



Form 6
Please use this Form for Solicitation B2727101
Mandatory Campaign
Contribution Disclosure Form

This fillable PDF must be used to complete your financial disclosures. If you require additional space to list all of your contributions, please provide an excel spreadsheet in the same format as Exhibit 1 attached.

Once you select if you are a "business" or "individual" the appropriate questions will appear. Please answer as completely as possible. Once you complete the question on each page, select "Continue" to go to the next page. You must have Adobe to be able complete this form. If you do not have Adobe, you can download it by going here: <https://get.adobe.com/reader/>." If you need to complete the form as a business and as an individual, please complete and submit two separate forms.

Continue

Contribution Disclosure Information

*Required fields

*Is the Applicant an individual or business? ☐ Individual ☒ Business

Business

- * Has the Applicant made any contributions? ☐ Yes ☐ No
- * Has the Applicant solicited or served as an intermediary for any contributions? ☐ Yes ☐ No
- * Has an officer, director, controlling shareholder, or partner of the for-profit Applicant made any contributions? See note below. (Non-profit organizations, please select No.) ☐ Yes ☐ No
- * Has an officer, director, controlling shareholder, or partner of the for-profit Applicant solicited or served as an intermediary for any contributions? See note below. (Non-profit organizations, please select No.) ☐ Yes ☐ No
- * Has an affiliate of the Applicant made any contributions? ☐ Yes ☐ No
- * Has an affiliate of the Applicant solicited or served as an intermediary for any contributions? ☐ Yes ☐ No
- * Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Applicant made any contributions? See Note Below. ☐ Yes ☐ No
- * Has an officer, director, controlling shareholder, or partner of the for-profit affiliate of the Applicant solicited or served as an intermediary for any contributions? See note below. ☐ Yes ☐ No
- * Has the Applicant or an affiliate of the Applicant reimbursed another individual or business for a contribution that the individual or business has made? ☐ Yes ☐ No
- * Has an officer, director, controlling shareholder, or partner of a for-profit Applicant, reimbursed another individual or business for a contribution that the individual or business has made? See note below. ☐ Yes ☐ No
- * Has a political committee controlled by the Applicant or by an affiliate of the Applicant made any contributions? ☐ Yes ☐ No
- * Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit Applicant, or of a for-profit affiliate of the Applicant, made any contributions? ☐ Yes ☐ No

* Vendor:

* Date:

* RFP/Bid:

Reset

Continue

Notes:

Applicants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder, or partner of the for-profit Applicant or the for-profit affiliate of the Applicant. Please disclose the full amount of contribution, although only the amount above \$3,000 will be attributed to the office, director, controlling shareholder, or partner (and, by extension, the applicant business).

Contributions Disclosure Information

- * Is the applicant an individual or business? ☐ Individual ☐ Business
- * Name of Contributor 1:
- * Relationship to Applicant:
- * Name of Recipient:
- * Date of Contribution:
- * Amount of Contribution:
- * Have you, the Applicant solicited or served as an intermediary for any contributions? ☐ Yes ☐ No
- * Has a member of your immediate family made any contributions over and above 3,000? ☐ Yes ☐ No
- * Has a member of your immediate family solicited or served as an intermediary for contributions over and above 3,000? ☐ Yes ☐ No

- * Is the applicant an individual or business? ☐ Individual ☐ Business
- * Name of Contributor 3:
- * Relationship to Applicant:
- * Name of Recipient:
- * Date of Contribution:
- * Amount of Contribution:
- * Have you, the Applicant solicited or served as an intermediary for any contributions? ☐ Yes ☐ No
- * Has a member of your immediate family made any contributions over and above 3,000? ☐ Yes ☐ No
- * Has a member of your immediate family solicited or served as an intermediary for contributions over and above 3,000? ☐ Yes ☐ No

Reset

Continue

- * Is the applicant an individual or business? ☐ Individual ☐ Business
- * Name of Contributor 2:
- * Relationship to Applicant:
- * Name of Recipient:
- * Date of Contribution:
- * Amount of Contribution:
- No
- * Have you, the Applicant solicited or served as an intermediary for any contributions? ☐ Yes ☐ No
- * Has a member of your immediate family made any contributions over and above 3,000? ☐ Yes ☐
- * Has a member of your immediate family solicited or served as an intermediary for contributions over and above 3,000? ☐ Yes ☐ No

- * Is the applicant an individual or business? ☐ Individual ☐ Business
- * Name of Contributor 4:
- * Relationship to Applicant:
- * Name of Recipient:
- * Date of Contribution:
- * Amount of Contribution:
- * Have you, the Applicant solicited or served as an intermediary for any contributions? ☐ Yes ☐ No
- * Has a member of your immediate family made any contributions over and above 3,000? ☐ Yes ☐ No
- * Has a member of your immediate family solicited or served as an intermediary for contributions over and above 3,000? ☐ Yes ☐ No

Consultant Disclosure Information

*Required Fields:



Check here to certify if a consultant(s) was used in the year prior to the application deadline for this contract opportunity. (Click 'Continue' if this does not apply)

List all consultant(s) used in the year prior to the application deadline for this contract opportunity. Please be sure to refer to the definition of Consultant before completing this form.

