

Log # 5716

# CONTRACT TRANSMITTAL RECORD

PERSONAL SERVICE

PROFESSIONAL SERVICE

CHANGE ORDER #

STANDARD PO #

CONTRACT PO # 2898252  
AMENDMENT NO. 3

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

DEPARTMENT HEAD'S SIGNATURE

*Kanzoni H. Benjamin*

DEPARTMENT HEALTH AND WELLNESS PROMOTION

FUNDING SOURCE %  
FEDERAL STATE CITY 100 OTHER

*100%*

DEPARTMENT CONTACT PERSON  
VERONICA BENJAMIN

PHONE NO.  
313-876-0348

CONTRACTOR'S NAME: SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION

DATE PREPARED  
10-16-15

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

CHANGE

CURRENT CONTRACT AMOUNT \$4,628,549

CONTRACT CHANGE AMOUNT \$6,977,111

TOTAL CONTRACT AMOUNT \$11,605,660

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: 10/1/2014-9/30/2016

ACCOUNT STRING: SEE ATTACHED

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE	TIME & DATE IN
<i>10/16/15</i>	REQUESTING DEPARTMENT <i>Kanzoni H. Benjamin</i> AUTHORIZED DEPARTMENT REPRESENTATIVE	<i>10/16/15</i>
<i>CT 2 2 2015</i>	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>James M. Stodemic</i> BUDGET DIRECTOR OR DEPUTY	<i>OCT 2 8 2015</i>
<b>RECEIVED</b> <i>OCT 30 2015</i>	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>[Signature]</i> GRANT DIRECTOR OR DEPUTY	<b>ENTERED</b> <i>NOV 0 3 2015</i>
	FINANCE DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>[Signature]</i> FINANCE DIRECTOR OR DEPUTY	<i>10/29/15</i>
	LAW DEPARTMENT <input type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>James M. Edwards</i> CORPORATION COUNSEL	<i>11/3/2015</i>
	OFFICE OF CONTRACTING AND PROCUREMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>Boyd [Signature]</i> CHIEF PROCUREMENT OFFICER OR DEPUTY	<i>11/24/15</i>
<b>RECEIVED</b> <i>NOV 0 3 2015</i>	CITY COUNCIL APPROVAL: DATE <i>NOV 17 2015</i> FINANCIAL REVIEW COMMISSION APPROVAL: DATE _____	<b>CITY OF DETROIT</b> FINANCE DEPARTMENT PROCUREMENT DIVISION <i>15 NOV - 3 PM 1:30</i>

**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 3  
TO CONTRACT NO. 2898252**

**THIS AMENDMENT AGREEMENT NO. 3** 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 \$ 4,628,549 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.

**Is amended to read:**

Compensation for Services provided shall not exceed the amount of **\$11,605,660** 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 Exhibit A - 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, 2015** and shall continue through and until **September 30, 2016**. 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 comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in the performance of this *Contract*. Specifically, indirect costs must be determined in accordance with requirements contained in OMB Circular A-87 "Cost Principles for State and Local Governments," or OMB Circular A-122 "Cost Principles for Nonprofit Organizations." Indirect cost rates must be approved by the *City*, and supporting documentation must accompany the initial budget submitted by the *Fiduciary*.

**Is amended to read:**

The *Fiduciary* shall comply with all terms and conditions set forth in the attached Comprehensive Agreement for FY 2016 commencing October 1, 2015, including Attachment I (Annual Budget), Attachment II (Guidance to State Agencies Regarding the Use of Funds Received Under the American Recovery and Reinvestment Act (ARRA), Attachment III (Program Specific Assurances and Requirements), and Attachment IV (Funding/Reimbursement Matrix), as they apply to the *Fiduciary*. The *Fiduciary* shall adhere to monitoring of compliance by DHWP or its representatives and the DHWP's Plan of Organization September 2015 (Attachment VI). The *Fiduciary* shall comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in the performance of this *Contract*. Specifically, indirect costs must be determined in accordance with requirements contained in OMB Circular A-87 "Cost Principles for State and Local Governments," or OMB Circular A-122 "Cost Principles for Nonprofit Organizations." Indirect cost rates must be approved by the *City*, and supporting documentation must accompany the initial budget submitted by the *Fiduciary*.

**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 **\$4,628,549** 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
<b>Total</b>	<b>\$ 4,628,549.00</b>

**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 **\$11,605,660** 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.

