

Albion Building Authority  
Special Meeting  
September 15, 2020  
8:00 A.M.  
Virtual Zoom Meeting

AGENDA

- I. Call to Order
- II. Roll Call
- III. Approval of Minutes
  - A. Special Session Minutes, August 11, 2020
- IV. Old Business
- V. New Business
  - A. Approve JRance Property Management Invoices
  - B. Approve Maple Grove Bills
  - C. Update on Food Hub-Amy Deprez
  - D. Discussion Food Hub Building
- VI. Public Comment (Persons addressing the ABA shall limit their comments to no more than 5 minutes Proper decorum is required)
- VII. Excuse Absent Board Member(s)
- VIII. Adjournment

Albion Building Authority  
August 11, 2020 Special Meeting

**PLEASE TAKE NOTICE** that the meeting of the Albion Building Authority Meeting scheduled for **August 11, 2020 starting at 8:00 a.m.** will be conducted virtually (online and/or by phone) due to health concerns surrounding Coronavirus/COVID-19 under the Governor of Michigan's Executive Orders 2020-15 and 2020-21.

Public comment will be handled by the "Raise Hand" method

To comply with the **Americans with Disabilities Act (ADA)**, Any citizen requesting accommodation to attend this meeting, and/or to obtain this notice in alternate formats, please contact the ADA coordinator, (517) 629-5535, at least five business days prior to the meeting.

I. Call to Order

The August 11, 2020 ABA Special Meeting was called to order at 8:00 a.m. by Chair M Tymkew

II. Roll Call

PRESENT: C Burdette, C Farmer, J Domingo, M Tymkew

ABSENT: E Seedorf

STAFF: Haley Snyder, Acting City Manager and Jill Domingo, City Clerk

III. Approval of Minutes

❖ July 21, 2020

C Farmer moved, supported by C Burdette, CARRIED, to Approve the July 21, 2020 minutes as presented. (4-0, vv)

IV. Old Business-None

V. New Business

A. Approve JRance Property Invoices # 1008 for \$6732.76 & Invoice # 1009 for \$4784.42

Comments were from M Tymkew and JRance Property Management

C Farmer moved, supported by C Burdette, CARRIED, to Approve JRance Property Invoices # 1008 for \$6732.76 & Invoice # 1009 for

\$4784.42 (4-0, vv)

B. Approve Bills for Maple Grove

• Real Page	Invoice # I2007098501	\$2349.15
• Hurst Mechanical	Invoice # 7272232	\$471.59
• Johnson Cleaning	Invoice # 170067	\$300.00
• Otis	Invoice # 100400040842	\$160.68
• Roto Rooter	Invoice # 29751655	\$229.00
• Solar Contract Carpet	Invoice # 1644830	\$468.54
• Albion Electric	Invoice # 11698	\$489.00

Comments were received from Board Members C Burdette, J Domingo, M Tymkew and JRance Property Management

C Burdette moved, supported by C Farmer, CARRIED, to Approve the above Bills for Maple Grove (3-1, vv) (Domingo dissenting)

C. Update on Maple Grove-JoEllen Rance

JoEllen Rance stated that the washers and dryers need to be updated along with the parking lot being re-paved. She has been unable to get any quotes for the driveway due to the COVID virus.

She is working with Chief Kipp on Public Safety officers having a key for the lock-box to be used for medical emergencies.

She is looking into adding a phone in the lobby for outside residents so only residents will have a key fob.

Board Member C Farmer stated he will look into internet access for residents of Maple Grove.

D. Discussion for Payment of Bills for Maple Grove

J Domingo suggested the Board continue with monthly meetings for payment of bills for Maple Grove.

C Burdette stated he is fine with having monthly meetings for the next few months but the Board should also allow a certain authority to the management company.

C Farmer stated he can only do 8:00 a.m. until 9:00 on the second Tuesday of the month.

M Tymkew asked if the Board would be available to do the third Tuesday

of the month at 8:00 a.m.

The consensus of the Board is to hold monthly meetings until the end of the year to approve bills/payments for Maple Grove on the third Tuesday of the month at 8:00 a.m.

The next special meeting will be September 15<sup>th</sup> at 8:00 with agenda items as follows:

- Approve JRance Property Management Invoices
- Approve Maple Grove bills
- Foods Hub update-Amy Deprez

E. Update on Food Hub-Laura Overholt

Amy Deprez, President Albion Economic Development gave the following update on the Food Hub:

- The AEDC met on last Thursday and made the resolution to dissolve the Food Hub due to lack of revenue created from the Food Hub
- A revolving kitchen was created to help subsidize revenue; however, they have had a hard time finding customers even with the extremely low rental rates
- Due to COVID-there will also now be a large cost for sanitation of the kitchen
- THE EDC has subsidized approximately \$32,000-\$47,000 each year for the past 4 years
- The Food Hub has been providing food distribution during the COVID crisis. There is no charge for the food and the majority of the donations are used to purchase food
- Timeline: Ms. Deprez will be working for the next few months on the best way to dissolve the Food Hub
- The kitchen equipment will likely be sold as it is in good condition and will help to recoup the loss
- The one consistent tenant the Food Hub did have has not used the kitchen since March
- Currently there is no management for the Food Hub as Director Laura Overholt has given her notice
- Ms. Deprez will be meeting with the EDC and community partners to find an economic model that would be sustainable. She would like someone from the ABA Board to join in these meetings.
- The ABA did the structure work on the building for the Food Hub and the equipment was all purchased with grants
- Currently only the back space of the building is being used for food distribution

Comments were received from Board Members J Domingo; M Tymkew; C Farmer and C Burdette

F. Discussion of Food Hub Alternatives

Chair M Tymkew stated the ABA has two options for the Food Hub building:

1. Sell the building or;
2. Set up a non-profit run by the ABA Board and transfer ownership

He stated there have been some inquiries into the building since the appraisal was done. He is asking what direction the Board would like to go with this building.

C Burdette stated he felt the ABA should sell the building so the property/apartments could be developed.

M Tymkew stated the ABA is not in the business of landlord/property management as this is not the Board's expertise. He would like to explore avenues with the EDC Board and volunteered to be the ABA representative for those meetings.

Amy Deprez, President Albion Economic Development Corporation stated the Board may want to check over the appraisal as it included the freezers and coolers and also that an apartment may be a two-bedroom. She stated one of the bedrooms in the apartments did not have a window and was not sure it would comply as a bedroom.

J Domingo asked whether Bruce Johnson, Revitalize had refunded the \$4,000 to the ABA.

Acting City Manager Snyder will check and let the Board know.

- VI. Public Comment (Persons addressing the ABA shall limit their comments to no more than 5 minutes-Proper decorum is required)

No public comments were received

- VII. Excuse Absent Board Member(s)

J Domingo moved, supported by C Burdette, CARRIED, to excuse Board Member E Seedorf. (4-0, vv)

- VIII. Adjournment

C Burdette moved, supported by J Domingo, CARRIED, to adjourn the meeting. (4-0, vv)

Meeting adjourned at 8:55 a.m.

