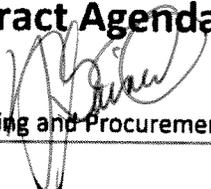


City Council Contract Agenda Items Review Checklist

Reviewer:  (Contracting and Procurement Specialist signs here)

Date Received: 9/8/15
00/00/2015

Date: September 4, 2015

Department Fire

Division: EMS

RFQ 15LWD09

Dept Head/Contact Person: Edsel Jenkins Telephone No: 313-596-2901

Description: EMS ambulances

Brief explanation-function of or need for the goods/services

Six ambulances from Jorgensen Ford to add to the Fire/EMS fleet to replace older outdated equipment.

Contract No.: 2913660 PO Type: BPO Est. Value: \$ 1,014,862.74

Contract Term (if applicable): November 1, 2015 to October 31, 2016

Funding Source: City: 100% State: _____%

Federal: _____% Other: _____%

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

Recommended Supplier: Jorgensen Ford _____ Required Date: December 15, 2015

3100-350071-000000-628500-13824-000000-00000

1. The business being awarded is New If a renewal, provide justification for renewal: _____

2. Was the product or service competitively bid? X 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:

3. Was a Co-Operative Agreement Considered? Yes X No Co-Operative Name: _____
If answer to #3 is "No" explain why a Co-Op was not considered: Other departments do not use these vehicles.

4. Were savings achieved?
 Yes Amount \$ _____ X No

5. Does this agreement represent an increase?

- Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)
- Change in amount/volume of the good or service to be used. _____.

6. Does the supplier currently provide other goods and services to the City? Yes X No
If yes please list: _____

7. Is this good/service used by other departments? Yes X 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 X No
Is this a service that City employees can be trained to do? Yes X No

NOTES: Buyer: 
a. Excluded Parties List / Supplier Award Management Website Reviewed? Yes No

PLACE ON FINANCIAL REVIEW COMMISSION AGENDA

PLACE ON CITY COUNCIL AGENDA

REJECT AND NOTIFY DEPARTMENT DIRECTOR:

SIGNED:  DATE: September 4, 2015
(Department)

INFORMATION PROVIDED BY: Debra Brawley

TITLE: General Manager

PHONE: 313-596-2904

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 1008 CAYMC
DATE SENT 8/7/15 CONTACT PERSON Yolanda Gaines
PHONE NUMBER 224-4612 FAX NUMBER 628-1160
EMAIL gainesy@detroitmi.gov CONTRACT AMOUNT \$ 1,014,862.74

SECTION B: CORPORATION

CORPORATION NAME Jorgensen Ford Sales, Inc. LICENSE TYPE _____
ADDRESS 8333 Michigan Ave CITY/STATE/ZIP Detroit, MI 48210
 OWN LEASE
CITY PERSONAL PROPERTY NUMBER 2099069600 FID / EIN NUMBER 2001447130
OTHER CITY-OWNED PROPERTY PARCELS _____
CONTACT PERSON Bill McCarthy PHONE NUMBER 313-584-2250
EMAIL bill_mccarthy@hotmail.com

SECTION C: PARTNERSHIP

BUSINESS NAME _____ LICENSE TYPE _____
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 _____

**REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES**

B. PARTNER'S NAME _____ PHONE NUMBER _____
HOME ADDRESS _____ CITY/STATE/ZIP _____
 OWN LEASE
DRIVER'S LICENSE # _____

Annette Smith

AUG 28 2015

CLEARANCE VALID UNTIL

JAN 15 2016

Income Tax

jorgensen ford sales inc profile - Windows Internet Explorer

https://www.bidsync.com/bidsync/app/web/agency/vendors/AgencyVendor.shtml

File Edit View Favorites Tools Help

★ Favorites

📍 jorgensen ford sales inc profile

My info

[Manage users](#)

[Manage vendors](#)

[Search vendors](#)

[Quick add vendor](#)

[Agency settings](#)

[Data Export](#)

[Training](#)

jorgensen ford sales inc profile

[Download vendor business profile](#)

↙ This vendor is not blocked
block the vendor

Jump to:

Income Tax Clearance

Clearance Form Agency document for this certification: [TaxClearanceRequest2014_editable.pdf](#)
 Document uploaded by vendor: CCF07152015_00009.pdf [View](#) [Download](#)

Expiration Date and Comments

This section is to be filled out by the City of Detroit

If you set the expiration date, both you and the vendor will receive a notification 60 days before the expiration date.

