## COUNTY OF SAN MATEO

# **Equal Benefits Compliance Declaration Form**

#### I. Vendor Identification

Name of Contractor: Contact Person: Address:	San Mateo County Historical Association Mitch Postel
	777 Hamilton St Redwood City Ca 94063
Phone Number: Fax Number:	650-299-0104
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#### II. Employees

Does the Contractor have any employees? 🕞 Yes 🗌 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.

Signature Signature Title

Name (Please Print)

Date