**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.

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

AMENDMENT

DATE

**WITNESSES:**

- 1. Madge M. White  
(signature)  
Madge M. White  
(print name)
- 2. Anna H. Kruk  
(signature)  
ANNA H. KRUK  
(print name)

**CONTRACTOR:**

BY: Gary J. Petroni  
(signature)  
EXECUTIVE Director  
(print name)

ITS: GARY J. PETRONI  
(title)

**WITNESSES:**

- 1. Veronica Benjamin  
(signature)  
Veronica Benjamin  
(print name)
- 2. Jennifer Floyd  
(signature)  
Jennifer Floyd  
(print name)

**CITY OF DETROIT** Health & Wellness  
**DEPARTMENT:**

BY: Kanzoni Asabigi  
(signature)  
KANZONI ASABIGI  
(print name)

ITS: DEPUTY DIRECTOR  
(title)

**THIS AMENDMENT WAS APPROVED  
BY THE CITY COUNCIL ON  
NOV 17 2015**

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

**FRC APPROVAL**  
Romye J. [Signature] NOV 24 2015  
Purchasing Director Date

James H. Edwards 11/3/2015  
Corporation Counsel Date

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

**EXHIBIT - DETROIT HEALTH AND WELLNESS PROMOTION  
CONTRACT AMENDMENT #3 WITH SEMHA  
FY OCTOBER 1, 2015 TO SEPTEMBER 30, 2016**

	Amendment #2	This Amendment #3	Note	This Amendment #3	Note	This Amendment #3	Note	New Contract Amount
WIC Residential	501,087	611,215	1					1,112,302
WIC Breastfeeding	85,903	117,871	1					203,774
Infant Safe Sleep	39,647	39,613	1					79,260
ELPHS Immunization and Coordinatic	1,010,137	1,056,353	1					2,066,490
Imm IAP & Billing Enhancement	291,779	314,782	1					606,561
Local MCH	1,347,346	1,504,998	1					2,852,344
FIMR	2,453	2,377	1					4,830
PHEP Oct-Jun	167,700	143,712	1					311,412
PHEP CRI Oct-Jun	195,722	162,463	1					358,185
HIV Integrated Planning	45,416	44,015	1					89,431
PRIME Local Learning	2,000	-						2,000
Ebola	28,742	45,456	1					74,198
PHEP Jul - Sep	47,946	-						47,946
PHEP CRI Jul - Sep	54,201	-						54,201
Vision	70,694	265,198	1	70,000	2	(2,894)	3	402,998
Hearing	102,366	265,197	1	70,000	2	(19,059)	3	418,504
Food Safety	103,768	481,066	1	820,278	2	(7,841)	3	1,397,271
Environmental Safety		-		346,528	2			346,528
Lead Intervention	22,279	47,316	1			65,065	3	134,660
Childhood Lead Prevention	85,131	105,635	1			(85,131)	3	105,635
DHWP Administration	424,233	530,646	1					954,879
	<u>4,628,550</u>	<u>5,737,913</u>		<u>1,306,806</u>		<u>(49,860)</u>		<u>11,623,409</u> 11,623,409

- In accordance with SEMHA Contract Amendment #2, Paragraph 2.01 Scope of Services: "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 (60) days written notice to Contractor prior to the termination date." This Amendment #3 extends the term of the contract for one year from October 1, 2015 through September 30, 2016, and reflects the additional grant award amounts allocated from the Michigan Department of Health and Human Services.
  - This represents fee collections to cover costs over and above the MDHHS Comprehensive Grant allocations.
  - This represents an adjustment for 2-month funding for transitioning programs from IPH. SEMHA Amendment #2 was an estimate based on data available at the time the Amendment #2 was processed. Final data is now available to determine actual amounts left in the FY15 MDHHS grant awards for DHWP's use for August and September, 2015.

