

3/15/16

**NEW**

**BUSINESS**



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
GRANTS MANAGEMENT

CITY CLERK 2016 MAR 1 PM 3:10

①

DEC 10 2015

Log # 1779

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1012  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

ⓧ  
ⓧ  
18  
ⓧ

December 10, 2015

The Honorable Detroit City Council  
**ATTN: City Clerk Office**  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**APPROVED**

**RE: Request to Accept and Appropriate State of Michigan, Department of Community Health Crime Victim Services Grant**

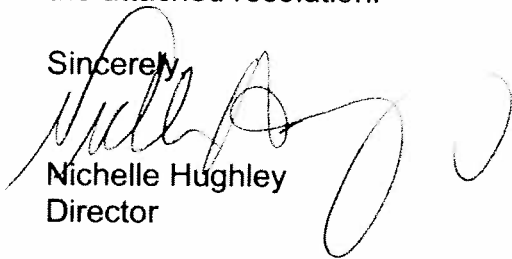
The State of Michigan, Department of Community Health Crime Victim Services, Victim of Crime Assistance (V.O.C.A.) Grant has been awarded to the Detroit Police Department for a total of \$875,000 for Fiscal Year 2015-2016. The State share is \$700,000 of the approved amount and a local match of \$175,000, of which \$30,483 is an in-kind match and \$144,517 is a cash match using cost center 372792 and appropriation 20164. The grant period is October 1, 2015 through September 30, 2016.

The V.O.C.A. Grant will allow the Rape/Homicide Counseling Center to enhance and expand local services to victims of rape and homicide crimes. This is a reimbursement grant.

If approval is granted to accept and appropriate this funding, Kellie Russell, Associate Director, will be the fiduciary agent for the grant. The cost center is 372791 and the appropriation number is 20164.



I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,

  
Michelle Hughley  
Director

Enclosure

CC: Police Chief James Craig  
Sgt Wendy Flanagan  
Lisa P. Jones, Deputy Director - OGM  
Kellie Russell, Associate Director - OGM

<b>APPROVED</b>	CVA # received 2/24/16
	2/24/16
	BUDGET DIRECTOR
	FINANCE DIRECTOR

ENTERED MAR 14 2016 - Move to New Business

FOR OFFICE USE ONLY:	Version # _____	APP # 712212
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**Fiscal Agent Information**

*(Carefully read the instructions before completing this form)*

**1. Fiscal Agent Information**

- a. Fiscal Agent Name: City of Detroit
- b. Organizational Unit: Detroit Police /Victim Assistance
- c. Address: 4707 St. Antoine
- d. Address 2: Suite M-167 Box 407
- e. City: Detroit
- f. Federal Id Number: 38-6004606
- State MI: Zip 48201
- Reference No. 603005542
- g. Fiscal Agent fiscal year (beginning month and day): July-01
- h. Agency Type (Please check one)
  - Native American Tribes
  - Private, Non-Profit
  - Private, Proprietary
  - Public
  - University

**Organization Detail**

- i. Michigan Solicitation Registration Number: \_\_\_\_\_ CCR Registration (Please select Yes  Yes  No or No)
- j. State MESC ID Number: 122222222 Sales Tax License Number: \_\_\_\_\_
- k. Is agency or project operations held in a facility 50 years or older? (Please select Yes or  Yes  No)
- l. Agency Type Detail: Criminal Justice -- Government - Law Enforcement

**Agency Financial Information**

- m. Please complete and attach the Financial Capability Questionnaire. Download a copy of the form at URL: [560\\_\\_Financial\\_Capability.pdf](http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf)  
<http://ojp.gov/funding/Apply/Resources/FinancialCapability.pdf>
- n. Select the appropriate radio button to indicate the agency method of accounting. (Please select one from list)
  - Accrual
  - Cash
  - Modified Accrual

**2. Program Information**

- a. Program Name: VOCA Crime Victim Assistance- 2016
- b. Is implementing agency same as Fiscal Agent (Please select Yes or No)  Yes  No
- c. Implementing Agency Name
- d. Project Start Date: Oct-01-2015 End Date: Sep-30-2016
- e. Amount of Funds Requested: \$700,000.00 Project Cost: \$875,000.00

**Service Impact and Victim Population**

- e. This VOCA Grant will primarily be used to:  
Select the appropriate radio button to indicate whether the grant will primarily be used to: (Please select one from list)
  - Expand services into a new geographic area
  - Offer new types of services
  - Serve additional victim populations
  - Continue existing services to crime victims

f. Purpose of VOCA Grant:

Select the appropriate radio button to indicate the purpose of the grant. (Please select one from list)

- Start up a new victim services project
  Continue a VOCA-funded victim project funded in a previous year
  Expand or enhance an existing project not funded by VOCA in the previous year
  Start up a new Native American Victim services project
  Expand or enhance an existing Native American project

9. If awarded, these funds will support direct service staff providing services to the following victims:

Select the appropriate box(es) to indicate which type(s) of victims will be served by the VOCA project. (Please select applicable values)

- Child Physical Abuse (CA)
  Child Sexual Abuse (CA)
  DUI/DWI Crashes (UN)
  Domestic Violence (DV)
  Adult Sexual Assault (SA)
  Elder Abuse (UN)
  Adults Molested as Children (UN)
  Survivors of Homicide Victims (UN)
  Robbery or Bank Robbery (UN)
  Assault (UN)
  Violent Crime (UN)
  Economic Exploitation and Fraud (UN)
  Hate Crime (UN)
  Other (specify)

**Service Identification**

h. Identify the VOCA FUNDED SERVICES to be provided by project staff. Check the appropriate box(es). (Please select applicable values)

- Crisis Counseling
  Telephone Follow-up Contact
  Therapy
  Crisis Hotline Counseling
  Group Treatment/Support
  Shelter/Safe House
  Information/Referral (in person)
  Criminal Justice Support/Advocacy
  Emergency Financial Assistance
  Emergency Legal Advocacy
  Assistance in Filing Compensation Claims
  Personal Advocacy
  Telephone contact (information & referral)
  Other (specify)

i. Identify other services offered but NOT VOCA FUNDED provided to victims by your agency. Check the appropriate box(es). (Please select applicable values)

- Crisis Counseling
  Telephone Follow-up Contact
  Therapy
  Crisis Hotline Counseling
  Group Treatment/Support
  Shelter/Safe House
  Information/Referral (in person)
  Criminal Justice Support/Advocacy
  Emergency Financial Assistance
  Emergency Legal Advocacy
  Assistance in Filing Compensation Claims
  Personal Advocacy
  Telephone contact (information & referral)
  Other (specify)

**Source of Funding**

This financial section should include all victims' service programs for the applicant agency, not just the proposed VOCA project. Applicants must demonstrate financial stability and document that 25-50 percent of their financial support is from non-federal sources. Provide the agency's total fiscal year victims' services budget for the current year and the year requested. To generate the 'TOTAL', click the 'Save' button.

Enter the individual amounts and sources of funding for the current year budget, list individually and then aggregated by Federal (non-VOCA), VOCA, State, Local and Other funding sources. The budget should be for all the agency's victims' services. Do not include any non-victim assistance services provided by the agency. The Current Year should be the 12 month period directly preceding the request and the Year Requested should be the 12 months beginning on the anticipated project start date.

FOR OFFICE USE ONLY: Version # \_\_\_\_\_

APP # 712212

**3. Certification / Contacts Information**

**a. Project Director**

Name: JoAnn Cooper-Reid  
Title: Director  
Mailing Address: 4707 St. Antoine Suite M-167  
City: Detroit State MI Zip: 48201  
Telephone: (313) 833-1660 Fax: (313) 833-4233  
E-mail Address: cooper-reid419@detroitmi.gov

**b. Financial Officer**

Name: Ray Moyer  
Title: Financial Officer  
Mailing Address: 1301 Third Street  
City: Detroit State MI Zip: 48226  
Telephone: (313) 596-1925 Fax: (313) 833-4233  
E-mail Address: moyer844@detroitmi.gov

**c. Authorized Official**

Name: James E Craig  
Title: Chief Executive Officer  
Mailing Address: 1301 Third Street  
City: Detroit State MI Zip: 48226  
Telephone: (313) 596-1870 Fax: (313) 596-2800  
E-mail Address: chiefofpolice@detroitmi.gov

**d. Civil Rights**

Name: Aletha Johnson  
Title: Civil Rights Contact  
Mailing Address: 1301 Third St. Suite 659  
City: Detroit State MI Zip: 48226  
Telephone: (313) 596-1679 Fax: (313) 596-2715  
E-mail Address: Alejoh@detroitmi.gov

Source of Funding - Fiscal Year Budget	Funding Source Type	YEAR BEING REQUESTED - Date Range 10/1/2015-9/30/2016	CURRENT YEAR - Date Range 10/1/2014-9/30/2015
VOCA Crime Victim Assistance	Federal	700,000	589,258
City of Detroit	Local	175,000	147,314
	<b>TOTAL</b>	<b>875,000</b>	<b>736,572</b>

**Prorate VOCA Project Funds**

Indicate the dollar amount of VOCA Federal Funds allocated to the priority and underserved victim category based upon the proposed VOCA project budget. For example, the proposed total VOCA federal project budget is \$50,000. The project hires two staff positions with identical salaries. One staff person serves Child Sexual Abuse victims and one staff person serves Adult Sexual Assault victims. The prorated dollar amounts per victim category would be \$25,000.

