

**PURCHASING DIVISION - CITY COUNCIL RECOMMENDATION SHEET**

BUYER'S NAME: AL MORGAN                      DATE: 01/06/15    CONTRACT#: 2901820

DEPARTMENT: TRANSPORTATION DEPARTMENT CONTACT: AL MORGAN PHONE #: 313.833.7294

SUPERVISOR'S APPROVAL: \_\_\_\_\_ DATE \_\_\_\_\_ WAIVER OF RECONSIDERATION \_\_\_\_\_

STANDARD P.O.     B.P.O.     C.P.O.     AWARD SHEET ATTACHED

DESCRIPTION/COMMODITY: DOT PROMOTIONAL ITEMS

PERIOD (IF CONTRACT): THREE (3) YEARS  
RENEWAL OPTIONS: TWO (2) ONE (1) YEAR OPTIONS FOR RENEWAL

AWARDED TO: CRESTLINE SPECIALTIES INC    REQUIRED DATE: 01/15/15

ADDRESS: 70 MT HOPE AVE CITY: LEWISTON STATE: ME ZIP: 04240 PHONE #: 800.221.7797  
(STREET ADDRESS NOT A P.O. BOX #)

**EXPIRATION DATE**

\_\_\_\_ HRD  
12/18/15 INCOME TAX  
08/30/15 REVENUE COLLECTION

- SOLE BID
- LOWEST BID
- LOWEST ACCEPTABLE BID
- EQUALIZATION

**ANNUAL PURCHASE VALUE**

USING DEPARTMENT(S): TRANSPORTATION

Account String: 5301-200110-000000-626010-00146-000000-00000

NO. OF BIDS SOLICITED <u>3</u>	NO. OF BIDS RECEIVED <u>3</u>	CITY FUNDS <u>100</u> %	STATE FUNDS _____%	FEDERAL FUNDS _____%
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PRICE(S) ARE: \_\_\_\_\_

**RECOMMENDATION PARTICULARS**

FORMAL   
INFORMAL

**GUARANTEES**

BID DEPOSIT  \$ \_\_\_\_\_  
 PERFORMANCE BOND  \$ \_\_\_\_\_  
 PAYMENT BOND  \$ \_\_\_\_\_

**INSURANCE**

PROP. DAMAGE (P/O)  \$ \_\_\_\_\_  
 PUBLIC LIABILITY (B/ I)  \$ \_\_\_\_\_  
 MICH WORKER'S COMP  STATUTORY REQ.

Was the System Award Management (SAM) checked?  Yes  No

City Council Approval Date: \_\_\_\_\_

*FAC Approval*    **FEB 23 2015**    *cc*    **FEB. 03 2015**



CITY OF DETROIT  
 DETROIT DEPARTMENT OF  
 TRANSPORTATION  
 PURCHASING/CONTRACT  
 ADMINISTRATION DIVISION  
 1301 E. WARREN AVENUE  
 DETROIT, MICHIGAN 48207  
 313 • 833 • 7360  
 313 • 833 • 5338 (FAX)

IF THIS PURCHASE  
 ORDER DOES NOT  
 AGREE WITH THE BID  
 YOU SUBMITTED,  
 PLEASE CONTACT  
 PURCHASING/CONTRACT  
 ADMINISTRATION  
 DIVISION.

**DDOT Purchase Order**

PURCHASE ORDER NO. REVISION PAGE  
 2901820 0 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND

SHIP TO  
 1301 E Warren Ave  
 Detroit, MI 48207  
 United States

BILL TO  
 1301 E Warren Ave  
 Detroit, MI 48207  
 United States

SUPPLIER

CRESTLINE SPECIALTIES INC  
 70 MT HOPE AVE  
 PO BOX 2027  
 LEWISTON, ME 04241

SUPPLIER NO.	DATE OF ORDER/BUYER	REVISED DATE/BUYER
1082162	09-DEC-14 A Morgan	
PAYMENT TERMS	SHIP VIA	F.O.B.
Net 30	Lowest Cost Carrier	Delivered
FREIGHT TERMS	REQUESTOR/DELIVER TO	CONFIRM TO / TELEPHONE
FOB Delivered		S KNOWLES (800) 221-7797

