

**PURCHASING DIVISION - CITY COUNCIL RECOMMENDATION SHEET**

BUYER'S NAME: Howard Hughes

DATE: 9-21-2015

CONTRACT#: 2914345

DEPARTMENT: Department of Public Works (DPW) CONTACT: Wendell Edwards PHONE # 313- 628- 2794

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

STANDARD P.O. (  ) B.P.O. (  ) C.P.O. (  ) AWARD SHEET ATTACHED (  ) RENEWAL OPTIONS: \_\_\_\_\_

DESCRIPTION/COMMODITY: **Four (4) F-350 FORD PICK-UP TRUCKS WITH SNOW PLOW AND SALT SPREADER FOR SNOW REMOVAL ACTIVITY.**

PERIOD: (IF CONTRACT)

AWARDED TO: (NAME OF COMPANY) JORGENSEN FOR SALES INC.

ADDRESS: **8333 MICHIGAN AVE.** CITY DETROIT Mi. ZIP 48210 PHONE #: 313 - 584 - 2250  
(STREET ADDRESS NOT A P.O. BOX #)

**EXPIRATION DATE**

|                   |                    |  |
|-------------------|--------------------|--|
| _____             | HRD                | ( <input type="checkbox"/> ) SOLE BID              |
| <u>07-16-2016</u> | INCOME TAX         | ( <input checked="" type="checkbox"/> ) LOWEST BID |
| <u>01-15-2016</u> | REVENUE COLLECTION | ( <input type="checkbox"/> ) LOWEST ACCEPTABLE BID |
|                   |                    | ( <input type="checkbox"/> ) EQUALIZATION          |

**ANNUAL PURCHASE VALUE**

USING DEPARTMENT(S): **Department Of Public works (DPW)**

Account String: 3301 - 193850- 000048- 644600- 04189 - 000000- A4570 50% STREET FUND  
 Account String: 3302- 193870- 000050- 644600- 04190 - 000000- A4570 50% STREET FUND

|                                   |                                  |                |                |                         |                             |
|-----------------------------------|----------------------------------|----------------|----------------|-------------------------|-----------------------------|
| NO. OF BIDS<br>SOLICITED <b>8</b> | NO. OF BIDS<br>RECEIVED <u>2</u> | CITY<br>FUNDS_ | STATE<br>FUNDS | FEDERAL<br>FUNDS _____% | OTHER<br><u>STREET FUND</u> |
|-----------------------------------|----------------------------------|----------------|----------------|-------------------------|-----------------------------|

PRICE(S) ARE: \$ **187,100.00**

**RECOMMENDATION PARTICULARS**

FORMAL (  )  
 INFORMAL (  )

**GUARANTEES**

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

**INSURANCE**

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

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

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

**BID TABULATION**

| ASSUMPTIONS                 |       | Supplier 1           |              |  |
|-----------------------------|-------|----------------------|--------------|--|
| D-RB's                      |       | Jorgensen Ford       |              |  |
| D-RB's                      |       | 8333 Michigan Ave.   |              |  |
| D-BB's w/HQ in Detroit      |       | Detroit, Mich. 48210 |              |  |
| D-BSB's                     |       | Bill MCCarthy        |              |  |
| D-BMBC                      |       | 313 - 584 -2250      |              |  |
| Joint Venture               |       |                      |              |  |
| Mentor Venture              |       |                      |              |  |
| 1/2 Ton Pickup Truck        |       |                      |              |  |
|                             | UNITS | UNIT PRICE           | TOTAL PRICE  |  |
|                             | 4     | \$46,775.00          | \$187,100.00 |  |
| Purchase order TOTAL        |       |                      | \$187,100.00 |  |
| UP TO \$10,000.00           |       |                      |              |  |
| \$10,000.01-\$100,000.00    |       |                      |              |  |
| \$100,000.01-\$500,000.00   |       |                      |              |  |
| \$500,000.01 AND OVER       |       |                      |              |  |
| D-RB's                      |       |                      |              |  |
| D-BB's w/HQ in Detroit      |       |                      |              |  |
| D-BSB's                     |       |                      |              |  |
| D-BMBC                      |       |                      |              |  |
| Joint Venture               |       |                      |              |  |
| Mentor Venture              |       |                      |              |  |
| BID TABULATION GRAND TOTAL: |       |                      | \$187,100.00 |  |

