



**CITY OF DETROIT  
AMENDMENT AGREEMENT NO. 1  
TO CONTRACT NO. 2898252**

**THIS AMENDMENT AGREEMENT NO. 1** 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 **Four Million Twenty One Thousand Three Hundred Twenty Seven 00/100 Dollars (\$4,021,327.00)** 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 **Four Million One Hundred Fifteen Thousand One Hundred Eighty Eight Dollars (\$ 4,115,188.00)** 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 (60) 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 **\$4,021,327.00** 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 – \$488,250  
WIC Breastfeeding - \$94,575.00  
Infant Safe Sleep - \$43,650.00  
ELPHS Immunization And Coordination - \$1,164,000.00  
Immunization IAP - \$321, 235  
Local MCH - \$1,483,364.00  
FIMR - \$2,700.00  
Public Health Emergency Preparedness - \$162,524.00  
Public Health Emergency Preparedness CRI - \$211,029.00  
HIV Integrated Planning - \$50,000.00

**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 **\$4,115,188.00** 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 – \$500,883.00
- WIC Breastfeeding - \$85,868.00
- Infant Safe Sleep - \$39,631.00
- ELPHS Immunization And Coordination - \$1,056,835.00
- Immunization IAP - \$291,660.00
- Local MCH - \$1,346,796.00
- FIMR - \$2,451.00
- Public Health Emergency Preparedness - \$167,632.00
- Public Health Emergency Preparedness CRI - \$195,642.00.00
- HIV Integrated Planning - \$45,397.00
- Prime Local Learning Collaborative - \$3,523.00
- DHWP Administration - \$378,870.00
- Total = \$4,115,188.00**

**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.

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

WITNESSES:

1. Malcolm  
(signature)  
Melisa Carrillo  
(print name)  
2. Dawn Grimes  
(signature)  
Dawn Grimes  
(print name)

CONTRACTOR:

BY: Kim Comerzan  
(signature)  
Kim Comerzan  
(print name)  
ITS: President  
(title)

WITNESSES:

CITY OF DETROIT Health + Wellness  
DEPARTMENT:

1. Kizi Montgomery  
(signature)  
Kizi Montgomery  
(print name)  
2. Veronica Benjamin  
(signature)  
Veronica Benjamin  
(print name)

BY: Vernice Anthony  
(signature)  
Vernice Anthony  
(print name)  
ITS: Director  
(title)

THIS AMENDMENT WAS APPROVED  
BY THE CITY COUNCIL ON FEB 17 2015  
MAR 23 2015

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

Byrnie Jackson 3/23/15  
Purchasing Director Date

[Signature] 1-29-15  
Corporation Counsel Date

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

**CORPORATE ACKNOWLEDGMENT**

STATE OF Michigan )  
 )SS.  
COUNTY OF Wayne )

The foregoing contract was acknowledged before me the 26th day of January,  
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.

Madger M. White  
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

**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, the Vice President, the Treasurer and the Secretary 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.

FURTHER I CERTIFY THAT \_\_\_ is Chairman **Kim Comerzan** is President and **Kathy Forzley** is 1st Vice President and **William Ridella** is Treasurer, and **Gary Petroni** is Executive Director, **William Ridella** is Corporate Secretary.

FURTHER CERTIFY that any of the aforementioned officers or employees of the Corporation are authorized to execute and commit the Company to the conditions, obligations, stipulations and undertaking contained in this Contract between the City of Detroit and Southeastern Michigan Health Association and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand to this day of January 27, 2015.

CORPORATE SEAL.  
(If any)

  
\_\_\_\_\_  
William Ridella, Corporate Secretary

**CITY ACKNOWLEDGMENT**

STATE OF MI )  
 )SS.  
COUNTY OF Wayne )

The foregoing contract was acknowledged before me the 27 day of January,  
20 15, by Vernice Anthony  
(name of person who signed the contract)  
the Director of Public Health  
(title of person who signed the contract as it appears on the contract)  
of Health and Wellness Promotion  
(complete name of the City department)

on behalf of the City.