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	This Informal Purchase Order was created in accordance with and RFQ# 49420.						
	FURNISH: DDOT PROMOTIONAL ITEMS FOR THREE (3) YEARS WITH TWO (2) ONE (1) YEAR OPTIONS FOR RENEWAL.						
	PRICES ARE FIRM FOR THE ENTIRE CONTRACT PERIOD.						
	TERMS: NET 30 DAYS						
	F.O.B: DELIVERED						
	DELIVERY WILL BE MADE WITHIN SEVEN (7) DAYS OF DEPARTMENT REQUEST.						
	The Individuals responsible for accepting performance under this Contract is AL MORGAN, who may be reached at, 313.833.7294.						
	The contact person from whom payment should be requested is AL MORGAN who may be reached at 313.833.7294.						
	TERMINATION OF CONTRACT: The City reserves the absolute right to terminate this contract in whole or in part for the convenience of the City at its sole discretion on thirty						

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Total

Continued

AUTHORIZED SIGNATURE  
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



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**DDOT Purchase Order**

PURCHASE ORDER NO. 2901820 REVISION 0 PAGE 2

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 70 MT HOPE AVE  
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 LEWISTON, ME 04241

SUPPLIER NO.	1082162	DATE OF ORDER/BUYER	09-DEC-14 A Morgan	REVISED DATE/BUYER	
PAYMENT TERMS	Net 30	SHIP VIA	Lowest Cost Carrier	F.O.B.	Delivered
FREIGHT TERMS	FOB Delivered	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	S KNOWLES (800) 221-7797

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	(30) days written notice to the vendor.						
	INVOICING: All invoices submitted against the contract must include part or item numbers and part or item description, list price, and applicable discount. Items not properly invoiced will not be paid. It is the vendor's responsibility to ensure delivery of invoice(s) to the proper City Dept/Div/Personnel. Invoices must meet the following conditions for payment: a) Price on invoice must correspond to the pricing listed on purchase order and/or contract. b) Contractor must submit price lists in accordance with bid requirements. c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section. d) Copy of invoice must be submitted to the department personnel identified on the purchase order as being responsible for processing payment. If a department contact person is not listed on the purchase order the vendor shall request in writing, from the Purchasing Division the name and phone number of the contact person responsible for processing payment.						
1	Purchase Agreement Effective From: 22-DEC-14 To: 31-DEC-17 600171				Amount Agreed: Each .25	54,000.00	

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Total

Continued

*Boypie Jackson*

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**DDOT Purchase Order**

PURCHASE ORDER NO. **2901820** REVISION **0** PAGE **3**

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SUPPLIER NO.	1082162	DATE OF ORDER/BUYER	09-DEC-14 A Morgan	REVISED DATE/BUYER	
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FREIGHT TERMS	FOB Delivered	REQUESTOR/DELIVER TO		CONFIRM TO / TELEPHONE	S KNOWLES (800) 221-7797

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
2	600172 PEN, BLUE INK, JAVELIN INK PEN W/ DDOT LOGO, 105589			Each	2.47		
3	600173 BACKPACK, DRAWSTRING, ZIP FRONT W/ DDOT LOGO 107218			Each	.61		
4	600174 SANITIZER, HAND, POCKET SPRAY W/ DDOT LOGO; 106849			Each	.47		

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**Total** Continued

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 PO BOX 2027  
 LEWISTON, ME 04241

SUPPLIER NO. 1082162 DATE OF ORDER/BUYER 09-DEC-14 A Morgan REVISED DATE/BUYER  
 PAYMENT TERMS Net 30 SHIP VIA Lowest Cost Carrier F.O.B. Delivered  
 FREIGHT TERMS FOB Delivered REQUESTOR/DELIVER TO S KNOWLES (800) 221-7797  
 CONFIRM TO / TELEPHONE

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
5	600175 RULER, INCH AND METRIC 12" W/ DDOT LOGO; 105635			Each	.79		
6	600178 UMBRELLA 62" MVP GOLF W/ DOT LOGO, 111013			Each	17.02		
7	FREIGHT			Each	.01		

