipulations, and undertakings contained in the agreement between the City of Detroit and Southeastern Michigan Health Association and that all necessary corporate approval have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand to this 8th day of July, 2015

CORPORATE SEAL:

(If any)


Corporate Secretary
William Ridella

Detroit City Council
Legislative Policy Division

TO: Purchasing Division Staff
FROM: David Teeter
DATE: July 29, 2015

RE: **PURCHASING ITEMS APPROVED BY THE CITY COUNCIL**

There were no contracts, approved at the July 21, 2015 Regular Session, requested to be Reconsidered.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of July 28, 2015 and **APPROVED***

Reported by the Budget, Finance and Audit Committee:

2881148,Amend.2 Preferred Building Services + \$429,968.81 to \$746,852.81 FINANCE
Submitted in the List and Referred July 21, 2015; for Public Safety Headquarters.

2881154,Amend.2 Eagle Security Services + \$684,700 to \$1,902,200 FINANCE
Submitted in the List and Referred July 21, 2015; for Public Safety Headquarters.

Reported by the Internal Operations Committee:

2654324,Chg.5 AssetWorks (Ext. 5-3-15 thru 5-2-19) + \$1,673,463.94 to \$5,908,830.82 GEN.SERV
Submitted in the List and Referred on July 14, 2015.

87352 Rodney Nolen \$45,000 HUMAN RIGHTS
Submitted in the List and Referred on July 14, 2015.

2909511 The Garcia Law Group \$150,000 LAW
Submitted in the List and Referred on July 21, 2015; Approved with ***WAIVER***.

2909523 The Garcia Law Group \$100,000 LAW
Submitted in the List and Referred on July 21, 2015; Approved, *as corrected*, with ***WAIVER***.

87384 Eric Hobson \$45,000 HUMAN RIGHTS
Submitted in the List and Referred on July 21, 2015; Approved, *as corrected*.

87385 Joy Brickerson (Ayers) \$2,400 CITY COUNCIL
Submitted in Special Letter of July 21, 2014; Placed on Consent Agenda, Approved with ***WAIVER***.

87386 Vibha Venkatesha (Ayers) \$2,400 CITY COUNCIL
Submitted in Special Letter of July 21, 2014; Placed on Consent Agenda, Approved with ***WAIVER***.

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 2015

Page 2

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of July 28, 2015 and **APPROVED***

Reported by the Internal Operations Committee: - *continued*

87387	Richard Hinton (Ayers)	\$2,400	CITY COUNCIL
Submitted in Special Letter of July 21, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87381	Chelsea Baytemur (Castaneda-Lopez)	\$1,200	CITY COUNCIL
Submitted in List for July 28, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87389	Marc E. Clayton (Ayers)	\$2,400	CITY COUNCIL
Submitted in List for July 28, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87398	Bruce Feaster (Benson)	\$35,632	CITY COUNCIL
Submitted in List for July 28, 2014; Placed on Consent Agenda, Approved with <i>WAIVER</i> .			
87399	Bethany Melitz – Lean Consultant	\$95,000	MAYOR’S OFFICE
Submitted in List for July 28, 2015; Moved to New Business.			
87383	Vanessa Johnson – Admin. Assist.	\$31,200	BOARD OF ETHICS
Submitted in List for July 28, 2015; Moved to New Business.			
2911428	W-3 Construction	\$49,551	ELECTIONS
Submitted in List for July 28, 2015; Moved to New Business.			

Reported by the Neighborhood and Community Services Committee:

87380	James Conway – Ft. Wayne Manager	\$44,928	RECREATION
Submitted in List for July 28, 2015; Moved to New Business.			

Reported by the Planning and Economic Development Committee:

2893802,Amend.1	Operation Get Down + \$75,000 to \$175,000	PLAN & DEVELOPT.
Submitted in the List and Referred July 21, 2015.		
2893815,Amend.1	Southwest Counseling Solutions + \$200,000 to \$700,000	PLAN & DEVELOPT.
Submitted in the List and Referred July 21, 2015.		

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 2015

Page 3

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of July 28, 2015 and **APPROVED***

Reported by the Planning and Economic Development Committee: - continued

2898967,Exten. Invest Detroit Foundation + \$750,000 to \$1,500,000 HSING & REVITAL.
Submitted by Special Letter July 17, 2015 and Referred on July 21, 2015.

2911278 North American Commerce Center \$920,500 PLAN & DEVELOPT
Submitted by Special Letter July 20, 2015 and Referred on July 21, 2015.

