## County of San Mateo Contractor's Declaration Form

## I. CONTRACTOR INFORMATION

Contractor Name:	PACIFIC CARDIOVASCULAR	Phone:	650-991-2662
Contact Person:	MINA SHARMA	Fax:	650.991-2646
Address:	1500 SOUTHGATE AVE #209		
- 12	DALY CITY, CA 94015		

	DALY CIT	, CA 74013
	OR NE my	V Store Williams
II. EÇ	QUAL BENEFITS (check one or mo	e boxes)
Contra	ctors with contracts in excess of \$5,	00 must treat spouses and domestic partners equally as to employee benefits.
	Contractor complies with the Coun	y's Equal Benefits Ordinance by:
	offering equal benefits to en	ployees with spouses and employees with domestic partners.
	offering a cash equivalent p	yment to eligible employees in lieu of equal benefits.
Г	Contractor does not comply with the	e County's Equal Benefits Ordinance.
Г	Contractor is exempt from this requ	irement because:
	Contractor has no employed or less.	s, does not provide benefits to employees' spouses, or the contract is for \$5,00
		ective bargaining agreement that began on (date) and expires on qual benefits when said agreement expires.
III. No	ON-DISCRIMINATION (check appro	priate box)
		en issued against Contractor within the past year by the Equal Employment
Г		loyment and Housing Commission, or other investigative entity. Please see
1		the outcome(s) or remedy for the discrimination.  en issued in the past year against the Contractor by the Equal Employment
abla		loyment and Housing Commission, or any other entity.
Contra	Contractor does not comply with the Countractor does not comply with the Contractor is exempt from this required the contract is for \$100,000.  Contractor is a party to a contract of the con	acts in excess of \$100,000 must have and adhere to a written policy that County up to five days regular pay for actual jury service in the County. y's Employee Jury Service Ordinance. e County's Employee Jury Service Ordinance. irement because:
and th	and authorized to bind this en	the laws of the State of California that the foregoing is true and correct, ty contractually.  ALEXANDER VAR.M.D.
Signat	ture	Name
	03-21-2007	CED / OWNER
Date		Title