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**Total** 54,000.00

*Boypie Jackson*

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**BID TABULATION**

ASSUMPTIONS		Supplier 1			ASSUMPTIONS		Supplier 2		
D-BB's		CRESTLINE SPECIALTIES INC			D-BB's		HONORS, INC		
D-RB's		70 MT HOPE AVE			D-RB's		28142 WOODWARD		
D-BB's w/HQ in Detroit		LEWISTON, ME 04240			D-BB's w/HQ in Detroit		ROYAL OAK, MI 48067		
D-BSB's					D-BSB's				
D-BMBC					D-BMBC				
Joint Venture					Joint Venture				
Mentor Venture					Mentor Venture				
		UNITS	UNIT PRICE	TOTAL PRICE			UNITS	UNIT PRICE	TOTAL PRICE
Zip Front Drawstring Backpack Size		3000	\$2.12	\$6,360.00	Zip Front Drawstring Backpack Size		3000	\$2.45	\$7,350.00
Hand sanitizer pocket spray		2500	\$0.69	\$1,725.00	Hand sanitizer pocket spray		2500	\$0.68	\$1,700.00
64" Golf Umbrella		200	\$13.44	\$2,688.00	64" Golf Umbrella		200	\$12.05	\$2,410.00
Lip balm		2500	\$0.52	\$1,300.00	Lip balm		2500	\$0.62	\$1,550.00
Javelin Ink Pen		2500	\$0.28	\$700.00	Javelin Ink Pen		2500	\$0.31	\$775.00
12-inch ruler		1500	\$0.62	\$930.00	12-inch ruler		1500	\$0.53	\$795.00
				\$0.00					\$0.00
<b>Purchase order TOTAL</b>				<b>\$13,703.00</b>	<b>Purchase order TOTAL</b>				<b>\$14,580.00</b>
UP TO \$10,000.00		0.05		\$0.00	UP TO \$10,000.00		0.05		\$0.00
\$10,000.01-\$100,000.00		0.04		\$548.12	\$10,000.01-\$100,000.00		0.04		\$583.20
\$100,000.01-\$500,000.00		0.03		\$0.00	\$100,000.01-\$500,000.00		0.03		\$0.00
\$500,000.01 AND OVER		0.02		\$0.00	\$500,000.01 AND OVER		0.02		\$0.00
D-RB's				\$0.00	D-RB's				\$0.00
D-BB's w/HQ in Detroit		0.03		\$0.00	D-BB's w/HQ in Detroit		0.03		\$0.00
D-BSB's		0.01		\$0.00	D-BSB's		0.01		\$0.00
D-BMBC		0.02		\$0.00	D-BMBC		0.02		\$0.00
Joint Venture		0.02		\$0.00	Joint Venture		0.02		\$0.00
Mentor Venture		0.01		\$0.00	Mentor Venture		0.01		\$0.00
<b>BID TABULATION GRAND TOTAL:</b>				<b>\$13,703.00</b>	<b>BID TABULATION GRAND TOTAL:</b>				<b>\$14,580.00</b>
				\$13,703.00					\$14,580.00
2ND YEAR				\$27,406.00					\$29,160.00
3RD YEAR				\$41,109.00					\$43,740.00

ASSUMPTIONS		Supplier 3		
D-BB's		4IMPRINT		
D-RB's		101 COMMERCE ST		
D-BB's w/HQ in Detroit		PO BOX 320		
D-BSB's		OSHKOSH, WI 54901		
D-BMBC				
Joint Venture		***UNACCEPTABLE BID**		
Mentor Venture				
		UNITS	UNIT PRICE	TOTAL PRICE
Zip Front Drawstring Backpack Size		3000	\$2.38	\$7,140.00
Hand sanitizer pocket spray		2500	\$0.79	\$1,975.00
64" Golf Umbrella		200	\$18.02	\$3,604.00
Lip balm		2500	\$0.64	\$1,600.00
Javelin Ink Pen		2500	\$0.26	\$650.00
12-inch ruler		1500	\$0.88	\$1,320.00
				\$0.00
<b>Purchase order TOTAL</b>				<b>\$16,289.00</b>
UP TO \$10,000.00		0.05		\$0.00
\$10,000.01-\$100,000.00		0.04		\$651.56
\$100,000.01-\$500,000.00		0.03		\$0.00
\$500,000.01 AND OVER		0.02		\$0.00
D-RB's				\$0.00
D-BB's w/HQ in Detroit		0.03		\$0.00
D-BSB's		0.01		\$0.00
D-BMBC		0.02		\$0.00
Joint Venture		0.02		\$0.00
Mentor Venture		0.01		\$0.00
<b>BID TABULATION GRAND TOTAL:</b>				<b>\$16,289.00</b>
				\$16,289.00
2ND YEAR				\$32,578.00
3RD YEAR				\$48,867.00