Recorded By: J Domingo, City Clerk



AMERICA'S  
FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL  
P.O. Box 309  
Troy, MI 48099-0309

CLIENT NUMBER 70003629	INVOICE NUMBER 70766081	AMOUNT DUE 250.00
PAYMENT DUE DATE 9/2/2020	INVOICE DATE 8/5/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

MDG2020 00001408 01



MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

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Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH YOUR PAYMENT; DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER		CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER	
		70003629	8/5/2020	70766081	
DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL
8/5/2020	70766081	Canine Inspection Recurring	250.00	-	250.00
<p>Visit us at <a href="http://www.rosepestsolutions.com">www.rosepestsolutions.com</a></p> <p>277-701-802 Jim JSP</p>					



Billing / Service Questions  
Call 517-322-9422

TOTAL AMOUNT DUE



THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE. 250.00

100000 01 01 001408 001408 P



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FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL  
P.O. Box 309  
Troy, MI 48099-0309

CLIENT NUMBER 70003629	INVOICE NUMBER 70768069	AMOUNT DUE 399.00
PAYMENT DUE DATE 9/2/2020	INVOICE DATE 8/5/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

MDG2020 00000924 01



MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH YOUR PAYMENT; DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER	CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER
	70003629	8/5/2020	70768069

DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL
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8/5/2020	70768069	Bedbugs - Conventional Service	399.00	-	399.00
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Visit us at [www.rosepestsolutions.com](http://www.rosepestsolutions.com)

277-701-802 Jim  
JSE

APPLICATION FOR BED BUGS IN UNIT A-209; 15 & 30 DAY FOLLOW UP INCLUDED



Billing / Service Questions  
Call 517-322-9422

**TOTAL AMOUNT DUE** 399.00

THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE.

100000 01 01 000924 000924 P

CLIENT



PO BOX 11407 Birmingham AL 35246-5575

# INVOICE

Invoice No	Account No	Ref. No
I2008096846	A0901015355	CUS05682

Account Name
MAPLE GROVE APTS.

Invoice Date	Total Due	Due	Page No
08/19/2020	20.55	NET 30	1 of 1

MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION MI 49224 - 1101

Transaction Fees	Qty	Item Charge	Net Charge	S&H	Tax	Ext Charge
LeasingDesk Screening Enterprise 07/29/2020 - AppID 68:Diane Gimberlin	1.00	20.5500	20.55	0.00	0.00	20.55
Total			20.55	0.00	0.00	20.55

*277-701-802 for JGR*

For account questions, call 1-877-325-7243 and choose option 7 from the menu or email [ARCustomerService@realpage.com](mailto:ARCustomerService@realpage.com).  
Join us September 14-15 for the RealWorld 2020 virtual conference. Register now at <https://www.realpage.com/realworld/>.  
Review your account status online at [www.realpage.com/clientportal](http://www.realpage.com/clientportal).

Please cut this portion and send it along with your payment

Invoice No	Account No	Ref. No	Account Name	Invoice Date	Total Due	Due
I2008096846	A0901015355	CUS05682	MAPLE GROVE APTS.	08/19/2020	20.55	NET 30

Payable to RealPage, Inc.:

Amount Enclosed	Check #

Send Payment To:  
RealPage, Inc.  
PO BOX 11407  
Birmingham AL 35246-5575

You can also pay us online at <https://billingportal.realpage.com/paybills>, or setup recurring payments at [www.realpage.com/clientportal](http://www.realpage.com/clientportal).

I200809684600CUS0568200000020551

# L M Electric Inc

# Invoice

P.O. Box 715  
Albion, MI 49224  
Kenlmelectric@gmail.com

Date	Invoice #
7/29/2020	23952

P.O. No.

Bill To
Maple Grove 1041 Maple Street Albion, MI 49224

Location	Project	Description	Qty	Rate	Amount
	Dropped off breakers	QO 120	3	13.90	41.70
<i>277-701-785</i> <i>8-18-2020</i> <i>fm</i> <i>gsl</i>					
<b>Total</b>					\$41.70

Phone #
517-740-7209



AMERICA'S  
FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL

P.O. Box 309  
Troy, MI 48099-0309

The answer since 1860

CLIENT NUMBER 70003629	INVOICE NUMBER 70761847	AMOUNT DUE 138.00
PAYMENT DUE DATE 8/24/2020	INVOICE DATE 7/29/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

MDG2020 00005240 01



MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

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INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH  
YOUR PAYMENT; DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER	CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER
	70003629	7/29/2020	70761847

DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL
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7/29/2020	70761847	Pest Control - Contract	138.00	-	138.00
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Visit us at [www.rosepestsolutions.com](http://www.rosepestsolutions.com)

277-701-802 AM  
8-18-2020 JSR



Billing / Service Questions  
Call 517-322-9422

**TOTAL AMOUNT DUE**

THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE. 138.00

100000 01 01 005240 005876 P

5555 Glenwood Hills Pkwy SE Grand Rapids, MI 49512  
P: 616-554-5200 F: 616-554-6200

Invoice Number: 1584012  
Invoice Date: 08/10/2020

**Bill To:** Maple Grove Apartments  
1041 Maple St  
Albion, MI 49224

**Customer:** Maple Grove Apartments  
1041 Maple St  
Albion, MI 49224

**Let's Talk Sustainability!**

To help improve our environment, Applied Imaging is now offering clients the option to receive their invoices electronically. If you would like to join us in this effort, please email your customer number and accounts payable email address to [AR@appliedimaging.com](mailto:AR@appliedimaging.com). Thank you!

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
MG22	Net 15 Days	08/25/2020	\$58.25	<b>\$58.25</b>	
Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
CN11853-01		\$58.25		09/13/2018	
Remarks					
Quarterly overages 3/6/9/12					

**Summary:**

Contract base rate charge for the 08/17/2020 to 09/16/2020 billing period	\$56.55 *
Contract Additional Pages charge for this billing period	\$0.00 **
Freight	\$1.70
*Sum of equipment base charges **See Additional Pages details below	<u>\$58.25</u>

**Detail:**

**Equipment included under this contract**

**Ricoh/MPC307**

Number	Serial Number	Base Charge	Location
87875	C508P700751	\$56.55	Maple Grove Apartments 1041 Maple St Albion, MI 49224

277-701-802

8-18-2020

*gm*  
*jsr*

**➔ Remit To:**

**Applied Imaging**  
7718 Solution Center  
Chicago, IL 60677-7007

1-800-521-0983

Invoice SubTotal	\$58.25
Tax:	\$0.00
Invoice Total	\$58.25
<b>Balance Due:</b>	<b>\$58.25</b>

Morning Star  
 125 E. Cass St.  
 Albion, MI 49224  
 517-629-2127  
 ads@salesmanpublications.com

MAPLE GROVE APARTMENTS  
 1041 MAPLE ST  
 ALBION, MI 49224

Transaction Period: 7/19/2020 - 8/9/2020

Advertiser Number: 10587

Billing Date: 8/9/2020

Due Date: 8/24/2020

**Amount Due: \$32.50**

Amount Enclosed: \_\_\_\_\_

Please detach top portion and return with your payment.