  

| ASSUMPTIONS                 |       | Supplier 2           |              |  |
|-----------------------------|-------|----------------------|--------------|--|
| D-RB's                      |       | Bob Maxey Ford       |              |  |
| D-RB's                      |       | 133 E. Jefferson     |              |  |
| D-BB's w/HQ in Detroit      |       | Detroit, Mich. 48207 |              |  |
| D-BSB's                     |       | Edward Geba          |              |  |
| D-BMBC                      |       | 313 - 392 -9200      |              |  |
| Joint Venture               |       |                      |              |  |
| Mentor Venture              |       |                      |              |  |
| 1/2 Ton Pickup Truck        |       |                      |              |  |
|                             | UNITS | UNIT PRICE           | TOTAL PRICE  |  |
|                             | 4     | \$47,299.00          | \$189,196.00 |  |
| Purchase order TOTAL        |       |                      | \$189,196.00 |  |
| UP TO \$10,000.00           |       |                      |              |  |
| \$10,000.01-\$100,000.00    |       |                      |              |  |
| \$100,000.01-\$500,000.00   |       |                      |              |  |
| \$500,000.01 AND OVER       |       |                      |              |  |
| D-RB's                      |       |                      |              |  |
| D-BB's w/HQ in Detroit      |       |                      |              |  |
| D-BSB's                     |       |                      |              |  |
| D-BMBC                      |       |                      |              |  |
| Joint Venture               |       |                      |              |  |
| Mentor Venture              |       |                      |              |  |
| BID TABULATION GRAND TOTAL: |       |                      | \$189,196.00 |  |

  

| ASSUMPTIONS                 |       | Supplier 3        |              |  |
|-----------------------------|-------|-------------------|--------------|--|
| D-RB's                      |       | Suburban Ford     |              |  |
| D-RB's                      |       | 1795 Maplelawn    |              |  |
| D-BB's w/HQ in Detroit      |       | Troy, Mi. 48084   |              |  |
| D-BSB's                     |       | Attn: Sam Gendler |              |  |
| D-BMBC                      |       | 284 - 519 - 9688  |              |  |
| Joint Venture               |       |                   |              |  |
| Mentor Venture              |       |                   |              |  |
|                             | UNITS | UNIT PRICE        | TOTAL PRICE  |  |
|                             | 4     | \$48,757.00       | \$195,028.00 |  |
| Purchase order TOTAL        |       |                   | \$195,028.00 |  |
| UP TO \$10,000.00           |       |                   |              |  |
| \$10,000.01-\$100,000.00    |       |                   |              |  |
| \$100,000.01-\$500,000.00   |       |                   |              |  |
| \$500,000.01 AND OVER       |       |                   |              |  |
| D-RB's                      |       |                   |              |  |
| D-BB's w/HQ in Detroit      |       |                   |              |  |
| D-BSB's                     |       |                   |              |  |
| D-BMBC                      |       |                   |              |  |
| Joint Venture               |       |                   |              |  |
| Mentor Venture              |       |                   |              |  |
| BID TABULATION GRAND TOTAL: |       |                   | \$195,028.00 |  |

# City Council Contract Agenda Items Review Checklist

Reviewer: Howard Hughes

Date Received: 09/21/2015

Date 09- 21 - 2015\_ Department **Department of Public Works** Division: DPW

Dept Head/Contact Person: Wendell Edwards Phone No.: 313- 628 - 2794

Description: Four (4) F-350 Crew Cab four wheel drive pick-up trucks with fisher snow plows and salt dog salt spreader for snow removal activity.

brief explanation of function or need of the goods/services

Contract No.: 2914345 PO Type: SPO Est. Value: \$ 187,100.00

Contract Term (if applicable):

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

Recommended Supplier: Jorgensen Ford Inc. Required Date: 11/01/2015

1. The business being awarded is **NEW / RENEWAL** If a renewal, provide justification for renewal: Renewal for time only