**\*\*\*UNACCEPTABLE BID\*\* DUE TO INCOMPLETE BID PACKAGE**

RFQ # 49420  
DDOT PROMOTIONAL ITEMS  
VENDOR LIST

**VENDOR LIST**

CRESTLINE SPECIALTIES INC  
70 MT HOPE AVE  
LEWISTON, ME 04240

HONORS, INC  
28142 WOODWARD  
ROYAL OAK, MI 48067

4IMPRINT  
101 COMMERCE ST  
PO BOX 320  
OSHKOSH, WI 54901

<b>NEW CONTRACTS</b>	<b>Included (X)</b>
City Council Checklist	X
City Council Recommendations Form	X
Award Sheet	<b>NOT NECESSARY</b>
Tabulation sheet	X
PAR	X
Bid Review approval	X
Clearances	X
Income Tax	X
Revenue Collections	X
Slavery	X
Hiring Compliance	X
Human Rights	X
If Service (Insurance)	
General Liability	
Auto	
Professional/if applicable	
City of Detroit named as additional insured	
Copy of awarded bid	X
Copy of unsuccessful bid	X
If necessary (FTA forms)	
*YELLOW REGION NEEDED IN PARTICULAR CASES	

**Detroit City Council**  
Legislative Policy Division

TO: Purchasing Division Staff  
FROM: David Teeter  
DATE: February 3, 2015

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

The following are contracts that were considered by the City Council at the *Adjourned Session of Thursday, January 29, 2015*.

*The following contracts, purchase orders and other matters were reported to the City Council, by the indicated Standing Committee, at the Adjourned Session of January 29, 2015, and **APPROVED**.*

**Reported by Internal Operations Committee**

87068 Charles S. McEwen \$4,000 INSPECTOR GENERAL  
Submitted in the List for January 27, 2015; Referred to the Adjourned Session  
Correction submitted to the term and contract amount; Approved with **WAIVER**.

**Reported by Public Health and Safety Committee**

2902527,Lease Boulevard Holdings (2875 W.Grand Blvd) \$2,727,752 POLICE  
Walked on to Committee Meeting Jan. 26; Moved to New Business; Moved to Adjourned Session.

**One contract was Reconsidered at the Session of February 3, 2015, that was approved at the Adjourned Session of January 29, 2015**

2902527,Lease Boulevard Holdings (2875 W.Grand Blvd) \$2,727,752 POLICE  
Request to Reconsider by Council Member Scott Benson; Reconsideration Approved;  
Vote to consider the Contract **POSTPONED** 1 Week.

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 3, 2015 and **APPROVED***

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

No Contracts Reported

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 3, 2015 and **APPROVED***

**Reported by the Internal Operations Committee:**

No Contracts Reported

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

No Contracts Reported

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

2892521,Amend. Corporate F.A.C.T.S. No. Increase to \$2,135,137 PLAN.&DEVELOPT.  
Submitted in the List and Referred on January 27, 2015; Includes corrections submitted Jan. 30, 2015.

2899854 Detroit Economic Development Corp. \$255,000 PLAN.&DEVELOPT.  
Submitted in the List and Referred on January 27, 2015; Approved with ***WAIVER***.

2899858 Detroit Economic Growth Corp. \$865,837 PLAN.&DEVELOPT.  
Submitted in the List and Referred on January 27, 2015; Approved with ***WAIVER***.

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

2901177 Walker's Heating & Cooling \$149,861.61 TRANSPORTATION  
Submitted in the List for the Week of December 15, 2014.

2897760 Automotive Media d/b/a IM Branded \$33,833 FIRE  
Submitted in the List and Referred January 13, 2015.

2899374,Revenue Comerica Bank Corp. Est. Revenue not indicated POLICE  
Submitted in the List and Referred January 13, 2015.

2900062 (MiDeal) – Motorola Solutions \$7,500,000 **QOL** POLICE  
Submitted in the List and Referred January 13, 2015.

2899331 CTT Equipment \$147,200 TRANSPORTATION  
Submitted in the List and Referred October 28, 2014; Approved November 12, 2014 for \$135,200;  
Correction to Cost, for \$147,200, Referred January 13, 2015.

