

Log # 5766

CONTRACT TRANSMITTAL RECORD

PERSONAL SERVICE

PROFESSIONAL SERVICE

CHANGE ORDER # 1
STANDARD PO #
CONTRACT PO # 2903113

TYPE OF CONTRACT: (Check One) <input type="checkbox"/> CONSTRUCTION/DEMOLITION <input type="checkbox"/> LEASE <input type="checkbox"/> DEED <input checked="" type="checkbox"/> PROFESSIONAL SERVICES <input type="checkbox"/> PERSONAL SERVICES		DEPARTMENT HEAD'S SIGNATURE <i>Kawani H. Williams</i>	DEPARTMENT HEALTH & WELLNESS PROMOTION
FUNDING SOURCE % FEDERAL STATE CITY OTHER : WAYNE COUNTY	DEPARTMENT CONTACT PERSON VERONICA BENJAMIN	PHONE NO. 313-300-8016	REVISION
CONTRACTOR'S NAME : ARAB AMERICAN & CHALDEAN COUNCIL CENTER		DATE PREPARED 11/9/2015	REVISION
CONTRACTOR'S ADDRESS: 363 W. BIG BEAVER ROAD , SUITE 300, TROY MI 48084	CHANGE <input checked="" type="checkbox"/>	CURRENT CONTRACT AMOUNT \$1,051,409 CONTRACT CHANGE AMOUNT \$1,422,696 TOTAL CONTRACT AMOUNT \$2,474,105	
PHONE NO. 258-559-1990	<input checked="" type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> INDIVIDUAL		
FEDERAL EMPLOYER/SOCIAL SECURITY NUMBER: MINORITY FIRM <input type="checkbox"/> YES <input type="checkbox"/> NO			
PURPOSE OF CONTRACT: TO PROVIDE WIC SERVICES FOR FY16 10/1/2015 TO 9/30/2016			
ACCOUNT STRING: 2104 - 258324 - 000096 - 612110 - 20131 - 000000 - A1530			

TIME & DATE IN	APPROVER MUST ALSO MAKE APPROPRIATE NOTES IN ORACLE PURCHASE ORDER	TIME & DATE IN
	REQUESTING DEPARTMENT <i>Kawani H. Williams</i> AUTHORIZED DEPARTMENT REPRESENTATIVE	
NOV 20 2015	BUDGET <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>Jay Anderson</i> BUDGET DIRECTOR OR DEPUTY	
DEC 3 2015	GRANT MANAGEMENT SECTION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>Michelle A. [Signature]</i> GRANT ACCOUNTANT	DEC 8 2015
	LAW DEPARTMENT <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>James M. Edwards 12/9/2015</i> CORPORATION COUNSEL	
	PURCHASING DIVISION <input checked="" type="checkbox"/> RECOMMEND APPROVAL <input type="checkbox"/> RECOMMEND DENIAL <i>Bonnie Jackson 1/24/16</i> PURCHASING DIRECTOR	
	CITY OF DETROIT CONTRACTS SECTION LAW DEPARTMENT CITY COUNCIL APPROVAL JCC REFERENCE: PAGE _____ DATE JAN 19 2016	

RECEIVED
DEC 08 2015

APPROVED

FRC APPROVAL
JAN 25 2016

Use Only One Set For Each Contract Package

**CITY OF DETROIT
AMENDMENT AGREEMENT NO. 1
TO CONTRACT NO. 2903113**

THIS AMENDMENT AGREEMENT NO. 1 is entered into by and between the City of Detroit, a Michigan municipal corporation, acting by and through its **Health and Wellness Promotion Department**, and **Arab American and Chaldean Council (ACC) Center** with its principal place of business located at **363 W. Big Beaver Road, Suite 300, Troy, MI 48084.**

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 Section **7.01**, which now reads: **Compensation for Services provided shall not exceed the amount of \$1,051,409.00**, 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.

Is amended to read: **\$2,474,105.00**, 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.

4. EFFECT OF AMENDED TERMS ON THE REMAINING PROVISIONS OF THE CONTRACT

4.01 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.

5. AMENDMENT AUTHORIZATION

5.01 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.

RECEIVED

2001 MAR 1

10:00 AM

RECEIVED

FIRST AMENDED EXHIBIT A

SCOPE OF SERVICES

Notice to Proceed

The term of this Contract shall commence on **October 1, 2015** and shall terminate on **September 30, 2016**. The City may, at its option, extend the term of this contract for up to one (1) additional year upon sixty (60) days written notice to Contractor prior to termination date. The Contractor shall commence performance of this Contract on the effective date of this contract.

Services to be Performed

The contractor will comply with all terms and conditions set forth in the attached Comprehensive Agreement for FY 2016 commencing October 1, 2015, including Attachment I (Annual Budget), Attachment II (Guidance to State Agencies Regarding the Use of Funds Received Under the American Recovery and Reinvestment Act (ARRA)), Attachment III (Program Specific Assurances and Requirements), and Attachment IV (Funding/Reimbursement Matrix), as they apply to the subcontractor. The Contractor will adhere to monitoring of compliance by DHWP and its Office of Assurance and Compliance (Attachment V) and the DHWP's Plan of Organization September 2015 (Attachment VI).