You can use the VOCA Prorate Project Funding Worksheet in show documents to help you find the dollars you will allocate per priority and underserved victim category based on percentage.

k.

VOCA projects	Amount
Child Physical Abuse (CA)	50,000
Child Sexual Abuse (CA)	51,107
DUI/DWI Crashes (UN)	0
Domestic Violence (DV)	248,700
Adult Sexual Assault (SA)	185,000
Elder Abuse (UN)	5,193
Adults Molested as Children (UN)	10,000
Survivors of Homicide Victims (UN)	150,000
Robbery or Bank Robbery (UN)	0
Assault (UN)	0
Violent Crime (UN)	0
Economic Exploitation and Fraud (UN)	0
Hate Crime (UN)	0
<b>TOTAL</b>	<b>700,000</b>

**RESOLUTION**

**Council Member** \_\_\_\_\_

**WHEREAS**, the Detroit Police Department is requesting authorization to accept a grant of \$700,000 from The State of Michigan, Department of Community Health Crime Victim Services, Victim of Crime Assistance (V.O.C.A.) to continue its goal of enhancing and expanding local services to victims of rape and homicide crimes,

**THEREFORE, BE IT RESOLVED** that the Director for the Office of Grants Management is hereby authorized to sign the grant agreement on behalf of the City of Detroit. The award of \$700,000 from The State of Michigan using appropriation 20164 (Victim Assistance) and the Police Department has \$144,517 available in their departmental allocation using cost center 372792 and appropriation 20164 for the City cash match requirement and \$30,483 as an in-kind match, and

**BE IT FURTHER RESOLVED**, that the Finance Director be and is hereby authorized to establish the necessary accounts and honor vouchers and payrolls when presented in accordance with foregoing communications, standard City procedures and regulations.

USE!

NCS

~~#3~~ (2)

BY COUNCIL MEMBER CASTAÑEDA-LÓPEZ

**RESOLUTION IN SUPPORT OF THE  
RECOMMENDATIONS FOR CHANGES WITHIN THE  
DETROIT PUBLIC SCHOOL SYSTEM**

**WHEREAS,** Over the last fifteen years the Detroit Public School System (DPS) has been faced with financial turmoil resulting in State intervention and continuing fiscal deficits; and

**WHEREAS,** General population loss in the City, poor academic performance, a surge in the number of charter schools and the ability of students to attend public schools outside of the city limits has caused DPS enrollment to dramatically decrease in recent years, exasperating the financial woes of the district. Over this period of time, more than \$500 million in operating debt has accumulated despite several successful local school millage renewals and multiple interventions by the State of Michigan;

**WHEREAS,** Because a fiscally and academically strong and well-run school district is essential to the redevelopment of Detroit, the Governor is constructing a plan to overhaul DPS that involves structural changes to the district's current governance, management and educational systems. In response to these actions, several organizations have proffered written policy recommendations to be considered in the development of a plan for DPS; and

**WHEREAS,** Early Learning Detroit has prepared policy recommendations that include recognizing universal pre-kindergarten as school enrollment, implementing early education scholarships for children 0-3 years of age and allowing the use of school facilities for early learning programs; and

**WHEREAS,** The Coalition for the Future of Detroit Schoolchildren has proffered recommendations aimed at stabilizing the public school infrastructure. These recommendations include conducting an organizational audit, returning governance to the Detroit School Board, the creation of the Detroit Education Commission to coordinate the system, terminating the inter-local agreement between DPS emergency manager and Eastern Michigan University; and

**WHEREAS,** The Michigan House of Representatives Detroit Caucus has offered recommendations targeted at governance. Several of the recommendations include, but are not limited to: developing a new DPS school district comprised of new board members, chosen on a district basis; holding of an election for the new board members; elimination of the Education Achievement Authority [EAA]; maintain collective bargaining agreements; utilization of the Detroit Financial Review

3-10-16 rec'd @ table



Commission for limited financial oversight of the new district; involve community input in the process; and

**WHEREAS**, State Representative Chang set forth policy by sponsoring House Bill 4498, which involves regulations and requirements for Home Schooling; HB4657 elimination of site contaminates and environmental concerns prior to construction of schools; and HB5125, requiring regulations and requirements for permanent school closings. **NOW THEREFORE BE IT**

**RESOLVED**, That the Detroit City Council supports the recommendations stated in this resolution made by Early Learning Detroit, the Coalition for the Future of Detroit Schoolchildren, Michigan House of Representatives Detroit Caucus, and State Representative Stephanie Chang, with the exclusion of forming the Detroit Education Commission. The Detroit City Council urges the Governor and the Michigan Legislature to incorporate these recommendations in any plan for improving the Detroit Public School System; **BE IT FURTHER**

**RESOLVED**, Given the current proposal before the State Legislature authorizing the Governor and the Mayor to appoint membership to the Detroit Education Commission; it is urged that the proposed legislation be amended to require confirmation of these appointments by the Detroit City Council, if created; **BE IT FINALLY**

**RESOLVED**, That a copy of this resolution be transmitted to the Governor's Office, the Education Committee of both houses of the State Legislature and the Mayor's Office.

BY COUNCIL MEMBER Spivey

**RESOLVED**, in keeping with the requirements of the Open Meetings Act, MCL 15.268, Section 8(h), a closed session of the Detroit City Council is called for \_\_\_\_\_, March \_\_\_\_, 2016, at \_\_\_\_\_ for the purpose of consulting with representatives from the Department of Innovation and Technology, attorneys from the City of Detroit Law Department and attorneys from the City Council Legislative Policy Division to discuss security issues relative to the City's technology systems.

LPD: 3/8/16

3-8-16 - BB on Tuesday, Formal Session

④

BY COUNCIL MEMBER \_\_\_\_\_

**RESOLVED**, in keeping with the requirements of the Open Meetings Act, MCL 15.268, Section 8(e), a closed session of the Detroit City Council is called for March \_\_\_\_, 2016, at \_\_\_\_\_ for the purpose of consulting with attorneys from the City of Detroit Law Department and attorneys from the City Council Legislative Policy Division to discuss pending litigation in the matter of *Elroy Lucky Jones v City of Detroit, et al.*, US District Ct. Case No. 15-10974.

*Referrals*  
*3/15/16*

**NEIGHBORHOOD  
AND COMMUNITY  
SERVICES STANDING  
COMMITTEE**

5

### MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 955 Event Name: Downtown Street Eats

Event Date: March 17-October 29, 2016

Street Closure: \_\_\_\_\_

Organization Name: Detroit 300 Conservancy

Street Address: \_\_\_\_\_

Receipt date of the <b>COMPLETED</b> Special Events Application:	February 1, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon       Carnival/Circus       Concert/Performance       Run/Marathon
- Bike Race       Religious Ceremony       Political Ceremony       Festival
- Filming       Parade       Sports/Recreation       Rally/Demonstration
- Fireworks       Convention/Conference       Other: \_\_\_\_\_
- 24-Hour Liquor License

**Petition Communications** (include date/time)

**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Security services provided by Camouflage Security
	DFD/EMS	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No medical service required - approved as written.
	DPW	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit required for curb lane closure
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Food Truck license and inspection required

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No full street closures - curb lane next to Cadillac Square closure
	Recreation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nothing required as submitted
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

**MAYOR'S OFFICE**

Signature: 

Date: 3-8-2016



CITY OF DETROIT  
RECREATION DEPARTMENT  
ADMINISTRATION OFFICE

18100 MEYERS  
DETROIT, MICHIGAN 48235  
PHONE 313•224•1100  
FAX 313•224•3544  
WWW.DETROITMI.GOV

To: The Honorable Detroit City Council

From: Alicia C. Bradford, Director  
Recreation Department *ACB*

Date: February 8, 2016

Re: Petition #955-Detroit 300 Conservancy

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The Recreation Department respectfully submits the following response to the above mentioned petition. This event is taking place from March 17, 2016 to October 26, 2016 on property of the Campus Martius Park having no direct impact on operations of our department.