Purchasing Division  
Contracts and Purchase Orders Received, Considered at Regular Session  
of February 3, 2015

Page 3

*The following contracts and purchase orders were reported to the City Council by the indicated Standing Committee, at the Regular Session of February 3, 2015 and **APPROVED***

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

2901820	Crestline Specialties	\$54,000	TRANSPORTATION
	Submitted in the List and Referred January 20, 2015.		
2821497,Ext.	PIE Management (IT services)	No +\$ to \$5,000,000	ADMIN.HEARINGS
	Submitted in the List and Referred January 20, 2015.		
2900137	Detroit Building Authority	\$240,000	AIRPORT
	Submitted in the List and Referred January 20, 2015.		
2900804	Booth Research Group (Promotion Exams)	\$226,000	POLICE
	Submitted in the List and Referred January 20, 2015.		
86955	Tiffany Perry (Victims Assist.Advocate)	\$36,400	POLICE
	Submitted in the List and Referred January 20, 2015.		
2901724	AIS Construction Equipment	\$165,200	PUBLIC WORKS
	Submitted in the List and Referred January 20, 2015.		

*The following contracts were **REFERRED** on February 3, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

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

No Contracts Referred

**Referred to Internal Operations Committee**

No Contracts Referred

**Referred to Neighborhood and Community Services Committee**

No Contracts Referred

*The following contracts were **REFERRED** on February 3, 2015 to the indicated Standing Committee for consideration and report to the City Council.*

**Referred to Planning and Economic Development Committee**

2893571,Ext.	Det.Rescue Mission Ministries	PLANNING & DEVELOPMT.
2893809,Ext.	Cass Comm. Social Services	PLANNING & DEVELOPMT.
2893819,Ext.	Operation Get Down	PLANNING & DEVELOPMT.

**Referred to Public Health and Safety Committee**

No Contracts Referred

*The following items have been HELD for review, discussion or report to the Standing Committees.*

**Internal Operations Committee**

2877416,Chg.	Computech Corporation	+ \$1,015,562.67 to \$2,700,562.67	HUM.RESOURCE
Submitted in the List and Referred January 13, 2015; Questions from CM Cushingberry			
2877420,Chg.	FutureNet Group	+ \$1,117,011.10 to \$2,802,011.10	HUM.RESOURCE
Submitted in the List and Referred January 13, 2015; Questions from CM Cushingberry			
2903277	American Society of Employers	\$10,270	HUMAN RESOURCES
Submitted in the List and Referred January 27, 2015.			
2903278	Magnet Consulting	\$373,830	HUMAN RESOURCES
Submitted in the List and Referred January 20, 2015.			
2903279	Polaris Assessment Systems	\$227,997	HUMAN RESOURCES
Submitted in the List and Referred January 20, 2015.			
2903280	Right Management	\$405,000	HUMAN RESOURCES
Submitted in the List and Referred January 20, 2015.			

**Public Health and Safety Committee**

2901532	Detroit Building Authority (St. Maint.Build.)	\$4,500,000	PUBLIC WORKS
Submitted in the List and Referred January 13, 2015; Question about new construction.			

# City Council Contract Agenda Items Review Checklist

New  Renewal  Contract Increase  Contract Extension  Contract Amendment

Reviewer: **S. Elmer** Date Received: \_\_\_\_\_

Date: 1/6/2015 Department: Transportation Division: MARKETING

Dept Head/Contact Person: AL MORGAN Phone No.: 3138337294

Description: D-DOT PROMOTIONAL ITEMS Contract No.: 2901820 PO Type: BPO Est. Value: \$54000

Contract Term (if applicable): THREE (3) YEARS WITH TWO (2) ONE YEAR RENEWALS

Funding: City 100% State 1/15/15 % Federal 1/15/18 % Other: \_\_\_\_\_ %

(Documentation must be furnished by the Dept. if anything other than City funding)

Recommended Supplier: CRESTLINE SPECIALTIES INC Required Date: 01/15/15

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

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

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

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

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

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

4. Were savings achieved?  
 Yes Amount \$2712 / yr  No  
Were additional savings requested? (10%)  Yes  No

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

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

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

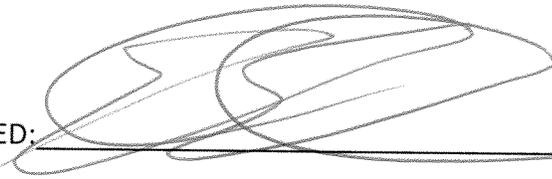
7. Is this good/service used by other departments?  Yes  No  
If "yes" can this req/par be combined other department requirements.?  Yes  No
8. Is this a service that can be performed by City employees?  Yes  No  
Is this a service that City employees can be trained to do?  Yes  No
- 