The contractor agrees to undertake and perform programmatic activities and complete the services described in Attachment III. This includes but is not limited to preparation for program activities, program operations, registration and certifications, program reporting activities, and as indicated, close out activities, and other preparation to implement and assure program operations and delivery of services.

Where required or mandated, the City authorizes and delegates these specific duties to the contractor.

Subcontracts Contractual Conflicts

In the event of conflict between the City and the contractor, this agreement shall prevail.

Program Operations

The contractor will conduct all responsibilities related to the program operations. The contractor will inform DHWP of and complete any registration, certification, verifications that are required preliminary or subsequent to implementing programs and operations. The contractor will provide this notification in adequate time for completion and DHWP authorization.

The contractor will maintain an adequate infrastructure sufficient to carry out the duties and responsibilities of this agreement, including the provision of all necessary administrative, professional, and technical staff, the ability to operate within the E-grants environment, monitoring

reproduce, publish and use such materials and authorizes others to reproduce and use such materials.

Any materials copyrighted by the Contractor or modifications bearing acknowledgment of the City's name must be approved by the City before reproduction and use of such materials. The City may modify the material copyrighted by the Contractor and may combine it with other copyrightable intellectual property to form a derivative work. The City will own and hold all copyright and other intellectual property rights in any such derivative work, excluding any rights or interest granted in this agreement to the Contractor. If the Contractor ceases to conduct business for any reason, or ceases to support the copyrightable materials developed under this agreement, the City has the right to convert its licenses into transferable licenses to the extent consistent with any applicable obligations the Contractor has to the federal government.

The Contractor shall give recognition to the City in any and all publications papers and presentations arising from the program and service contract herein; the City will do likewise. Prior to release, the City will approve all public correspondence including media announcements.

Record Retention

For the entire grant award period the Contractor is the custodian of active, inactive or historical records and other program documentation. The same terms applies any subcontractor who is the provider of services. The grantee shall gather all pertinent documents requested and required by DHWP and/or State Health statutes, regulations and laws and be able to produce historical, active or inactive records at the request of DHWP and/or MDCH. All financial, administrative and clinical records under the Contractor's responsibility must be retained for a period of the greater of seven (7) years or that period dictated by State or Federal law, unless otherwise directed by the City.

Audits

The Contractor will provide, consistent with the regulations set forth in the Single Audit Act Amendments of 1996, P.L. 104-156, and Section .320 of the Office of Management and Budget (OMB) Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," a copy of the Contractor's annual Single Audit reporting package, including the Corrective Action Plan, and management letter (if one is issued) with a response to the Department.

The contractor will complete and submit audits, corrective action plans and any other compliance or survey documents to the DHWP's Office of Compliance and Assurance within 10 working days prior to date the Contractor must submit to the States or programs conducting the compliance activity.

The Contractor will rectify any citation. The DHWP's Office of Assurance and Compliance will provide guidance to the contractor as necessary to correct any deficiency or citation.

The Contractor will be required to submit the single audit to DHWP 8 months after the end of the contractor's fiscal year. DHWP will submit the Annual audit to the State and review other

operations of any subrecipient, vendor, agent, or others acting on behalf of Contractor are corrected.

Notification of Modifications

The Contractor will provide timely notification to the City, in writing, of any action by the Contractor, its governing entity, or any other funding source which would require or result in significant modification in the provision of services, funding or compliance with operational procedures.

Software Compliance

The Contractor must ensure that software compliance and compatibility with the Department's data systems for services provided under this agreement including but not limited to: stored data, databases, and interfaces for the production of work products and reports. All required data under this agreement shall be provided in an accurate and timely manner without interruption, failure or errors due to the inaccuracy of the Contractor's business operations for processing date/time data.

Human Subjects

The Contractor will comply with Protection of Human Subjects Act, 45 CFR, Part 46. The Contractor agrees that prior to the initiation of the research, the Contractor will submit institutional Review Board (IRB) application material for all research involving human subjects, which is conducted in programs sponsored by the Department or in programs which receive funding from or through the State of Michigan, to the Department's IRB for review and approval, or the IRB application and approval materials for acceptance of the review of another IRB. All such research must be approved by a federally assured IRB, but the Department's IRB can only accept the review and approval of another institution's IRB under a formally-approved interdepartmental agreement. The manner of the review will be agreed upon between the Department's IRB Chairperson and the Contractor's IRB Chairperson or Executive Officer(s).

Terms

To abide by the terms of this agreement including all attachments.

Minimum Program Requirements

To comply with Minimum Program Requirements established in accordance with Section 2472.3 of 1978 PA 368 as amended, MCL 333.2472.3, for each applicable program element funded under this agreement.