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: \_\_\_\_\_

3. Was a Co-Operative Agreement Considered?  Yes  No Co-Operative Name: \_\_\_\_\_

If answer to #3 is "No" explain why a Co-Op was not considered: \_\_\_\_\_

4. Were savings achieved?

Yes Amount \$ \_\_\_\_\_

No

5. Does this agreement represent an increase?  
 Variance in unit price only (Current unit price \$0.00 Proposed Unit Price \$0.00)  
 Change in amount/volume of the good or service to be used. \_\_\_\_\_.
6. Does the supplier currently provide other goods and services to the City?  Yes  No  
 If yes please list: \_\_\_\_\_
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 x No \_\_\_\_\_

**PLACE ON EMERGENCY MANAGER AGENDA**

**PLACE ON CITY COUNCIL AGENDA**

**REJECT AND NOTIFY DEPARTMENT DIRECTOR:**

SIGNED: *Randy Hughes* DATE: *9-21-2015*  
 (Department)

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

TITLE: *Procurement Specialist*

PHONE: *313-774-4617*



Home Search Source Contract Tools Support

### jorgensen ford sales inc p

Vendor name: jorgensen ford s  
Address: 8333 Michigan  
Detroit, MI 48216  
Phone: 313-684-2250  
FEIN:  
DUNS number:  
Preferred vendor: Yes [Edit](#)  
Vendor code: 1082098 [Edit](#)

### Accounts receivable

Contact name: bill mccarthy  
Phone: 313-684-2250  
Email: bill\_mccarthy@  
Address:  
Payment terms:  
Payment types:  
[Edit Payment Terms and Types](#)

### Business profile

Main industry:  
Primary industry: Aut  
Business registration type:  
Business function:  
Legal entity name:  
DBA name:  
Date founded:  
Number of employees:  
Annual revenue:

#### ITC Certifications

**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:

Detroit Business Certifications

Username: nughesho@detroitmi.gov  
Password:

Umbrella policy:

[Leave Feedback](#)

W-9: [W-9 documents](#)

State of incorporation:

- [Registration documents](#)
- [View ownership information](#)
- [Other agencies registered with](#)
- [Notable contracts](#)
- [Employees](#)
- [Business references](#)
- [View organization chart](#)

### Ratings

No information provided  
[Rate this vendor](#)

### Classifications

### Notes

CITY OF DETROIT

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

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

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

SECTION B: CORPORATION LICENSE TYPE
CORPORATION NAME JORGENSEN FORD SALES INC
ADDRESS 8333 MICHIGAN AVENUE CITY/STATE/ZIP DET MI 48210 OWN LEASE
CITY PERSONAL PROPERTY NUMBER 20990696.00 FID/EIN NUMBER 20-1447130
OTHER CITY-OWNED PROPERTY PARCELS
CONTACT PERSON BILL MCCARTHY PHONE NUMBER 313.594.8733 EMAIL ADDRESS bill.mccarthy@hotmail.com

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

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

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

REVENUE COLLECTIONS
APPROVED
CONTRACT CLEARANCES

FOR TREASURY COLLECTION USE ONLY:
APPROVED DENIED DENIED WITH ATTACHMENTS
SIGNATURE DATE AUG 14 2015 CLEARANCE VALID UNTIL JAN 15 2016

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

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<br>TARDINESS OR ABSENTEEISM<br>_____ HOURS _____ DAYS | BRANCH OF SERVICE, IF ANY<br>_____ | RANK<br>_____ |
|---|------------------------------------|---------------|

### 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 # \_\_\_\_\_

- |  |   |   |                       |
|--|---|---|-----------------------|
| <input type="checkbox"/> Engine tune up          | <input type="checkbox"/> Front end and steering systems | <input type="checkbox"/> Manual transmission and/or axles | _____                 |
| <input type="checkbox"/> Engine repair           | <input type="checkbox"/> Automatic transmission         | <input type="checkbox"/> Heating and air conditioning     | Expiration Date _____ |
| <input type="checkbox"/> Brakes, braking systems | <input type="checkbox"/> Electrical systems             | <input type="checkbox"/> Collision - repair               |                       |

