

**List of Required Exhibits – Request for Qualifications Trade Services for
Property Rehabilitation Program of Residential Structures
RFQ #081723**

Exhibit	Document Title
A	Organizational Information
B	IRS Form W-9
C	Resolution of Corporate Authority
D	Certificate of Good Standing OR Certificate of Existence
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Exhibit A
Organizational Information

Respondents must attach a completed copy of the following Organizational Information Form.

Organizational Information
Respondent's Exact Legal Name*:

(*This name should be the same as the name used in all other documents and affidavits, e.g., "Demolition Company, LLC", "Demolition Company", and "Demolition Company, Inc." are all considered different companies.)

U.S. State in which Respondent's Legal Entity is organized:_____

Respondent's Type of Legal Entity (check one)

- ☐ Sole Proprietorship
☐ Partnership
☐ Corporation
☐ Limited Liability Corporation
☐ Limited Liability Partnership
☐ Other:

Respondent's Taxpayer ID Number: _____

Respondent's Address:

Street: _____
City: _____
State: _____
Zip Code: _____

Respondent's Website Address: _____

Respondent's Phone Number: _____

Point of Contact Information:

Name: _____
Title: _____
Phone Number: _____
Email Address: _____
Address (if different from above):
Street: _____
City: _____ **State:** _____
Zip Code: _____

Please check off if your organization identifies as any of the following:
(This information is solely for data collection purposes and will not affect your likelihood of being pre-qualified or receiving a bid.)

- ☐ **MBE Certified** ☐ **WBE Certified** ☐ **VOSB Certified**
☐ **Other:**

Exhibit B
IRS Form W-9

Respondents must attach their current, completed, signed, and dated IRS Form W-9.

Exhibit C
Resolution of Corporate Authority

Respondents must attach a copy of the following Resolution with original signature in blue ink, dated after the release of this RFQ.

Resolution of Corporate Authority

I, _____ Corporate Secretary of _____, a Michigan Corporation (the "Corporation"), certify that the minutes of the meeting of the Board of Directors or Articles of Incorporation now in full force and effect, include language similar to or reflect the information embodied below:

"RESOLVED, that the Chairperson, the President, each Vice President, the Treasurer, and the Secretary and each of them, hereby is authorized to execute and deliver, in the name 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 of transaction that shall have been duly approved; and the execution and delivery of any agreement, or document, or other instrument, or document in connection with any matter of transaction that shall have been duly approved; the execution and delivery of any Contract by any of the aforementioned officers shall be conclusive evidence of such approval."

FURTHER, I CERTIFY that

_____ is Chairperson/President of the Board,
_____ and is Vice Chairperson/Vice President,
_____ and is/are Vice President(s), is Treasurer,
_____ is Secretary, is (names other offices)

_____ **FURTHER, I CERTIFY** that any of the aforementioned officers or employees of the Corporation are authorized to execute or guarantee and commit the Corporation to the conditions, obligations, stipulations and undertakings entered into between the DLBA and the Company in order to perform the Services as outlined in the Agreement.

FURTHER, I CERTIFY that the Corporation has a duty to identify and disclose any contract(s), including any contract involving an employment or consulting relationship, which the Corporation, or any of the aforementioned officers or employees of the Corporation, currently has with the Detroit Land Bank Authority, the City of Detroit, or with any of their board members or officers. ***[Signatures commence on the following page]***

IN WITNESS THEREOF, I have set my hand this _____ day of _____, 202_.

Signature of Corporate Secretary

CORPORATE SEAL
(if any)

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. THE TERM CORPORATION SHALL INCLUDE S-CORPS, C-COPRS, LLC, PLLC, PARTNERSHIPS, SINGLE-MEMBER LLC, JOINT VENTURES AND SOLE PROPRIETORSHIPS.

This document was acknowledged, subscribed and sworn before me this _____ day of

_____, 202_ , by _____,
_____, of _____ [Contractor].

Signature
of Notary

Printed name of Notary
Notary Public, State of Michigan, County of: _____
My commission expires: _____
Acting in the County of: _____

Exhibit D
Certificate of Good Standing OR Certificate of Existence

Respondents must attach their current, valid and active Certificate of Good Standing or Certificate of Existence issued by the Michigan Department of Licensing and Regulatory Affairs (only 2022 or 2023 Certificates will be accepted).