Medicaid Outreach Activities Reimbursement

The Contractor agrees to report allowable costs and request reimbursement for the Medicaid Outreach activities it provides in accordance with 2 CFR, Part 225 (OMB Circular A-87) and the requirements in Medicaid Bulletin number: MSA 05-29.

Modification of Funding

If the City receives notification of Comprehensive Agreement's funding modifications, the City will notify the contractor immediately.

Monitor Compliance

The City will monitor compliance with all applicable provisions contained in federal grant awards and their attendant rules, regulations and requirements pertaining to program elements covered by this agreement.

Medicaid Outreach Activities Reimbursement

The Department agrees to reimburse the Contractor for all allowable Medicaid Outreach activities that meet the standards of the Medicaid Bulletin: MSA 05-29 including the cost allocation plan certification and that are billed in accordance with the requirements in Attachment I.

In accordance with the Medicaid Bulletin, MSA 05-29, the Department will identify each fiscal year the Medicaid Outreach priorities and establish a reporting requirement for the Contractor.

Assurances

The following assurances are hereby given to the City:

Compliance with Applicable Laws

The Contractor will comply with applicable federal and state laws, guidelines, rules and regulations in carrying out the terms of this agreement. The Contractor will also comply with all applicable general administrative requirements such as OMB Circulars covering cost principles, grant/agreement principles, and audits in carrying out the terms of this agreement.

Anti-Lobbying Act

The Contractor will comply with the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies section to the FY 1997 Omnibus Consolidated Appropriations Act (Public Law 104-209). Further, the Contractor shall require that the language of this assurance be included in the award documents of all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

Non-Discrimination

1. The Contractor agrees not to discriminate against any employee or applicant for employment or service delivery and access, with respect to their hire, tenure, terms, conditions or privileges of employment, programs and services provided or any matter directly or indirectly related to employment, because

contract solicitations. The Contractor shall incorporate language in all contracts awarded: (1) prohibiting discrimination against minority owned and women owned businesses and businesses owned by persons with disabilities in subcontracting; and (2) making discrimination a material breach of contract.

Debarment and Suspension

Assurance is hereby given to the City that the Contractor will comply with Federal Regulation 2 CFR part 180 and certifies to the best of its knowledge and belief that the Contractor's local health department or an official of the Contractor's local health department and the Contractor's subcontractors:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or Contractor;
2. Have not within a three-year period preceding this agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated in section 2, and;
4. Have not within a three-year period preceding this agreement had one or more public transactions (federal, state or local) terminated for cause or default.

Federal Requirement: Pro-Children Act

1. Assurance is hereby given to the Department that the Contractor will comply with Public Law 103-227, also known as the Pro-Children Act of 1994, 20 USC 6081 et seq, which requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted by and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by federal programs either directly or through state or local governments, by federal grant, contract, loan or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment; service providers whose sole source of applicable federal funds is Medicare or Medicaid; or facilities where Women, Infants, and Children (WIC) coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity. The Contractor also

2. That any executed subcontract shall require the subcontractor to comply with all applicable terms and conditions of this agreement. In the event of a conflict between this agreement and the provisions of the subcontract, the provisions of this agreement shall prevail. A conflict between this agreement and a subcontract, however, shall not be deemed to exist where the subcontract:
 - a. Contains additional non-conflicting provisions not set forth in this agreement; or
 - b. Restates provisions of this agreement to afford the Contractor the same or substantially the same rights and privileges as the Department; or
 - c. Requires the subcontractor to perform duties and/or services in less time than that afforded the Contractor in this agreement.
3. That the subcontract does not affect the Contractor's accountability to the City for the subcontracted activity.
4. That any billing or request for reimbursement for subcontract costs is supported by a valid subcontract and adequate source documentation on costs and services.
5. That the Contractor shall submit a copy of any and all executed subcontracts and agreements for services or activities pertaining to this agreement to the Department at the time of execution.
6. That subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government in excess of \$10,000 shall contain provisions or conditions that will:
 - a. Allow the Contractor or City to seek administrative, contractual or legal remedies in instances in which the Contractor violates or breaches contract terms, and provide for such remedial action as may be appropriate.
 - b. Provide for termination by the Contractor, including the manner by which termination will be effected and the basis for settlement.
7. That all subcontracts in support of programs or elements utilizing funds provided by the Department, the State of Michigan or the federal government of amounts in excess of \$100,000 shall contain a provision that requires compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act of 1970 (42 USC 1857(h)), Section 508 of the Clean Water Act (33 USC 1368), Executive Order 11738 and Environmental Protection Agency regulations (40 CFR Part 15).

procedures must include restricting access to the protected health data and information by the Contractor's employees.

5. The Contractor must have a policy and procedure to report to the City unauthorized use or disclosure of protected health data and information that falls under the HIPAA requirements of which the Contractor becomes aware.
6. Failure to comply with any of these contractual requirements may result in the termination of this agreement in accordance with Part II, Section V. Termination.
7. In accordance with HIPAA requirements, the Contractor is liable for any claim, loss or damage relating to unauthorized use or disclosure of protected health data and information received by the Contractor from the City or any other source.
8. The Contractor will enter into a business associate agreement should the City determine such an agreement is required under HIPAA.