Expiration date:

Comments:

Income Tax Clearance approved. Congratulations!

Business profile

Main industry:

Primary industry: Automotive Products, Vehicles, and Services

Business registration type:

Business function:

Legal entity name:

DBA name:

Date founded:

Number of employees:

Insurance

Insurance liabilities:

Employers liability insurance:

Comprehensive general liability: per occurrence

Comprehensive automobile liability:

Professional liability insurance:

Injury and damage insurance: per occurrence bodily

Injury and damage insurance: per occurrence property

Umbrella policy:

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

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

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

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

RFQ / PO No. _____

Printed Name of Contractor: JORGENSEN FORD SALES INC
(Type or Print Legibly)

Contractor Address: DETROIT, MICHIGAN, 48210
(City) (State) (Zip)

Contractor Phone/E-mail: (313) 584-2250 / billmccarthy@hotmail.com
(Phone) (E-mail)

Printed Name & Title of Authorized Representative: W.J. MCCARTHY - FLEET MANAGER

Signature of Authorized Representative: WJ McCarthy

Date: _____

Signature of Notary: Sandra Crowley
*** This document **MUST** be notarized ***

Printed Name of Seal of Notary: Sandra Crowley

My Commission Expires: 2/27/18



SANDRA CROWLEY
Notary Public, State of Michigan
County of Macomb
My Commission Expires Feb. 27, 2018
Acting in the County of Wayne

For Office Use Only:

Cov. Rec'd: _____ in _____ Department Name: _____

Accepted by _____ Rejected by _____

Please email or fax Covenant and EOC to Director of Human Rights Department 1026 CAYMC at
HumanRightsCL@detroitmi.gov or fax (313) 224-3434.



SENTRY SELECT INSURANCE COMPANY
 STEVENS POINT, WISCONSIN
 (A PARTICIPATING STOCK COMPANY)
 A MEMBER OF THE SENTRY FAMILY OF INSURANCE COMPANIES

CERTIFICATE OF INSURANCE

ACCOUNT NUMBER 25-15616

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.

Name and Address of Certificate Holder:

Name and Address of the Insured:

CITY OF DETROIT
 1008 COLEMAN A YOUNG
 DETROIT, MI 48221

JORGENSEN FORD SALES INC
 8333 MICHIGAN AVE
 DETROIT, MI 48210

This certificate is issued on 02-01-2015 and is effective until 02-01-2016. It certifies that policies of insurance listed below have been issued to the insured named above. 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.

Coverage Provided	Policy Number	Coverage Limits
Auto Dealers/Garage Liab	25-15616-07	Each Accident Limits
-Any Auto		General Liability \$ 500,000
		Covered Autos Liab \$ 500,000
		General Liability Agg \$ 2,500,000
		Products and Work You Performed Aggregate \$ 2,500,000
Excess/Umbrella	25-15616-07	Each Occurrence \$ 5,000,000
		General Aggregate \$ 15,000,000
		Products Aggregate \$ 15,000,000

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

80 C1035 (SFA)

JOR 25 15616 01-029534
 03-04-2015
 PAGE 1
 (0/09)

LDI C01 269628 1 02 11

Hiring Policy Compliance Affidavit

I, W.J. MCCARTHY, being duly sworn, state that I am the FLEET
MANAGER of JORGENSEN FORD SALES 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,

W.J. McCarthy

Title: FLEET MANAGER Date: 6-8-12

STATE OF MICHIGAN)
COUNTY OF WAYNE)SS

The foregoing Affidavit was acknowledged before me the 8th day of June, 2012
by Jessica J. Levesseur

JESSICA J. LEVESSEUR Notary Public, State of Michigan County of Wayne My Commission Expires Apr. 07, 2018 Acting in the County of <u>Wayne</u>
--

Notary Public, County of Wayne

State of Michigan

My commission expires: April 7, 2018

APPLICATION FOR EMPLOYMENT

THIS FORM HAS BEEN DESIGNED TO STRICTLY COMPLY WITH STATE AND FEDERAL FAIR EMPLOYMENT PRACTICE LAWS PROHIBITING DISCRIMINATION. ALL QUALIFIED APPLICANTS WILL RECEIVE EQUAL CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, AGE, MILITARY BACKGROUND, HANDICAP, MARITAL STATUS, HEIGHT, WEIGHT, OR ARREST RECORD.