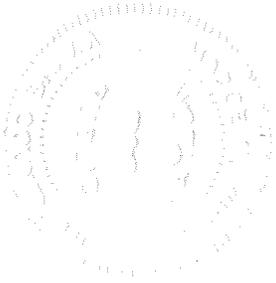
Madge M. White

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



## EXHIBIT A

### **SCOPE OF SERVICES Program Description**

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

#### I. FISCAL MANAGEMENT

The *Fiduciary* shall provide fiscal management *Services* relating to the reimbursement of costs for **Contract Administration** and as identified in the approved budgets attached as *Exhibit B*. In accordance therewith, the *Fiduciary's* responsibilities shall include the following:

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.

The *Fiduciary* shall prepare and submit all reports required or approved by the *City* or the *Grantor Agency* for the performance of *Services* under this *Contract*. Each report shall be submitted to the *City* within ten (10) days following the end of the calendar month or portion thereof being reported upon, or at least five (5) days prior to the due date established by the *Grantor Agency*.

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*.

#### II. PERSONNEL ADMINISTRATION

The *Fiduciary* shall designate a *Personnel Coordinator*, acceptable to the *City*, who shall be duly supervised by the *Fiduciary*. The *Fiduciary* shall provide notice to the *City* of the individual designated as *Personnel Coordinator*, or of any change in such designation, by registered mail return receipt requested as provided in Section 17. In addition to his or her other duties, the *Personnel Coordinator* shall act as a liaison between the *Fiduciary* and the *City* regarding personnel issues. Day-to-day *Services*, if any, to be performed by the *Fiduciary* shall be performed in cooperation with the designated *City* representative.

The *Personnel Coordinator* shall hire, in accordance with *Exhibit B*, all personnel necessary for the proper administration of the *Grant Funding*. The *City* will provide the *Personnel Coordinator* with project schedules, performance goals and a description of the duties to be performed by the *Fiduciary's* personnel assigned to this *Contract*. This information shall be based solely on the approved grant proposal and/or requirements of the grant-funded program or the Grantor and shall not be related to the general policies of the *City* in any way, except those that relate to buildings and the like.

The *Personnel Coordinator* shall ensure that all personnel shall devote such time, attention, skill, knowledge and professional ability as is necessary to most effectively and efficiently perform the *Services* in conformity with the highest professional practices in the industry.

The *Personnel Coordinator* shall ensure that all personnel assigned to this *Contract* possess the requisite licensing, certification, bonding, or other such legal requirements necessary to fulfill the responsibilities of the position for which the individual has been hired.

The *Personnel Coordinator* shall be responsible for all disciplinary action, including termination if necessary, of the *Fiduciary's* personnel assigned to this *Contract*. In no event shall the *City* discipline *Fiduciary's* personnel, nor shall the *Fiduciary* discipline the *City's* personnel. The *Fiduciary* shall, however, inform the Detroit Health Department's Human Resource Director of any adverse conditions which materially affect its personnel's ability to attain the objectives or which prevent the meeting of time schedules or goals established by the *City*.

Should the *City* determine that any Contractor personnel assigned to perform services under this *Contract* are performing such services unsatisfactorily, the *City* must immediately contact the Personnel Coordinator and explain its reasons for determining same. The *City* may also recommend to the Personnel Coordinator that the personnel be replaced, however that determination is within the sole discretion of the Contractor.

The *Fiduciary's* personnel's daily working hours while working in or about a *City* facility shall be limited to those hours in which the *City* facility is open for business, unless otherwise directed by the *City*.

The relationship of the *Fiduciary's* personnel to the *City* is and shall continue to be that of independent contractors and no liability or benefits, such as workers' compensation, pension rights or liabilities, insurance rights or liabilities, or other provisions or liabilities arising out of or related to a contract for hire or employer/employee relationship, shall arise or accrue to either party or either party's agent, *Subcontractor* or employee as a result of the performance of this *Contract*. No relationship other than that of independent contractor shall be implied between parties, or either party's agent, employee or *Subcontractor*. The *Fiduciary* agrees to hold the *City* harmless from any such claims, by any such persons, and any costs or expenses related thereto, including, but not limited to, legal fees and defense costs.