**EXHIBIT - DETROIT HEALTH AND WELLNESS PROMOTION  
 CONTRACT AMENDMENT #3 WITH SEMHA  
 FY OCTOBER 1, 2015 TO SEPTEMBER 30, 2016**

	This		This		This		New Contract Amount
	Amendment #2	Amendment #3	Amendment #3	Amendment #3	Amendment #3	Note	
WIC Residential	551,673	673,501	1				1,225,174
WIC Breastfeeding	94,575	129,883	1				224,458
Infant Safe Sleep	43,650	43,650	1				87,300
EIPHS Immunization and Coordinati	1,112,112	1,164,000	1				2,276,112
Imm IAP & Billing Enhancement	321,235	346,859	1				668,094
Local MCH	1,483,364	1,658,364	1				3,141,728
FIMR	2,700	2,619	1				5,319
PHEP Oct-Jun	184,630	158,356	1				342,986
PHEP CRI Oct-Jun	215,481	179,019	1				394,500
CSHCS	-	-					-
HIV Integrated Planning	50,000	48,500	1				98,500
PRIME Local Learning	2,000	-					2,000
Ebola	31,643	50,088	1				81,731
PHEP Jul - Sep	52,786	-					52,786
PHEP CRI Jul - Sep	59,673	-					59,673
Vision	77,831	292,223	1		2		437,160
Hearing	112,699	292,223	1		2		455,863
Food Safety	114,244	530,089	1		2		1,456,770
Environmental Safety					2		346,528
Lead Intervention	24,528	52,138	1				141,731
Childhood Lead Prevention	93,725	116,400	1		3		2104-252804-000096-612110-20139-00000-A1530
	4,628,549	5,737,913					11,623,409
							(49,859)
							11,623,409

1 In accordance with SEMHA Contract Amendment #2, Paragraph 2.01 Scope of Services: "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 (60) days written notice to Contractor prior to the termination date." This Amendment #3 extends the term of the contract for one year from October 1, 2015 through September 30, 2016, and reflects the additional grant award amounts allocated from the Michigan Department of Health and Human Services.

2 This represents fee collections to cover costs over and above the MDHHS Comprehensive Grant allocations.

3 This represents an adjustment for 2-month funding for transitioning programs from IPI. SEMHA Amendment #2 was an estimate based on data available at the time the Amendment #2 was processed. Final data is now available to determine actual amounts left in the FY15 MDHHS grant awards for OHWP's use for August and September, 2015.

### THIRD 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 **\$11,605,660** 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 in the attached Exhibit B.

#### 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.

**CITY ACKNOWLEDGMENT**

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

The foregoing contract was acknowledged before me the 20<sup>th</sup> day of October,  
20 15, by Kanzoni Asabigi,  
(name of person who signed the contract)  
the Deputy Director,  
(title of person who signed the contract as it appears on the contract)  
of Department of Health & Wellness Promotion,  
(complete name of the City department)

on behalf of the City.



Notary Public, County of Wayne

State of Michigan

My commission expires: August 31, 2018

**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 20th day of October,  
20 15, by Gary J. Petroni  
(name of person who signed the contract)  
the Executive Director  
(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

**CORPORATION CERTIFICATE OF AUTHORITY**

I, \_\_\_\_\_, Corporate Secretary of  
(name of corporate secretary)

\_\_\_\_\_, a \_\_\_\_\_  
(complete name of corporation) (state of incorporation)

\_\_\_\_\_, a \_\_\_\_\_ corporation (the "Corporation"), **DO HEREBY CERTIFY** that the  
(non-profit or for profit)  
following is a true and correct excerpt from the minutes of the meeting of the Board of Directors  
duly called and held on \_\_\_\_\_, and that the same is now in full force and effect  
(date of meeting)

**"RESOLVED**, that the Chairman, the President, each Vice President, the Treasurer, and the Secretary and each of them, is authorized to execute and deliver, in the name of and on behalf of the Corporation and under its corporate seal or otherwise, any agreement or other instrument or document ('Contract') in connection with any matter or 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."

**FURTHER, I CERTIFY** that \_\_\_\_\_ is Chairman,  
\_\_\_\_\_ is President,  
\_\_\_\_\_ is (are) Vice President(s),  
\_\_\_\_\_ is Treasurer,  
\_\_\_\_\_ is Secretary,  
\_\_\_\_\_ is Executive Director, and  
\_\_\_\_\_ is \_\_\_\_\_.

**FURTHER, I CERTIFY** that any of the aforementioned officers or employees of the Corporation are authorized to execute and commit the Corporation to the conditions, obligations, stipulations and undertakings contained in this contract between the City and the above-referenced Corporation and that all necessary corporate approvals have been obtained in relationship thereto.