**STATEMENT**

Morning Star

8/9/2020

Date	Ref No.	Transaction	Details	Debit	Credit
Balance Forward:					\$0.00
8/9/2020	100336	Invoice		\$32.50	
		Order No. 47283	Display ad: Senior citizens 62 years or older and individuals who are disabled	\$16.25	
		Ads: 1	7/26/2020 Display ad Morning Star		
		Order No. 47371	Display ad: Senior citizens 62 years or older and individuals who are disabled	\$16.25	
		Ads: 1	8/9/2020 Display ad Morning Star		

MAPLE GROVE APARTMENTS  
 Advertiser No: 10587

**AGING**

Current	1 - 30	31 - 60	61 - 90	91+
\$32.50	\$0.00	\$0.00	\$0.00	\$0.00

Balance Forward: \$0.00  
 Debits: \$32.50  
 Credits: \$0.00  
**Amount Due: \$32.50**

*8-18-2020*  
*277-701-900*

*gm jse*

All payments due upon receipt, unless noted otherwise. A fee of 1.5% will be imposed on all balances past due.  
 Please make checks payable to: Morning Star. (Visa, Mastercard or Discover payments accepted also by phone 517-524-8540)  
 Thank you for Advertising with our paper! We are glad you have entrusted us to assist you with marketing your business.

484860

Statement

DATE \_\_\_\_\_

TO Maple Grove Apts

TERMS

IN ACCOUNT WITH Next Generation Landscaping  
12121 Town rd Panna, MI 49269

7/9	Mow/Trim	→	\$ 160
7/16	Mow/Trim	→	\$ 160
7/22	Mow/Trim	→	\$ 160
7/30	Mow/Trim	→	\$ 160
8/6	Mow/Trim	→	\$ 160
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: fit-content; margin: 0 auto;"> <p>Total Due = \$ 800</p> </div>			
<p>277-701-785 <i>Qm</i> 9/4/2000</p> <p><i>Qm</i></p>			

CURRENT	OVER 30 DAYS	OVER 60 DAYS	TOTAL AMOUNT

# STATEMENT

**RUFF & KREGER BUILDERS INC.**  
 1507 E. Michigan Avenue  
 ALBION, MI 49224

DATE August 25, 2020
NUMBER

(517) 629-4508 FAX (517) 629-2248

Maple Grove  
 \_\_\_\_\_  
 1041 Maple St  
 \_\_\_\_\_  
 Albion, Michigan 49224  
 \_\_\_\_\_

TERMS:

PLEASE DETACH AND RETURN WITH YOUR REMITTANCE

\$ 2,290.00

DATE	CHARGES AND CREDITS	BALANCE
	BALANCE FORWARD	
	SECOND FLOOR C-WING STIAR WAY EXIT DOOR	
	Work completed as follows :	
	Removed existing door and frame	
	Installed new steel frame, steel door with window,	
	new panic bar, new closure.	
	painted door.	
	Material and labor	2,290.00
	227-701-785 Jim 9/4/2020	
	<i>[Signature]</i>	

*Thank You*

PAY LAST AMOUNT  
 IN THIS COLUMN







Roto Rooter Battle Creek  
 7275 Tower Rd, Battle Creek, MI 49014  
 United States  
 Phone: (269) 962-1070  
 Fax: (269)962-1540  
 Email: Rotorooterbc@yahoo.com

Invoice 30001246  
 Invoice Date 8/15/2020  
 Completed Date 8/15/2020  
 Customer PO

**Billing Address**  
 MAPLE GROVE APARTMENTS - ACCOUNTS PAYABLE  
 1041 Maple Street  
 Albion, MI 49224 USA

**Job Address**  
 MAPLE GROVE APARTMENTS  
 - ACCOUNTS PAYABLE  
 1041 Maple Street  
 Albion, MI 49224 USA

**Description of Work**

Stool plugged. Auger stool to clear line. Stool is in bad shape. Needs to be replaced. Lots of build up in goose neck of stool.

Task #	Description	Quantity	Your Price	Your Total
COMMAUG	Stool Auger	1.00	\$179.00	\$179.00
ALBION	Albion	1.00	\$50.00	\$50.00
ADDCH104	AH Drain Cleaning	1.00	\$100.00	\$100.00

**Materials**

Material	Description	Quantity	Your Price	Your Total
MISC219	PERISHABLE FEE	1.00	\$4.95	\$4.95

Potential Savings \$32.90  
 Sub-Total \$333.95  
 Tax 0% \$0.00  
 Total Due \$333.95  
 Balance Due \$333.95

Thank you for choosing Roto- Rooter Battle Creek

This invoice is agreed and acknowledged for \$333.95. Payment is due upon receipt. A service fee of \$35.00 will be charged for any returned checks, and a financing charge of 3% per month shall be applied for overdue amounts.

*Don Spangler*

8/15/2020

I have inspected all of the work done by Roto Rooter Battle Creek pursuant to the contract terms agreed by me at MAPLE GROVE APARTMENTS - ACCOUNTS PAYABLE. I find that all work has been completed in a satisfactory and workmanlike manner. I have been given the opportunity to address concerns and/or discrepancies in the work provided, and I either have no such concerns or have found no discrepancies or they have been addressed by Nicasio O to my satisfaction. My signature here signifies my full and final acceptance of all work performed by the contractor pursuant to the contract as agreed.

*Don Spangler*

8/15/2020

*277-701-785  
 9-4-2020*

PO Box 509058 • San Diego, CA 92150-9058

**Credit/Account Information**  
800/798-8888, FAX 800/930-4930  
**Orders/Product Information**  
800/431-3000, FAX 800/859-8889

**Please Pay From Invoice**  
Terms: Net 30 Days  
A minimum late charge of \$2.00 or 1.5% per month (18% per year) is charged on past due invoices.

HD Supply Facilities Maintenance, Ltd. Federal ID 52-2418852

Customer Number	Ordered By	Authorized By	Order Number	Invoice Date	Invoice Number
1008433	Don sangler		0138494498	08/24/2020	9184374165
				Purchase Order Number	
				081901	

542 1 MB 0.439 E0100X I0198 D6523822557 S2 P7628677 0001:0001



MAPLE GROVE APTS  
City of Albion  
1041 MAPLE ST OFC  
ALBION MI 49224-1489

Ship To:

MAPLE GROVE APTS  
CITY OF ALBION  
1041 MAPLE ST, OFC  
ALBION MI 49224-1186

Stock Number	Description	Product Category	Ordered	Shipped	Unit Price	Unit	Extension
565323	Hotpnt 15.6 Cu Ft Fridge LH Wht DOE 2014	APPLIANCE	4	4	689.00	EA	2,756.00
							<p>277-701-776 JMC 9-4-2020 JSE</p>

Product Category Summary (Excluding Misc. Charges & Freight)  
APPLIANCE 2756.00

Ship Date	Sub Total
08/24/2020	2,756.00
Pkg Count	Sales Tax
4	0.00
Weight	Freight
658.00 LB	0.00
<b>TOTAL</b>	
2,756.00	

Question? Call Jennifer Arens at 800-798-8888 ext:66047 or email [Jennifer.Arens@hdsupply.com](mailto:Jennifer.Arens@hdsupply.com)

Invoice Number: 9184374165  
Amount Due: 2,756.00  
Date Due: 09/23/2020

For proper credit to your account, please do not staple check to remittance form.