### **III. EQUIPMENT PURCHASES AND TITLE**

The *Fiduciary* assures that all purchase transactions, whether negotiated or advertised, shall be conducted openly and competitively in accordance with the principles and requirements of OMB Circular A-102 (as revised), implemented through applicable portions of the associated "Common Rule" as promulgated by responsible federal Contractor(s), or OMB Circular A-110 as applicable and that records sufficient to document the significant history of all purchases are maintained for a minimum of three (3) years after the end of the *Contract* period.

Any equipment purchases supported in whole or in part by *Grant Funding* must be specified in an attachment to the Program Budget Summary. For purposes of this *Contract*, equipment means tangible, non-expendable, personal property having a useful life of more than one (1) year and an acquisition cost of \$5,000 or more per unit. Title to equipment having a unit acquisition cost of less than \$5,000 shall vest with the *City* upon acquisition. The *Funding Agency* reserves the right to retain or transfer the title to all items of equipment and non-expendable personal property having a unit acquisition cost of \$5,000 or more to the extent that the *Grantor Agency's* proportionate interest in such equipment and/or personal property supports such retention or transfer of title.

**\*\*\*\* End of Exhibit A \*\*\*\***

## **EXHIBIT B BUDGET**

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 **\$4,021,327.00** 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 percent (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 - \$488,250.00  
WIC Breastfeeding - 94,575.00  
Infant Safe Sleep - \$43,650.00  
ELPHS Immunization and Coordination - \$1,164,000.00  
Immunization IAP - \$321,235.00  
Local MCH - \$1,483,364.00  
FIMR - \$2,700.00  
Public Health Emergency Preparedness - \$162,524.00  
Public Health Emergency Preparedness CRI - \$211,029.00  
HIV Integrated Planning - \$50,000.00

### **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.

**Detroit City Council**  
Legislative Policy Division

TO: Purchasing Division Staff  
FROM: David Teeter  
DATE: February 18, 2015

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

There were no contracts approved at the February 10, 2015 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 February 17, 2015 and APPROVED*

**Reported by the Budget, Finance and Audit Committee:**

No Contracts Reported

**Reported by the Internal Operations Committee:**

2897312	Tree Man Services Submitted in the List and Referred February 10, 2015.	\$376,369	GENERAL SERVICE
87067	James Edwards Submitted in the List and Referred February 10, 2015.	\$29,000	LAW
87062	Sarah Domin Submitted in the List and Referred February 10, 2015.	\$28,000	LAW

**Reported by the Neighborhood and Community Services Committee:**

No Contracts Reported

**Reported by the Planning and Economic Development Committee:**

No Contracts Reported

Purchasing Division  
 Contracts and Purchase Orders Received, Considered at Regular Session  
 of February 17, 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 February 17, 2015 and **APPROVED***

**Reported by the Public Health and Safety Committee:**

2901532	Detroit Building Authority (St. Maint.Build.) Submitted in the List and Referred January 13, 2015.	\$4,500,000	PUBLIC WORKS
2848560,Increase	AON Risk Services + \$60,000 to \$376,176 Submitted in the List and Referred January 27, 2015.		MUNIC PARKING
2903089	Ajax & Auto Center Repair Submitted in the List and Referred January 27, 2015.	\$195,000	TRANSPORTATION
87064	Richard James Bowers, Jr. Submitted in the List and Referred January 27, 2015; Approved with <b><i>WAIVER</i></b> .	\$104,000	BUILD.SAFETY ENG.& ENVIRON.
2898252,Amend.1	Southeast Mich.Health Assoc. + \$93,861 to \$4,115,188 Submitted in the List and Referred February 10, 2015.		HEALTH & WELL.