Exhibit E

Proof of Experience

The Respondent (meaning the legal entity **not** corporate officers, owners, employees, etc.) must provide evidence of proven experience providing professional services or services of a similar scope. The DLBA reserves the right to determine the similarity of any previous experience with professional services. Professional services or services of a similar scope include but are not limited to:

- Construction
- Construction Management or Residential Building Trades
- Abatement of asbestos-containing and/or hazardous materials
- Environmental Remediation
- Residential Maintenance and/or Alterations

Attach the evidence on a separate sheet. Please include the following:

- Project name and location
- Name of organization that completed the work.
- Project owner
- Owner contact information
- Project description, including trade(s) performed and number of employees performing trade(s)
- Start date and completion date.

Exhibit E: Proof of Experience

Contractor Name:	
Project Name:	
Project Location:	
Name of Organization that completed the work:	
Project Description including trades and size of crew:	
Project Start - Completion Date:	
Project Owner Contact Information:	

Exhibit F
License(s) and Certification(s)

Each Respondent must provide a current and valid:

- Residential Builder license issued by the State of Michigan or
- Individual Maintenance & Alteration Contractor license or applicable trade license (i.e., electrician, plumber, etc.) issued by the State of Michigan
- Additionally, provide the City of Detroit current license registration for as required by trade.

The name on the License must match the contractor's exact legal name, as provided in Exhibit A.

Each Respondent must provide current:

- EPA Lead-Safe Certification (Renovation Repair Painting-RRP Firm Certification) (must be in the respondent company's name)
- Asbestos Awareness Certification (must be in the name of the company, business owner, or project manager/superintendent)
- OSHA 10 Certification (must be in the name of the company, business owner, or project manager/superintendent.)

Exhibit G
Proof of Insurance

Each Respondent is required to present current and valid insurance coverage for any of the following coverages: worker's compensation, employer's liability, commercial general liability, automobile liability, professional liability, and/or pollution liability.

Exhibit H
Approved City of Detroit Income Tax Clearance

Respondents must use the City of Detroit's Income Tax Clearance Application on the following page. Only **approved** clearance applications will be accepted. Pre-qualified vendors will be responsible for updating an expired clearance and notifying the designated DLBA point(s)-of-contact. Failure to maintain current forms may result in revocation of a pre-qualified status.



REQUEST FOR INCOME TAX CLEARANCE

REQUESTING DEPARTMENT/DIVISION: _____

E-MAIL ADDRESS: _____

CONTACT NAME: _____ PHONE: _____ FAX: _____

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. 1220 Detroit, MI 48226 Phone: (313) 224-3328 or 224-3329 Fax: (313) 224-1741 or 224-4588	For: Individual _____ and/or Company Name _____ Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax # _____ E-mail Address _____
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B. Name of Chief Financial Officer/Authorized Contact Person (include address if different from above)	Telephone # _____ Fax # _____
Employer Identification or Social Security Number	Spouse Social Security Number

Nature of Contract _____	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.

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

CORPORATIONS AND PARTNERSHIPS ANSWER QUESTIONS 5,6,7.

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

D. FOR INCOME TAX USE ONLY

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

<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____ Date _____ Expires _____
<input type="checkbox"/> Yes <input type="checkbox"/> No	Signature _____ Date _____ Expires _____
<input type="checkbox"/> Yes <input type="checkbox"/> 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**

Requirements For Income Tax Clearance

Background. The City of Detroit is authorized to levy an income tax under the Uniform City

Income Tax Ordinance (No.900-F) set forth in Chapter 2 of Act 284 of the Public Acts of 1964, known as the "City Income Tax Act." "No bid shall be accepted from or contract awarded to any person who is in arrears to the City..." see Detroit codes: Sec.18-5-13, Sec. 18-10-25 and General Conditions# 28.