**IN WITNESS THEREOF**, I have set my hand this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.  
CORPORATE SEAL (if any)

\_\_\_\_\_  
Corporation Secretary

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

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, \_\_\_\_\_, 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 \_\_\_\_\_ 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 Forzley is 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 20th day of October, 2015

CORPORATE SEAL,

(If any)

  
Corporate Secretary  
William Ridella

# City Council Contract Agenda Items Review Checklist

Reviewer:

Date Received:

Date: October 20, 2015 Department Health & Wellness Division: 25

Dept Head/Contact Person: Abdul El-Sayed Phone No.: 313-876-0301

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

Contract No.: 2898252 PO Type: \_\_\_\_\_ Est. Value: \$ 11,605,660.

Contract Term (if applicable): October 1, 2014 to September 30, 2016

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

Recommended Supplier: Southeastern Required Date: 11/1/15  
Michigan Health Association

1. The business being awarded is **NEW / RENEWAL**. If a renewal, provide justification for renewal: The contract is being amended to continue to provide health services 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. \_\_\_\_\_.

6. Does the supplier currently provide other goods and services to the City?  Yes  No  
If yes please list: Current fiduciary for Detroit Dept. of Health and Wellness Promotion

7. Is this good/service used by other departments?  Yes  No  
If "yes" can this Req/PAR be combined other department requirements?  Yes  No

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

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NOTES: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes \_\_\_ No \_\_\_

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**PLACE ON EMERGENCY MANAGER AGENDA**

**PLACE ON CITY COUNCIL AGENDA**

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_  
(Department)

INFORMATION PROVIDED BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: \_\_\_\_\_



# Purchasing - Sole Source Justification

To be Completed and Approved before a commitment is made.

## Purchasing Division

Expectation: Except in cases of emergency, Purchases shall require competitive bidding per procedures established by ordinance to protect the interest of the City and to assure fairness.

## What is a sole source?

A sole source purchase is defined as the awarding of a purchase order / contract for services or products whereby the process to competitively bid was not performed.

## When is a sole source applicable?

A sole source is applicable when documentation is provided that the product or service is supported by any of the following:

- Proprietary (protected by Law)
- New technology (data or product)
- Public Threat
- Licenses
- Specialized facility
- Specialized test equipment
- Unique skills

Check all that applies:

- provide supporting documentation (mandatory)
- provide how cost/price was benchmarked

Department Name Health and Wellness Promotion Date 9/25/14

Description of Goods/Services to be Purchased: Provision of Fiduciary Fiscal Management Services for administration and Contract Management

Justification of Sole Source: SEMHA is the only fiduciary experienced in managing public health funding. State Audits determined that incumbent fiduciary was insufficient.

When are Goods or Services Required: October 1, 2014

**\*Approval required by Department Executive (Director level or above)**

Kizzy Montgomery Requestor (Name)      [Signature] Signature      9/25/14 Phone / Date

Department Exec or Director (Name)      Signature      Phone /Date

Purchasing Representative (Name)      Signature      Phone/ Date

Lena E. Willis Chief Procurement Officer (Name)      [Signature] Signature      9/25/14 Phone/ Date

313-628-0773

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)

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

For: Individual  
or Company Name 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

B. Name of Chief Financial Officer/Authorized Contact Person  
(include address if different from above)  
Madge 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

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

Services for DHWP Program

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

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

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

- Is the company a new business in Detroit? If yes, attach Employer Registration (Form DSS-4).  Yes  No
- Will the company have employees working in Detroit?  Yes  No
- 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: INCOME TAX INVESTIGATOR 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.sldetroit.mil/us](http://www.sldetroit.mil/us)

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 105, COLEMAN A YOUNG MUNICIPAL CENTER
REVENUE COLLECTIONS UNIT (313) 224-4087 / FAX: 224-4238 / RevenueCollections@DetroitMI.gov

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

ADDRESS OF DEPARTMENT 1600 W. Lafayette Suite 200
DATE SENT 8-20-15 CONTACT PERSON Veronica Benjamin
PHONE NUMBER 313-300-8016 FAX NUMBER EMAIL Benjaminv@detroitmi.gov
CONTRACT AMOUNT \$

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME Southeastern Michigan Health Association (SEMHA)
ADDRESS 3011 West Grand Boulevard Suite 200 CITY/STATE/ZIP Detroit, MI 48202 OWN LEASE
CITY PERSONAL PROPERTY NUMBER 38-1671500 FID / EIN NUMBER 389.10 38-1671500
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON Madge White PHONE NUMBER 313-873-6500 EMAIL ADDRESS

SECTION C: PARTNERSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER
A: PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
B. PARTNER'S NAME PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
DRIVER'S LICENSE # OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON PHONE NUMBER EMAIL ADDRESS