*The following contracts were **REFERRED** on February 17, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Budget, Finance and Audit Committee:**

2834380,Renew	Renkim Corp.	FINANCE-Assessments
2881148,Amend.1	Preferred Building Services	FINANCE

**Referred to Internal Operations Committee:**

2838910,Amend.2	Limbach Company	GENERAL SERVICES
2888170,Amend.2	Aquarius Prof. Staffing	GENERAL SERVICES
87073	Hagar Marcella Davis	GENERAL SERVICES
83847,Amend.1	Douglas Baker	LAW
87063	Modeira Johnson	LAW

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of February 17, 2015

Page 3

*The following contracts were **REFERRED** on February 17, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Neighborhood and Community Services Committee:**

No Contracts Referred

**Referred to Planning and Economic Development Committee:**

2895698,Amend.1      Operation Get Down      PLANNING & DEVELOPMT.

**Referred to Public Health and Safety Committee:**

No Contracts Referred

*No contracts are currently HELD for review, discussion or report to the Standing Committees.*

# City Council Contract Agenda Items Review Checklist

Reviewer:

Date Received:

Date: 1/27/15 Department: Health at Wellness Division: 25

Dept Head/Contact Person: Vernice Anthony Phone No.: 313-876-0301

Description: Provision of Fiduciary Fiscal management services for administration and contract management.  
brief explanation of function or need of the goods/services

Contract No.: 2898252 PO Type: \_\_\_\_\_ Est. Value: \$ 4,118,188.00 ~~93,861.00~~ low

Contract Term (if applicable): 10/1/14 to 9/30/15

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

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

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: \_\_\_\_\_

N/A

4. Were savings achieved?  
 Yes Amount \$ \_\_\_\_\_  No

**CITY OF DETROIT BUDGET DEPARTMENT  
CONTRACT TRANSMITTAL**

<b>DEPARTMENT: DEPARTMENT OF HEALTH AND WELLNESS PROMOTION</b>	<b>DATE REC: 1/27/15</b>
<b>CPO: 2898252</b>	<b>SPO: C/O: 001</b>
<b>NAME: SOUTHEASTERN MICHIGAN HEALTH ASSOCIATION (SEMHA)</b>	<b>AMOUNT: \$93,861.00 (Change Order)</b>
<b>ADDRESS: 3011 WEST GRAND BLVD., SUITE 200 DETROIT, MI 48202</b>	<i>Log #: 5232</i>
<b>PURPOSE – Provide fiduciary fiscal management services for administration and contract management</b>	

**RECOMMENDATION:**

<b>APPROVE: <u>YES</u></b>	<b>DATE COMPLETED: 1/27/15</b>
<b>DENY:</b>	<b>ANALYST: D. ROBINSON II</b>
	<b>DATE RELEASED:</b>
	<b>JAN 28 2015</b>

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

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

**Health Grant Fund**

The **Department of Health and Wellness Promotion** wishes to have a Professional service contract approved with **Southeastern Michigan Health Association (SEMHA)**, of **Detroit, MI**, as follows:

**Amount:**                      Current Contract:        \$ 4,021,327.00  
    **Change Amount:**        \$ **93,861.00**  
    New Contract:            \$ 4,115,188.00

**Scope:** The Contractor will provide fiscal management services relating to the reimbursement of costs for contract administration on behalf of the City of Detroit Department of Health and Wellness Promotion. Services will include: preparation of payrolls and vouchers for reimbursement of all service providers, program staff, consultants, subcontractors, vendors, equipment and supplies; preparation of all reports required or approved by the City of Detroit or the Grantor Agency; and compliance will all applicable general administrative requirements as regulated by the Office of Management and Budget.