Should you have any additional questions or concerns feel free to contact the office at 313-224-1123.

Thank you.

cc: A. Sabree - Legislative Liaison- Mayors Office

# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Monday, February 01, 2016*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

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MAYOR'S OFFICE    RECREATION DEPARTMENT  
BUSINESS LICENSE CENTER    BUILDINGS SAFETY ENGINEERING  
POLICE DEPARTMENT    FIRE DEPARTMENT  
DPW - CITY ENGINEERING DIVISION

**955**    *Detroit 300 Conservancy, request to host the "Downtown Street Eats" at Campus Martius Park/Cadillac Square on March 17-October 29, 2016 with both curb sides of North and South Cadillac Sq. closed.*

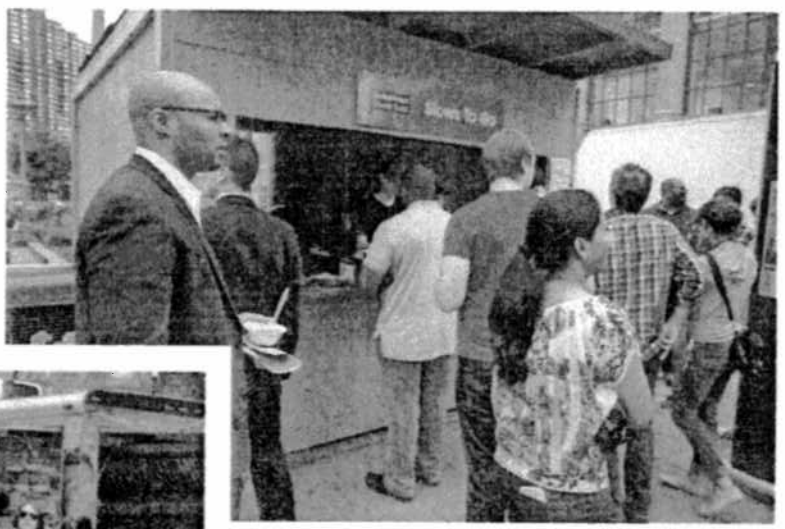




# DOWNTOWN STREET EATS

**MONDAY – FRIDAY,  
11A – 2P**

**+ EVENT EXTENSIONS**



**(1) HUT SPRING/FALL  
(2) HUTS SUMMER**

**4 – 5 FOOD TRUCKS  
WEEKLY INSIDE  
CADILLAC SQUARE**



### City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

**Section 1- GENERAL EVENT INFORMATION**

Event Name: DOWNTOWN STREET EATS

Event Location: CAMPUS MARTIUS PARK/CADILLAC SQUARE

**Section 2- ORGANIZATION/APPLICANT INFORMATION**

Organization Name: DETROIT 300 CONSERVANCY

Organization Mailing Address: ONE CAMPUS MARTIUS, 5W. DETROIT, MI 48226

Business Phone: 313-715-9944

Business Fax: 312-962-0114

Federal Tax ID # 30-0002873

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: HEATHER BADRAK

Title/Role: PARKS DIRECTOR

Email Address: HBADRAK@DETROIT300.ORG

Mailing Address: SAME AS ABOVE

Business Phone:

Business Fax::

Event On-Site Contact Person:

Mailing Address: SAME AS ABOVE

Business Phone:

Business Fax:

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors:

**Event Elements (check all that apply)**

- Walkathon
- Run/Marathon
- Political Event
- Parade
- Convention/Conference

- Carnival/Circus
- Bike Race
- Festival
- Sports/Recreation
- Fireworks

- Concert/Performance
- Religious Ceremony
- Filming
- Rally/Demonstration
- Other: CMP EVENT

**What are the projected set-up, event and tear down dates and times (must be completed)?**

Begin Set-up Date & Time: \_\_\_\_\_ Complete Set-up Date & Time: \_\_\_\_\_

Event Start Date & Time: March 17 Event End Date & Time: October 29

Begin Tearing Down Date: \_\_\_\_\_ Complete Tear Down Date: \_\_\_\_\_

Event Times (If more than one day, give times for each day):

Mon - Fri, 11a - 2p, with extended hrs as applicable to accomodate other CMP events produced by Detroit 300 Conservancy.

**Is this the first time you have held this event in the City of Detroit?**  Yes  No

If no, what years has the event been held in Detroit? since 2013

When was the event last held in Detroit? 2015

Where was the event last held in Detroit? Campus Martius

What were the hours last year? Mon - Fri, 11a - 2p

Project Attendance This Year (Minimum - Maximum)? hundreds

What is the basis for your projected attendance? experience

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? same

If a parade is planned. Indicate elements (check all that apply):

People

Balloons

Floats

Animals

Vehicles

Other: \_\_\_\_\_

Bands

**If animals included, specify type, number and how used.**

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 3- LOCATION/SITE INFORMATION

Location of Event: **Campus Martius Park on Cadillac Square**

Facilities to be used (circle): Street  Sidewalk  Park  City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- Singers                       Magician  
 Musicians                       Story Telling  
 Comedians                       Other: \_\_\_\_\_

Describe the entertainment for this year's event:

acoustic musicians

List proposed entertainers and/or bands performing at the event:

Will a sound system be used?  Yes  No

If yes, what type of sound system? \_\_\_\_\_

- Acoustic-audible, sound heard within natural range  
 Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?  Yes  No

If yes, what type of music? (check all that apply)

- Live                       Recorded                       Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music: \_\_\_\_\_

How many generators will be used? \_\_\_\_\_

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

- Radio (Specify stations):  
 Television (Specific stations):  
 Newspapers (specify papers):  
 Web site (identify web address):  
 Public Relations or Marketing Firm (Specify):

Contact Info:

- Raffle (List Item(s)):  
 Billboards  
 Flyers  
 Street Banners  
 Other (specify): Social media

NOTE: All raffles subject to laws of State/City.

### Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No  
If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No  
If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold?  Yes  No  
If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization?  Yes  No  
If yes, describe: \_\_\_\_\_

If the event is a fundraiser, identify charity or recipient of funds: \_\_\_\_\_

Will there be vending or sales?  Yes  No  
If yes, check all that apply:

- Food  Merchandise  
 Non-Alcoholic Beverages  Alcoholic Beverages  
 Other (specify): \_\_\_\_\_

Indicate type of items to be sold: \_\_\_\_\_

Will these be exclusive vendors or outside vendors? (please describe): \_\_\_\_\_

**Section 7- PUBLIC SAFETY & PARKING INFORMATION**

Name of Private Security Company: Existing park contract security will be used.

Contact Person: Camouflage Security, Khoury Johnson

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Describe the emergency evacuation plan: \_\_\_\_\_

Describe the parking plan to accommodate anticipated attendance: \_\_\_\_\_

How will you advise attendees of parking options? \_\_\_\_\_

Are you seeking a group parking rate? \_\_\_\_\_

**Section 8- COMMUNITY IMPACT INFORMATION**

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

inside Cadillac Square, no impact on surrounding neighbors

Have local neighborhood groups/businesses approved your event?

Yes  No

Indicate what steps you have or will take to notify them of your event: \_\_\_\_\_

Indicate contact names and phone numbers (for verification) or attach approved letter(s): \_\_\_\_\_

**Section 9- EVENT SET-UP**

Complete the appropriate categories that apply to the event.

**Structure**

How Many? (2)

Size/Height 10' x 10' huts

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding \_\_\_\_\_

Bleachers \_\_\_\_\_

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

---

---

Will additional utility services be used (power, water, etc.)? Please describe.

---

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

---

---

**Section 10- COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage?

Contact Person: Block by Block

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of company providing emergency medical services?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of company providing porta-johns. Scotty's Potties

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of private catering company?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: CADILLAC SQUARE

FROM LANE CURBSIDE NORTH & SOUTH SID OF CAD. SQ.