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<br>PREP SCHOOL<br>(Name and Location)                | Major/Subject | No. of<br>years | Degree |
| UNIVERSITY or COLLEGE   |               |                 |        |
| GRADUATE SCHOOL   |               |                 |        |
| OTHER - Including Military<br>Service, Trade or Business<br>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<br>Employer | Position or<br>Title | Supervisor's<br>Name | Salary<br>Received | Reason for Separation |
|--------------------|------------------|---------------------------------|----------------------|----------------------|--------------------|-----------------------|
| From<br>Month/Year | To<br>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: \_\_\_\_\_

**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  
(Type or Print Legibly)

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

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

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

Signature of Authorized Representative: W.J. McCarthy

Date: 4-1-13

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

Signature of Notary: Sandra Crowley

Printed Name of Seal of Notary: Sandra Crowley

My Commission Expires: 2/27/18



|  |
|--|
| For Office Use Only  |
| City/Record # _____ In _____ Department Name _____   |
| <input type="checkbox"/> Accepted by: _____ <input type="checkbox"/> Rejected by: _____  |
| Please email for a copy of the COC to Detroit at Human Rights Department 1020 CAYEN Court<br>Human Rights Department, City of Detroit, MI 48224-3434 |

# 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 Wayne

Notary Public, County of Wayne  
State of Michigan  
My commission expires: April 7, 2018

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. Mc CARTHY (Printed Name) FLEET MANAGER (Title)

WJ Mc Carthy (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



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  
 (0009)

LDI C01 269628-1 02 11

[View assistance for Search Results](#)

Search Results

**Current Search Terms: jorgensen\* ford\***

Your search for "jorgensen\* ford\*" returned the following results...

**Notice:** This printed document represents only the first page of your SAM search results. More results may be available. To print your complete search results, you can download the PDF and print it.

|                                     |                             |   |
|-------------------------------------|-----------------------------|---|
| Entity                              | JORGENSEN FORD SALES INC    | Status: Active <input type="checkbox"/> |
| DUNS: 606006042                     | CAGE Code: 4AXC7            | <a href="#">View Details</a>            |
| Has Active Exclusion?: No           | DoDAAC:                     |   |
| Expiration Date: 01/09/2016         | Delinquent Federal Debt? No |   |
| Purpose of Registration: All Awards |                             |   |

**Glossary**

**Search Results**

Entity

Exclusion

**Search Filters**

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

SAM | System for Award Management 1.0

IBM v1.P.24.20150116-1831

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







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. 2914345 REVISION 0 PAGE 1

THE ABOVE NUMBER MUST APPEAR ON ALL INVOICES AND SHIPMENTS.

SHIP TO  
 2633 Michigan Ave  
 Detroit, MI 48216  
 United States

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

**SUPPLIER**

JORGENSEN FORD SALES INC  
 8333 MICHIGAN AVENUE  
 DETROIT, MI 48210

|                                    |  |  |
|------------------------------------|--|--|
| SUPPLIER NO.<br>1082098            | DATE OF ORDER/BUYER<br>21-SEP-15 H Hughes  | REVISED DATE/BUYER                       |
| PAYMENT TERMS<br>Net 30            | SHIP VIA<br>Lowest Cost Carrier            | F.O.B.<br>Delivered                      |
| FREIGHT TERMS<br>Account of seller | REQUESTOR/DELIVER TO<br>Edwards, Wendell B | CONFIRM TO / TELEPHONE<br>(313) 584-2250 |

| LINE | ITEM NUMBER / DESCRIPTION  | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|------|--|---------------|----------|------|------------|-----------|-----|
|      | <p>THIS PURCHASE ORDER ISSUED TO COVER THE COST TO SUPPLY THE CITY OF DETROIT DEPARTMENT OF PUBLIC WORKS (DPW) WITH FOUR (4) F-350 CREW CAB FOUR WHEEL DRIVE PICK-UP TRUCKS WITH FISHER SNOW PLOWS AND SALT DOG SALT SPREADER AT A TOTAL COST OF \$187,100.00. PRICING PROVIDED IN RFQ 50432.</p> <p>CC APPROVAL DATE: OCTOBER 20, 2015</p> <p>THIS IS A ONE- TIME BUY</p> <p>DELIVERY : 120 DAYS</p> <p>FURNISH : FURNISH FURNISH THE CITY OF DETROIT DEPARTMENT OF PUBLIC WORKS (DPW) WITH FOUR (4) F-350 CREW CAB FOUR WHEEL DRIVE PICK-UP TRUCKS WITH FISHER SNOW PLOWS AND SALT DOG SALT SPREADER IN ACCORDANCE WITH SPECIFICATIONS PROVIDED IN RFQ 50432.</p> <p>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 (30) days written notice to the vendor.</p> <p>It is the vendor's responsibility to mail or cause to be delivered a valid original invoice to Finance, Accounts Payable Section with a photographic copy to the contracting officer designated within the contract or purchase order.</p> <p>A valid invoice meets the following requirements:</p> <p>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</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