Financial Reporting Procedures

Financial Status Report Submission

Financial Status Report (FSR) must be submitted electronically to DHWP by the sub-recipient 20 days after the close of the fiscal quarters. Reports are due for submission quarterly through MI E-Grants on 1/30, 4/30 and 7/30. On a monthly basis, 15 days after the close of the month, the Sub-recipient will submit monthly FSR to the contractor to DHWP for internal financial monitoring

FSR's must report total actual program expenditures regardless of the source of funds. The City will reimburse the Contractor for expenditures in accordance with the terms and conditions of this agreement. Failure to comply with the reporting due dates will result in the deferral of the Contractor's monthly prepayment.

Unobligated Funds

Any unobligated balance of funds held by the Contractor at the end of the agreement period will be returned to the Department or treated in accordance with instructions provided by the Department.

Fiscal Year-End Reporting

An Obligation Report is based on annual guidelines and due date using the format provided by the City through MI E-Grants. The Contractor must provide, by program, an estimate of total expenditures for the entire agreement period (October 1 through September 30). This report must represent the Contractor's best estimate of total program expenditures for the agreement period. The information on the report will be used to record the Department's year-end accounts payables and receivables by program for this Agreement. The report

Final Reporting upon Termination

Should either party, terminate this agreement within thirty (30) days after the termination, the Contractor shall provide the City with all financial performance, and other reports required as a condition of the agreement. The City will make payments to the Contractor for allowable reimbursable costs not covered by previous payments, other state or federal programs. The Contractor shall immediately refund to the City funds not authorized for use and any payments advanced to the Contractor in excess of allowable reimbursable expenditures. Any dispute arising as a result of this agreement shall be resolved in the State of Michigan.

Severability

If any provision of this agreement or any provision of any document attached to or incorporated by reference is waived or held to be invalid, such waiver or invalidity shall not affect other provisions of this agreement.

Amendments

Any changes to this agreement will be valid only if made in writing and accepted by all parties to this agreement.

This agreement, including attachments, may be amended by mutual written consent of the Contractor and the City. When submitting a proposed agreement/budget amendment, the Contractor must submit copies of the revised sheets and a summary description of the changes.

In the event that circumstances occur that are not reasonably foreseeable, or are beyond the Contractor's or City's, which reduce or otherwise interfere with the Contractor's or City's ability to provide or maintain specified services or operational procedures, immediate written notification must be provided to the other party and an amendment to this agreement negotiated.

Amendments to this agreement shall be made as follows:

1. Any change proposed by the Contractor which would affect the State funding of any element funded in whole or in part by funds provided by the City, subject to Part I, Section 3.C, of the agreement, must be submitted in writing to the City immediately upon determining the need for such change. The proposed change may be implemented upon receipt of written notification from the Department.

Within thirty (30) days after receipt of the proposed change, the City shall advise the Contractor in writing of its determination. Subsequently the Department will initiate any necessary formal amendment to the agreement for execution by all parties to the agreement.

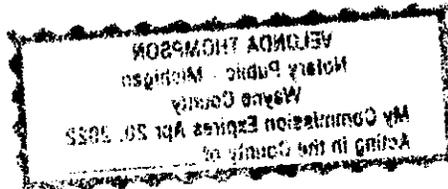
Any changes proposed by the City must be agreed to in writing by the Contractor and upon such written agreement, the Department shall initiate any necessary formal amendment as above.

2. Other amendments of a routine nature including applicable changes in budget categories, modified indirect rates, and similar conditions which do not modify the agreement scope, amount of funding to be provided by the City or,

indirectly identify particular individuals.

Waiver

Any clause or condition of this agreement found to be an impediment to the intended and effective operation of this agreement may be waived in writing by the City or the Contractor, upon presentation of written justification by the requesting party. Such waiver may be temporary or for the life of the agreement and may affect any or all program elements covered by this agreement.



CORPORATION CERTIFICATE OF AUTHORITY

I, Helen Habib, Corporate Secretary of
(name of corporate secretary)

Arab American and Chaldean Council, a Michigan
(complete name of corporation) (state of incorporation)

non-profit corporation (the "Corporation"), **DO HEREBY CERTIFY** that the
(non-profit or for profit)

following is a true and correct excerpt from the minutes of the meeting of the Board of Directors
duly called and held on 10/22/2015, and that the same is now in full force and effect
(date of meeting)

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

FURTHER, I CERTIFY that	<u>Abe Munfakh</u>	is Chairman,
	<u>Haifa Fakhouri</u>	is President,
	<u>N/A</u>	is (are) Vice President(s),
	<u>Renee Hannah</u>	is Treasurer,
	<u>Helen Habib</u>	is Secretary,
	<u>N/A</u>	is Executive Director, and
	<u>Rula Oudeh</u>	is Director of Accounting

FURTHER, I CERTIFY that any of the aforementioned officers or employees of the Corporation are authorized to execute and commit the Corporation to the conditions, obligations, stipulations and undertakings contained in Contract No. _____ between the City and the above-referenced Corporation and that all necessary corporate approvals have been obtained in relationship thereto.