TO \_\_\_\_\_

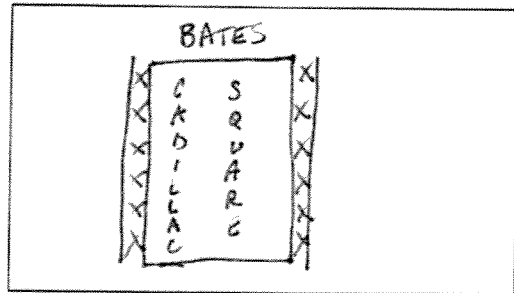
Closure Dates: DAILY

Beg. Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Reopen Date: \_\_\_\_\_

Time: \_\_\_\_\_



*Requesting curbside lanes*



**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**STREET NAME:** \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AUTHORIZATION & AFFIDAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

1/28/16

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

6

### MAYOR'S OFFICE COORDINATORS REPORT

OVERALL STATUS (please circle):  APPROVED  DENIED  N/A  CANCELED

Petition #: 946 Event Name: Detroit Partnership Day

Event Date : March 26, 2016

Street Closure: \_\_\_\_\_

Organization Name: the Detroit Partnership

Street Address: 530 State St., #4219 Ann Arbor MI 48109

Receipt date of the <b>COMPLETED</b> Special Events Application:	January 28, 2016
Date of City Clerk's Departmental Reference Communication:	
Due date for City Departments reports:	
Due date for the Coordinators Report to City Clerk:	

Event Elements (check all that apply):

- Walkathon       Carnival/Circus       Concert/Performance       Run/Marathon
- Bike Race       Religious Ceremony       Political Ceremony       Festival
- Filming       Parade       Sports/Recreation       Rally/Demonstration
- Fireworks       Convention/Conference       Other: Reflection Ceremony
- 24-Hour Liquor License

**Petition Communications** (include date/time)

Approximately 1000 University of Michigan students will spend the day doing volunteer work throughout the city. There will be an 1 hour closing ceremony in Stoepel park. Recreation has approved the used of the park.


**\*\* ALL permits and license requirements must be fulfilled for an approval status \*\***

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	DPD	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Police assisted event
	DFD/EMS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Based upon the scope of the event and times, private medical services are not needed.
	DPW	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	No jurisdiction
	Health Dept.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

CITY CLERK 11 MAR 2016 PM12:00

Date	Department	N/A	APPROVED	DENIED	Additional Comments
	TED	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No road closures - contained in the park
	Recreation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Application approved
	Bldg & Safety	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Permit required for the stage and the generator will need inspection
	Bus. License	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No Jurisdiction
	Mayor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	All Necessary permits must be obtained prior to event. If permits are not obtained, departments can enforce closure of event.
	Municipal Parking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	DDOT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	No impact on buses

**MAYOR'S OFFICE**

Signature: 

Date: 3-8-2016

DETROIT POLICE DEPARTMENT  
CHIEF OF POLICE JAMES E. CRAIG



1301 THIRD STREET  
DETROIT, MICHIGAN 48226  
PHONE 313-596-1800

THE HONORABLE DETROIT CITY COUNCIL

DETROIT POLICE DEPARTMENT RESPONSE TO PETITION REQUEST

FEBRUARY 3, 2016

PETITION # P-946 (EIGHTH PRECINCT)

REQUESTOR(S): Danielle Wallick  
ORGANIZATION: The Detroit Partnership  
ADDRESS: 530 State St. #4219 Ann Arbor, MI 48109  
CONTACT NUMBER: (989) 685-0040

TYPE OF EVENT: CARNIVAL/ FESTIVAL  PARADE  CONCERT   
REUNION  BLOCK PARTY  OTHER

IF OTHER EXPLAIN

LOCATION OF EVENT/ROUTE: The Detroit Partnership Day event will take place on the grounds of Stoppel Park located on the corner of W. Outer Drive and Evergreen.

NUMBER OF PARTICIPANTS: 1000-1400

DATE: Saturday, March 26, 2016

START TIME: 12:00 p.m.

END TIME: 6:00 p.m.

INVESTIGATION CONDUCTED BY: Shawn Childrey BADGE: 1101

RANK Npo Police Officer

DETROIT POLICE RECOMMENDATION

APPROVED

DENIED

If Petitioner's request is denied please explain below

ADDITIONAL INFORMATION:

The Detroit Partnership requests to host an event Saturday, March 26, 2016 from 12pm-6:00pm. The Eighth Precinct conducted an investigation and has determined that this is an event that will not affect the businesses or residents of the area. The Detroit Police Department recommends that Petition #946 be APPROVED.

If you have any additional questions or concerns regarding this matter, please feel free to contact Captain Jacqueline Pritchett, Commanding Officer of the Eighth Precinct at 596-5610, Monday through Friday, from 8:00 a.m. – 4:00 p.m.

U. RENEE' HALL  
Deputy Chief  
Neighborhood Policing Bureau



**THE DETROIT POLICE DEPARTMENT**  
**INVESTIGATION AND REPORT FOR PETITIONS**  
**FEBRUARY 3, 2016**

PETITION # P -946

REQUESTOR(S): Danielle Wallick  
ORGANIZATION: The Detroit Partnership  
ADDRESS: 530 State St. # 4219 Ann Arbor Michigan 48109  
CONTACT NUMBER: (989) 600-6742

TYPE OF EVENT: CARNIVAL/ FESTIVAL  PARADE   
CONCERT  REUNION  OTHER

*If Other Explain*

LOCATION OF EVENT/ROUTE: The Detroit Partnership Day event will take place on the grounds of Stopel Park located on the corner of W. Outer Drive and Evergreen

NUMBER OF PARTICIPANTS: Approximately 1000 – 1400 participants

DATE: Saturday, March 26, 2016  
START TIME: 12:00pm  
END TIME: 6:00pm

AGENCY NOTIFIED	APPROVED	DENIED	REASON FOR DENIED	CONTACT PERSON	DATE
DEPARTMENT OF PUBLIC WORKS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		Ms. Parker	2-3-16
DETROIT FIRE DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		
HEALTH DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		
DEPARTMENT OF TRANSPORTATION	<input checked="" type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED	Jamie	2-3-16
PARKS AND RECREATION DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		
BUILDING AND SAFETY ENGINEERING DEPT	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		
CONSUMER AFFAIRS DEPARTMENT	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		
OTHER: BUSINESS LICENSE CTR.	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		
OTHER:	<input type="checkbox"/>	<input type="checkbox"/>	REASON FOR DENIED		



DETROIT POLICE RECOMMENDATION

INVESTIGATION CONDUCTED BY: Shawn Childrey  
RANK Police Officer      BADGE 1101  
APPROVED       DENIED

*If Petitioner's request is denied please explain below*

ADDITIONAL INFORMATION:

The Detroit Partnership Day will take place on the grounds of Stopel Park. In addition, the Eight Precinct personnel will provide special attention to the event.

APPROVAL BY CHAIN OF COMMAND

APPROVED       DENIED       APPROVED       DENIED

COMMAND      COMMAND  
*Sgt. Greg High*      *Capt. Matthew Pritchett*  
SIGNATURE OF IMMEDIATE SUPERVISOR      SIGNATURE OF COMMANDING OFFICER  
(SERGEANT/LIEUTENANT)      DATE      DATE  
2-4-16      2/4/16

APPROVED       DENIED   
*R. E. ...*      2-8-16  
SIGNATURE OF DEPUTY CHIEF      DATE

APPROVED       DENIED   
SIGNATURE OF ASSISTANT CHIEF OF POLICE      DATE

APPROVE  
FEB 05, 2016  
*[Signature]*  
COMMANDER PATROL  
WEST

# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, January 28, 2016*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

---

The following petition is herewith referred to you for report and recommendation to the City Council.

In accordance with that body's directive, kindly return the same with your report in duplicate within four (4) weeks.

---

MAYOR'S OFFICE    FIRE DEPARTMENT  
POLICE DEPARTMENT    RECREATION DEPARTMENT  
DPW - CITY ENGINEERING DIVISION    BUSINESS LICENSE CENTER  
BUILDINGS SAFETY ENGINEERING    MUNICIPAL PARKING DEPARTMENT

**946**    *The Detroit Partnership, request to host "Detroit Partnership Day", at Stoepel Park on March 26, 2016 from 12 pm to 6 pm.*



# City of Detroit

OFFICE OF THE CITY CLERK

Janice M. Winfrey  
City Clerk

Vivian A. Hudson  
Deputy City Clerk

## DEPARTMENTAL REFERENCE COMMUNICATION

*Thursday, January 28, 2016*

*To: The Department or Commission Listed Below*

*From: Janice M. Winfrey, Detroit City Clerk*

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The following petition is herewith referred to you for report and recommendation to the City Council.

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---

### TRANSPORTATION DEPARTMENT

**946** *The Detroit Partnership, request to host "Detroit Partnership Day", at Stoepel Park on March 26, 2016 from 12 pm to 6 pm.*

## City of Detroit Special Events Application

Successful events are the result of advance planning, effective communication and teamwork. You are required to complete the information below so that the City of Detroit can gain a thorough understanding of the scope and needs of the event. This form must be completed and returned to the City of Detroit Clerk's Office. There is a 90 day review process. At the end of the 90 days, the petition could either be approved or denied by departments. Please take into consideration the amount of time it will take to plan the event when submitting the application. If submitted later than 90 days prior, application is subject to denial. Please type or print clearly and attach additional sheets or maps as needed.