SECTION D: SOLE PROPRIETORSHIP LICENSE TYPE
BUSINESS NAME
BUSINESS ADDRESS CITY/STATE/ZIP OWN LEASE
CITY PERSONAL PROPERTY NUMBER FID / EIN NUMBER
OWNER'S NAME DRIVER'S LICENSE # PHONE NUMBER
HOME ADDRESS CITY/STATE/ZIP OWN LEASE
OTHER CITY-OWNED PROPERTY PARCELS
EMAIL ADDRESS

SECTION E: PERSONAL SERVICES
NAME ADDRESS
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

FOR TREASURY COLLECTION USE ONLY
APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE AUG 20 2015 CLEARANCE VALID UNTIL JAN 15 2016

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

**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 J. Petroni*

Date: 9/22/14

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

Signature of Notary: *Madge M. White*

Printed Name of Seal of Notary: Madge H. White

My Commission Expires: 8 131 2018

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

**For Office Use Only:**

Cov. Rec'd:   /  /   in

Department Name: \_\_\_\_\_

Accepted by: \_\_\_\_\_

Rejected by: \_\_\_\_\_

Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC  
at [HumanRightsCL@detroitmi.gov](mailto: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).

<b>PRODUCER</b> Griffin Smalley & Wilkerson 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	<b>CONTACT NAME:</b> Sherry Love <b>PHONE (A/C No. Ext):</b> (248) 471-0970 <b>E-MAIL ADDRESS:</b> slope@gswins.com	<b>FAX (A/C No.):</b> (248) 471-0641													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: Philadelphia Indemnity Ins Co.</td> <td></td> </tr> <tr> <td>INSURER B: American Compensation Insurance</td> <td>45934</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>		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:
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INSURER E:															
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**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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <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		X	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 - COM/OP AGG \$ Excluded
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> 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 type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <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	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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 STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
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.

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

## Hiring Policy Compliance Affidavit

I, Gary Petroni being duly sworn, state that I am the Executive Director  
of Southeastern Michigan Health Association  
Title Name of Bidder Corporation or Other Business Entity

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

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

SIGNED,

Gary Petroni  
Title: Executive Director Date: 9/22/14

STATE OF Michigan )  
COUNTY OF Wayne ) SS

MADGE M. WHITE  
NOTARY PUBLIC-STATE OF MICHIGAN  
COUNTY OF WAYNE  
My Commission Expires \_\_\_\_\_

The foregoing Affidavit was acknowledged before me the 22<sup>nd</sup> day of Sept., 2014,  
by Madge M. White.

Notary Public, County of Wayne

State of Michigan

My commission expires: 8/31/2018



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.**

**AFFIDAVIT OF DISCLOSURE OF INTERESTS BY CONTRACTORS AND VENDORS**

**Instructions.** This disclosure affidavit fulfills requirements of Section 2-106.2 and Section 4-122 of the 2012 Detroit City Charter and Section 2-6-34 of the 1984 Detroit City Code. Please complete all applicable sections by typing or legibly printing. Where a section does not apply, please check the appropriate box and skip to the next section. If necessary, provide additional information on page 4 or attach additional documents to this disclosure affidavit. This disclosure affidavit must be signed and notarized and filed with the City of Detroit Board of Ethics, Coleman A. Young Municipal Center, 2 Woodward Ave, Suite 1240, Detroit, MI 48226 (City Code § 2-6-34(b)).

Note: "Immediate family member" of a person is that person's spouse, domestic partner, an individual living in the person's household, or an individual claimed as a dependent or spouse's dependent under the Internal Revenue Code. (City Charter § 2-105.A.20; City Code § 2-6-3)

**Section 1 - Identity of Contractor/Vendor (City Charter § 2-106.2.2; City Code § 2-6-34)**

Provide the complete name of the individual, company or other entity or organization making this disclosure:

Name Southeastern Michigan Health Association, Inc.