Amount Paid: \_\_\_\_\_

**Please return this portion with payment.**

Thank you for your order.

If amount paid differs from amount due, please check and explain on back.

Mail To:

HD Supply Facilities Maintenance, Ltd.  
P.O. Box 509058  
San Diego, CA 92150-9058

1008433  
MAPLE GROVE APTS  
City of Albion  
1041 MAPLE ST OFC  
ALBION MI 49224-1489



Payment terms are 30 days from invoice date unless otherwise agreed upon in writing. Remit to:  
 #774494  
 4494 Solutions Center  
 Chicago, IL 60677-4004

GRAND RAPIDS MI BRANCH  
 3715 CLAY S.W.  
 GRAND RAPIDS, MI 49548-  
 (616)538-2250

INVOICE NO
S3-84046
REMIT TO:#774494 4494 Solutions Center Chicago,IL 60677-4004

**BILL TO**

ALBION, CITY OF  
 112 W CASS ST  
 ALBION, MI 49224-1731

**OWNER**

MAPLE GROVE APTS.  
 1041 MAPLE ST  
 ALBION, MI 49224-  
 DON SPANGLER - 517 2065011

PAGE 1 OF 2

\*\*\* CHARGE \*\*\*

DATE	CUSTOMER ORDER NO.	DATE IN SERVICE	ENGINE MODEL	PUMP NO.	EQUIPMENT MAKE
03-SEP-2020	PAT MILLER		QT13068GNSNA		GENERAC
CUSTOMER NO.	SHIP VIA	FAIL DATE	ENGINE SERIAL NO.	CPL NO.	EQUIPMENT MODEL
197214		02-SEP-2020	4939505		GEN SET
REF. NO.	SALESPERSON	PARTS DISP.	MILEAGE/HOURS	PUMP CODE	UNIT NO.
304861	MH740		/ 234.3		GENERAC

QUANTITY ORDERED	BACK ORDERED	QUANTITY SHIPPED	PART NUMBER	DESCRIPTION	PRODUCT CODE	UNIT PRICE	AMOUNT
------------------	--------------	------------------	-------------	-------------	--------------	------------	--------

OSN/MSN/VIN 4939505

COMPLAINT DON CALLED #517-206-5011 THE EMERGENCY GENERATOR FAILED TO START POSSIBLE BAD BATTERY.

CORRECTION ARRIVE ON SITE AND INSPECT. TEST UNIT, DOES NOT CRANK. TEST CHARGER OPERATION, CHARGING AT 13 VDC AT .6 AMPS. DISCONNECT BATTERY HAS 13 VDC, TEST BATTERY BATTERY FAILS LOAD TEST HAS ONLT 15 CCA RATED AT 675. REPLACE BATTERY AND RETEST UNIT NOW STARTS AND RUNS FINE DC ALTERNATOR OUTPUT IS 13.6 VDC AND BATTERY CHARGER IS CHARGING AT 13 VDC AT 1 AMP.

1		1	C31AXHD	P G31 CCA950 RC195	NABS	92.68	92.68
			ORDERED ITEM	31P-MHD E1-INTERSTATE			
1		1	B-CORE-D	CORE	CLEAN	30.00	30.00
-1		-1	B-CORE-D	CORE	DIRTY	30.00	- 30.00

PARTS:	92.68
PARTS COVERAGE CREDIT:	0.00 CR
TOTAL PARTS:	92.68
SURCHARGE TOTAL:	0.00
LABOR:	239.40
LABOR COVERAGE CREDIT:	0.00 CR
TOTAL LABOR:	239.40
MISC.:	87.12
MISC. COVERAGE CREDIT:	0.00 CR
TOTAL MISC.:	87.12
ELECTRONIC TOOLING FEE	50.00
HAZ WASTE DISPOSAL	11.97
SHOP SUPPLIES	19.15
ROAD MILEAGE	6.00

277-701-785  
 9-4-2020  
 JMW  
 JSR

Billing Inquiries? Call (877)480-6970

THERE ARE ADDITIONAL CONTRACT TERMS ON THE REVERSE SIDE OF THIS DOCUMENT, INCLUDING LIMITATION ON WARRANTIES AND REMEDIES, WHICH ARE EXPRESSLY INCORPORATED HEREIN AND WHICH PURCHASER ACKNOWLEDGES HAVE BEEN READ AND FULLY UNDERSTOOD.

AUTHORIZED BY (print name) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Payment terms are 30 days from invoice date unless otherwise agreed upon in writing. Remit to:  
 #774494  
 4494 Solutions Center  
 Chicago, IL 60677-4004

GRAND RAPIDS MI BRANCH  
 3715 CLAY S.W.  
 GRAND RAPIDS, MI 49548-  
 (616)538-2250

INVOICE NO
S3-84046
REMIT TO:#774494 4494 Solutions Center Chicago,IL 60677-4004

**BILL TO**

ALBION, CITY OF  
 112 W CASS ST  
 ALBION, MI 49224-1731

**OWNER**

MAPLE GROVE APTS.  
 1041 MAPLE ST  
 ALBION, MI 49224-  
 DON SPANGLER - 517 2065011

PAGE 2 OF 2

\*\*\* CHARGE \*\*\*

DATE	CUSTOMER ORDER NO.	DATE IN SERVICE	ENGINE MODEL	PUMP NO.	EQUIPMENT MAKE
03-SEP-2020	PAT MILLER		QT13068GNSNA		GENERAC
CUSTOMER NO.	SHIP VIA	FAIL DATE	ENGINE SERIAL NO.	CPL NO.	EQUIPMENT MODEL
197214		02-SEP-2020	4939505		GEN SET
REF. NO.	SALESPERSON	PARTS DISP.	MILEAGE/HOURS	PUMP CODE	UNIT NO.
304861	MH740		/ 234.3		GENERAC

QUANTITY ORDERED	BACK ORDERED	QUANTITY SHIPPED	PART NUMBER	DESCRIPTION	PRODUCT CODE	UNIT PRICE	AMOUNT
			4939505	OSN/MSN/VIN			

TAX EXEMPT NUMBERS:

AS A RESULT OF THE OUTBREAK OF THE DISEASE COVID-19 ARISING FROM THE NOVEL CORONAVIRUS, TEMPORARY DELAYS IN DELIVERY, LABOUR OR SERVICES FROM CUMMINS AND ITS SUB-SUPPLIERS OR SUBCONTRACTORS MAY OCCUR. AMONG OTHER FACTORS, CUMMINS DELIVERY OBLIGATIONS ARE SUBJECT TO CORRECT AND PUNCTUAL SUPPLY FROM OUR SUB-SUPPLIERS OR SUBCONTRACTORS, AND CUMMINS RESERVES THE RIGHT TO MAKE PARTIAL DELIVERIES OR MODIFY ITS LABOUR OR SERVICE. WHILE CUMMINS SHALL MAKE EVERY COMMERCIALY REASONABLE EFFORT TO MEET THE DELIVERY, SERVICE OR COMPLETION OBLIGATIONS SET FORTH HEREIN, SUCH DATES ARE SUBJECT TO CHANGE.