IN WITNESS THEREOF, I have set my hand this 17 day of November, 2015.
CORPORATE SEAL
(if any)



Corporation Secretary

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

ARAB AMERICAN & CHALDEAN COUNCIL CENTER
EXHIBIT B TO AMENDMENT 1 - FEE SCHEDULE

I. General

(a) The contractor shall be paid for those Services performed pursuant to this Contract in the following manner:

Original FYE 9/30/15	Increase FYE 9/30/16	New Total
\$ 1,008,934 A	\$ 1,369,099 D	\$ 2,378,033
\$ 31,950 B	\$ 46,150 E	\$ 78,100
\$ 10,525 C	\$ 7,447 F	\$ 17,972
\$ 1,051,409	\$ 1,422,696	\$ 2,474,105

(b) Payment for the proper performance of the Services shall be contingent upon receipt by the City of invoices for payment. Each invoice shall certify the total cost, itemizing costs when applicable. Each invoice must be received by the City not more than thirty (30) days after the close of the calendar month in which the services were rendered and must be signed by an authorized officer or designee of the Contractor.

(c) The contractor shall be paid 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. FSRs shall be submitted to the City no 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 Contractor in order to avoid unnecessary delays in reimbursement.

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

2. The contractor 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 the contractor.

3. The City reserves the right to delay payment to the contractor without penalty or interest until receipt of grant funds from the applicable Grantor agencies.

4. The City and the grantor agency shall have the right at any time without notice to examine and audit all records and other supporting data.

City Council Contract Agenda Items Review Checklist

Reviewer:

Date Received:

Date: November 19, 2015, 2015 Department Health & Wellness Division: 25

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

Description: Provision of Women, Infant, and Children (WIC) Nutrition Services for FY16

Contract No.: 2903113 PO Type: _____ Est. Value: \$ 2,474,105

Contract Term (if applicable): October 1, 2015 to September 30, 2016

Funding: City _____ State 100 % Federal _____ % Other: _____ %

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

Recommended Supplier: ARAB AMERICAN AN CHALDEAN COUNCIL Required Date: 11/1/15

1. The business being awarded is **NEW / RENEWAL**. If a renewal, provide justification for renewal: The contract is being amended to continue to provide Women, Infant, and Children's (WIC) 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: This is an amendment

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

5. Does this agreement represent an increase? Yes

Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)

Change in amount/volume of the good or service to be used. \$1,422,696

6. Does the supplier currently provide other goods and services to the City? Yes No

If yes please list: N/A

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: Buyer:

a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes____ No____

PLACE ON EMERGENCY MANAGER AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED: _____ DATE: _____
(Department)

INFORMATION PROVIDED BY: _____

TITLE: _____

PHONE: _____



NOV 26 2014
AUG 19 2015



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: Accounting

E-MAIL ADDRESS: john@myacc.org

CONTACT NAME: John Daoud PHONE: 248-559-1990 FAX: 248-559-3187

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

A. To:
 City of Detroit
 Income Tax Division
 Coleman A. Young Municipal Center
 2 Woodward Avenue, Ste. 512
 Detroit, MI 48226
 Phone: (313) 224-3328 or 224-3329
 Fax: (313) 224-4588

For:
 Individual or
 Company Name Arab American and Chaldean Council
 Address 363 W. Big Beaver, Suite 300
 City Troy
 State MI Zip Code 48084
 Telephone 248-559-1990 Fax # 248-559-3187
 E-mail Address john@myacc.org

B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above) <u>Rula Oudeh</u>	Telephone # <u>248-559-1990</u> Fax # <u>248-559-5371</u>
Employer Identification or Social Security Number <u>38-2311840</u>	Spouse Social Security Number

Nature of Contract WIC Services BID CONTRACT AMOUNT (if known):
 Labor: \$ _____ Material: \$ _____
 Contract # (if known) _____

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

Check One: Individual Corporation Partnership Estate & Trust

INDIVIDUALS ANSWER QUESTIONS 1.2.3.4.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5.6.7.

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

D. FOR INCOME TAX USE ONLY

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

Yes No Signature Lucy Jennings Date NOV 29 2014 Expires NOV 29 2015

Yes No Signature LUCHETIA JENNINGS Date OCT 14 2015 Expires OCT 14 2016

Yes No Signature _____ Date _____ Expires _____

VISIT OUR WEBSITE FOR INFORMATION AND TAX FORMS AT: www.detroitmi.gov

NOTE: An approved Income Tax Certificate may be used in multiple city wide departments that require a bid. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov

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

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

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

SECTION B: CORPORATION LICENSE TYPE _____
CORPORATION NAME Arab American and Chaldean Council
ADDRESS 363 W. Big Beaver Rd, Suite 300 CITY/STATE/ZIP Troy, MI 48084 OWN LEASE
CITY PERSONAL PROPERTY NUMBER 010006927-36 FID / EIN NUMBER 38-2311840
OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON John Daoud PHONE NUMBER 248-559-1990 EMAIL ADDRESS _____

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

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

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

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

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

REVISED 7-12-2012
COVENANT OF EQUAL OPPORTUNITY
(Application for Clearance - Terms Enforced After Contract is Awarded)

I, being a duly authorized representative of Arab American and Chaldean Council, (hereinafter "Contractor"), am hereby authorized to 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/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; except as otherwise exempted under City Code, Ordinance No. 27-2-12.