### Section 1- GENERAL EVENT INFORMATION

Event Name: Detroit Partnership Day

Event Location: Stoepel Park

### Section 2- ORGANIZATION/APPLICANT INFORMATION

Organization Name: The Detroit Partnership

Organization Mailing Address: 530 State St. #4219 Ann Arbor, MI 48109

Business Phone: (989) 600-6742

Business Fax:

Federal Tax ID # 27-2888343

*If registered as a non-profit, indicate non-profit ID number and attach a copy of the certificate.*

Applicant Name: Danielle Wallick

Title/Role: Major Events Director

Email Address: wallickd@umich.edu

Mailing Address: 1032 Vaughn St. Ann Arbor, MI 48104

Business Phone: (989) 600-6742

Business Fax:

Event On Site Contact Person:

Mailing Address: (same as above)

Business Phone:

Business Fax:

*List name/phone number of person(s) authorized to make decisions for the organization/event (indicate role/responsibility).*

List Event Sponsors:

Myself, Alyssa Setting/ Executive Director/ (248) 396-3888, Libby Rice/ Finance Director/ (224) 234-2020

Event Elements (check all that apply)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Walkathon             | <input type="checkbox"/> Carnival/Circus   | <input type="checkbox"/> Concert/Performance            |
| <input type="checkbox"/> Run/Marathon          | <input type="checkbox"/> Bike Race         | <input type="checkbox"/> Religious Ceremony             |
| <input type="checkbox"/> Political Event       | <input type="checkbox"/> Festival          | <input type="checkbox"/> Filming                        |
| <input type="checkbox"/> Parade                | <input type="checkbox"/> Sports/Recreation | <input checked="" type="checkbox"/> Rally/Demonstration |
| <input type="checkbox"/> Convention/Conference | <input type="checkbox"/> Fireworks         | <input checked="" type="checkbox"/> Other: Reflection   |

What are the projected set-up, event and tear down dates and times (must be completed)?

Begin Set-up Date & Time: 03/26/15; 12pm Complete Set-up Date & Time: 03/26/15 3:30

Event Start Date & Time: 03/26/15 3:30p Event End Date & Time: 03/26/15 4:45pm

Begin Tearing Down Date: 03/26/15 4:45 Complete Tear Down Date: 03/26/15 6pm

Event Times (If more than one day, give times for each day):

03/26/15, 12pm-6pm

Is this the first time you have held this event in the City of Detroit?  Yes  No

If no, what years has the event been held in Detroit? 2000-Present

When was the event last held in Detroit? March 25, 2015

Where was the event last held in Detroit? MLK High School

What were the hours last year? 12pm-6pm

Project Attendance This Year (Minimum - Maximum)? 1,000-1,400

What is the basis for your projected attendance? Attendance in previous years

**Please describe your anticipated/ target audience:**

Is this going to be an annual event?  Yes  No

If yes, do you have a preferred/proposed for next year? This will be up to next year's Major Events Director

If a parade is planned. Indicate elements (check all that apply):

- People
- Balloons
- Floats
- Animals
- Vehicles
- Other: \_\_\_\_\_
- Bands

If animals included, specify type, number and how used. \_\_\_\_\_

Name of business supplying animal(s): \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

### Section 3- LOCATION/SITE INFORMATION

Location of Event: Stoepel Park

Facilities to be used (circle): Street  Sidewalk  Park  City Facility

Please attach a site plan which illustrates the anticipated layout of your event including the following:

- Public entrance and exit
- Location of merchandising booths
- Location of food booths
- Location of garbage receptacles
- Location of beverage booths
- Location of sound stages
- Location of hand washing sinks
- Location of portable restrooms
- Location of First Aid
- Location of fire lane
- Proposed route for walk/run
- Location of tents and canopies
- Sketch of street closure
- Location of bleachers
- Location of press area
- Sketch of proposed light pole banners

### Section 4- ENTERTAINMENT

What type of entertainment will be used? (check all that apply)

- Singers                       Magician  
 Musicians                       Story Telling  
 Comedians                       Other: DJ, Speakers

Describe the entertainment for this year's event:

DJ, Speakers

List proposed entertainers and/or bands performing at the event:

DJ, Raquel Castaneda Lopez

Will a sound system be used?  Yes  No

If yes, what type of sound system? \_\_\_\_\_

- Acoustic-audible, sound heard within natural range  
 Amplified-augmented, sound increased to broaden range

The amplified sound will be used: \_\_\_\_\_

Will the event consist of a musical concert?  Yes  No

If yes, what type of music? (check all that apply)

- Live                       Recorded                       Karaoke/Lip-synch

Describe specific power needs for entertainment and/or music:

Speaker, the company will set it up

How many generators will be used? \_\_\_\_\_

How will the generators be fueled? \_\_\_\_\_

Name of vendor providing generators: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

## Section 5- COMMUNICATION/ADVERTISING STRATEGY

Check all applicable boxes that describe the type of promotion you plan to use to attract participants:

- Radio (Specify stations):  
 Television (Specific stations):  
 Newspapers (specify papers):  
 Web site (identify web address):  
 Public Relations or Marketing Firm (Specify):

Contact Info:

- Raffle (List Item(s)):  
 Billboards  
 Flyers  
 Street Banners  
 Other (specify): We reach out to various Ann Arbor/Detroit media each year, some print our press release and some don't

NOTE: All raffles subject to laws of State/City.

## Section 6- SALES INFORMATION

Will there be advanced ticket sales?  Yes  No  
If yes, please describe: \_\_\_\_\_

Will there be on-site ticket sales?  Yes  No  
If yes, list price(s): \_\_\_\_\_

Will food be sold?  Yes  No  
If yes, please pick up Special Events Vendor Packet in Suite 105: \_\_\_\_\_

Will merchandise be sold?  Yes  No  
If yes, describe: \_\_\_\_\_

Will a percentage of the proceeds be distributed to a charitable organization?  Yes  No

If yes, describe: \_\_\_\_\_

If the event is a fundraiser, identify charity or recipient of funds: \_\_\_\_\_

Will there be vending or sales?  Yes  No  
If yes, check all that apply:

- Food  Merchandise  
 Non-Alcoholic Beverages  Alcoholic Beverages  
 Other (specify): \_\_\_\_\_

Indicate type of items to be sold: \_\_\_\_\_

Will these be exclusive vendors or outside vendors? (please describe): \_\_\_\_\_

## Section 7- PUBLIC SAFETY & PARKING INFORMATION

Name of Private Security Company: Existing park contract security will be used.

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Number of Private Security Personnel Hired Per Shift: \_\_\_\_\_

Are the private security personnel (check all that apply):

Licensed

Armed

Bonded

Describe the emergency evacuation plan: Leave to go to busses

Describe the parking plan to accommodate anticipated attendance: Busses will park on the street as they have in the past

How will you advise attendees of parking options? \_\_\_\_\_

Are you seeking a group parking rate? \_\_\_\_\_

## Section 8- COMMUNITY IMPACT INFORMATION

How will your event impact the surrounding community (i.e. pedestrian traffic, sound carryover, safety)?

Potential sound carry-over, but should not be impactful

Have local neighborhood groups/businesses approved your event?

Yes

No

Indicate what steps you have or will take to notify them of your event: Many organizations in this community participat

Indicate contact names and phone numbers (for verification) or attach approved letter(s):

## Section 9- EVENT SET-UP

Complete the appropriate categories that apply to the event.

### Structure

How Many? \_\_\_\_\_

Size/Height \_\_\_\_\_

Booth \_\_\_\_\_

Tent (enclosed on 3 sides) \_\_\_\_\_

Canopy (open on all sides) \_\_\_\_\_

Staging/Scaffolding

We will rent one stage

Bleachers \_\_\_\_\_

Company:

Grill

Gas

Charcoal

Electrical

Propane

Fireworks (Pyrotechnics)

Aerial

Stage

Provide Sketch:

Portable Restrooms:

Standard

ADA Accessible

Vehicles

Type/Weight: \_\_\_\_\_

Other: \_\_\_\_\_

NOTE: Specific requirements must be met and special approval must be received by the Detroit Fire Department.

Will additional electrical wiring need to be installed? Specify locations, voltage, amperage, and phase.

No \_\_\_\_\_

Will additional utility services be used (power, water, etc.)? Please describe.

No \_\_\_\_\_

Do you plan a fireworks display? List dates, time, location, vendor, and attach certificate of insurance.