Name (Please print - last, middle, first) _____ Home Telephone Number _____
 _____ Social Security Number _____

Present Address _____ City _____ State _____ Zip _____ From _____ To _____

Previous Address _____ City _____ State _____ Zip _____ From _____ To _____

In case of Emergency Notify Name _____ Address _____ Telephone No. _____	Position Desired _____ Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Wages Desired _____ Date you can start work _____	How did you learn about this job? _____ _____
---	---	---

Ever applied to this Company before? Yes No What Department? _____ When? _____

If related to anyone in our employ, give name and relationship _____

Are you a citizen of the U.S.? Yes No If no, do you have a permit which allows you to work in the U.S.? _____

Do you have a valid operator's permit? Yes No Do you own a car? Yes No

State _____ Driver's License Number _____

Has your operator's permit ever been suspended, revoked or restricted? Yes No If yes, when & why? _____

Have you been in an auto accident in the past three years? Yes No

Have you ever been refused surety bond? Yes No If yes, when and why? _____

Have you ever been discharged or required to resign from a position? Yes No

Are you on a lay-off and subject to recall? Yes No

WORK TIME LOST LAST YEAR DUE TO SARDINESS OR ABSENTEEISM	BRANCH OF SERVICE, IF ANY	RANK
_____ HOURS _____ DAYS		

SHOW ACTUAL EXPERIENCE BY CHECKING THE FOLLOWING

- | | | | | | |
|---|--|--|--|--|---|
| <input type="checkbox"/> Service Mgr | <input type="checkbox"/> Bodyman | <input type="checkbox"/> Lubrication | <input type="checkbox"/> Porter | <input type="checkbox"/> Office Clerk | <input type="checkbox"/> Used Car Salesperson |
| <input type="checkbox"/> Parts Manager | <input type="checkbox"/> Painter | <input type="checkbox"/> New Car Prep | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Phone Op./Recept. | <input type="checkbox"/> New Car Salesperson |
| <input type="checkbox"/> Sales Manager | <input type="checkbox"/> Mechanic | <input type="checkbox"/> Washer/Polish | <input type="checkbox"/> Cashier | <input type="checkbox"/> Computer Operator | <input type="checkbox"/> Truck Salesperson |
| <input type="checkbox"/> Office Manager | <input type="checkbox"/> Helper | <input type="checkbox"/> Parts Counter | <input type="checkbox"/> Biller | <input type="checkbox"/> Warranty Clerk | <input type="checkbox"/> Finance/Ins. Person |
| <input type="checkbox"/> Body Shop Mgr | <input type="checkbox"/> Tower Op | <input type="checkbox"/> Parts Clerk | <input type="checkbox"/> Acc. Pay./Rec | <input type="checkbox"/> Bookkeeper | <input type="checkbox"/> Watchman |
| <input type="checkbox"/> Shop Foreman | <input type="checkbox"/> Service Advisor | <input type="checkbox"/> Parts Driver | <input type="checkbox"/> Sec./Typist | <input type="checkbox"/> Messenger | <input type="checkbox"/> Other |

If applicable, check in which areas of repair you are certified by the Michigan Department of State. Michigan Mechanic's Certification # _____
 Engine tune up Front end and steering systems Manual transmission and/or axles
 Engine repair Automatic transmission Heating and air conditioning
 Brakes, braking systems Electrical systems Collision - repair
 Expiration Date _____

Have you been certified by the National Institute for Automotive Service Excellence (NIASE)? Yes No Any notice of non-compliance? Yes No

If yes, what areas? _____

HIGH SCHOOL or PREP SCHOOL (Name and Location)	Major/Subject	No. of years	Degree
UNIVERSITY or COLLEGE			
GRADUATE SCHOOL			
OTHER - Including Military Service, Trade or Business Schools			