**Term:** October 1, 2014, through September 30, 2015

**Funding:** Funds are available in several accounts. Please see attached account string information for details.

**Funds Available Inquiry (COD)**

**Selection Criteria**

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

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

Account Level: **All**

**Funds Available (USD)**

Summary

Account	Budget	Encumbrance	Actual	Funds Available
<input checked="" type="checkbox"/> 2104-258328-000096-612110-1391	4,898,557.00	660,967.14	1,051,921.86	3,185,668.00
<input type="checkbox"/>				

**Encumbrance Amounts**

Requisition: **0.00**      Purchase Order: **660,967.14**      Other: **0.00**

**Account Description**

Health Grants Fund-WIC Resident Service-Comm. Health Svcs Gr-Medical-Organization-WIC Resident Service-Und

2104-258328-000096-612110-13914-000000-A1530

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

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DEPARTMENT:	Health Department	LOG#:	5232
CONTR:	2898252	DATEREC:	1/27/2015
NAME:	Southeastern Michigan Healt	C/O:	001
ADDRESS:	Detroit, MI	AMOUNT:	\$93,861.00
PURPOSE:	Provision of Fiduciary Fiscal Management services for Admin and Contract Management		

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**RECOMMENDATION:**

..... DATE Up Front	DATE COMPLETED	.....
..... APPROVE	ANALYST	.....
..... DENY	DATE RELEASED	.....
..... MANAGEMENT APPROVAL DATE:	MANAGEMENT COD	.....

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

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
DATE SENT CONTACT PERSON
PHONE NUMBER FAX NUMBER EMAIL
CONTRACT AMOUNT \$

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME Southeastern Michigan Health Association
ADDRESS 3011 West Grand Boulevard CITY/STATE/ZIP Detroit, Michigan 48202 OWN LEASE
CITY PERSONAL PROPERTY NUMBER 04990380.10 FID/EIN NUMBER 38-1671500
OTHER CITY-OWNED PROPERTY PARCELS 04990389.10
CONTACT PERSON Madge M. White PHONE NUMBER 313-873-6500 EMAIL ADDRESS mwhite@semha.org

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 OWN LEASE
CITY/STATE/ZIP
PHONE NUMBER DRIVER LICENSE #
OTHER PROPERTY ADDRESSES OWNED IN WITHIN DETROIT
SOCIAL SECURITY NUMBER EMAIL ADDRESS

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:

APPROVED DENIED DENIED WITH ATTACHMENTS
DATE JAN 23 2015 CLEARANCE VALID UNTIL AUG 30 2015

# 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 (SEMHA)

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

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 CLEARANCES**

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 bid packages.

[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: 9/22/14

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

Signature of Notary: *Madge M. White*

Printed Name of Seal of Notary: Madge M. White

My Commission Expires: 8 31 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)  
6/26/2014

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 <b>Griffin Smalley &amp; Wilkerson, Inc.</b> 37000 Grand River Ave. Suite 150 Farmington Hills MI 48333-2999	CONTACT NAME: <b>Sherry Munro</b> PHONE (A/C No. Ext): (248) 471-0970 FAX (A/C No.): (248) 471-0641 E-MAIL ADDRESS: <b>smunro@gswins.com</b>
	INSURER(S) AFFORDING COVERAGE INSURER A: <b>Philadelphia Indemnity Ins Co.</b> INSURER B: <b>American Compensation Ins. Co.</b> INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 14/15 Liab update 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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		PHPK1130756	2/1/2014	2/1/2015	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 - COMPIOP AGG \$ Excluded	
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			PHPK1130756	2/1/2014	2/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ 500 Uninsured motorist combined \$ 1,000,000	
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			PHUB449039	2/1/2014	2/1/2015	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		Y/N	N/A	ACMI0007028	5/1/2014	5/1/2015	<input checked="" type="checkbox"/> WC STATUS TOY LIMITS <input type="checkbox"/> TOTL LTR E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
A	<b>Professional Liability</b>			PHPK1130756	2/1/2014	2/1/2015	\$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 CANCELLATION

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

## 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.

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER WITH 10 DAYS NOTICE FOR NON-PAYMENT OF PREMIUM ON GENERAL LIABILITY AND 20 DAYS NOTICE FOR WORKERS COMPENSATION.