NOTES:

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**PLACE ON CITY COUNCIL AGENDA**

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: 

DATE: 1/6/15

INFORMATION PROVIDED BY: Al Morgan  
TITLE: Purchasing Specialist  
PHONE NO. 313.833.7294

**City of Detroit  
Bid Review Process**

Circle Purpose for Review:  
New-Renewal-Extension

<b>Commodity</b>	<b>Item/ Service Description:</b> PROMOTIONAL ITEMS	<b>Requesting Department/Name:</b> DOT	<b>Purpose/Use</b> MARKETING	<b>*Critical Buy/Bid Legend</b>
<b>Contract Duration</b>	<b>New Business?</b> 3 YEARS	<b>Extension/Renewal? No. of Yrs?</b> 2, 1 YEAR OPTIONS FOR RENEWAL	<b>Current Contract Expires</b>	1 NOT CRITICAL
<b>Qualified Suppliers</b>	<b>Current Supplier</b> VARIOUS	<b>Potential Bidders</b> 1. 4IMP 2. CRESTLINE 3. HONORS	<b>Potential Bidders</b>	2 NOT REVENUE
<b>Contract \$ Value</b>	<b>Yearly Purchases (estimated \$'s)</b> \$18,000.00	<b>Total Contract Value (Multiple Years)</b> \$54,000.00	<b>Funding Source</b> 100% CITY	3 100% CITY FUNDED
<b>Leveraging Opportunity (similar Items/ Services)</b>	<b>Described Similar Projects</b>	<b>Last Price Paid</b>		4 INS NOT NECESSARY
<b>Bid Process</b>	<b>Advertised Date</b> 17-Nov-14	<b>Bid Pre-Proposal Meeting Date</b>	<b>Bid Due Date</b> 20-Nov-14	5 NOT ENERGY RELATED
Presented By: <u>Al Morgan</u>		Approved By: <u>[Signature]</u>		
Phone No.: <u>313.833.7294</u>		Date: <u>11/6/14</u>		
		Rejected By: _____		
		Date: _____		

DEC 15 2014



### REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Department of Transportation

E-MAIL ADDRESS: morganal@detroitmi.gov

CONTACT NAME: Al Morgan PHONE: 313 833 7294 FAX: 313 833 5338

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

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

For: Individual or Company Name Crestline Specialties Inc

Address 70 Mt Hope Ave  
PO Box 2027

City Lewiston

State ME Zip Code 04240

Telephone 800 221 7797 Fax # 800 242 8290

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

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)

Telephone # 800 221 7797

Fax # 800 242 8290

Employer Identification or Social Security Number

Spouse Social Security Number

01-0515202

Nature of Contract promotional items  
imprinted

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

Contract # (if known) 49420

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

Check One:  Individual  Corporation  Partnership  Estate & Trust

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

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

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

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

#### D. FOR INCOME TAX USE ONLY

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

Yes  No Signature [Signature] Date DEC 18 2014 Expires DEC 18 2015

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.ci.detroit.mi.us](http://www.ci.detroit.mi.us)

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid.

# 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 REG 49420  
Contract Amount \$12,000 14,000 per year for 3 years

Business Type:  Corp     Partnership     Sole Proprietorship     Personal Services

Business Name Crestline Specialties Inc

Business Address 70 Mt Hope Ave Lewiston ME 04240

Ward/Item # \_\_\_\_\_

F.I.D. NO. 01-0515202

City Personal Property I.D. # \_\_\_\_\_

Owner(s) Name E4 Holdings

Owner(s) SS# \_\_\_\_\_

Contact Person Michael Truchon

Phone Number 800 231 7797

Fax Number 800 242 8290

Owner(s) Home Address \_\_\_\_\_ ( ) Lease ( ) Own

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

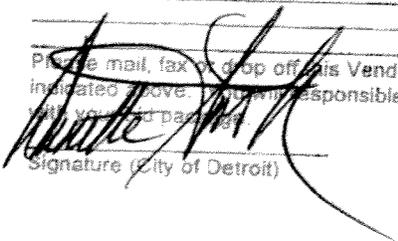
Real Property    Special Assessment    Personal Property    Other Receivable

~~( ) 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 are responsible for keeping the clearance and submitting a photocopy to Purchasing Unit upon payment.