**EXPERIENCE -- BUSINESS OR PROFESSIONAL RECORD OF LAST FOUR POSITIONS
(LIST PLACES IN ORDER STARTING WITH PRESENT EMPLOYER FIRST)**

Employment Dates		Name and Address of Employer	Position or Title	Supervisor's Name	Salary Received	Reason for Separation
From Month/Year	To Month/Year					

Have you previously signed a non-disclosure or non-compete agreement with your current employer or any past employer? Yes No

If yes, explain _____

----- PLEASE READ CAREFULLY -----

Applicant's Certification, Authorization, Waiver and Acknowledgment

I certify that the facts set forth in this employment application are true and complete to the best of my knowledge. I understand that if employed, false statements on this application may subject me to dismissal. You are authorized to make an investigation of my employment history and my personal history through any investigative agencies or bureaus of your choice, and to contact my current and any of my former employers and I give such employers the right to release to you all records of my employment (excluding medical records) including assessment of my job performance and ability. I understand that you may require a motor vehicle record report and authorize you to obtain said report. I understand that you reserve the right to require that an offer of employment is conditional upon the results of a medical examination including but not limited to any drug screening tests. I understand that you reserve the right to require drug screening tests at any time during employment. If employed, I understand that if I need an accommodation for a handicap under the Michigan Handicappers Civil Rights Act (Act), I must notify the dealer in writing of my need for an accommodation within 182 days after I know or should have known that I need that accommodation and my failure to provide that notice will prevent me from claiming that my employer failed to accommodate my handicap under the Act. This requirement does not waive an individual's rights under the Americans With Disabilities Act. I further understand that the use of this form does not indicate that there are any positions open and does not in any way obligate this dealership. This Application is current for ninety (90) days. At the conclusion of this time, if I have not been employed by this dealership and still wish to be considered for employment, it will be necessary for me to fill out a new Application. Further, I understand and agree that if I am hired by this dealership, unless specifically set forth in writing to the contrary and signed by the dealer and myself, my employment will be for no definite period, and may, regardless of the date of payment of my wages or salary, be terminated at any time for any reason or no reason at the will of the dealership, without any previous notice. In consideration of the dealership's review of my application, I agree that any claim or lawsuit arising out of my employment with the dealership, or my application for employment with the dealership, must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein, and I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY, unless state, federal or local law prohibits a waiver of said statute of limitations.

Signature _____
(Applicant)

Date _____

RFQ NO.

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: JORGENSEN FORD SALES INC.

2. Address of Contractor: 8333 MICHIGAN AVENUE
DETROIT, MI 48210

3. Name of Predecessor Entities (if any): NONE

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 1999 (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.

W.J. McCARTHY (Printed Name) FLEET MANAGER (Title)

WJ McCarty (Signature) 1-24-12 (Date)

Subscribed and sworn to before me
this 24 day of January, 2012

Sandra Crowley
Notary Public, Macomb County, Michigan
My Commission expires: 2/27/18



SANDRA CROWLEY
Notary Public, State of Michigan
County of Macomb
My Commission Expires Feb. 27, 2018
Acting in the County of Macomb

(EXHIBIT C - continued)
STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

Except as set forth above, I certify that no contributions or expenditures were made to elective city officials within the previous four (4) years by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents, assigns, and, if any of the foregoing are individuals, their spouses.

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

Sign name: W.J. McCarthy

Print name: W. J. M^C CARTHY

Sworn and subscribed to before me
on July 15, 2015 [by WJ M^C CARTHY, the
FLEET MANAGER of the above named contractor/vendor, an authorized
representative or agent of the contractor/vendor]

Sign: Sandra Crowley

Print: Sandra Crowley

Notary Public, Macomb County, Michigan,
Acting in Wayne County

My Commission Expires: 2/27/18



SANDRA CROWLEY
Notary Public, State of Michigan
County of Macomb
My Commission Expires Feb. 27, 2018
Acting in the County of Wayne



USER NAME PASSWORD

 LOG IN

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

[Create an Account](#)