Reported by the Public Health and Safety Committee:

2907666 QOE Consulting \$24,480 AIRPORT
Submitted in the List and Referred July 14, 2015.

2907666,Amend.1 QOE Consulting + \$28,971 to \$53,451 AIRPORT
Submitted in the List and Referred July 14, 2015.

2907728 J. Ranck Electric \$159,000 AIRPORT
Submitted in the List and Referred July 14, 2015.

2907090,Revenue Red Metal Recycling \$34,000 PUBLIC WORKS
Submitted in the List and Referred July 14, 2015.

2907551,Lease New Center Community Mental Health \$43,791 HEALTH & WELL.
Submitted in the List and Referred July 21, 2015; Approved with *Correction to cost.*

2911454 Priority Dispatch \$57,132 FIRE
Submitted as Special Letter, July 23, 2015; Walked on to Committee Agenda, July 27, 2015.

2898252,Amend.2 Southeast Mi. Health Assoc. + \$513,361 to \$4,628,549 HEALTH & WELL.
Submitted in the List for referral July 28, 2015; Moved to New Business.

87290 Michael Lehto (Academy Instructor) \$20,160 POLICE
Submitted in the List for referral July 28, 2015; Moved to New Business.

87291 Garth R. Brooks (Academy Instructor) \$45,760 POLICE
Submitted in the List for referral July 28, 2015; Moved to New Business.

87342 Dwayne Love (Ceasefire Initiative) \$76,000 POLICE
Submitted in the List for referral July 28, 2015; Moved to New Business.

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 2015

Page 4

*The following contracts were **REFERRED** on July 28, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

Referred to Budget, Finance and Audit Committee:

No Contracts Referred

Referred to Internal Operations Committee:

2911229	Sherwin Williams	GENERAL SERVICES
2876477,Ext.	FutureNet Group	INSPECTOR GENERAL

Referred to Neighborhood and Community Services Committee:

No Contracts Referred

Referred to Planning and Economic Development Committee:

No Contracts Referred

Referred to Public Health and Safety Committee:

2865739,Purch.Incr.	Qualified Abatement	BUILD.SAFETY ENGIN.&ENVIRON.
2865134,Renew	J & B Medical Supplies	FIRE / EMS
2895811,Exten.	Southeast MI Health Assoc.	HEALTH AND WELLNESS
87292	Dr. Marilyn Berkley	POLICE
2830398,Amend.	Detroit Building Authority	PUBLIC WORKS
2910810	Bob Maxey Ford	TRANSPORTATION

correction to add Vendor name- approved July 21, 2015

Purchasing Division
Contracts and Purchase Orders Received, Considered at Regular Session
of July 28, 2015

Page 5

The following are contracts that are currently HELD for review, discussion or report to the Standing Committees.

Internal Operations Committee:

Planning and Economic Development Committee:

2896965,Amend.1 Heat and Warmth Fund (THAW) + \$100,000 to \$347,589.40 PLAN & DEVLPT.
Submitted in the List and Referred June 16, 2015.

City Council Contract Agenda Items Review Checklist

Reviewer:

Date Received:

Date: July 8, 2015_ Department Health & Wellness Division: 25

Dept Head/Contact Person: Deborah Whiting Phone No.: 313-876-0301

Description: Provision of fiduciary Fiscal Management services for administration and contract management

Contract No.: 2898252 PO Type: _____ Est. Value: \$ 513,361

Contract Term (if applicable): October 1, 2014 to September 30, 2015

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

Recommended Supplier: Southeastern Required Date: 10/1/14
Michigan Health Association

1. The business being awarded is **NEW / RENEWAL**. If a renewal, provide justification for renewal: The contract is being amended to add new health programs for fiduciary services.
2. Was the product or service competitively bid? Yes No
Attach Copy of Bid Tabulation/Evaluation score sheets as needed
If the answer to #2 is "NO" explain why there was no competition: Amending an existing contract
3. Was a Co-Operative Agreement Considered? Yes No Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: _____
4. Were savings achieved?
 Yes Amount \$ _____ No
5. Does this agreement represent an increase?
 Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)
 Change in amount/volume of the good or service to be used. _____

Apr 15 2015 16:03 P.02



REQUEST FOR INCOME TAX CLEARANCE

APR 18 2015

REQUESTING DEPARTMENT/DIVISION: _____

CONTACT _____ PHONE: _____ 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

From: **Southeastern Michigan Hosp.**
 Address: **3011 West Grand Blvd.**
Suite 200
 City: **Detroit**
 State: **Mi** Zip Code: **48202**
 Telephone: **(313) 873-6500** Fax #: **(313) 873-6504**

