

SCHEDULE C

Contract between County of San Mateo and The Electric Company, hereinafter called "Contractor."

- a. No person shall, on the grounds of race, color, creed, national origin, religious affiliation or non-affiliation, sex, sexual orientation, marital status, age (over forty (40)), disability, medical condition (including but not limited to AIDS, HIV positive diagnosis, or cancer), political affiliation or union membership be excluded from participation in, be denied the benefits of, or be subjected to discrimination under this Agreement.
- b. Contractor shall insure equal employment opportunity based on objective standards of recruitment, selection, promotion, classification, compensation, performance evaluations, and management relations, for all employees under this contract. Contractor's personnel policies shall be made available to County upon request.
- c. Contractor shall assure compliance with Section 504 of the Rehabilitation Act of 1973 by submitting a signed letter of assurance (Attachment I) of compliance. Contractor shall be prepared to submit a self-evaluation and compliance plan to County upon request within one (1) year of the execution of this Agreement.

Attachment I

Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973, as Amended

The undersigned (hereinafter called the "Contractor(s)") hereby agrees that it will comply with Section 504 of the Rehabilitation Act of 1973, as amended, all requirements imposed by the applicable DHHS regulation, and all guidelines and interpretations issued pursuant thereto.

The Contractor(s) gives/give this assurance in consideration of and for the purpose of obtaining contracts after the date of this assurance. The Contractor(s) recognizes/recognize and agrees/agree that contracts will be extended in reliance on the representations and agreements made in this assurance. This assurance is binding on the Contractor(s), its successors, transferees, and assignees, and the person or persons whose signatures appear below are authorized to sign this assurance on behalf of the Contractor(s).

The Contractor(s): (Check a or b)

WE HAVE NO EMPLOYEES
Leo Wharitt

a. employs fewer than 15 persons.

b. employs 15 or more persons and, pursuant to Section 84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the DHHS regulation.

Name of 504 Person - Type or Print

The Electric Company
Name of Contractor(s) - Type or Print

705 Somerset Lane
Street Address or PO Box

Foster City
City

CA 94404
State Zip Code

I certify that the above information is complete and correct to the best of my knowledge.

10/31/02
Date

Leo Wharitt
Signature and Title of Authorized Official

*Exception: DHHS regulations state that:

"If a recipient with fewer than 15 employees finds that, after consultation with a handicapped person seeking its services, there is no method of complying with (the facility accessibility regulations)...other than making a significant alteration in its existing facilities, the recipient may, as an alternative, refer the handicapped person to other providers of those services that are accessible."

COUNTY OF SAN MATEO

Equal Benefits Compliance Declaration Form

I Vendor Identification

Name of Contractor:

THE ELECTRIC COMPANY

Contact Person:

LESTER ARCHAMBAULT

Address:

705 SOMERSET LN.

FOSTER CITY, CA 94404

Phone Number:

650-341-4486

Fax Number:

650-341-1814

II Employees

Does the Contractor have any employees? ___ Yes X No

Does the Contractor provide benefits to spouses of employees? ___ Yes ___ No

If the answer to one or both of the above is no, please skip to Section IV.

III Equal Benefits Compliance (Check one)

- Yes, the Contractor complies by offering equal benefits, as defined by Chapter 2.93, to its employees with spouses and its employees with domestic partners.
- Yes, the Contractor complies by offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- No, the Contractor does not comply.
- The Contractor is under a collective bargaining agreement which began on _____ (date) and expires on _____ (date).

IV Declaration

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this 31 day of OCT., 2012 at SAN MATEO, CA
(City) (State)

Lester Archambault
Signature

LESTER ARCHAMBAULT
Name (Please Print)

COUNTY OF SAN MATEO

HEALTH SERVICES ADMINISTRATION

MEMORANDUM

Date: October 29, 2002
 To: Priscilla Morse, Risk Management/ Pony # EPS 163 Fax # 363-4864
 From: Tere Larcina, Hospital and Clinics/ Pony # HOS316 / Fax # 2267
 Subject: Contract Insurance Approval

CONTRACTOR: The Electric Company

DO THEY TRAVEL: No

PERCENT OF TRAVEL TIME:

NUMBER OF EMPLOYEES: 0

DUTIES (SPECIFIC): Contractor will provide transcription services to the Radiology Department. Services will include transcribing results of diagnostic radiography, nuclear medicine, CT scans, ultrasounds and vascular procedures.

<u>COVERAGE:</u>	Amount	Approve	Waive	Modify
Comprehensive Liability:	w _____	_____	<input checked="" type="checkbox"/>	_____
Motor Vehicle Liability:	w _____	_____	<input checked="" type="checkbox"/>	_____
Professional Liability:	w _____	_____	<input checked="" type="checkbox"/>	_____
Worker's Compensation:	w _____	_____	<input checked="" type="checkbox"/>	_____

REMARKS/COMMENTS:


 SIGNATURE