What Is An Income Tax Clearance? An **approved** Income Tax Clearance states that an

individual, business or subcontractor seeking employment or contracts with the City of Detroit has complied with all the provisions of the City Income Tax Ordinance. Contractors (individuals, businesses or Subcontractors) cannot be awarded a contract and are not authorized to perform services until they are in compliance with the City Income Tax Ordinance. **The "Request for Income Tax Clearance" form should be submitted 30 days prior to the submission for new bids or renewals of contract extensions. Please e-mail your completed request form (preferably in pdf format) to: IncomeTaxClearance@detroitmi.gov**

Requirements For Individuals. Individuals must file returns and pay income taxes, and not have any unpaid assessments. Detroit residents must file form D-1040(R). If a taxpayer claims a non-resident status, proof will be required (copy of lease, mortgage closing statements, drivers license, voter's registration, ect.). If an individual seeking a tax clearance reside within the City, but claimed dependent status on another person's tax return, or received assistance, proof may be required.

Requirements For Businesses. Businesses must file Corporation (D-1120) or Partnership (D-1065) returns, regardless of net profit or loss. Non-profit organizations are required to file D-1120 tax return based on non-related income. All employers located in the City or "doing business within the City" must withhold City of Detroit income taxes from employees' compensation. Employers subject to withholding tax must file monthly or quarterly forms D-941/501, as well as, form DW-3 (Annual Reconciliation) with W2's. All assessments must be paid. New employers must request an Employer's Package and register with the City by completing and submitting an Employer's Withholding Registration form DSS-4. Contractors must supply a list of subcontractors with federal identification numbers or social security numbers. Contractors must also supply the federal identification numbers used for their leased employees.

Income Tax Clearance Denials. Income Tax Clearances are denied based on one or more of the following reasons:

1. Missing withholding payments, DW-3 Annual Reconciliation with W2's,

2. Unpaid assessments

3. Missing tax returns

Related data regarding taxpayers are confidential, therefore, reasons for denial are given only to the taxpayer or authorized representative with power of attorney. Taxpayers with denied clearances may visit our office to obtain information about their account or to submit requested information.

Appointments are not necessary. For additional information contact the Clearance Section at (313) 224-3328 or (313) 224-3329. Our office is located in the Coleman A. Young Municipal Center, 2 Woodward Avenue, Suite 1220. Office hours are 8:00 a.m. to 4:00 p.m., Monday through Friday.

Rev 12/14

Exhibit I
Approved City of Detroit Accounts Receivable Clearance

Respondents must use the City of Detroit's Request for Accounts Receivable Clearance Application on the following page. Only **approved** clearance applications will be accepted. Pre-qualified vendors will be responsible for updating an expired clearance and notifying the designated DLBA point(s)-of-contact. Failure to maintain current forms may result in revocation of a pre-qualified status.

CITY OF DETROIT

ACCOUNTS RECEIVABLE CLEARANCE APPLICATION
2 WOODWARD AVENUE, SUITE 106, COLEMAN A. YOUNG MUNICIPAL CENTER
REVENUE & TAX EXAMINATION OFFICE (313) 224-2389 / FAX: (313) 224-1901 /
RevenueCollections@DetroitMI.gov

☐ **SECTION A:** ☐ BUSINESS LICENSE ☐ BUDGET ☐ CITY COUNCIL ☐ DDOT ☐ DPW ☐ OCFO ☐ FIRE ☐ HEALTH
☐ CIVIL RIGHTS ☐ LAW ☐ MAYOR ☐ OMBUDSMAN ☐ HOUSING & REV ☐ 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 _____

ADDRESS _____ CITY/STATE/ZIP _____

☐ OWN ☐ LEASE

CITY PERSONAL PROPERTY NUMBER _____ **FID / EIN**
NUMBER _____

OTHER CITY-OWNED PROPERTY
PARCELS _____

_____ CONTACT PERSON _____ PHONE
NUMBER _____

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 _____

☐ OWN ☐ LEASE

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 ☐ DENIED WITH ATTACHMENTS

UNTIL _____ CLEARANCE VALID

SIGNATURE _____ DATE _____

Exhibit J
Fraud, Waste & Abuse, Negligence and Debarment/Suspension
Affidavit

Respondents must attach a copy of the following affidavit with original signature from an Authorized Agent of the Organization in blue ink, dated after the release of this RFQ.