Contractor will ensure that the City of Detroit Human Rights Department shall receive notification of all potential sub-contractors and a copy of their Covenant prior to the commencement of work on any City of Detroit contract. Contractor further agrees that the City of Detroit reserves the right to require additional information prior to, during, and at any time after the Covenant is fully executed.

Furthermore, Contractor agrees that this Covenant is valid for the life of the contract and/or for a specified period of time as indicated below and that a breach of this Covenant shall be deemed a material breach of contract and be subject to damages pursuant to City Code, Ordinance No. 27-3-2, Section (e).

RFQ / PO No.: (if applicable) _____

Duration of Covenant January 1, 2015 to September 30, 2015

Printed Name of Contractor/Organization Arab American and Chaldean Council
(Type or Print Legibly)

Contractor Address 363 W. Big Beaver, Troy MI, 48084
(City) (State) (Zip)

Contractor Phone/E-mail 248-559-1990 / john.d@myacc.org
(Phone) (E-mail)

Printed Name & Title of Authorized Representative John D. Daoud, H.R. Director

Signature of Authorized Representative: John D Daoud

Date: November 26, 2014

Signature of Notary: Shadi Batayeh *** This document MUST be notarized ***

Printed Name of Seal of Notary: SHADI A BATAYEH

My Commission Expires: AUG 9, 2015 SHADI A BATAYEH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE

HUMAN RIGHTS DEPARTMENT USE ONLY	
Date Rec'd: _____	Received By: _____

Please fax a COPY of the notarized Covenant and Award Letter to the Human Rights Department (313) 224-3434



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/09/2014

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	Avery-Hasler & Associates, Inc. 14 E 14 Mile Rd Clawson MI 48017	CONTACT NAME: Raye Lynn McGuire	
		PHONE (A/C, No, Ext): 248-588-3434 FAX (A/C, No): 248-588-1833 E-MAIL ADDRESS: lynnm@averyhasler.com	
INSURED	ARAB AMERICAN AND CHALDEAN COUNCIL 363 W. BIG BEAVER ROAD SUITE 300 TROY MI 48084	INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : Accident Fund Ins Co of America	10166
		INSURER B :	13196
		INSURER C : PHILADELPHIA INS CO	
		INSURER D :	
		INSURER E :	
		INSURER F :	

COVERAGES CERTIFICATE NUMBER: 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	Y	N	PHPK972055	01/18/2014	01/18/2016	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> Professional Liability						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input checked="" type="checkbox"/> Employee Dishonesty						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						PERSONAL & ADV INJURY \$ 1,000,000
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS	N	N	PHPK972055	01/18/2014	01/18/2016	GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS						PRODUCTS - COMP/OP AGG \$ 3,000,000
							Fire Legal Liability \$
							COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB	Y	N	PHUB447871	01/18/2014	01/18/2016	BODILY INJURY (Per person) \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						BODILY INJURY (Per accident) \$
	DED RETENTION \$						PROPERTY DAMAGE (Per accident) \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WCV0113483	01/18/2014	01/18/2016	PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$ 500,000
							E.L. DISEASE - EA EMPLOYEE \$ 500,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

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

ADDITIONAL INSURED: CITY OF DETROIT

CERTIFICATE HOLDER	CANCELLATION
CITY OF DETROIT 2 WOODWARD AVE. 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

Hiring Policy Compliance Affidavit

I, John D. Daoud, being duly sworn, state that I am the Director of Human Resources of Arab American and Chaldean Council
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,

John D Daoud
Director of

Title: Human Resources Date: November 26, 2014

STATE OF Michigan)
) SS
COUNTY OF Wayne)

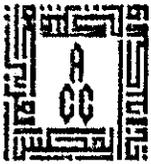
The foregoing Affidavit was acknowledged before me the 26 day of Nov., 2014,
by Shadi Batayeh.

Notary Public, County of Wayne

State of Michigan

My commission expires: Aug. 9, 2020

SHADIA BATAYEH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Aug 9, 2020
ACTING IN COUNTY OF Wayne



ARAB AMERICAN AND CHALDEAN COUNCIL ("ACC")
 363 W. BIG BEAVER ROAD • SUITE 300 • TROY • MICHIGAN • 48084
An Equal Opportunity Employer
APPLICATION FOR EMPLOYMENT

PLEASE PRINT LEGIBLY. ONLY COMPLETE AND SIGNED APPLICATIONS WILL BE CONSIDERED.