* Consultant Name 1:

* Address 1:

Address 2:

* City:

* State: * Zip:

* Phone:

* Amount paid or to be paid:

* Consultant Name 2:

* Address 1:

Address 2:

* City:

* State: * Zip:

* Phone:

* Amount paid or to be paid:

* Consultant Name 3:

* Address 1:

Address 2:

* City:

* State: * Zip:

* Phone:

* Amount paid or to be paid:

* Consultant Name 4:

* Address 1:

Address 2:

* City:

* State: * Zip:

* Phone:

* Amount paid or to be paid:

Reset

Continue

Vendor Disclosure Information

***Required Fields:**

- ☐ List all consultant(s) used in the year prior to the application deadline for this contract opportunity. Please be sure to refer to the definition of Consultant before completing this form.

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Vendor City Employee Request Disclosure

*Required Fields



Check here if one or more City employees or officers asked you, the Applicant, any officer, director or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions) during the two years prior to the application deadline for this contract opportunity. (Click "Continue" if this does not apply.)

* Employee/Officer 1:

* Title of Employee:

* Money Service of Thing of
Value Requested:

* Money, Service or Thing of
Value Given:
(if none, write 'none')

* Date Requested:

(mm/dd/yyyy)

* Date of Payment:

(mm/dd/yyyy)

* Employee/Officer 3:

* Title of Employee:

* Money Service of Thing of
Value Requested:

* Money, Service or Thing of
Value Given:
(if none, write 'none')

* Date Requested:

(mm/dd/yyyy)

* Date of Payment:

(mm/dd/yyyy)

* Employee/Officer 2:

* Title of Employee:

* Money Service of Thing of
Value Requested:

* Money, Service or Thing of
Value Given:
(if none, write 'none')

* Date Requested:

(mm/dd/yyyy)

* Date of Payment:

(mm/dd/yyyy)

* Employee/Officer 4:

* Title of Employee:

* Money Service of Thing of
Value Requested:

* Money, Service or Thing of
Value Given:
(if none, write 'none')

* Date Requested:

(mm/dd/yyyy)

* Date of Payment:

(mm/dd/yyyy)

Reset

Continue

Vendor City Employees Participation Advice Disclosure

*Required Fields



Check here if one or more City Employees or officers gave you, the Applicant, any officer, director or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract for the participation of minority, women, disabled or disadvantaged business enterprises during the two years prior to the application deadline for this contract opportunity.

* Name of Employee or Officer 1:

* Title of Employee or Officer:

* Date of Advice: (mm/dd/yyyy)

* Individual or Business Recommended to satisfy participation goals:

* Name of Employee or Officer 2:

* Title of Employee or Officer:

* Date of Advice: (mm/dd/yyyy)

* Individual or Business Recommended to satisfy participation goals:

* Name of Employee or Officer 3:

* Title of Employee or Officer:

* Date of Advice: (mm/dd/yyyy)

* Individual or Business Recommended to satisfy participation goals:

* Name of Employee or Officer 4:

* Title of Employee or Officer:

* Date of Advice: (mm/dd/yyyy)

* Individual or Business Recommended to satisfy participation goals:

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Continue

Vendor Signature on Application

In order for an application to be considered valid, it must be properly signed by the applicant. The Application may not be signed by anyone other than the Applicant or an authorized officer or employee of the Applicant. Applications that are not signed will be rejected. By typing your name and title in the signature space below, you, as the applicant, signify your intent to sign this application. Someone other than the proper signatory may not type in another’s signature. All signatories hereby declare and certify that they are the Applicant or are employees or officers of the Applicant duly authorized to execute this Application and make disclosures on the Applicant’s behalf; and represent and covenant that, to the best of their knowledge after appropriate inquiry, all of the information and disclosures provided are true and contain no material misstatement or omissions.

If application is being submitted by an INDIVIDUAL, SOLE PROPRIETOR, PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, or any other legally formed entity except a corporation (see below) sign the application here, with a signature by either the Individual, Owner, Partner, Member or Manager. If the application is not signed by the above mentioned, by signing in the Authorized Signatory box provided below, you hereby certify that you are authorized to sign in place of such officers:

Signature of Individual/Owner/Partner/Member/Manager

Authorized Signatory

If application is being submitted by a CORPORATION, sign the application here, with signatures by (a) President or Vice-President of the corporation AND (b) Secretary, Assistant Secretary, Treasurer or Assistant Treasurer of the corporation. If the application is not signed by the above mentioned, you herby certify that you are authorized pursuant to a certified corporate resolution to sign in place of such officers.

President/Vice President

Secretary/Asst. Secretary/Treasurer/Assistant Treasurer

Authorized Signatory

Save

Exhibit 1.

Mandatory Political Disclosure Template

Mandatory Political Disclosure Template

Respondent:
Solicitation No.:

Number	Contributor Name	Relationship to Applicant/Vendor	Recipient Name	Contribution Date	Amount
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