LOCAL

0.00

Billing Inquiries? Call (877)480-6970

THERE ARE ADDITIONAL CONTRACT TERMS ON THE REVERSE SIDE OF THIS DOCUMENT, INCLUDING LIMITATION ON WARRANTIES AND REMEDIES, WHICH ARE EXPRESSLY INCORPORATED HEREIN AND WHICH PURCHASER ACKNOWLEDGES HAVE BEEN READ AND FULLY UNDERSTOOD.

SUB TOTAL: 419.20

TOTAL TAX: 0.00

TOTAL AMOUNT: US \$ 419.20

AUTHORIZED BY (print name) \_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



Local Branch Contact Information  
 S3 - Grand Rapids  
 3715 Clay Ave  
 Grand Rapids, MI 49548  
 (616) 538-2250

Field Service  
 Work Order Form

Technician Name R Benedict	Promotion ID#
-------------------------------	---------------

WO REF#: 304861
Location: S3 - Grand Rapids

Customer Name: City Of Albion	Customer#: 197214	Customer Contact Name: Patrick Miller / Don
Site Address: 1041 Maple Street		Customer Contact Phone#: 906 373 9442/ Don 517 206 5011
City: Albion	State: Mi	Zip Code: 49224
Customer Site Name:	Unit Name: Maple Grove Appartments	Customer Contact Fax#: 517 629 2238
Generator Make: Generac	Generator Model: QT130068GNSNA	Generator Serial Number: 4939505
Engine Make: Ford	Engine Model: WSG 1068	Engine Serial Number: E182A 231007 2966197
Transfer Switch Make: Asco	Transfer Switch Model: Series 300	Transfer Switch Serial Number: 453477 RE
Other Equipment Make:	Other Equipment Model:	Other Equipment Serial Number:
Generator Spec:	KW: 130	Job Date: 9/2/2020
Engine Spec:	CPL:	Hours / Mileage: 234.3
Transfer Switch Spec:		AMPS / VAC: 400A/208V
Other Equipment Spec:		Hours / Mileage:
Email Address: maplegroveapts@gmail.com		

Site Access Notes to be made into BMS:

Complaint/Instructions: generator failed to start

Cause:

Correction:  
 arrive on site and inspect test unit does not crank test charger operation charging at 13 vdc at .6 amps disconnect battery has 13 vdc test battery battery fails load test has onlt 15 cca rated at 675 r&r & replace batteryand retest unit now starts and runs fine dc alternator output is 13.6 vdc and battery charger is charging at 13 vdc at 1 amp

Technician Notes / Recommendations:

Date: 9/2/2020

The above work has been performed.

Customer: X \_\_\_\_\_ Technician: X \_\_\_\_\_

Complete:	yes
Left in Auto?:	✓

**JoEllen Rance/JRance Property Management**

**INVOICE**

1041 Maple St, B-101  
Albion MI 49224

**INVOICE # 1010**  
**DATE 9/11/2020**

269-929-7508

TO  
Albion Building Authority  
112 W Cass St  
Albion MI 49224

**PROPERTY MANAGEMENT SERVICES**

Description	Amount
Payroll Services for 9/25/2020-this is approximate for future payroll	\$3854.46
Management fee bi-weekly 2nd half of August	\$1538.60
Total	\$5393.06

Make all checks payable to JoEllen Rance/JRance Property Management  
If you have any questions concerning this invoice, contact JoEllen Rance/269-929-7508

THANK YOU FOR YOUR BUSINESS!

**JoEllen Rance/JRance Property  
Management**

**INVOICE**

1041 Maple St, B-101  
Albion MI 49224

**INVOICE # 1011  
DATE 9/11/2020**

269-929-7508

TO  
Albion Building Authority  
112 W Cass St  
Albion MI 49224

**PROPERTY MANAGEMENT SERVICES**

<b>Description</b>	<b>Amount</b>
Payroll Services for 10/9/2020-this is approximate for future payroll	\$3554.46
Payroll Services for 10/23/2020-this is approximate for future payroll	\$3554.46
Management fee bi-weekly 1 <sup>st</sup> half of September	\$1294.01

This includes 2 payroll cycles for future due to monthly approvals of invoices.  
The amounts are approximate because of hour fluctuation

**Total** **\$8402.93**

Make all checks payable to JoEllen Rance/JRance Property Management  
If you have any questions concerning this invoice, contact JoEllen Rance/269-929-7508

THANK YOU FOR YOUR BUSINESS!



AMERICA'S  
FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL  
P.O. Box 309  
Troy, MI 48099-0309

CLIENT NUMBER 70003629	INVOICE NUMBER 70771483	AMOUNT DUE 399.00
PAYMENT DUE DATE 9/16/2020	INVOICE DATE 8/25/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

MDG2020 00001396 01



MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

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Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH  
YOUR PAYMENT: DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER		CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER		
		70003629	8/25/2020	70771483		
DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL	
8/25/2020	70771483	Bedbugs - Conventional Service  Visit us at <a href="http://www.rosepestsolutions.com">www.rosepestsolutions.com</a>  277-701-802 JSR 9-10-2020  APPLICATION FOR BED BUGS IN UNIT A-205; 15 & 30 DAY FOLLOW UP INCLUDED	399.00	-	399.00	

TOTAL AMOUNT DUE



399.00

THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE.



Billing / Service Questions  
Call 517-322-9422

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AMERICA'S  
FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL  
P.O. Box 309  
Troy, MI 48099-0309

CLIENT NUMBER 70003629	INVOICE NUMBER 70771480	AMOUNT DUE 399.00
PAYMENT DUE DATE 9/16/2020	INVOICE DATE 8/25/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

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MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

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Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH  
YOUR PAYMENT; DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER		CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER		
		70003629	8/25/2020	70771480		
DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL	
8/25/2020	70771480	Bedbugs - Conventional Service	399.00	-	399.00	
<p>Visit us at <a href="http://www.rosepestsolutions.com">www.rosepestsolutions.com</a></p> <p>277-701-802 <i>JS</i></p> <p>9-10-2020</p>						
<p>APPLICATION FOR BED BUGS IN UNIT A-210; 15 &amp; 30 DAY FOLLOW UP INCLUDED</p>						

TOTAL AMOUNT DUE



THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE. 399.00



Billing / Service Questions  
Call 517-322-9422

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AMERICA'S  
FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL  
P.O. Box 309  
Troy, MI 48099-0309

CLIENT NUMBER 70003629	INVOICE NUMBER 70771476	AMOUNT DUE 399.00
PAYMENT DUE DATE 9/16/2020	INVOICE DATE 8/25/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

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MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

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Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH  
YOUR PAYMENT; DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER		CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER		
		70003629	8/25/2020	70771476		
DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL	
8/25/2020	70771476	Bedbugs - Conventional Service	399.00	-	399.00	
<p>Visit us at <a href="http://www.rosepestsolutions.com">www.rosepestsolutions.com</a></p> <p>277-701-802 JSC</p> <p>9-10-2020</p>						
<p>APPLICATION FOR BED BUGS IN UNIT A-201; 15 &amp; 30 DAY FOLLOW UP INCLUDED</p>						