No \_\_\_\_\_

**Section 10- COMPLETE ALL THAT APPLY**

Name of Sanitation Company collecting refuse and garbage?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Name of company providing emergency medical services?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Name of company providing porta-johns, Scotty's Potties

Contact Person: Tiffany

Address: 27940 Wick Rd

Phone: (888) 407-2900

City/State/Zip: Romulus, MI 48174

Name of private catering company?

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**SPECIAL USE REQUESTS**

List any streets or possible streets you are requesting to be closed. Include the day, date, and time of requested closing and reopening. Neighborhood Signatures must be submitted with application for approval.

Attach a map or sketch of the proposed area for closure.

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_

TO \_\_\_\_\_

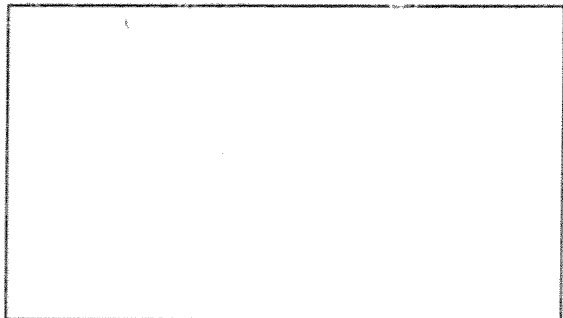
Closure Dates: \_\_\_\_\_

Beg. Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Reopen Date: \_\_\_\_\_

Time: \_\_\_\_\_





STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

STREET NAME: \_\_\_\_\_

FROM \_\_\_\_\_  
TO \_\_\_\_\_

Closure Dates: \_\_\_\_\_  
Beg. Time: \_\_\_\_\_  
End Time: \_\_\_\_\_  
Reopen Date: \_\_\_\_\_  
Time: \_\_\_\_\_

**Requested City Equipment**

Provided In: \_\_\_\_\_ (year)

Current Request: \_\_\_\_\_ (year)

Street Closures:

Posting no parking signs

Light pole

Electrical Services

Storage for Trailers/Trunks

**Barricades are not available from the City of Detroit.**

**ADDITIONAL INFORMATION**

Is there any additional information that you feel is important to mention regarding your event or additional requests? \_\_\_\_\_

**We are excited to bring this event back to Stoepel Park this year!** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION & AFFADAVIT OF APPLICANT**

I certify that the information contained in the foregoing application is true and correct to the best of my knowledge and belief that I have read, understand and agree to abide by the rules and regulations governing the proposed Special Event, and I understand that this application is made subject to the rules and regulation established by the Mayor or the Mayor's designee. Applicant agrees to comply with all other requirements of the City, County, State, and Federal Government and any other applicable entity, which may pertain to Special Events. I further agree to abide by these rules, and further certify that I, on behalf of the Event agree to be financially responsible for any costs and fees that may be incurred by or on behalf of the Event, to the City of Detroit.



Signature of Applicant

Danielle Wallick, 1/20/16

Date

NOTE: Completion of this form does not constitute approval of your event. Pending review by the Special Events Management Team, you will be notified of any requirements, fees, and/or restrictions pertaining to your event.

## SPECIAL EVENTS CONTACT LIST

<b>Department/Agency</b>	<b>Contact Person</b>	<b>Email Address</b>	<b>Phone Number</b>
Building & Safety Department			(313)224-3259
Business License Department	Yakeima Fife	fifeya@detroitmi.gov	(313)224-0365
Campus Martius Park	Heather Badrak		(313) 962-0112
Clean Detroit	Ryan Epstein		(313) 354-1276
Coleman A. Young International Airport	Tyra Williams		(313) 833-7666
Detroit Police Department – Tactical Operations – Large Special Events and Parades in Downtown Area	Sgt. Janae Stinson	Stinsonj251@detroitmi.gov	(313)237-2828
Detroit Police Department – Liquor License Division – 24 Hour Temporary Liquor License			(313) 596-1954
Detroit Fire Department	Capt. Eric Davis	daviser@detroitmi.gov	(313)596-2932
Detroit People Mover	Ericka Alexander	ealexander@thepeoplemover.com	(313)224-2148
Detroit Public Works – Right of Way Fees	Leslie Lord	lordl@cadtwr.ci.detroit.mi.us	(313)224-3935
Detroit Riverfront Conservancy			(313)566-8200
Eastern Market			(313)853-9300
Health & Wellness Department – Food License and Permits	Denise Talley-Ndiaye	talleyd@detroitmi.gov	(313)870-2729
Municipal Parking Department – Parking Meters Rentals	Linda Harris	harrisli@detroitmi.gov	(313)221-2520
Municipal Parking Department – Parking Lots/Garages	Angela Nash	nasha@detroitmi.gov	(313)221-2527
Mayor's Office – Film, Culture and Special Events	Sommer Woods	woodss@detroitmi.gov	(313)224-1606
Recreation Department – Belle Isle Park	Tracy Lawrence	lawrenct@detroitmi.gov	(313) 628-2081
Recreation Department – Fort Wayne		fortwayneinfo@detroitmi.gov	(313) 628-0796
Recreation Department – Hart Plaza	Howard Nash	hnash@detroitmi.gov	313-877-8074
Recreation Department – (Excludes Hart Plaza, Belle Isle and Fort Wayne)	Lynn Shaw	lshaw@detroitmi.gov	(313) 877-8075

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: NOV 21 2011

THE DETROIT PARTNERSHIP  
C/O JESSICA TORRES  
16830 VENTURA BLVD STE 360  
ENCINO, CA 91436

Employer Identification Number:  
27-2888343  
DLN:  
17053266304031  
Contact Person:  
JOAN C KISER ID# 31217  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
April 30  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
December 5, 2011  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

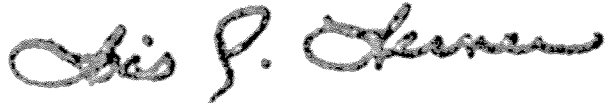
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

Sincerely,



Lois G. Lerner  
Director, Exempt Organizations

Enclosure: Publication 4221-PC

Letter 947 (DO/CG)

FEB 23 2016  
LOG # 1816

7

CITY CLERK 2016 MAR 14 AM 11:39



CITY OF DETROIT  
OFFICE OF THE CHIEF FINANCIAL OFFICER  
GRANTS MANAGEMENT

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 1012  
DETROIT, MICHIGAN 48226  
PHONE: 313 • 628-2158  
FAX: 313 • 224 • 0542  
WWW.DETROITMI.GOV

December 18, 2015

The Honorable Detroit City Council  
ATTN: City Clerk Office  
200 Coleman A. Young Municipal Center  
Detroit MI 48226

**RE: Request to Accept and Appropriate FY 2016 Michigan Department of Natural Resources (DNR) Appropriations-Earmarks and Special Grants for Stein Park, Palmer Park, Farwell Recreation Center, and Viola Luizzo Park.**

The Michigan Department of Natural Resources has awarded the Detroit Recreation Department FY 2016 MDNR Appropriations-Earmarks and Special Grants for a total of \$525,000. The grant period is from the date of execution by department to September 30, 2017. This is a reimbursement grant.

The objective of the grant is for public land improvements. The funding allotted to the department will be utilized as follows:

- Stein Park will be allotted \$300,000 to install a track, bleachers, benches and an electronic timing system. The cost center will be 398587.
- Palmer Park will be allotted \$50,000 to install a walking path, benches and drinking fountains. The cost center will be 398588.
- Farwell Recreation will be allotted \$50,000 to install outdoor fitness equipment and surfacing, access paths and benches. The cost center will be 398589.
- Viola Luizzo Park will be allotted \$125,000 to install playground equipment and surfacing, landscaping and picnic tables. The cost center will be 398590.

The appropriation number is 20191. I respectfully ask your approval to accept and appropriate funding in accordance with the attached resolution.

Sincerely,  
  
Michelle Fughley  
Director, Office of Grants Management

Enclosure

CC: Alicia Bradford, Director, Detroit Recreation Department  
Lisa Jones, Program Management Officer, Office of Grants Management

APPROVED	
	3/3/16
BUDGET DIRECTOR	
	MAK 07 2016
FINANCE DIRECTOR	

**RESOLUTION**

**Council Member** \_\_\_\_\_

**WHEREAS**, the Detroit Recreation Department is requesting authorization to accept a grant of reimbursement from Michigan Department of Natural Resources in the amount of \$525,000 for public land improvements at Stein Park, Palmer Park, Farwell Recreation Center and Viola Luizzo Park.