PERSONAL DATA

PERSONAL DATA			
Position for which Applying (Please Specify)			Date
First Name	Last Name	Middle Initial	Social Security Number*
Street Address			Apt #
City	State	Zip Code	
Home Phone	Cellular Phone	Alternate Phone	
E-mail Address	Website Address		
If hired, can you provide documentation required to prove that you are legally authorized to work in the United States of America?			Yes <input type="checkbox"/>
			No <input type="checkbox"/>
Employment Desired:			
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Temporary, please specify:	
How soon are you available for Work?		Salary or Hourly Wage Desired?	
		\$ annually	\$ per hour
How many hours can you work per week?			
EDUCATION			
Name Educational Institution	Location	Years Completed	Major & Degree
High School			
College or University			
Graduate School			
Professional or Trade School			
Other			
Are you certified, registered, or licensed by the State or a Professional organization?†			<input type="checkbox"/> No

<input type="checkbox"/>	Yes	License:		Date License Expires:	
<input type="checkbox"/>	Yes	License:		Date License Expires:	

List any other skills or qualifications, which will of special benefit in the job for which you are applying?

What languages do you speak fluently other than English?

List any relatives currently or previously employed by ACC:

WORK EXPERIENCE

List all present and past employment, beginning with most recent. If self-employed, give entity name.

Name of Employer	Supervisor Name	Employment Dates		Pay or Salary	
		From:		Start	\$
		To:		End	\$
Address		City	State	Zip Code	Phone
Job Title		Reason for Leaving			

List duties you performed, skills you used or acquired, support or supervisory positions held, and any promotions and awards.

Name of Employer	Name of Supervisor	Employment Dates		Pay or Salary	
		From:		Start	\$
		To:		End	\$
Address		City	State	Zip Code	Phone
Job Title		Reason for Leaving			

List duties you performed, skills you used or acquired, support or supervisory positions held, and any promotions and awards.

Name of Employer	Name of Supervisor	Employment Dates		Pay or Salary	
		From:		Start	\$
		To:		End	\$
Address		City	State	Zip Code	Phone
Job Title		Reason for Leaving			

List duties you performed, skills you used or acquired, support or supervisory positions held, and any promotions and awards.

Name of Employer	Name of Supervisor	Employment Dates		Pay or Salary	
		From:		Start	\$
		To:		End	\$
Address		City	State	Zip Code	Phone
Job Title		Reason for Leaving			

List duties you performed, skills you used or acquired, support or supervisory positions held, and any promotions and awards.

Name of Employer	Name of Supervisor	Employment Dates		Pay or Salary	
		From:		Start	\$
		To:		To:	\$
Address		City	State	Zip Code	Phone
Job Title		Reason for Leaving			

List duties you performed, skills you used or acquired, support or supervisory positions held, and any promotions and awards.

CHARACTER REFERENCES (NOT FORMER EMPLOYERS OR RELATIVES)		
Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

I, the undersigned, hereby certify that all the information set forth in my application for employment, together with any attachments, is accurate and complete, and understand that misleading or false statements and the omission of facts may result in a refusal to hire or termination of my employment. I, the undersigned, also hereby grant ACC permission to contact my previous and current employer(s) and personal references.

Applicant Signature _____ Date _____

For Current Employment Opportunities Contact:
Arab American and Chaldean Council Human Resources Department
28551 Southfield Road, Suite 204
Lathrup Village, Michigan 48076
Telephone: 248.559.1990

Facsimile: 248.449.5371

To The Applicant: Read this Information Carefully Before Answering These Questions. In exchange for the consideration of my job application with ACC, I, the undersigned, agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other ACC practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of ACC, or otherwise to change in any respect the "**EMPLOYMENT-AT-WILL**" relationship between ACC and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President and Chief Executive Officer of ACC. Both the undersigned and ACC may end the employment relationship at any time, without specified notice or reason. If employed, I understand that ACC may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in staff and/or benefits.

IN MAKING THIS APPLICATION FOR EMPLOYMENT, I HEREBY GIVE ACC PERMISSION TO CONTACT EDUCATIONAL INSTITUTIONS, PREVIOUS EMPLOYERS, REFERENCES, AND OTHERS. I FURTHER AUTHORIZE ACC TO COMPLETE A CRIMINAL BACKGROUND CHECK AND, IF APPLICABLE, OBTAIN A COPY OF MY DRIVING RECORD. I UNDERSTAND THAT I HAVE THE RIGHT TO MAKE A WRITTEN REQUEST WITHIN A REASONABLE PERIOD OF TIME TO RECEIVE ADDITIONAL, DETAILED INFORMATION ABOUT THE NATURE AND SCOPE OF ANY SUCH INVESTIGATION. I HEREBY RELEASE ACC FROM ANY LIABILITY AS A RESULT OF SUCH CONTACTS, INQUIRIES, OR RECORDS IN ORDER TO ASCERTAIN MY QUALIFICATIONS AND FITNESS FOR EMPLOYMENT.