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

R. Name of Chief Financial Officer/Authorized Contact Person
 (Include address if different from above)
Nadge M. White, Contracts Manager

Telephone #: **(313) 873-6500**
 Fax #: **(313) 873-6504**

Employer Identification or Social Security Number: **38-1671500**
 Spouse Social Security Number: _____

Nature of Contract: **To provide fiduciary services for DHWP Program**

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

Contract # (if known): _____

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

Check One: Individual Corporation Partnership 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: _____ Date: **APR 18 2015** Expires: **APR 18 2016**

Yes No Signature: _____ Date: _____ Expires: _____

Yes No Signature: _____ Date: _____ Expires: _____

To check the status of a clearance, please call (313) 224-3328 or (313) 224-3329
 VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT www.cldetroit.mil.us

PURCHASING DIVISION VENDOR CLEARANCE REQUEST

Submit to: Revenue Collections
Purchasing Vendor
1012 Coleman A. Young Municipal Center
Detroit, MI 48226
(313) 224 - 4087 (Telephone)
(313) 224 - 4238 (Fax)

Nature of Contract Southeastern Michigan Health Association
Contract Amount _____

Business Type: Corp Partnership Sole Proprietorship Personal Services

Business Name Southeastern Michigan Health Association (SENHA)

Business Address 3011 West Grand Boulevard, Suite 200 Fisher Building
Detroit, Michigan 48202

Ward/Item # _____

F.I.D. NO. 38-1671500

City Personal Property I.D. # 38-1671500

Owner(s) Name Gary Petroni
Executive Director

Owner(s) SS# 38-1671500
313-873-6500

Contact Person Madge M. White
Phone Number 313-873-6500

Fax Number 313-873-6504

Owner(s) Home Address 3011 West Grand Boulevard, Suite 200 () Lease () Own
Detroit, Michigan 48202

Please do not write below this line for department use only.

Real Property Special Assessment Personal Property Other Receivable

() Denied () Denied () Denied () Denied
() Approved () Approved () Approved () Approved

Comments: _____

**REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCE**

Please mail, fax or drop off this Vendor Request Form to the Revenue Collection Unit at the address indicated above. You will be responsible for keeping the clearance and submitting a photocopy to Purchasing with your invoice package.

[Signature]
Signature (City of Detroit)

JAN 09 2015
Date

AUG 30 2015
Expiration Date

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

I, being duly authorized representative of the S. E. M. H. A., (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: Southeastern Michigan Health Association
(Type or Print Legibly)

Contractor Address: Detroit, Michigan, 48202
(City) (State) (Zip)

Contractor Phone/E-mail: 313-873-6500 / garyp@semha.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Gary Petroni, Executive Director

Signature of Authorized Representative: *Gary Petroni*

Date: _____

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

Signature of Notary: _____

Printed Name of Seal of Notary: _____

My Commission Expires: ____ / ____ / ____

For Office Use Only:	
Cov. Rec'd: ____ / ____ / ____ in	Department Name: _____
<input type="checkbox"/> Accepted by: _____	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC at HumanRightsCL@detroitmi.gov or fax (313) 224-3434	



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/7/2015

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 Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: Sherry Love PHONE (A/C No. Ext.): (248) 471-0970 E-MAIL ADDRESS: slope@gswins.com	FAX (A/C No.): (248) 471-0641
	INSURER(S) AFFORDING COVERAGE	
INSURED Southeastern Michigan Health Association 3011 West Grand Blvd. Suite 200 Detroit MI 48202	INSURER A: Philadelphia Indemnity Ins Co.	
	INSURER B: American Compensation Insurance 45934	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 15/16 Liab updated WC **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PHPK1288415	2/1/2015	2/1/2016	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ *1,000,000 MED EXP (Any one person) \$ *20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/CP AGG \$ Excluded
A	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		PHPK1288415	2/1/2015	2/1/2016	BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB					EACH OCCURRENCE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB488509	2/1/2015	2/1/2016	AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ACHM0007029	5/1/2015	5/1/2016	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1288415	2/1/2015	2/1/2016	\$3,000,000 aggregate \$1,000,000 each incident

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Where required by written contract, City of Detroit is Additional Insured on the General Liability policy with respect to liability arising out of ongoing operations performed by the Named Insured.

