

County of San Mateo  
Contractor's Declaration Form

I. CONTRACTOR INFORMATION

Contractor Name:	Christine Doniger	Phone:	650 326 0598
Contact Person:	Same	Fax:	
Address:	118 Pope St. Menlo Park, CA 94025		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
  - offering equal benefits to employees with spouses and employees with domestic partners.
  - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
  - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for \$5,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

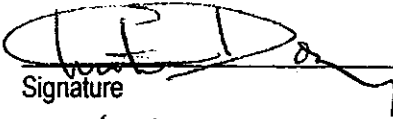
- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
  - the contract is for \$100,000 or less.
  - Contractor is a party to a collective bargaining agreement that began on \_\_\_\_\_ (date) and expires on \_\_\_\_\_ (date), and intends to comply when the collective bargaining agreement expires.

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  
10/8/2007  
Date

Christine Doniger  
Name  
\_\_\_\_\_  
Title

**CONTRACT INSURANCE APPROVAL**

DATE: 09/17/07

TO: Faiza Steele FAX: 363-4864 PONY: HRD 163

FROM: Joylene Montenegro

PHONE: 599-1564 FAX: 363-7800 PONY: ISD120

**The following is to be completed by the department before submission to Risk Management:**

CONTRACTOR NAME: Christine Doniger

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?  
No

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:  
0

DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:  
County Mainframe Applications maintenance support

**The following will be completed by Risk Management:**

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS/COMMENTS: Christine is an independent contractor coming in to do a project for us for County Mainframe Applications. Please waive insurance requirements for Christine. Thank you.

*Faiza Steele*  
Faiza Steele  
Risk Management Analyst

9/24/07  
Date

**County Counsel Review Form**

Date: November 24, 2008  
To: Glenn Levy  
From: Patricia Gonzales, x1564  
Subject: Agreement Review and Approval

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Contractor: Christine Doniger

Maximum Amount: \$149,000

Rate of Payment: Monthly

No changes on the standard agreement form

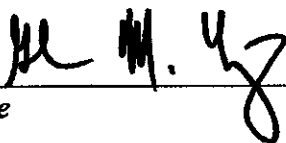
The following sections have been changed on the "standard" agreement:

<i>Section No. &amp; Title</i>	<i>Approved As Is [For County Counsel Use Only]</i>	<i>Modifications Required [For County Counsel Use Only]</i>

**Modifications** (Please specify modifications to be made below. Use additional paper if needed.):

Approve Amendment/Exhibits/Attachments

Approve Agreement/Exhibits/Attachments with the modifications that have been described

  
Signature

11/25/08  
Date