Billing / Service Questions  
Call 517-322-9422

**TOTAL AMOUNT DUE**

THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE. 399.00

100000 01 01 000386 000386 P



AMERICA'S  
FIRST PEST CONTROL SERVICE  
HOME • INDUSTRIAL • COMMERCIAL  
P.O. Box 309  
Troy, MI 48099-0309

CLIENT NUMBER 70003629	INVOICE NUMBER 70764511	AMOUNT DUE 138.00
PAYMENT DUE DATE 9/22/2020	INVOICE DATE 8/27/2020	AMOUNT ENCLOSED
CREDIT CARD NUMBER		EXP. DATE
CREDIT CARD SIGNATURE		SEC CODE
EMAIL ADDRESS maplegroveapts@gmail.com		

MDG2020 00005202 01



MAPLE GROVE APARTMENTS  
1041 MAPLE ST  
ALBION, MI 49224

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Check this box to receive e-mail invoices and end paper billing. 616530 (PC1)

REMIT TO:

Rose Pest Solutions  
P.O. Box 309  
Troy, MI 48099-0309

INVOICE

DETACH AND ENCLOSE THE TOP PORTION WITH  
YOUR PAYMENT; DO NOT STAPLE, FOLD OR CUT



PURCHASE ORDER NUMBER		CLIENT NUMBER	INVOICE DATE	INVOICE NUMBER	
		70003629	8/27/2020	70764511	
DATE	ORDER #	DESCRIPTION	SUB-TOTAL	TAX	TOTAL
8/27/2020	70764511	Pest Control - Contract	138.00	-	138.00
Visit us at <a href="http://www.rosepestsolutions.com">www.rosepestsolutions.com</a> <i>277-701-802 JSE</i> <i>9-10-2020</i>					



Billing / Service Questions  
Call 517-322-9422

**TOTAL AMOUNT DUE**

THIS INVOICE DOES NOT REFLECT ANY PRIOR BALANCE. 138.00

100000 01 01 005202 005850 P





# Johnson Cleaning & More

277-701-785

QR

INVOICE NO.

170083

9-10-2020

Invoice

BILL TO Maple Grove Apartments		SERVICE PERFORMED AT	
ADDRESS 1041 Maple Str.		ADDRESS SAME	
CITY, STATE, ZIP Auburn, MI 49224		CITY, STATE, ZIP	
CUSTOMER ORDER NO.	SOLD BY Johnson Cleaning & More	TERMS	DATE 9-10-2020

QTY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
2X	For Professional Services		
	Sweep, vacuom floors in hallways and common area, cleaning of stair	100 00	
	Well, mop floors, spotclean walls, clean restrooms, entry ways and windows in lobby take out all garbage	100 00	
			200 00

# Johnson Cleaning + More

277-701-785 *QR*  
9-10-2020

INVOICE NO. 170084

Invoice

BILL TO <i>Maple Grove Apartments</i>		SERVICE PERFORMED AT	
ADDRESS <i>1041 Maple Str.</i>		ADDRESS <i>SAME</i>	
CITY, STATE, ZIP <i>Albion, Mi 49224</i>		CITY, STATE, ZIP <i>SAME</i>	
CUSTOMER ORDER NO.	SOLD BY <i>Johnson</i>	TERMS	DATE <i>9-10-2020</i>

*Clean 5 Units*

*A-213  
A-214  
C-113  
C-106  
A-110*

*100 00  
100 00  
100 00  
100 00  
100 00*

*500 00*

# ALBION BUILDING AUTHORITY

## City of Albion, MI

### **Request for Qualifications: Real Estate Professional Services for Albion Building Authority**

BID NUMBER: #01-ABA-2017

DATE ISSUED: November 20, 2017

DATE DUE: December 1; 2017, 3:00PM (LOCAL TIME)  
Bid will be opened publicly at this time at,  
Albion City Hall, 112 W. Cass Street, Albion, MI

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## BACKGROUND

This Request for Qualifications (“RFQ”) is being issued by the Albion Building Authority (ABA). The ABA invites the submission of proposals for Real Estate Professional Services to facilitate the sale of commercial property for the ABA, located at 309 N. Superior Street, Albion, MI 49224. The successful respondent will review the scope of services and provide requested documentation demonstrating their qualifications in the area of real estate sales and high commitment to the real estate market in the City of Albion and Calhoun County. Respondents that provide this service with demonstrated experience and an interest in making their services available to the ABA are invited to respond to this RFQ. “Respondents” means the companies or individuals that submit proposals in response to this RFQ.

## IMPORTANT DATES

**RFQ Issue Date:** November 20, 2017

**Questions Due:** November 27, 2017 at 5:00pm

**Proposal Due Date:** December 1, 2017 at 3:00pm

**Award Date:** December 8, 2017

## SCOPE OF WORK/DELIVERABLES

The ABA is looking for qualified commercial real estate agent and/or broker that have a proven capacity to list, market, show, and sell a commercial property located at 309 N. Superior Street, Albion, MI 49224.

### 1. General Realtor Services that are required include, but are not limited to:

- a. Providing market analysis of properties as requested which reflect real-market conditions based on similar comps or sales.
- b. Developing written marketing plans for property sales and follow through with that plan, adjustments to the plan would need to be discussed with ABA.
- c. Holding regular open houses.
- d. Participating in ABA sponsored activities to promote property sales.
- e. Coordinating the title insurance process with title agency.
- f. Taking photos of property for marketing materials and website.
- g. Communicating regularly with ABA’s Chairperson and Albion City Manager regarding showings, buyers, comments, and concerns regarding specific properties, potential buyer demographics, potential offers, and any maintenance/repair/cleaning/security needs noted at the sale property.
- h. Presenting all offers to the ABA staff with recommendations for acceptance or refusal.

## THRESHOLD REQUIREMENTS/REQUIRED FOR SUBMITTAL

1. Submissions must be submitted in the format outlined below and be a **maximum of five (5) pages**:
  - a. **Executive Summary:** Summarize the Respondent's strong points and how experience, particularly with similar responsibilities, will assist property sales.
  - b. **Business Organization:** State the full name and address of the organization and, if applicable, the branch office, consultants, or other subordinate elements that will provide or assist in providing the service. Include phone number(s), email address(s) and Respondent's website address.

Indicate whether Respondent operates as an individual, broker, partnership, or corporation; if as a corporation, include the state in which Respondent is incorporated. State the names of the principals of the Respondent who are licensed to practice in the State of Michigan.

- c. **Statement and Management Summary:** Explain in succinct terms the major issues related to this request, specifically, the Respondent's intended process and responsibilities. Identify important steps that will be taken to meet ABA's expectations. Address experience in the following:
  - Familiarity and success with commercial properties;
  - Relationships with banking and mortgage lenders; and

### 2. Document Requirements

1. These documents must be submitted along with your proposal:
  - a. **Certificate of Good Standing** for Corporations Companies issued by the Michigan Secretary of State; **or**
  - b. **Certificate of Existence for Limited Liability Companies** issued by the Michigan Secretary of State; **or**
  - c. **Certificate of Good Standing or Certificate of Existence for Joint Ventures; or**
  - d. **"Doing Business As" documentation and certificates for all other types of businesses.**
2. **Evidence of Insurance:** Commercial General Liability with limits not less than \$500,000; Workers Compensation and Employers Liability with limits not less than \$500,000; and Automobile Liability with limits not less than \$500,000 per occurrence. The selected Contractor shall agree to indemnify and hold harmless the ABA, the City of Albion, and their respective officers, agents, and employees from any and all claims, causes, or actions, and damages of any kind, for injury to or death of any person and damages to property arising out of or in connection with the work done by the Contractor under this contract, and including acts or omissions of the ABA, the City of Albion or their respective officer, agents, or employees in connection with said contact.
3. **Copy of State of Michigan Real Estate License and/or Brokers License:** for all employees committed to this service.