Street Address 3011 W. Grand Blvd. Suite 200

City Detroit State MI Zip code 48202

Telephone 313-873-6500 Fax 313-873-6504 Email Website- www.semha.org

If the filer is a business entity, print the name, title, and contact information of the authorized individual signing for the business entity:

Name Gary J. Petroni Title Executive Director

Telephone 313-873-6500 Fax 313-873-6504 Email gpetroni@semha.org

**Section 2 - Financial Interests in Matters Pending Before City (City Charter § 2-106.2.2; City Code § 2-6-34(a)(1), (2))**

The above named contractor or vendor or an immediate family member thereof

has (if checked, complete rest of section below)

does not have (if checked, skip to next section)

a financial interest, direct or indirect, in the following matters that are pending before  the Detroit City Council or  the following office, department or agency of the City \_\_\_\_\_  
Matter \_\_\_\_\_

Interested Party (if an immediate family member, please provide an address and phone number and the nature of the relationship to the filer): Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Nature of financial interest \_\_\_\_\_

Estimated value of the financial interest \_\_\_\_\_

**Section 3 - Interests in Property Subject to Decision by City (City Code § 2-6-34(a)(3))**

The above named contractor or vendor or an immediate family member thereof

has (if checked, complete rest of section below)

does not have (if checked, skip to next section)

an interest in real or personal property that is subject to a decision by the City regarding the purchase, sale, lease, zoning, improvement, special designation tax assessment or abatement, or a development agreement.

Interested Party (if an immediate family member, please provide an address and phone number and the nature of the relationship to the filer): Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship \_\_\_\_\_

Description of real or personal property \_\_\_\_\_

Nature of interest \_\_\_\_\_

Estimated value of the interest \_\_\_\_\_

**Section 4 – Political/Campaign Contributions and Expenditures (City Charter § 4-122; City Code § 2-6-34(a)(4))**

The Statement of Political Contributions and Expenditures required by City Charter § 4-122, ¶ 2, is attached as an exhibit to this disclosure affidavit, and is current and accurate as of the date stated therein.

The above named contractor or vendor

is (if checked, attach most recent report to this disclosure)

is not (if checked, skip to next section)

required to file reports of campaign contributions and expenditures in accordance with other applicable law.

**Section 5 - Immediate Family Members Employed by or Seeking Employment with City (City Code § 2-6-34(a)(5))**

Please identify any immediate family member who is employed by or making application for employment with the City of Detroit.

If none, check here  and skip to next section; otherwise, complete rest of section below:

Name \_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

Phone \_\_\_\_\_

Nature of relationship to filer \_\_\_\_\_

Department/agency employed by or seeking employment with \_\_\_\_\_

Position held or sought \_\_\_\_\_

**Section 6 - Persons with Financial Interest in Contractor's/Vendor's Matters Pending Before City (City Code § 2-6-34(a)(6), (7))**

Please identify all persons or entities having a financial interest, direct or indirect, in any matter the contractor or vendor has pending before the Detroit City Council or before any office, department or agency of the City. Complete on additional page(s), if necessary.

If none, check here  and skip to next section; otherwise, complete rest of section below

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ code \_\_\_\_\_

Contract or matter in which the person or entity named has an interest \_\_\_\_\_

The above contract or matter is pending before  the Detroit City Council or  the following office, department or agency of the City \_\_\_\_\_

Nature of financial interest \_\_\_\_\_

Estimated value of the financial interest \_\_\_\_\_

**Section 7 - Affirmation of Accuracy of Disclosure (City Charter § 2-106.2.3; City Code § 2-6-34(b))**

I understand that the information provided in this disclosure will be relied upon by the City of Detroit in evaluating the proposed bid, solicitation, contract, or lease. I swear [or affirm] that the information provided is accurate. If I am signing on behalf of an entity, I swear [or affirm] that I have the authority to provide this disclosure on behalf of the entity.

Sign name: Gary J. Petroni

Print name: Gary J. Petroni

Sworn and subscribed to before me on July 15, 2015,  
[ by Gary Petroni ], the Executive Director  
[name] [title]

of the above named contractor/vendor, an authorized representative or agent of the contractor/vendor ].

Sign: Madge M. White

Notary Seal (if desired)

Print: Madge M. White

Notary Public, Wayne County, Michigan,

Acting in Wayne County My

Commission Expires: 8/31/18



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

**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)

*Gary Petroni* (signature) 4-16-14 (Date)

Subscribed and sworn to before me:  
this 16<sup>th</sup> day of April 2014

Notary Public, Wayne County, Michigan  
My Commission expires: 8/31/18

*Madge M. White*  
Notary Public

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

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# Search Results

**Current Search Terms: southeastern\* michigan\* health\* association\***

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No records found for current search.

### Glossary

- Search
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- Exclusion
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- By Functional Area - Entry Management
- By Functional Area - Performance Information

7/13/15

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