Pursuant to paragraph 5, if the Respondent is required to submit a statement, please prepare on company letterhead and include the following information:

- Contract #
- Date of Termination
- Reason for Termination

Letter of Reinstatement

Fraud, Waste & Abuse, Negligence and Debarment/Suspension Affidavit

I, _____, state under oath:

1. I am the _____ of _____ [CONTRACTOR] (hereafter "Organization"), and am authorized to execute this affidavit and contractually bind the Organization.
2. The Organization has responded to a Request for Qualifications issued by the Detroit Land Bank Authority (hereafter "DLBA") for the rehabilitation of certain residential properties.
3. The Organization has not been debarred, permanently suspended, proposed for debarment, declared permanently ineligible, voluntarily excluded, or disqualified from bidding or receiving a public contract, nor are there proceedings pending relating to the Organization's responsibility, debarment, suspension, voluntary exclusions, or qualifications to receive a public contract.
4. The Organization, including any principal, owner, director or partner, has never been found responsible for, nor is there a pending investigation in connection with, committing fraud, fraudulent misrepresentation, demolition-related negligence, theft-related crimes and/or any other illegal activity related to activities by the City of Detroit Office of the Inspector General, any prosecutor's office, State Attorney General's Office or United States Attorney's Office.
5. I acknowledge that the Organization:

☐ HAS NOT ☐ HAS

within the two-year period preceding this affidavit, had one or more government or public transactions terminated for cause or default, nor has any government or public agency requested or required enforcement of any of its rights under a surety agreement on the basis of the Organization's default or in lieu of declaring the Organization in default.

If "HAS" was selected, please attach a statement on Organization letterhead and include the contract number, date of termination, and reason for termination. Please also include a letter of reinstatement.

6. I acknowledge that providing false or misleading information in connection with the DLBA's Property Rehabilitation Programs may violate Federal, State and/or local laws, including but not limited to 18 U.S.C. § 1001, and result in criminal or civil liability.
7. I acknowledge that if I or any employee of the Organization, including any principal, owner, director or partner, with an intent to defraud or cheat, designedly by false pretense, including any false statement or misrepresentation, obtains money, real or personal property, or the use of any instrument, facility, article or other valuable thing or service pursuant to my (our) participation in the DLBA's Property Rehabilitation Programs, shall be guilty of either a misdemeanor or a felony, punishable by imprisonment for not more than 10 years or a fine or both pursuant to MCL 125.1447.
8. I further acknowledge that the organization has an express and ongoing obligation to disclose to the DLBA should any of the above-stated facts become untrue. Such disclosure shall be in writing and shall detail the fact(s) which cause the above-stated facts to become untrue.

_____ [CONTRACTOR]

Dated: _____

B
Y
:
I
t
s
:

This document was acknowledged, subscribed and sworn before me this
_____ day of _____, 202_, by _____,
_____, of _____ [CONTRACTOR].

Signature of Notary

Printed name of Notary

Notary Public, State of Michigan, County of: _____

My commission expires: _____

Acting in the County of: _____

Exhibit K
Non-Collusion Affidavit

Respondents must attach a copy of the following affidavit with original signature from an Authorized Agent of the Organization in blue ink.

Non-Collusion Affidavit

I, _____, state under oath:

I am the _____ of _____[CONTRACTOR]

1. (hereafter "Organization") and authorized to execute this affidavit and contractually bind the Organization.
2. I am fully informed respecting the preparation and contents of the attached Qualifications or Proposal and of all pertinent circumstances respecting such Qualifications or Proposal.
3. Such Qualifications or Proposal, as well as any Property Rehabilitation Program Proposal submitted by this Organization, are/is genuine and are/is not collusive or a sham;
4. Neither this Proposing Organization nor any of its officers, members, partners, owners, agents, representatives, employees or parties in interest, including this affiant, has in any way colluded, or conspired, directly or indirectly, or sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached Proposal or any other Proposer, or to fix any overhead, profit or cost element of the Proposal price or the Proposal price of any other Proposer, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the Detroit Land Bank Authority or the City of Detroit or any person interested in the proposed contract;
5. Any price or prices quoted in any Property Rehabilitation Program Proposal submitted by this Organization, are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, members, partners or parties in interest, including this affiant.

[Signatures commence on the following page]

_____[CONTRACTOR]

Dated: _____

B
y
:
I
t
s
:

This document was acknowledged, subscribed and sworn before me this
____ day of _____, 202_, by _____,
_____, of _____
[CONTRACTOR].

