## County of San Mateo Contractor's Declaration Form

## I. CONTRACTOR INFORMATION

Contractor Name:			Phone:			
Contact Person:			Fax:			
	Address:					
	Contractor cor Contractor cor Contractor cor Contractor doe Contractor is e Contractor is e Contractor cor less. Contractor	equal benefits to employees a cash equivalent payment as not comply with the Count exempt from this requirement tor has no employees, does	st treat spouses and all Benefits Ordinands with spouses and of to eligible employee by's Equal Benefits Out because:  not provide benefits coargaining agreeme	ce by: employee s in lieu c Ordinance s to emplo	of equal benefits.  byees' spouses, or the contract is for \$5,000 gan on (date) and expires on	
	(date), a	and intends to oner equal be	ments when said ag	eement e	expires.	
III. N	attached sheet of paper explaining the outcome(s) or remedy for the discrimination.					
Contra	actors with origin	al or amended contracts in e	excess of \$100,000 i	must have ılar pay fo	e and adhere to a written policy that or actual jury service in the County.	
districts.	Contractor doe Contractor is e the con Contrac	nplies with the County's Empts not comply with the Count xempt from this requirement tract is for \$100,000 or less. tor is a party to a collective band intends to comply when	ry's Employee Jury S t because: pargaining agreeme	Service O	rdinance. gan on (date) and expires on _	
I decla and th	are under penal at I am authoriz	ty of perjury under the law red to bind this entity cont	s of the State of Caractually.	alifornia t	that the foregoing is true and correct,	
Signature			Na	me		
 Date			Titl	e		