Southeastern Michigan Health Association (SEMHA)  
**APPLICATION FOR EMPLOYMENT**

PLEASE PRINT OR TYPE.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name (Last, First, Middle):		
Address (Street, City, State, Zip):		
Telephone #: ( )	Cellar/Other Phone #:	E-mail Address:
Position(s) applied for		Date of application:
Type of Work Desired: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Educational Co-Op <input type="checkbox"/> Seasonal <input type="checkbox"/> Temporary		Date available for work:
What is your desired salary range or hourly rate of pay? \$ _____ Per _____		
Driver's license number required if driving may be required in the job for which you are applying: # _____ State _____		

If necessary, best time to call you is: \_\_\_\_\_ : AM/PM  
 Home  Cellular/Other

May we contact you at work?  Yes  No

If you are under 18 and it is required, can you furnish a work permit?  Yes  No

If no, please explain:

Have you submitted an application here before?

Yes  No

If yes, give date(s) and position(s):

Have you ever been employed here before?

Yes  No

If yes, give dates: From \_\_\_\_\_ to \_\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from this company?  Yes  No

Are you legally eligible for employment in this country?  Yes  No

Will you relocate if job requires it?  Yes  No

Will you travel if job requires it?  Yes  No

If they have been explained to you, are you able to meet the attendance requirements of the position?

N/A  Yes  No

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  Yes  No

Need more information about the job "essential functions" to respond

PLEASE PRINT OR TYPE: If you are unable to perform the essential functions of the job for which you are applying, please explain why. If you are unable to perform the essential functions of the job for which you are applying, please explain why.

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might in any way, restrict your ability to work for our company?  Yes  No

If yes, please explain:

Have you ever been bonded?  Yes  No

Will you work overtime if required?  Yes  No

If no, please explain:

**AN EQUAL OPPORTUNITY EMPLOYER**

Southeastern Michigan Health Association (SEMHA)  
 3011 West Grand Blvd., 200 Fisher Building, Detroit, MI 48202 (313) 873-6500

Revised: April 21, 2014

# APPLICATION FOR EMPLOYMENT

## EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information. See Resume is unacceptable. Complete the requested information and attach a resume.

EMPLOYMENT INFORMATION	
Current employer:	Telephone # ( )
Employer address (street, city, state):	Dates employed
Starting job title/final job title:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor/title (for most recent position held):	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Email:
Reason for leaving:	
Summarize the type of work performed and job responsibilities:	
What did you like most about your position?	
What were the things you liked least about your position?	

EMPLOYMENT INFORMATION	
Previous employer:	Telephone # ( )
Employer address (street, city, state):	Dates employed
Starting job title/final job title:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor/title (for most recent position held):	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Email:
Reason for leaving:	
Summarize the type of work performed and job responsibilities:	
What did you like most about your position?	
What were the things you liked least about your position?	

EMPLOYMENT INFORMATION	
Previous employer:	Telephone # ( )
Employer address (street, city, state):	Dates employed
Starting job title/final job title:	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary \$ per
Immediate supervisor/title (for most recent position held):	May we contact for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later Email:
Reason for leaving:	
Summarize the type of work performed and job responsibilities:	
What did you like most about your position?	
What were the things you liked least about your position?	

Southeastern Michigan Health Association (SEMHA)  
**APPLICATION FOR EMPLOYMENT**

**EMPLOYMENT HISTORY (continued)**

Explain any gaps in your employment, other than those due to personal illness, injury or disability.

If not addressed on previous page, have you ever been fired or asked to resign from a job?  Yes  No  
 If yes, please explain:

**SKILLS AND QUALIFICATIONS**

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (Check appropriate boxes. Include software titles and years of experience.)

<input type="checkbox"/> Word Processing	Years:	<input type="checkbox"/> Internet	Years:
_____	_____	_____	_____
<input type="checkbox"/> Spreadsheet	Years:	<input type="checkbox"/> Other	Years:
_____	_____	_____	_____
<input type="checkbox"/> Presentation	Years:	<input type="checkbox"/> Other	Years:
_____	_____	_____	_____
<input type="checkbox"/> E-mail	Years:	<input type="checkbox"/> Other	Years:
_____	_____	_____	_____

**EDUCATIONAL BACKGROUND**

Starting with our most recent school attended, provide the following information.