4. **References List:** Three (3) from related work, including date of contract, contact person and phone number, and a brief description of the scope of work. (Please see and complete Appendix A)
5. **Non-Collusion Affidavit:** Respondent shall disclose any professional or personal financial interests that may be a conflict of interest in representing the ABA. In addition, all Respondents shall further disclose arrangement to derive additional compensation from various investment and reinvestment products, including financial contracts. (Please see and complete Appendix B)
6. **Sales history information:** Number of properties sold, length of time on the market, number of foreclosed homes sold and/or managed and area where properties were sold for the past three years. Please include all properties listed and sold within the City of Albion and Calhoun County.
7. **W-9 Form** (see Appendix D)

## Evaluation and Scoring

Qualifications of proposed bidders will be determined by the evaluation committee’s assessment of technical qualifications contained in the sealed bid submitted to the Albion Building Authority, c/o City Clerk Jill Domingo, 112 W. Cass Street, Albion, MI 49224. A maximum score of 100 could be awarded with a minimum score of 75 needed to qualify.

<b>Part One Criteria</b>	<b>Points</b>	<b>Description</b>
Qualifications of Firm	10	Business organization
	10	Statement & Management Summary
	10	References from current clients
	10	Insurance
	10	Submittal of required documents
Capacity to Provide Service	20	Positive sales record in City of Albion and/or Calhoun Co for previous 3 years
	10	Marketing approach, use of tools, type of outreach (media, signage, other)
Experience & Other Qualifications	10	Experience with commercial property
	10	Location of Office in City of Albion



## Other Aspects to Consider

### 1. RFQ Overview

It is understood that the selected Respondent acting as an individual, partnership, corporation or other legal entity, shall be capable of providing the specified services. The Respondent shall be financially solvent and its employees and or subcontractors shall be competent to perform the services required under this RFQ.

Nothing in this RFQ shall be construed to create any legal obligation on the part of the ABA, the City of Albion, or any Respondents. The ABA reserves the right, in its sole discretion, to amend, suspend, terminate, or reissue this RFQ in whole or in part, at any stage. In no event shall the ABA be liable to Respondents for any cost or damages incurred in connection with the RFQ process, including but not limited to, any and all costs of preparing a response to this RFQ or any other costs incurred in reliance on this RFQ.

No Respondent shall be entitled to repayment from the ABA for any costs, expenses or fees related to this RFQ or responding to it. All supporting documentation submitted in response to this bid will become the property of the ABA. Respondents may also withdraw their interest in the RFQ, in writing, at any point in time as more information becomes known; however, submissions are to be firm and cannot be withdrawn for a period of thirty (30) calendar days after opening.

### 2. Term of Contract

Any contract awarded pursuant to this RFQ solicitation shall be for a contract period of six (6) months (Jan-June 2018), with the option of an addition extension for an additional six (6) months (July – December 2018), at the discretion of the ABA. All contracts made by the successful bidder with subcontractors shall be covered by the terms and conditions of the contract. The successful bidder shall see to it that their subcontractors are fully informed in regard to these terms and conditions.

### 3. Economic Sanctions

The undersigned, acting either individually or as a duly authorized representative of the entity submitting the enclosed bid/proposal hereby verifies that he/she/it is not an Iran linked business which is defined as follows in the Iran Economic Sanctions Act, Public Act 517 of 2012, MCL 129.311, et.seq.: (i) A person engaging in investment activities in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers or products used to construct or maintain pipelines used to transport oil or liquefied natural gas for the energy sector of Iran and/or (ii) A financial institution that extends credit to another person , if that person will use the credit to engage in investment activities in the energy sector of Iran.

#### D. All work shall confirm to the following federal requirements where applicable:

24 CFR 570.061 – Equal Opportunity and Fair Housing

24 CFR 570.602 – Affirmative Marketing

24 CFR 570.609 – Debarred, Ineligible

or Suspended Contractors

24 CFR 570.611 – Conflict of Interest

24 CFR 85.36 – Procurement



Executive Order 11246 - of September 24, 1965, entitled "Equal Employment Opportunity," as amended by Executive Order 1124 of October 13, 1967 and as supplemented in Department of Labor regulations (41 CFR Chapter 60). (Applicable to all service contracts awarded in excess of \$10,000 by respondent or its subcontractors.)

## RFQ SUBMITTAL GUIDELINES

The Selection Committee comprised of the ABA members and City of Albion staff will review qualifications in accordance with the evaluation criteria set forth objectives and policies. Proposals that are submitted timely and comply with the mandatory requirements of the RFQ will be evaluated in accordance with the terms of the RFQ. Any contract resulting from this RFQ will not necessarily be awarded to the vendor with the lowest overall price. Instead, contract shall be awarded to vendor whose proposal received the most points in accordance with criteria set forth in the RFQ.

The ABA reserves the right to select the Respondent(s) that best meet the ABA's goals and objectives, required qualifications, and service level expectations. The ABA reserves the right, in its sole discretion, to reject any/or all proposals, to waive any irregularities and technical defects contained therein, to award the contract in its entirety, in part, or not at all and/or determine which proposal is the lowest and/or best to enter into a Contract, as deemed to be in the best interest of the ABA.

A submission shall constitute an irrevocable offer for a period of sixty (60) days from the opening date or until the date of award, whichever is earlier. In the event that an award is not made by ABA within sixty (60) days from the opening date, the Respondent may withdraw his/her submission or provide a written extension of his/her response.

## QUESTIONS

Written questions must be submitted via email to [smitchell@cityofalbionmi.gov](mailto:smitchell@cityofalbionmi.gov) by **5:00pm** Written answers will be provided to all potential bidders via email by **5:00pm Monday, November 27, 2017**.

## SUBMITTAL DUE DATE

**Responses to this RFQ are due by 3:00pm (local time) on Friday, December 1, 2017.** Each Respondent is responsible for labeling the exterior of the sealed envelope containing the proposal response with the proposal number, proposal name, proposal due date and time, and your firm's name. **Three (3)** hard copies must be delivered to:

Albion Building

ATTN: Jill Domingo, Albion City Clerk

112 W. Cass Street

Albion, MI 49224

**LATE PROPOSALS WILL NOT BE CONSIDERED**



## CERTIFICATION FORM NOTE

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION

The undersigned hereby certifies, on behalf of the Respondent named in this Certification (the "Respondent"), that the information provided in this RFQ submittal to the ABA is accurate and complete, and I am duly authorized to submit same. I hereby certify that the Respondent has reviewed this RFQ in its entirety and accepts its terms and conditions.