Signature of Notary

Printed name of Notary

Notary Public, State of Michigan, County of: _____

My commission expires: _____

Acting in the County of: _____

Exhibit L
Worker's Qualifications Affidavit

Respondents must attach a copy of the following affidavit with original signature from an Authorized Agent of the Organization in blue ink.

Pursuant to paragraph 7, the Prequalified vendor must attach one of the following:

- 1) A copy of the Respondent's employment application to be used in connection with work performed under the submitted RFP proposal.

OR

- 2) A statement on company letterhead detailing the prequalified vendor's hiring procedure and its compliance with the terms of paragraph 7.

Worker's Qualifications Affidavit

I, _____, state under oath:

1. I am the _____ of _____
[CONTRACTOR] (hereafter "Organization"), and authorized to execute this affidavit and contractually bind the Organization.
2. The Organization has responded to a Request for Qualifications (hereafter "RFQ") or a Request for Proposals (hereafter "RFP") issued by the Detroit Land Bank Authority (hereafter "DLBA") for the rehabilitation services of certain residential properties.
3. I acknowledge that the Organization possesses the qualified personnel, including management, office support staff and field staff, necessary to perform the services/work sought through this RFQ or RFP.
4. I acknowledge that, pursuant to the RFQ or RFP, the Organization is also required to possess and submit to the DLBA upon request evidence of all necessary licenses, certifications, accreditations, or designations as required by Federal, State, and local law to perform the services/work sought through this RFQ or RFP.
5. I acknowledge that the Organization will only permit those individuals, including subcontractors, who currently hold and maintain all the necessary licenses, certifications, accreditations, or designations as required by Federal, State, and local law to perform the services/work sought through this RFQ or RFP.
6. I acknowledge that should the Organization be selected as a pre-qualified vendor and/or receive an executed Agreement and Notice to Proceed, the Organization and all participating employees have an express and ongoing obligation to maintain all such necessary licenses, certifications, accreditations or designations current, and will provide the DLBA upon request with evidence of the same for the duration of the period of pre-qualification or executed Agreement.
7. I further acknowledge that the Organization will not inquire into or consider the criminal convictions of applicants for employment needed to fulfill the terms of any DLBA contract that may result from the competitive procedure in connection with which this affidavit is submitted. As further proof, I have attached either (1) a copy of the Organization's application form to be used in connection with this RFQ or RFP, or (2) a statement on Organization letterhead detailing the Organization's hiring procedure and its compliance with the terms of this section.

[Signatures commence on the following page]

_____ [CONTRACTOR]

Dated: _____

B
Y
:
I
t
s
:

This document was acknowledged, subscribed and sworn before me this
_____ day of _____, 202_, by _____,
_____, of _____
_____ [CONTRACTOR].

Signature of Notary

Printed name of Notary

Notary Public, State of Michigan, County of: _____

My commission expires: _____

Acting in the County of: _____

Exhibit M
Covenant of Equal Opportunity

Respondents must attach a copy of the following affidavit with original signature from an Authorized Signer of the Organization in blue ink. Please note: the terms of the clearance determined.

**The RFQ/RFP # and Duration End Date are provided and do not require modification. The Duration Start Date should reflect the date of execution of this form.*

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

I, being a duly authorized representative of _____, (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 application 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 until 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)

RFQ/RFP #

Duration of Covenant _____ to _____

Printed Name of Contractor/Organization _____

(Type or Print Legibly)

Contractor Address _____, _____, _____
(City) (State) (Zip)

Contractor Phone/E-mail _____ / _____
(Phone) (E-mail)

Printed Name & Title of Authorized Representative _____

Signature of Authorized Representative: _____

Date: _____

****This Document MUST be Notarized****

Signature of Notary: _____

Printed Name of Seal of Notary: _____

My Commission Expires: ____/____/____

FOR CONTRACTING DEPARTMENT USE ONLY:

Date Rec'd ____/____/____ Received By: _____ Title: _____

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

Exhibit N
Slavery Era Records and Insurance Disclosure

Respondents must attach a copy of the following affidavit with original signature from an Authorized Agent of the Organization in blue ink.