CERTIFICATE HOLDER (313) 224-2321 City of Detroit Neighborhood Services Planning Developmen Sherry Person 65 Cadillac Square Suite 1400 Detroit, MI 48226	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE William Grimshaw/SDL
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/7/2015

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PRODUCER Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: Sherry Love	
	PHONE (A/C, No. Ext): (248) 471-0970 FAX (A/C, No): (248) 471-0641 E-MAIL ADDRESS: slove@gswins.com	
INSURED Southeastern Michigan Health Association 3011 West Grand Blvd. Suite 200 Detroit MI 48202	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Philadelphia Indemnity Ins Co.	
	INSURER B: American Compensation Insurance	45934
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: 15/16 Liab updated WC REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL RUBR INSR WVR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		PHPK1288415	2/1/2015	2/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ *1,000,000 MED EXP (Any one person) \$ *20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPROP AGG \$ Excluded
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		PHPK1288415	2/1/2015	2/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHUB488509	2/1/2015	2/1/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A ACHI0007029	5/1/2015	5/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1288415	2/1/2015	2/1/2016	\$3,000,000 aggregate \$1,000,000 each incident

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

CERTIFICATE HOLDER City of Detroit Health Dept. Department of Human Services Attn: Jim Edwards 5031 Grandy, Room 313 Detroit, MI 48221	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 William Grimshaw/SDL



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/7/2015

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PRODUCER Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: Sherry Love
	PHONE (A/C No. Ext): (248) 471-0970 FAX (A/C No.): (248) 471-0641 E-MAIL ADDRESS: sllove@gswins.com
INSURED Southeastern Michigan Health Association 3011 West Grand Blvd. Suite 200 Detroit MI 48202	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Indemnity Ins Co.
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	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: 15/16 Liab updated WC REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	X	PHPK1288415	2/1/2015	2/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Each occurrence) \$ *1,000,000 MED EXP (Any one person) \$ *20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ Excluded
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS		PHPK1288415	2/1/2015	2/1/2016	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS					
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB		PHUB488509	2/1/2015	2/1/2016	EACH OCCURRENCE \$ 3,000,000 AGGREGATE \$ 3,000,000
	<input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	ACMI0007029	5/1/2015	5/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	Professional Liability		PHPK1288415	2/1/2015	2/1/2016	\$3,000,000 aggregate \$1,000,000 each incident

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
See page 2.

CERTIFICATE HOLDER

City of Detroit
City Fin. Dept/Accts Payable
Municipal Center
642 Coleman A. Young
Detroit, MI 48226

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
William Grimshaw/SDL

COMMENTS/REMARKS

Where required by written contract, City of Detroit is Additional Insured on the General Liability policy with respect to liability arising out of ongoing operations performed by the Named Insured on the named project.



Southeastern Michigan Health Association

JOB APPLICATION

[semha.org](#) | [SEMHA Home](#) | [Job Postings](#) | [Services](#) | [Background](#) | [Contacts](#) |

Job Id
Job Title
Location
Application Deadline

Enter your information below, attach resume, click on Submit Application.

Name
Address 1
Address 2
City
State/Province
Zip Code/Postal Code
Home Phone
Work Phone
Cell Phone
E-mail Address

- 1. Are you legally able to work in the United States? Y/N
- 2. Are you at least 18 years old? Y/N
- 3. If under 18, do you have a work permit? Y/N
- 4. Can you perform the essential functions of this job without accommodations? Y/N
- 4a. If No, please describe the accommodations required:

Please attach resume including Education, Employment History, Skills and References, in either Microsoft Word format (.DOC) or Adobe Reader format (.PDF):

Browse... No file selected.

PLEASE NOTE: attached file size must be less than 2 MB (2,000 KB) !

[Return to Job Postings](#) |

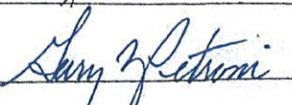
**SEMHA is an Equal Opportunity Employer and welcomes all applicants.
SEMHA is a Drug Free and Violence Free, Zero Tolerance Employer.
SEMHA welcomes veterans and disabled veterans to apply.**

SEMHA employs able/disabled individuals.

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Southeastern Michigan Health Association
2. Address of Contractor: 3011 West Grand Boulevard
200 Fisher Building
Detroit, Michigan 48202
3. Name of Predecessor Entities (if any): _____
4. Prior Affidavit submission? No Yes, on: _____
(Date of prior submission)
If "No", complete Items 5 and 6.
If "Yes", list date of prior submission above, go to Item 6 and execute this Affidavit.
5. _____ Contractor was established in 1955 (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.

Gary Petroni (Printed Name) Executive Director (Title)

 (signature) _____ (Date)

Subscribed and sworn to before me:
this _____ day of _____

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