## ATTACHMENT 1

## 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 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).

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
San Mateo Historical Association  Name of Contractor(s) - Type or Print
2200 Broadway Street Address or P.O. Box
Redwood City Ct 94063 City, State, Zip Code

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

Signature

Dresident

Title of Authorized Official

Date

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

"If a recipient with fewer than 15 employees finds that, after consultation with a disabled 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."

<sup>\*</sup>Exception: DHHS regulations state that:

## County of San Mateo Contractor's Declaration Form

ĺ.	CONT	RACT	or inf	FORM.	ATION
----	------	------	--------	-------	-------

, 1 , 5

Contractor Name:	San Mateo County Historical Association	Phone:	(650) 299-0104	
Contact Person:	Mitch Postel, President	Fax:	(650) 299-0141	
Address:	2200 Broadway, Redwood City, CA 94061	_		

Contact Person:	Milton Postel, President	Fax:   (650) 299-	0141
Address:	2200 Broadway, Redwood City, CA 94061		
Contractors with contractor co Contractor co offering Contractor do Contractor is	rs (check one or more boxes) racts in excess of \$5,000 must treat spouses a mplies with the County's Equal Benefits Ordina g equal benefits to employees with spouses an g a cash equivalent payment to eligible employ es not comply with the County's Equal Benefits exempt from this requirement because: ctor has no employees, does not provide bene	ance by: d employees with dome ees in lieu of equal bene s Ordinance.	stic partners. efits.
	ctor is a party to a collective bargaining agreer and intends to offer equal benefits when said a		_ (date) and expires on
Finding(s) of one of the opportunity of the opportu	ATION (check appropriate box) discrimination have been issued against Control commission, Fair Employment and Housing Co et of paper explaining the outcome(s) or remed discrimination has been issued in the past year commission, Fair Employment and Housing Co	mmission, or other invest y for the discrimination. against the Contractor	stigative entity. Please see by the Equal Employment
Contractors with origin provides its employee Contractor co Contractor do Contractor is the co Contrac	AY SERVICE (check one or more boxes) hal or amended contracts in excess of \$100,00 is living in San Mateo County up to five days remplies with the County's Employee Jury Services not comply with the County's Employee Jury exempt from this requirement because: htract is for \$100,000 or less.  ctor is a party to a collective bargaining agreer and intends to comply when the collective bargaining agreer.	egular pay for actual jury se Ordinance. y Service Ordinance. nent that began on	service in the County. (date) and expires on
	lity of perjury under the laws of the State of ized to bind this entity contractually.		egoing is true and correct,
Signature		<u>Mitch Postel</u> Name	
9-24	-07	President	
Date `		Title	

8-7-06