CITY OF DETROIT
SLAVERY ERA RECORDS AND INSURANCE DISCLOSURE AFFIDAVIT

1. Name of Contractor: _____
2. Address of Contractor: _____

3. Name of Predecessor Entities (if any): _____

4. Prior Affidavit Submission? ☐ No ☐ Yes, on: _____
(Date of prior submission)
5. ☐ Contractor was established in _____ (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.

_____ (Printed Name) _____ (Title)

_____ (Signature) _____ (Date)

Subscribed and sworn to
before me this _____
day of _____

Notary Public, _____ County, Michigan
My Commission Expires: _____

Exhibit O
Statement of Political Contributions and Expenditures Affidavit

Respondents must attach a copy of the following affidavit with original signature from an Authorized Agent of the Organization in blue ink.

STATEMENT OF POLITICAL CONTRIBUTIONS AND EXPENDITURES

“City Charter § 4-122, ¶ 2: For purposes of conflicts of interest, the City shall require in all of its contractual agreements, including, but not limited to, leases, service and equipment agreements and including contract renewals, that the contractor provide a statement listing all political contributions and expenditures (**“Statement of Political Contributions and Expenditures”**), as defined by the Michigan Campaign Finance Act, MCL 169.201, et seq., made by the contractor, its affiliates, subsidiaries, principals, officers, owners, directors, agents or assigns to elective city officials within the previous four (4) years. Individuals shall also list any contributions or expenditures from their spouses.”

Instructions: In accordance with Section 4-122 of the 2012 Detroit City Charter, you must provide the following information, sign this document, have it notarized, and submit it to the City. If additional space is needed, please enter “see additional sheet(s)” on the last row and attach additional sheets.

In Column A, enter the name of the person or company that made the contribution or expenditure. If there were no political contributions or expenditures made, enter NONE.

In Column B, enter the relationship of the donor to the contractor or vendor, that is, contractor, affiliate, subsidiary, principal, officer, owner, director, agent, assignee, or spouse of any of the foregoing who are individuals.

In Column C, enter the name of the recipient, an elective city official which under Charter § 3-107, includes only the Mayor, the City Clerk, and members of the City Council and the Board of Police Commissioners.

In Column D, enter the amount of the contribution or expenditure, as defined in the Michigan Campaign Finance Act, 1976 PA 388, MCL 169.204 and MCL 169.206.

In Column E, enter the date of the contribution or expenditure. This statement must include all contributions and expenditures within the previous four years.

A	B	C	D	E
Donor	Relationship to Contractor/Vendor	Recipient	Amount of Contribution or Expenditure	Date

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: _____

Print name: _____

Sworn and subscribed to before me
on _____, 202____ [by _____, the
_____ of the above named
contractor/vendor, an authorized representative or agent of the contractor/vendor]

Sign: _____

Print: _____

Notary Public, _____ County, Michigan,

Acting in _____ County

My Commission Expires: _____

Exhibit P
Acceptance of Detroit Land Bank Authority Renovation Project
Manual Acknowledgement Form

Respondents must attach a completed copy of the following Acknowledgement and Acceptance of the Renovation Project Manual, with original signature from an Authorized Agent of the Organization in blue ink, dated after the release of the RFQ.

Detroit Land Bank Authority

Acknowledgment and Acceptance of Renovation Project Manual

I have reviewed the Detroit Land Bank Authority's Renovation Project Manual. I have read the entire contents of this manual and agree to adhere to the manual if awarded a Property Rehabilitation contract.

I understand that I may submit any objections to, in writing, as an attachment to this form. I understand that my company's objections to the standard contract may be considered during the evaluation process for any bid submitted for the Detroit Land Bank Authority's Property Rehabilitation Programs.

Sign Name:

Print Name: _____

Date: _____

Exhibit Q
Trade Services Categories and Definitions

Respondents must complete the attached Exhibit Q and place an "X" in each of the individual service line items for which they wish to be prequalified in blue ink.