**THEREFORE, BE IT RESOLVED** that the Director of the Detroit Recreation Department is authorized to sign and execute the grant agreement on behalf of the City of Detroit, and

**BE IT FURTHER RESOLVED**, that the Budget Director is authorized to establish appropriation number 20191 in the amount of \$525,000 from the Michigan Department of Natural Resources for the purpose of installing a track, bleachers, benches, and an electronic timing system at Stein Park; installing outdoor fitness equipment and surfacing, access paths and benches at Farwell Recreation Center; installing benches, a walking path, and drinking fountains at Palmer Park; and installing landscaping, playground equipment and surfacing, and picnic tables at Viola Luizzo Park.



RICK SNYDER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF NATURAL RESOURCES  
LANSING



KEITH CREAUGH  
DIRECTOR

October 13, 2015

Ms. Alicia Bradford, Director  
Detroit Parks and Recreation Department  
18100 Meyers Road  
Detroit, MI 48235

Dear Ms. Bradford:

SUBJECT: FY 2016 Michigan Department of Natural Resources (DNR) Appropriations – Earmarks and Special Grants – City of Detroit

Congratulations on being selected to receive legislative grants for the improvement of certain parks in your city. As you may know, the following special grant programs were appropriated in Article XV of Act 84 of 2015, the Fiscal Year 2016 Omnibus Budget Appropriation Act. The appropriated funds are to be granted to the City of Detroit for park improvements.

At this time, please provide our office with a list of proposed scope items you intend to install within each of the subject parks. The individual parks and associated amounts of the special grants are listed below:

- Stein Park: \$300,000
- Palmer Park: \$50,000
- Farwell Recreation Center: \$50,000
- Viola Luizzo Park Renovation (honoring Detroit Civil Rights Activist Viola Luizzo): \$125,000

Once we have received the proposed scope items, we will work with you to execute the individual Project Agreement for each of the special grants which will outline the details, procedures and requirements.

If you need further information or assistance, please feel free to contact me at the email address or telephone number listed below. You may provide the proposed scope items directly to me as an attachment via email or via hard copies sent to my attention at the following address: Grants Management, Department of Natural Resources, PO Box 30425, Lansing, MI 48909-7925.

Sincerely,

Chip Kosloski, Grant Coordinator  
Grants Management  
517-284-5965  
[kosloskic3@michigan.gov](mailto:kosloskic3@michigan.gov)

CK:lh

*Referrals*  
3/15/16

**PLANNING AND  
ECONOMIC  
DEVELOPMENT  
STANDING  
COMMITTEE**





CITY OF DETROIT  
HOUSING AND REVITALIZATION DEPARTMENT



COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE, SUITE 908  
DETROIT, MICHIGAN 48226  
(313) 224-6380 • TTY:711  
(313) 224-1629  
WWW.DETROITMI.GOV

March 11, 2016

Detroit City Council  
1340 Coleman A. Young Municipal Center  
Detroit, MI 48226

**RE: Revisions to HOME/CDBG Awards and  
Approval of HOME Loan Modification/Subordination**

Honorable City Council:

The City of Detroit, through the Housing and Revitalization Department (“HRD”), has continued to work closely with the U.S. Department of Housing and Urban Development (“HUD”), in making required allocation decisions for City HOME and CDBG funds to fully expend required funding to meet the City’s HOME Commitment and Disbursement deadlines and upcoming CDBG timeliness test (for expenditures). HRD issued a NOFA in February 2015 to assist in making allocations for “ready to proceed projects” with funding from the programs listed. The Department has approved additional allocations for the Casamira Apartments Project and the Strathmore Apartments Project during that process (See Exhibit 1). Additionally, HRD Department is requesting an adjustment in the terms of the allocation for the Detroit Neighborhood Home Repair Program (with no change in the amount) and approval of a loan workout for an existing HOME project, Genesis Villas.

In an effort to facilitate the closing process for the Casamira Apartments Project, HRD has awarded an increased allocation \$250,000, to pay off an unfunded bridge loan (\$210,000) and a slight increase in borrowers legal fees (\$40,000) incurred due to a required change in the of equity structure to provide historic tax credit investment for the project (See Exhibit 1). The project is expected to close within the next Forty-Five (45) days and the fall and current allocation will assist the City in meeting HUD’s HOME Commitment Requirement this spring.

The Department has also approved a small adjustment to the fall allocation for the Strathmore previously approved fall allocation for the Strathmore Apartments project. The Department is adjusting the approved allocation from \$4,900,000 to \$4,725,000 in HOME funding for the project (See Exhibit 1). The allocation was adjusted to match actual invoices approved for funding during the modification closing due diligence process. The City approved payment for unreimbursed pre-development costs for the project during the 2015 HOME/CDBG NOFA process. The additional allocation for this project will also assist the City in meeting HUD’s Commitment Requirement this spring. This project is under construction and is on target for the planned completion of construction this spring.



Detroit City Council

RE: Revisions to HOME/CDBG Awards & Approval of HOME Loan Modification/Subord.

March 11, 2016

Page 2

During November of 2015, HRD awarded an increased allocation for the developer of the Detroit Neighborhood Home Repair Program. Southwest Solutions is providing homebuyer assistance for up to twenty-five (25) purchasers of homes in five (5) neighborhoods. The homes are being rehabilitated in partnership with a program providing training in the construction trades by AFL/CIO. HRD is requesting to revise two conditions of the November 2015 City Council approval:

1. Allow up to \$39,000 a unit for homebuyer assistance for income eligible buyers at or below 80% AMI (previous homebuyer assistance approved was an average of \$35,000). HRD has required a fixed cap for homebuyer assistance. The total funding available for homebuyer assistance will be the same, \$850,000, with an additional \$75,000 to cover the costs of closing the transaction (including Borrower/City legal and other required costs, over and above funding for homebuyers).
2. Allow for the replacement of property that proves to be infeasible for rehabilitation, from the original list of twenty-five properties, with other homes as authorized by the City Council resolution authorizing the Detroit Land Bank Authority to provide up to 200 homes for this project. This revision will make the homebuyer's assistance authorizing resolution consistent with the authorizing resolution for the acquisition of project homes (See Exhibit 1).

The overall funding allocation remains unchanged for this project. All parties involved believe these changes will bolster the agreement to provide \$925,000 in CDBG funding for income eligible home buyers in target neighborhoods.

Lastly, the Department is supportive of HUD's proposed restructuring of its loan for the Genesis Villa project. PNC Bank will provide a restructured loan of \$2,264,099 for the project to assist in ensuring the project remains affordable for a 30 year term. HRD has approved forbearance and the forgiveness of the smallest of three HOME loans, while combining the remaining two loans into one with interest only payments and a balloon payment at the end of the term, which matches the term of the new restructured HUD Mortgage (See Exhibit 3).

The HOME program is authorized under Title II of the Cranston-Gonzalez National Affordable Housing Act and is designed exclusively to create affordable housing for low-income households. Eligible activities under the HOME and CDBG (Development) NOFA include:



Detroit City Council

RE: Revisions to HOME/CDBG Awards & Approval of HOME Loan Modification/Subord.

March 11, 2016

Page 3

- Providing home purchase or rehabilitation financing assistance to eligible homebuyers;
- Building or rehabilitating housing for rent or homeownership; and
- Other reasonable and necessary expenses related to the development of non-luxury housing.

HOME funds are awarded on a formula basis and are included in the annual entitlement award from HUD and are part of the Consolidated Plan.

Consistent with the new process adopted by City Council for approving HOME and CDBG awards and development partners, the Department is requesting that your Honorable Body review and approve the attached list of allocations contained in Exhibits 1 and 3.

We request approval of the attached resolution with a waiver of reconsideration so additional housing investments and neighborhood reinvestment through the HOME program can continue. Should you have questions or require additional information, please do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read "Darwin L. Heard". The signature is fluid and cursive, with a large initial "D" and "H".

Darwin L. Heard, Manger II

Enclosure

cc: Arthur Jemison, Director  
Cecily King



**BY COUNCIL MEMBER:** \_\_\_\_\_

**WHEREAS**, the City of Detroit receives an annual allocation of HOME funds and issues a Notice of Funding Availability (NOFA) from the U.S. Department of Housing and Urban Development (“HUD”) through the Housing and Revitalization Department for the purpose of creating affordable housing opportunities in Detroit neighborhoods; and

**WHEREAS**, the City Council authorized the Housing and Revitalization Director to accept and utilize U.S. Department of Housing and Urban Development (HUD) HOME and other NOFA funds according to HUD regulations during the City’s annual Budgeting process; and

**WHEREAS**, the City Council authorized the Budget Director to appropriate HUD HOME and/or CDBG funds, and establish appropriation numbers; and

**WHEREAS**, the Finance Director was also authorized to establish necessary accounts, honor vouchers and payrolls in accordance with Housing & Revitalization Department requests and HUD regulations.