HOME SEARCH RECORDS DATA ACCESS GENERAL INFO HELP

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](#)

JORGENSEN FORD SALES INC
 DUNS: 606006042 CAGE Code: 4AXC7
 Status: Active
 Expiration Date: 01/09/2016
 Purpose of Registration: All Awards

8333 MICHIGAN AVE
 DETROIT, MI 48210-2172,
 UNITED STATES

Entity Overview

Entity Information
Name: JORGENSEN FORD SALES INC
Doing Business As: JORGENSEN FORD
Business Type: Business or Organization
POC Name: Bill McCarthy
Registration Status: Active
Activation Date: 01/09/2015
Expiration Date: 01/09/2016

Exclusions
Active Exclusion Records? No



USER N

For:

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](#)

JORGENSEN FORD SALES INC

DUNS: 606006042 CAGE Code: 4AXC7

Status: Active

Expiration Date: 01/09/2016

Purpose of Registration: All Av

Entity Overview

Entity Information

Name: JORGENSEN FORD SALES INC
Doing Business As: JORGENSEN FORD
Business Type: Business or Organization
POC Name: Bill McCarthy
Registration Status: Active
Activation Date: 01/09/2015
Expiration Date: 01/09/2016

Exclusions

Active Exclusion Records? No



CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION
 1008 COLEMAN A. YOUNG
 MUNICIPAL CENTER
 DETROIT, MICHIGAN 48226
 PHONE 313-224-4600
 FAX 313-224-4374

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

Purchase Order

PURCHASE ORDER NO. 2913660 REVISION 0 PAGE 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

1301 Third Street, 6th floor
 Detroit, MI 48202
 United States

BILL TO

Coleman A Young Municipal Ce
 2 Woodward Avenue
 Ste 642
 Detroit, MI 48226
 United States

SUPPLIER

JORGENSEN FORD
 8333 MICHIGAN AVE
 DETROIT, MI 48210

SUPPLIER NO. 121	DATE OF ORDER/BUYER 03-SEP-15 Y Gaines	REVISED DATE/BUYER
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO Jenkins, Edsel	CONFIRM TO / TELEPHONE B McCarthy (313) 584-0477

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
	THIS FORMAL PURCHASE ORDER WAS CREATED IN ACCORDANCE WITH RFP 15LW069 AND SPECIFICATIONS.						
	FURNISH: 6 AMBULANCES, PREVENTATIVE MAINTENANCE AND EXTENDED WARRANTIES FOR THE DETROIT FIRE DEPARTMENT.						
	CC APPROVAL: September 8, 2015 FRC APPROVAL: October 26, 2015						
	DELIVERY: FEBRUARY 29, 2016						
	2015 FORD F-350 4x2 DRW REG CAB 165" WB XL						
	The individual responsible for accepting performance under this Purchase Order and whom payment should be requested is Debra Brawley for the Detroit Fire Department, who may be reached at 313 596-2904..						
	The individual responsible for accepting performance under this Purchase Order is Craig Dougherty may be reached at 313 596-2906.						
	TERMS: Net 30 days						
	Prices are firm.						
	A valid invoice meets the following requirements: Vendor Information: Full name of business, Federal Identification Number, unique invoice number, date of invoice, reference to City of Detroit purchase order number, part of item number (as referenced in the purchase order)						

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

Continued

PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION
 1008 COLEMAN A. YOUNG
 MUNICIPAL CENTER
 DETROIT, MICHIGAN 48226
 PHONE 313-224-4600
 FAX 313-224-4374

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

Purchase Order

PURCHASE ORDER NO. 2913660 REVISION 0 PAGE 2

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

1301 Third Street, 6th floor
 Detroit, MI 48202
 United States

BILL TO

Coleman A Young Municipal Ce.
 2 Woodward Avenue
 Ste 642
 Detroit, MI 48226
 United States

SUPPLIER

JORGENSEN FORD
 8333 MICHIGAN AVE
 DETROIT, MI 48210

SUPPLIER NO. 121	DATE OF ORDER/BUYER 03-SEP-15 Y Gaines	REVISED DATE/BUYER
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO Jenkins, Edsel	CONFIRM TO / TELEPHONE B McCarthy (313) 584-0477