**DETROIT LAND BANK AUTHORITY
RFQ# 081723-TRADE SERVICES CATEGORIES**

**PLACE AN "X" IN THE CATEGORY REQUEST FOR PREQUALIFICATION COLUMN
FOR THOSE SERVICE NAME(S) SEEKING TO BE PREQUALIFIED**

Service Name	Service Description	Category Request for Prequalification
Roofing	Full replacement of the roofing system, including all components such as shingles, underlayment, and flashing.	
Siding	Removal and replacement of exterior siding to improve the appearance and protection of the house.	
Electrical	Complete rewiring of the residential electrical system to ensure safety and compliance with codes.	
Plumbing	Upgrading the interior residential plumbing system, including all finished components like fixtures and pipes.	
Security Doors	Installation of sturdy and secure doors to enhance home security.	
Concrete & Paving	Removal, framing, and repouring of concrete for driveways, walkways, and other paved areas.	
Masonry	Building or repairing structures using bricks, stones, or concrete blocks.	
Rough Carpentry	Initial rough framing and structural work in the construction process.	
Finish Carpentry	Installation of the final touches in the interior, such as molding, trim, and cabinetry.	
Drywall	Installation of drywall panels to create interior walls and ceilings.	
Floor & Wall Covering	Application of interior residential tile for floors and walls.	
HVAC	Installation or upgrade of the heating, ventilation, and air conditioning systems.	
Painting & Wallpaper	Application of paint and/or wallpaper to enhance interior aesthetics.	
Insulation	Adding insulation to walls, floors, and ceilings to improve energy efficiency and comfort.	
Specialties	Installation of various specialty items like privacy window film, storm windows, and shower glass.	
Countertops	Installation of granite, quartz, marble, laminate, butcher block or similar materials in the kitchen, bathrooms, laundry rooms and hearths.	
Fencing	Building or replacing fences for privacy and security.	
Metal Railings	Installation or replacement of metal railings for staircases or balconies.	
Windows	Grading and replacement of all windows to improve energy efficiency and aesthetics.	
Asbestos Survey	An assessment conducted to identify the presence of asbestos-containing materials in a building, ensuring proper management and safe handling of potentially harmful substances.	
Asbestos Abatement	The process of safely removing, encapsulating, or enclosing asbestos-containing materials to prevent their release into the air, minimizing health risks to occupants and workers.	
Foundation Assessments	Comprehensive evaluations of a building's foundation to identify structural issues, potential instability, and necessary repairs, providing insights into the overall stability of the structure.	
Foundation Repairs	Repair and restoration work performed on a building's foundation to address issues such as cracks, settling, or water damage, ensuring the structural integrity and longevity of the building.	
Selective Demo	The controlled and strategic demolition of specific areas or elements within a structure, often done to renovate or repurpose a space while preserving other parts of the building.	

Exhibit R
RFQ Submission Affidavit

Respondents must attach a copy of the following affidavit with original signature from an Authorized Agent of the Organization in blue ink, dated after the release of this RFQ.

RFQ SUBMISSION AFFIDAVIT

I, _____, state under oath:

1. I am the _____ of _____ [CONTRACTOR] (hereafter "Organization"), and am authorized to execute this affidavit and contractually bind the Organization.

2. I hereby designate the following individual(s) as the Organization's point of contact for all matters relating to **RFQ #23RR362**

Primary Contact

Name: _____

Title: _____

Email: _____

Phone: _____

Secondary Contact

Name: _____

Title: _____

Email: _____

Phone: _____

3. I acknowledge that all information submitted to the Detroit Land Bank Authority, in response to this RFQ is true, complete, and correct to the best of my knowledge and belief.

4. I acknowledge that should the Organization discover that any information submitted in response to this RFQ be false, incomplete, or incorrect, the Organization is under a duty and obligation to immediately provide the Detroit Land Bank Authority with the true, complete, and correct information.

5. I acknowledge that the Organization is under an ongoing duty and obligation to renew and/or update and submit to the Detroit Land Bank Authority documents that are subject to expiration (e.g., professional license(s), tax clearance(s)).

6. I further acknowledge that the Organization is under an ongoing duty and obligation to submit additional documents and information as the Detroit Land Bank Authority.

[Signatures commence on the following page]

_____ [CONTRACTOR]

Dated: _____

B
Y
:
I
t
s
:

This document was acknowledged, subscribed and sworn before me
this ____ day of _____, 202_, by
_____, _____, of
_____ [CONTRACTOR].

Signature of Notary

Printed name of Notary

Notary Public, State of Michigan, County of: _____

My commission expires: _____

Acting in the County of: _____