  
Signature (City of Detroit)

**JAN 05 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 Crestline Specialties, Inc (hereinafter "Contractor"), do hereby enter into a Covenant of Equal Opportunity (hereinafter "Covenant") with the City of Detroit, ("hereinafter" City); obligating the Contractor and all sub-contractors not to discriminate against any employee or applicant for employment, training, education, or apprenticeship connected directly or indirectly with the performance of the contract, with respect to his or her hire, promotion, job assignment, tenure, terms, conditions or privileges of employment because of race, color, religious beliefs, public benefit status, national origin, age, marital status, disability, sex, sexual orientation, or gender identity or expression.

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

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

RFQ/PO No. 49420

Printed Name of Contractor: Crestline Specialties, Inc  
(Type or Print Legibly)

Contractor Address: Lewiston, ME, 04240  
(City) (State) (Zip)

Contractor Phone/E-mail: 800 221 7797 / 1  
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: Michael Touchon

Signature of Authorized Representative: [Signature]

Date: 12/12/14

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

Signature of Notary: [Signature]

Printed Name of Seal of Notary: Cheryl A. Morin

My Commission Expires: 5 1 31 1 2020

<b>For Office Use Only:</b>	
Cov. Rec'd: <u>01/05/15</u> in _____	Department Name: <u>Transportation</u>
<input checked="" type="checkbox"/> Accepted by: <u>[Signature]</u>	<input type="checkbox"/> Rejected by: _____
Please email or fax Covenant and EOC to Director of Human Rights Department 1240 CAYMC at <a href="mailto:HumanRightsCL@detroitmi.gov">HumanRightsCL@detroitmi.gov</a> or fax (313) 224-3434	

## Hiring Policy Compliance Affidavit

I, Michael Truchon, being duly sworn, state that I am the VP sales  
\_\_\_\_\_ of Crestline Specialties Inc  
Title Name of Bidder Corporation or Other Business Entity

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

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

SIGNED,

Michael D Truchon  
Title: VP Sales Date: 12/12/14

STATE OF ME  
COUNTY OF ANDROSCOGGIN } SS

The foregoing Affidavit was acknowledged before me the 12 day of Dec., 2014,  
by Michael Truchon

Cheryl A. Morin  
Notary Public, County of Androscoggin  
State of Maine

My commission expires: 5-31-20



# APPLICATION FOR EMPLOYMENT

PERSONAL	PRINT NAME	LAST	FIRST	MIDDLE	NICKNAME
	MAILING ADDRESS			TELEPHONE #	
	CITY, STATE, ZIP				
	HOME ADDRESS			TELEPHONE #	
CITY, STATE, ZIP			E-MAIL		
ARE YOU A CITIZEN OF THE U.S.A.?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO, CAN YOU PROVIDE PROOF THAT YOU ARE LEGALLY ABLE TO WORK IN THE U.S.?		<input type="checkbox"/> YES <input type="checkbox"/> NO
			ARE YOU 18 YEARS OF AGE OR OLDER?		<input type="checkbox"/> YES <input type="checkbox"/> NO