**NOW THEREFORE BE IT RESOLVED**, that the City Council approves HOME and/or CDBG loans and/or grants, and HOME Loan Modification/Subordination for Developers and/or borrowers in the amounts indicated on the attached list, provided that loan amounts may vary by not more or less than 10%; and

**RESOLVED**, that the Housing & Revitalization Department Director or his designee is hereby authorized to process, prepare and execute all loan and grant documents required to close, secure, and use NOFA funding from HOME and/or CDBG funds according to HUD regulations for the approved list of developers and borrowers; and

**BE IT FINALLY RESOLVED**, that the Housing & Revitalization Department Director or his designee is hereby authorized to process, prepare, and execute all loan and grant documents required to modify HOME loans, grants, and mortgages, subordinate HOME and/or CDBG funds, according to HUD regulations for the approved list of developers and borrowers.

**Waiver of Reconsideration per motions before adjournment.**

EXHIBIT 1  
HRD 2016 Winter AWARD Revisions

	Developer/ Participants	Project Name, #Units, Address, Description	LIHTC	Total Development Cost	Previous Allocation Approved	Fund	Additoinal Award	Recommendations / Comments
1	Central Detroit Christian CDC, 8840 Second, Detroit, MI	Casamira Apartments 680 Delaware 44 Unit Rehabilitation	No	\$8,216,905	\$2,500,000	CDBG/ HOME	\$250,000	Additional Funding to accommodate increase in legal and partial payoff of bridge funding. Prior Award: \$2,500,000 New Total: \$2,750,000
2	Strathmore Apartments LDHA, LP 720 Olive, Suite 2500 St. Louis, MO (Midtown, Det. Inc.)	Strathmore Apts 70 W. Alexandrine 112 Unit (19 HOME) Rehabilitation	Yes	27,475,000	\$4,900,000	HOME	N/A	Reduce Additional Funding to actual allocation required to reimburse approved soft cost and predevelopment overages. Prior Award: \$4,900,000, Revised: \$4,825,000
3	Southwest Housing Solutions 1920 25th Street, Suite A Detroit, MI 48216	Provide assistance to purchase up to 25 Homes in neighborhoods as described in Exhibit 2, attached hereto, and incorporated by reference. A home that proves to be infeasible for rehabilitation may be replaced as provided in the DLBA's authorization to provide other properties for purchase for this program.	NO	2,250,544	\$925,000	CDBG	No Change	This Developer is a subrecipient performing related services and will provide up to \$39,000 in CDBG homebuyer assistance to purchasers with incomes 80% AMI and below purchasing homes listed in Exhibit 2 or for homes substituted homes as allowed by City Council's acquisition authorizing resolution for this program. \$925,000 CDBG allocation approved for this project is unchanged.
TOTAL ALLOCATIONS							\$250,000	

**EXHIBIT 2**  
**Detroit Neighborhood Home Repair Program Property List**

<b>#</b>	<b>Property Address</b>	<b>Neighborhood</b>
<b>1</b>	18220 Ohio	Bagley
<b>2</b>	18200 San Juan	Bagley
<b>3</b>	17165 Santa Barbara	Bagley
<b>4</b>	17527 Stoepel	Bagley
<b>5</b>	18964 Prairie	Bagley
<b>6</b>	17132 Monica	Bagley
<b>7</b>	17184 Prairie	Bagley
<b>8</b>	17189 Wisconsin	Bagley
<b>9</b>	19205 Greenlawn	Bagley
<b>10</b>	18461 Ohio	Bagley
<b>11</b>	8700 W. Seven	Bagley
<b>12</b>	18506 Wisconsin	Bagley
<b>13</b>	18087 Mendota	Schulze
<b>14</b>	18265 Monte Vista	Schulze
<b>15</b>	18689 Ilene	Schulze
<b>16</b>	17547 Mendota	Schulze
<b>17</b>	14644 Archdale	Grandmont - Rosedale
<b>18</b>	18640 Avon	Grandmont - Rosedale
<b>19</b>	17545 Plainview	Grandmont - Rosedale
<b>20</b>	15919 Ferguson	Crary/St. Mary's
<b>21</b>	15899 Murray Hill	Crary/St. Mary's
<b>22</b>	6012 Whittier	East English Village
<b>23</b>	5958 Yorkshire	East English Village
<b>24</b>	5076 Bishop	East English Village
<b>25</b>	12791 E. Outer Dr.	East English Village

# EXHIBIT 3

## HOME Loan Modification and/or Loan Subordination

DEVELOPER OR BORROWER	PROJECT DESCRIPTION	PROJECT ACTION	TOTAL DEVELOPMENT COST	ORIGINAL ALLOCATION	REVISED	COMMENTS
<p>Genesis Villas Limited                      Dividend Housing                      Association                      459 Harper Avenue                      Detroit, MI 48202</p>	<p>Genesis Villas                      91 Harper Avenue                      Detroit, MI 48202                      70 HOME Assisted Units                      of 90 Unit Affordable                      Rehabilitation</p>	<p>Loan Subordination and Modification to accommodate HUD restructuring of Loan. City will forgive unpaid principal and interest of Loan #1, while combining Loans #2 and #3 into one loan with annual interest payments and a balloon payment at the end of the 30 year term. Project to remain 100% affordable.</p>	<p>\$9,042,283</p>	<p>\$2,778,184</p>	<p>N/A</p>	<p>Loan Subordination and Modification Forgiveness of unpaid principal (\$282,383) and accrued interest on Loan #1. Consolidation of Notes 2 and 3 in one principal note of \$2,504,801, with interest only payments of \$1,200 annually and a balloon payment of any unpaid principal and interest at the end of term (2045).</p>



CITY OF DETROIT  
PLANNING AND DEVELOPMENT DEPARTMENT

9

COLEMAN A. YOUNG MUNICIPAL CENTER  
2 WOODWARD AVENUE SUITE 808  
DETROIT, MICHIGAN 48226  
(313) 224-1339 • TTY: 711  
(313) 224-1310  
WWW.DETROITMI.GOV

CITY CLERK 2016 MAR 14 4:40:08

March 10, 2016

Detroit City Council  
1340 Coleman A Young Municipal Center  
Detroit, MI 48226

**RE: Correction of Legal Description Exhibit Reference  
14201 Schoolcraft, Detroit, MI 48227**

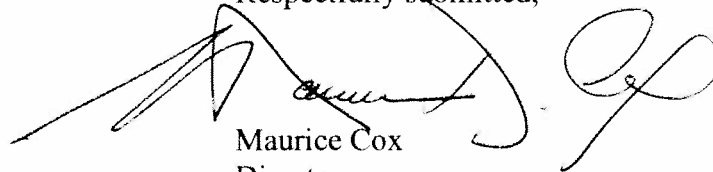
Honorable City Council:

By resolution adopted October 13, 2015, your Honorable Body authorized the transfer of the referenced property to Sylvia Leverett. The legal description contained in that resolution contained a typographical error.

By resolution adopted January 26, 2016, your Honorable Body approved the corrected legal description referenced as Exhibit "A". It should have been referenced as Exhibit "B".

Accordingly, the Planning & Development Department hereby requests approval to replace the aforementioned Exhibit "A" with the attached Exhibit "B".

Respectfully submitted,



Maurice Cox  
Director

MC/AM/vu

cc: Aliyah Sabree, Mayor's Ofc.





**By Council Member** \_\_\_\_\_

**RESOLVED**, that the resolution adopted January 26, 2016, authorizing the transfer of 14201 Schoolcraft to Sylvia Leverett, be amended to replace the legal description labeled Exhibit "A" with the attached Exhibit "B"; and be it further

**RESOLVED**, that the Director of the Planning & Development Department or his authorized designee, be and is hereby authorized to issue a Quit Claim Deed to the property, more particularly described in the attached Exhibit "B", and such other documents as may be necessary to effectuate the sale with Sylvia Leverett, a married woman, for the amount of \$4,143.00.

(See Attached Exhibit "B")

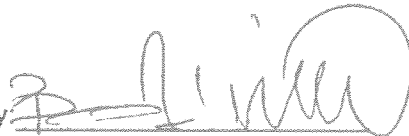
EXHIBIT B

W ARDMORE TRIANG POR OF LOTS 125&126 BG E 98.70 FT ON S LINE & S 51.95 FT  
ON E LINE SCHOOLCRAFT ALLOTMENT L30 P23 PLATS, W C R 22/72 51.95 IRREG

A/K/A 14201 Schoolcraft  
Ward 22 Item No. 035355.001

Description Correct  
Engineer of Surveys

By



Basil Sarim, P.S.  
Professional Surveyor  
City of Detroit/DPW, CED

9/28/2015