\_\_\_\_\_  
(Name of Respondent)

\_\_\_\_\_  
(Signature of Authorized Representative)

\_\_\_\_\_  
(Typed Name of Authorized Representative)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)



## RFQ SUBMITTAL REQUIREMENTS CHECKLIST

Please provide Checklist with response to RFQ

- RFQ Submittal Requirements Checklist
- Certification Form Note
- Request for Qualifications Submission
- Copy of Michigan Real Estate License for individual(s), associates or firm.
- Copy Brokers Letter and License, if applicable.
- Evidence of Insurance
- Reference List (Please see and complete Appendix C)
- Non-Collusion Affidavit (Please see and complete Appendix D)
- Sales History Information

Respondent Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date of submission: \_\_\_\_\_



### APPENDIX A – Reference list

List of Three (3) References and Description of Services Provided

#### Reference 1

Company/Municipality: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

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

#### Reference 2

Company/Municipality: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

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

#### Reference 3

Company/Municipality: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Type of Project(s): \_\_\_\_\_

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



## APPENDIX B – Non-Collusion Affidavit

### NON-COLLUSION AFFIDAVIT

The bidder, by its officers and authorized agents or representatives, present at the time of filing this bid, being duly sworn on their oaths, say that neither they nor any of them have in any way, directly or indirectly, entered into any arrangement or agreement with any other bidder or with any public officer or representative of the Albion Building Authority, whereby such affidavit or affiant or either of them has paid or is to pay to such other bidder or public office anything of value whatsoever; or such affidavit or affiant or either of them has not directly or indirectly entered into any arrangement or agreement with any other bidder or bidders, which tends to or does lessen or destroy free competition in the letting of the contract sought for the by the attached bid; that no inducement of any form or character other than that which appears on the face of the bid will be suggested, offered, paid or delivered to any person whomsoever to influence the acceptance of the bid or awarding of the contract; nor has this bidder any agreement or understanding of any kind whatsoever, with any person whomsoever to pay, deliver to, or share with any other person in any way or manner, any of the proceeds of the contract sought by this bid. The bidder is fully informed with respect to the preparation and contents of the attached bid proposal and of all pertinent circumstances respecting said proposal.

**I hereby affirm by my signature affixed hereto that the above statements are true to the best of my knowledge, information and belief.**

By: \_\_\_\_\_ Signature \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Company

*This affidavit must be notarized to be complete. Notary certification below.*

Subscribed and sworn to before me on \_\_\_\_\_, 2017 in \_\_\_\_\_ County, Michigan.

\_\_\_\_\_

\_\_\_\_\_, Notary Public

Acting in \_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

(seal)



APPENDIX C – W-9

Form <b>W-9</b> (Rev. January 2011) Department of the Treasury Internal Revenue Service	<h3 style="margin: 0;">Request for Taxpayer                  Identification Number and Certification</h3>	Give Form to the requester. Do not send to the IRS.																				
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)																					
	Business name/disregarded entity name, if different from above																					
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate																					
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶																					
	<input type="checkbox"/> Other (see instructions) ▶																					
Address number, street, and apt. or suite no.		Requester's name and address (optional)																				
City, state, and ZIP code																						
List account number(s) here (optional)																						
<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. <b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.																						
		<b>Social security number</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td> </tr> </table>																				
		<b>Employer identification number</b> <table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 5%;"></td> </tr> </table>																				
<b>Part II Certification</b> Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below). <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.																						
<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶																				
<b>General Instructions</b> Section references are to the Internal Revenue Code unless otherwise noted.																						
<b>Purpose of Form</b> A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:																						
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued); 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.																						
<b>Note.</b> If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9. <b>Definition of a U.S. person.</b> For federal tax purposes, you are considered a U.S. person if you are: • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). <b>Special rules for partnerships.</b> Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.																						



# Real Estate Summary Sheet

\*\*\*Information herein deemed reliable but not guaranteed\*\*\*

11/07/2017 3:06 PM

<b>Parcel:</b>	51-000-382-00	<b>Current Class:</b>	701.701 EXEMPT
<b>Owner's Name:</b>	ALBION BUILDING AUTHORITY	<b>Previous Class:</b>	701.701 EXEMPT
<b>Property Address:</b>	309 N SUPERIOR ST ALBION, MI 49224	<b>Gov. Unit:</b>	51 ALBION CITY
		<b>MAP#</b>	
		<b>School:</b>	13010 MARSHAL SCHLS W/ALBN DEBT
		<b>Neighborhood:</b>	103 103-DOWNTOWN COMM
<b>Liber/Page:</b>	4056/946	<b>Created:</b>	//
<b>Split:</b>	//	<b>Active:</b>	Active
<b>Public Impr.:</b>	Paved Road, Storm Sewer, Water, Sewer, Electric, Gas, Curb		
<b>Topography:</b>	None		
<b>Mailing Address:</b>	<b>Description:</b>		
ALBION BUILDING AUTHORITY 112 W CASS ST ALBION MI 49224	ALBION CITY, ORIGINAL PLAT NLY 82.5 FT OF BLK 23 OF ORIG. PLAT EXC BEG AT IN-SEC OF E LINE CLINTON ST & S LINE VINE ST, E ON S LINE VINE 142.7, FT SWLY 144.2 FT, TO E LINE CLINTON, N ON SAME 21.2 FT TO BEG. 25,803 SQ FT M/L (309 N SUPERIOR ST)		

## Most Recent Sale Information

Sold on 06/02/2016 for 1 by CITY OF ALBION.

**Terms of Sale:** GOVT DEED

**Liber/Page:** 4056/946

## Most Recent Permit Information

Permit 02-157 on 08/01/2002 for \$0 category ACCESSORY STRUCTURE.

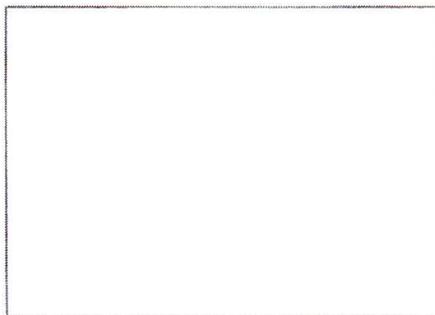
## Physical Property Characteristics

<b>2018 S.E.V.:</b>	0	<b>2018 Taxable:</b>	0	<b>Lot Dimensions:</b>	
<b>2017 S.E.V.:</b>	0	<b>2017 Taxable:</b>	0	<b>Acreage:</b>	0.59
<b>Zoning:</b>	B4	<b>Land Value:</b>	5,890	<b>Frontage:</b>	0.0
<b>PRE:</b>	0.000	<b>Land Impr. Value:</b>	11,270	<b>Average Depth:</b>	0.0

## Improvement Data

# of Commercial Buildings: 1  
Type: Office Building  
Desc: 1 STY BRICK/B  
Class: C  
Quality: Low Cost  
Built: 1956 Remodeled: 1970  
Overall Building Height: 12  
Floor Area: 3,024  
Sale Price/Floor Area: 0.00  
Estimated TCV: 92,932  
Cmts:

## Image/Sketch



309 N. Superior Street  
Parcel Number: 51-000-382-00



**Disclaimer:** This map does not represent a survey or legal document and is provided on an "as is" basis. Calhoun County expresses no warranty for the information displayed on this map document.