The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, creed, religion, sex, national origin or age. The Americans with Disabilities Act (ADA) of 1990 prohibits discrimination on the basis of disabilities. The position for which you are applying requires the following information for a legally permissible reason, including, without limitation, a bona fide occupational qualification or business necessity.

1. Are you under 16 years of age? Yes No

If yes, can you provide proof of eligibility to work?

2. Have you ever been bonded? Yes No

3. Have you ever been convicted of a crime (misdemeanor or felony)? Yes No

YOU MUST LIST ALL CRIMES, including, but not limited to, convictions or guilty pleas relating to any dishonest act, (such as, but not limited to shoplifting, embezzlement, robbery) and traffic offenses (such as, but not limited to, speeding tickets, DWI, reckless or careless driving, driving without a license). DO NOT LIST parking tickets. The fact that you have been convicted of a crime or pled guilty to a crime will not necessarily bar you from employment with ACC, depending upon all of the circumstances, including the position for which you have applied. However, failure to provide complete and accurate information will be considered a falsification of this application.

4. Do you have a Michigan Driver's License? Yes No

If so, please provide your Michigan Driver's License Number: _____

and Expiration Date: _____

5. Has your Michigan Driver's License ever been revoked? Yes No

If yes, please provide date(s) and reason(s) for license revocation: _____

I, the undersigned, hereby certify that all the information set forth in my application for employment is accurate and complete, and understand that misleading or false statements and the omission of facts may result in a refusal to hire or termination of my employment.

Applicant Signature _____

Date _____

ACC is an equal opportunity employer. ACC adheres to a policy of making employment decisions without regard to race, color, religion, gender, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with ACC depends solely on your qualifications.

* Social security numbers obtained by ACC are maintained in accordance with ACC's Privacy Policy and the Social Security Number Privacy Act 454 of 2004.

† If hired, you must provide a true copy of your license(s) or certificate(s).



363 W. Big Beaver Road • Suite 300 • Troy, Michigan 48084 • Tel. (248) 559-1990 • Fax (248) 559-9117

www.myacc.org

December 10, 2014

Lena Willis
Deputy Director
Purchasing Department, City of Detroit
10th Floor, CAYMC
Detroit, MI 48226

Ms. Willis:

This correspondence is in regards to your inquiry about the felony conviction question on Arab American and Chaldean Council, "ACC" employment application. Based on the sensitive requirements of our work, i.e., dealing with children of special needs; it is required that we conduct a full criminal background for all prospective employees of ACC.

Please do not hesitate to contact me with any questions.

Sincerely,

A handwritten signature in black ink that reads "John D. Daoud".

John D. Daoud
Director of Human Resources

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: Arab American and Chaldean Council
2. Address of Contractor: 363 W. Big Beaver Road, Suite 300
Troy, MI 48084
3. Name of Predecessor Entities (if any): _____
4. Prior Affidavit submission? ___ No ___ Yes, on: 11/28/2011
(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 1979 (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.

John D. Daoud (Printed Name) H.R. Director (Title)

John D. Daoud (Signature) November 26, 2014 (Date)

Subscribed and sworn to before me
this 26 day of November

Shadia Batayeh
Notary Public, Wayne County, Michigan
My Commission expires: Wayne

SHADIA BATAYEH
NOTARY PUBLIC, STATE OF MI
COUNTY OF WAYNE
MY COMMISSION EXPIRES Aug 9, 2020
ACTING IN COUNTY OF Wayne

USER NAME PASSWORD **LOG IN**

[Forgot Username?](#) [Forgot Password?](#)

[Create an Account](#)

Entity Dashboard

- [Entity Overview](#)
- [Entity Record](#)
- [Core Data](#)
- [Assertions](#)
- [Reps & Certs](#)
- [POCs](#)
- [Reports](#)
- [Service Contract Report](#)
- [BioPreferred Report](#)
- [Exclusions](#)
- [Active Exclusions](#)
- [Inactive Exclusions](#)
- [Excluded Family Members](#)

[RETURN TO SEARCH](#)

ARAB AMERICAN AND CHALDEAN COUNCIL (ACC) 363 W BIG BEAVER RD STE 300
 DUNS: 605058478 CAGE Code: 38GLS TROY, MI, 48084-5242 ,
 Status: Active UNITED STATES

Expiration Date: 04/27/2016
 Purpose of Registration: All Awards

Entity Overview

Entity Information

Name: ARAB AMERICAN AND CHALDEAN COUNCIL (ACC)
Doing Business As: ACC
Business Type: Business or Organization
POC Name: Halfa Fakhouri
Registration Status: Active
Activation Date: 05/04/2015
Expiration Date: 04/27/2016

Exclusions

Active Exclusion Records? No

SAM | System for Award Management 1.0

IBM v1.P.40.20151201-1827

WWW1

Note to all Users: This is a Federal Government computer system. Use of this system constitutes consent to monitoring at all times.