School (Include City and State)	Years Completed	Completed	GPA Class Rank	Major/Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree <input type="checkbox"/> Certification <input type="checkbox"/> Other		

**REFERENCES**

List any names and telephone numbers of three business work references who are **not related** to you and are **not** previous supervisors. If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship to You	Telephone	E-mail	# of Years Known
			( )		
			( )		
			( )		

**SOCIAL SECURITY NUMBER**

SS#: \_\_\_\_\_

We will use this information only for employment purposes and make reasonable efforts to safeguard your privacy

Southeastern Michigan Health Association (SEMHA)  
 3011 West Grand Blvd., 200 Fisher Building, Detroit, MI 48202 (313) 873-6500

Southeastern Michigan Health Association (SEMHA)  
**APPLICATION FOR EMPLOYMENT**

**RELATED INFORMATION**

TO WHAT JOB-RELATED ORGANIZATIONS (PROFESSIONAL, TRADE, ETC.) DO YOU BELONG?

Exclude memberships that would reveal race, color, religion, sex, national origin, genetic information, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status

Organization	Position Held

**LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, ETC.**

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes  No  Not Applicable

If yes, please explain: \_\_\_\_\_

Is there any other job-related information you want us to know about? \_\_\_\_\_

\_\_\_\_\_

I agree that any action or suit against the Southeastern Michigan Health Association (SEMHA), arising out of my application or candidacy for employment, my employment, and/or the cessation of my employment, must be brought *within 182 days* of the event giving rise to the claim, or the time limits provided in any statute for such claims, *whichever is shorter*, or be forever barred. I expressly waive any limitation period which is longer than 182 days. \*Nothing in this requirement is intended to nor does interfere with any rights an employee may have under Title I of the Americans With Disabilities Act as Amended.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

## APPLICANT STATEMENT

- I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.
- I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.
- I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.
- I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.
- If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.
- I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.
- **This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law.** This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, genetic information, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.
- I understand that any information provided by me that is found to be false, incomplete, or otherwise used in any respect, will be sufficient cause for immediate and final termination of my employment and that I may be liable for any applicable discharge from the employer's service with or without cause.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

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**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: 3/31/18

*Madge M. White*  
Notary Public

**MADGE M. WHITE**  
**NOTARY PUBLIC-STATE OF MICHIGAN**  
**COUNTY OF WAYNE**  
My Commission Expires 3/31/18

**CITY OF DETROIT AND SEMHA CONTRACT AMENDMENT  
AMENDMENT B**

ACCOUNTS

WIC Residential Admin	\$	551,673	2104-258328-000096-612110-13914-000000-A1530
WIC Breastfeeding	\$	94,575	2104-258329-000096-612110-13915-000000-A1530
Infant Safe Sleep	\$	43,650	2104-252984-000096-612110-13929-000000-A1530
ELPHS Immunization & Coord.	\$	1,164,000	2104-252975-000096-612110-13920-000000-A1530
Immunization IAP	\$	321,235	2104-252983-000096-612110-13928-000000-A1530
Local MCH	\$	1,483,364	2104-252985-000096-612110-13930-000000-A1530
FIMR	\$	2,700	2104-252980-000096-612110-13925-000000-A1530
Public Health Emerg Prep (PHEP)	\$	184,630	2104-252976-000096-612110-13921-000000-A1530
Public Health Emerg Prep (CRI)	\$	215,481	2104-252977-000096-612110-13922-000000-A1530
HIV Integrated Planning	\$	50,000	2104-252981-000096-612110-13926-000000-A1530
Prime Local Learning Collaborative	\$	3,880	2104-258471-000096-612110-13918-000000-A1530
<b>TOTAL</b>	<b>\$</b>	<b>4,115,188</b>	