*Boyd Jackson*

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

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### Purchase Order

PURCHASE ORDER NO. 2914345 REVISION 0 PAGE 2

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SHIP TO

2633 Michigan Ave  
 Detroit, MI 48216  
 United States

BILL TO

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

SUPPLIER

JORGENSEN FORD SALES INC  
 8333 MICHIGAN AVENUE  
 DETROIT, MI 48210

|                                    |  |  |
|------------------------------------|--|--|
| SUPPLIER NO.<br>1082098            | DATE OF ORDER/BUYER<br>21-SEP-15 H Hughes  | REVISED DATE/BUYER                       |
| PAYMENT TERMS<br>Net 30            | SHIP VIA<br>Lowest Cost Carrier            | F.O.B.<br>Delivered                      |
| FREIGHT TERMS<br>Account of seller | REQUESTOR/DELIVER TO<br>Edwards, Wendell B | CONFIRM TO / TELEPHONE<br>(313) 584-2250 |

| LINE   | ITEM NUMBER / DESCRIPTION | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION | TAX |
|--|---------------------------|---------------|----------|------|------------|-----------|-----|
|  | order)                    |               |          |      |            |           |     |
| <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:<br/>         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:<br/>         a) Price on invoice must correspond to the pricing listed on purchase order and/or contract.<br/>         b) Contractor must submit price lists in accordance with bid requirements.<br/>         c) Original invoice must be submitted to the appropriate City of Detroit Account's Payable Section.<br/>         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>The individual responsible for accepting performance under this purchase order is Wendell Edwards at 313- 628 - 2794. The contact person from whom</p> |                           |               |          |      |            |           |     |
| <b>Total</b>   |                           |               |          |      |            | Continued |     |

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PURCHASING DIRECTOR'S SIGNATURE  
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### Purchase Order

PURCHASE ORDER NO. 2914345 REVISION 0 PAGE 3

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SHIP TO  
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 United States

BILL TO  
 Coleman A Young Municipal Ce  
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 Ste 642  
 Detroit, MI 48226  
 United States

**SUPPLIER**

JORGENSEN FORD SALES INC  
 8333 MICHIGAN AVENUE  
 DETROIT, MI 48210

|   |   |   |
|---|---|---|
| SUPPLIER NO.<br><b>1082098</b>            | DATE OF ORDER/BUYER<br><b>21-SEP-15 H Hughes</b>  | REVISED DATE/BUYER                              |
| PAYMENT TERMS<br><b>Net 30</b>            | SHIP VIA<br><b>Lowest Cost Carrier</b>            | F.O.B.<br><b>Delivered</b>                      |
| FREIGHT TERMS<br><b>Account of seller</b> | REQUESTOR/DELIVER TO<br><b>Edwards, Wendell B</b> | CONFIRM TO / TELEPHONE<br><b>(313) 584-2250</b> |

| LINE | ITEM NUMBER / DESCRIPTION   | DELIVERY DATE | QUANTITY | UNIT | UNIT PRICE | EXTENSION  | TAX |
|------|---|---------------|----------|------|------------|------------|-----|
| 1    | payment should be requested is the same as above<br><br>1 Ton 4x4 Pick-Up Truck<br>- Quad Cab with<br>removable front plow<br>and salt spreader<br>insert box<br>o SHIP TO:<br>Address at top of page |               | 4.00     | Each | 46775      | 187,100.00 | N   |

**Total** 187,100.00

*Bryson Jackson*

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