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
<p>Quantity and Pricing Information: Description of goods or services, part or item number (as referenced in the purchase order), quantity of goods or services provided, unit price of goods or services provided, part or item subtotal (quantity * unit cost), discount terms (if applicable)</p> <p>Delivery Information: Location and date of delivery of goods or services provided, delivery terms (as referenced in the purchase order agreement)</p> <p>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.</p> <p>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</p>							

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION • THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE • NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT • ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION • WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total

Continued

PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE



CITY OF DETROIT
 FINANCE DEPARTMENT
 PURCHASING DIVISION
 1008 COLEMAN A. YOUNG
 MUNICIPAL CENTER
 DETROIT, MICHIGAN 48226
 PHONE 313-224-4600
 FAX 313-224-4374

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

Purchase Order

PURCHASE ORDER NO. 2913660 REVISION 0 PAGE 3

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO

1301 Third Street, 6th floor
 Detroit, MI 48202
 United States

BILL TO

Coleman A Young Municipal Ce
 2 Woodward Avenue
 Ste 642
 Detroit, MI 48226
 United States

SUPPLIER

JORGENSEN FORD
 8333 MICHIGAN AVE
 DETROIT, MI 48210

SUPPLIER NO. 121	DATE OF ORDER/BUYER 03-SEP-15 Y Gaines	REVISED DATE/BUYER
PAYMENT TERMS Net 30	SHIP VIA Lowest Cost Carrier	F.O.B. Delivered
FREIGHT TERMS Account of seller	REQUESTOR/DELIVER TO Jenkins, Edsel	CONFIRM TO / TELEPHONE B McCarthy (313) 584-0477

LINE	ITEM NUMBER / DESCRIPTION	DELIVERY DATE	QUANTITY	UNIT	UNIT PRICE	EXTENSION	TAX
1	(30) days written notice to the vendor. At any time during the contract the City may terminate the agreement for reason of poor or deficient work performance, inability of the Contractor to supply trained competent technicians, or lack of service as described in this agreement by giving a 10-calendar day notice in writing. EITHER party may terminate the agreemeth by giving a 30- calendar day written notice to terminate. 2015 FORD F-350 4x2 DRW REG CAB 165" WB XLTEACH o SHIP TO: 1400 Erskine St Detroit, MI 48207 United States		6.00	Each	169143.79	1,014,862.74	N

CONTRACTS AND PURCHASES BETWEEN THE VENDOR AND THE CITY OF DETROIT ARE SUBJECT TO FEDERAL, STATE AND LOCAL LAWS INCLUDING, BUT NOT LIMITED TO, EQUAL EMPLOYMENT OPPORTUNITY AND AFFIRMATIVE ACTION •THE CITY MAY TERMINATE THE CONTRACT FOR CAUSE OR CONVENIENCE• NO CHANGES EFFECTIVE UNLESS AGREED TO IN WRITING BY CONTRACT AMENDMENT• ONLY SUCH GOODS WILL BE PAID FOR AS COMPLY EXACTLY WITH WRITTEN DESCRIPTION •WHEN SHIPPED VIA COMMON CARRIER, MAIL SHIPPING NOTICE DIRECTLY TO RECEIVING POINT • CASH TERMS DATE FROM RECEIPT AND ACCEPTANCE OF GOODS AND CORRECT INVOICE • PATENTS-CONTRACTORS SHALL PROTECT AND INDEMNIFY AGAINST EXPENSE OF ANY NATURE, SHALL BEAR COST OF ANY SUITS WHICH MAY ARISE, AND SHALL PAY ALL DAMAGES WHICH MAY BE AWARDED AGAINST THE CITY FOR THE USE UNDER THIS SPECIFICATION OF ANY PATENTED DEVICE, PROCESS, APPARATUS, MATERIAL OR INVENTION • THE CITY RESERVES THE RIGHT TO AUDIT EMPLOYEE PAYROLL RECORDS TO VERIFY LABOR CHARGES UPON 72 HOURS NOTICE.

Total 1,014,862.74

PURCHASING DIRECTOR'S SIGNATURE
 NOT VALID WITHOUT AUTHORIZED SIGNATURE