POSITION DESIRED \_\_\_\_\_ DESIRED WAGES \$ \_\_\_\_\_  
OR SALARY PER  HR  WK  YR

OTHER POSITIONS FOR WHICH YOU ARE QUALIFIED \_\_\_\_\_

CHECK TYPE OF EMPLOYMENT DESIRED  FULL-TIME  PART-TIME  TEMPORARY  SUMMER

CHECK ALL SHIFTS YOU ARE AVAILABLE TO WORK  FIRST SHIFT  SECOND SHIFT  THIRD SHIFT  FLEXIBLE HOURS

ARE YOU AVAILABLE FOR OVERTIME IF NECESSARY?  YES  NO WHAT DATE ARE YOU AVAILABLE TO BEGIN WORK? \_\_\_\_\_

WERE YOU EVER EMPLOYED HERE?  YES  NO IF YES, WHEN AND WHAT DEPT? \_\_\_\_\_

LIST ANY FRIENDS OR RELATIVES EMPLOYED BY CRESTLINE \_\_\_\_\_

HOW WERE YOU REFERRED TO CRESTLINE? \_\_\_\_\_

NEWSPAPER AD  TEMPORARY AGENCY  WALK-IN  INTERNET  JOB FAIR  MAINE JOB SERVICE

FRIEND/RELATIVE (NAME) \_\_\_\_\_  OTHER \_\_\_\_\_

EDUCATION		NAME & LOCATION OF SCHOOL	COURSE OF STUDY	YEARS COMPLETED	DID YOU GRADUATE?	DEGREE OR DIPLOMA
	HIGH SCHOOL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	COLLEGE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	GRADUATE				<input type="checkbox"/> YES <input type="checkbox"/> NO	
	BUSINESS/TRADE/TECHNICAL				<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRAINING	OTHER TRAINING OR SKILLS (EQUIPMENT OPERATED, COURSES TAKEN, ETC.) _____					
	DESCRIBE ANY COMPUTER SKILLS (SYSTEMS, PROGRAMMING LANGUAGE, SOFTWARE APPLICATIONS) _____					
	TYPING SPEED _____ WPM			DATA ENTRY _____ KPM		
BRANCH OF MILITARY SERVICE		DATE ENTERED	DATE DISCHARGED	FINAL RANK	SERVICE SCHOOLS OR SPECIAL EXPERIENCE	

# EMPLOYMENT HISTORY

PLEASE LIST ALL EMPLOYMENT STARTING WITH PRESENT OR MOST RECENT EMPLOYER.  
ACCOUNT FOR ALL PERIODS, INCLUDING UNEMPLOYMENT & SERVICE WITH ARMED FORCES. USE ADDITIONAL SHEET IF NECESSARY.

Dates Employed	1 Employer Name 2 Street Address 3 City, State, Zip 4 Telephone No.	1 Job Title 2 Department 3 Supervisor 4 Wages When Left	Describe Major Duties	Reason For Leaving
From Mo Yr To	1 _____ 2 _____ 3 _____ 4 ( ) _____	1 _____ 2 _____ 3 _____ 4 \$ _____ Per Hr Wk Yr	_____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Mo Yr To	1 _____ 2 _____ 3 _____ 4 ( ) _____	1 _____ 2 _____ 3 _____ 4 \$ _____ Per Hr Wk Yr	_____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Mo Yr To	1 _____ 2 _____ 3 _____ 4 ( ) _____	1 _____ 2 _____ 3 _____ 4 \$ _____ Per Hr Wk Yr	_____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No
From Mo Yr To	1 _____ 2 _____ 3 _____ 4 ( ) _____	1 _____ 2 _____ 3 _____ 4 \$ _____ Per Hr Wk Yr	_____	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

**PRE-EMPLOYMENT STATEMENT—PLEASE READ CAREFULLY BEFORE SIGNING.**

It is the policy of Crestline to provide employment, training, compensation, promotion and other conditions of employment without regard to race, color, religion, national origin, disability, veteran status, sex, sexual orientation or age, except where these factors are bona fide occupational requirements.

I voluntarily give Crestline the right to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons, companies or corporations, supplying such information.

If offered employment, I consent to taking any post-offer medical exams or job-specific physical examinations as may be required by the Company. I agree to wear or use protective clothing or devices as required, and to comply with the safety rules and the Smoke-Free Workplace policy.

I agree that the entire contents of this application form, as well as the report of any examination, may be used by the Company in whatever manner it may wish. If hired, I understand that my employment is not for any specified duration and can be terminated at any time by the Company or myself.

I further understand that any false answers or statements made by me on this application or any supplement thereto, or in connection with any above mentioned investigation, will be sufficient grounds for immediate discharge.

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

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

1. Name of Contractor: Crestline Specialties Inc
2. Address of Contractor: 70 Mt Hope Ave P.O. Box 2027  
Lewiston, ME 04240
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 1963 (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.

Michael Truchow (Printed Name) VP sales (Title)

Michael Truchow (Signature) 12/12/14 (Date)

Subscribed and sworn to before me  
this 12 day of December 2014  
Cheryl A. Moran  
Notary Public, Androscoggin County, Maine  
My Commission expires: 5-31-20