

**REQUEST FOR PROPOSALS**  
**For**  
**NEIGHBORHOOD ADVISORY COMMITTEE PROGRAM FUNDING**

The City of Philadelphia's Division of Housing and Community Development (DHCD) is soliciting Proposals for the Neighborhood Advisory Committee (NAC) Program funding for the City 2019 Fiscal Year. Applicants shall undertake specific activities in targeted geographic areas that must contain at least 51% low and moderate income people according to the U.S. Census.

Under the NAC Program, Neighborhood – Based Non-Profit Corporations shall assist residents with information about City programs and other activities, and provide them the opportunity to provide input on housing, community, commercial and economic development programs, including related citizen participation, public information and neighborhood planning activities. Through this RFP, the City shall select resident-based organizations to increase their capacity to engage neighborhood residents in activities that support the people of the City of Philadelphia and its neighborhoods, including:

- Acting as a referral center for service area (SA) residents for City programs and other activities, especially relating to services for low income households, senior citizens, the disabled and youth. The NAC also shall disseminate information about the availability of affordable housing and programs assisting tenants and homeowners. Some of these programs include housing counseling, Basic Systems Repair Program, Weatherization Program, and energy and utility assistance programs.
- Ability to conduct outreach and education to residents at risk of mortgage or real estate delinquency or foreclosure.
- Ability to compile and maintain current information regarding neighborhood conditions particularly vacant structures, vacant lot, structures requiring demolition, and general block conditions. The NAC shall compile and maintain this information for the SA in a format approved by the City.
- Engaging the public to provide their input into planning City programs and services.

All of the above points need to be incorporated in your proposal as they are key aspects of the NAC program. In addition, resource leveraging is essential to ensure that scarce public dollars support as much activity as possible in response to the high levels of need in the City.

**PROPOSAL DEADLINE AND DELIVERY**

A copy of this RFP may be downloaded from the DHCD website at [www.phila.gov/dhcd](http://www.phila.gov/dhcd).

Proposals must be delivered to the Division of Housing and Community Development (DHCD) by no later than – Friday, July 20, 2018, 5:00 pm. Proposals received after this time shall not be considered. There shall be no exceptions to this deadline for any reason.

Ten (10) copies of the proposal, including one unbound copy, must be delivered to the following address:

Division of Housing and Community Development (DHCD)  
1234 Market Street, 17th floor  
Philadelphia, PA 19107  
Attn: Elhadji Ndiaye

## **BRIEFING SESSION**

Applicants are encouraged to attend a briefing session on the RFP requirements on Wednesday, June 27, 2018, 9:30 am. The briefing shall be held in the DHCD Boardroom, 1234 Market Street, 17<sup>th</sup> Floor. Prospective applicants are encouraged to obtain and review a copy of this RFP in advance of this briefing.

## **FUNDING SOURCES**

Project funding to be made available under this RFP shall be from Community Development Block Grant (CDBG) funds, which are provided by the U.S. Department of Housing and Urban Development (HUD). A map of eligible census tracts is attached herein as **Exhibit A** and a list of eligible Census Tracts is attached as **Exhibit B**. It is anticipated that funding shall be awarded based on the low and moderate-income population in the eligible Service Areas (SA). SAs must be contiguous and align with the listed Census Tracts. NAC SAs may not overlap. The City retains the right to decrease/increase the NAC Program allocation based on the availability of funds. It is the City's intent to have all low – and moderate – income eligible Census Tracts reflected under Exhibits A and B be served under this program, if funding allows.

## **CONTRACT ACTIVITIES**

NACs shall carry out a range of contract activities in the designated SAs, including, but not limited to the following activities:

- A. The NAC shall contribute to the direct delivery of services funded by the City by referring residents to an array of publicly funded initiatives and other services which benefit residents. These initiatives may include code enforcement neighborhood clean-up, town watch and neighborhood security, recycling activities, work force development and economic opportunities. Where appropriate, the NAC Program shall be coordinated with representatives of the City-designated Main Street, Elm Street, ReStore and/or other locally designated strategic development areas.
- B. The NAC shall review and recommend to the City appropriate development controls and uses for parcels owned by the City or City-related entities and may assist in the marketing of publicly owned land and properties scheduled for development in the SA.
- C. The NAC shall assist in the disposition of vacant land which may be developed as side yards, community gardens, parking lots or other open space.
- D. The NAC shall assist the city in the planning and coordinating of neighborhood based training workshops in support of City—funded and supported housing, community, commercial and economic development programs and activities.
- E. Cultivating youth mentoring and civic engagement
- F. Ensuring resident participation in City planning and development initiatives
- G. The NAC shall carry out activities to promote resident sustainability and self-sufficiency. Such activities shall include, but are not limited to, providing information about education programs and training opportunities, and promoting household sustainability and neighborhood safety for SA residents.

## ELIGIBLE APPLICANTS

Applicants must be a Neighborhood Based Non-Profit Corporation (NBNPC) in accordance with the federal tax code (501(c)(3)). The NBNPC shall be organized so that its primary purpose is the improvement of the physical, economic or social environment of a specific geographic area with particular attention to the needs of persons of low-and moderate-income in that area. The NBNPC shall maintain a governing body's membership that is representative of the residents, business owners and other stakeholders of the community. See **Exhibit C** for additional clarification of the NAC organizational conditions.

## PROPOSAL EVALUATION CRITERIA AND PROCESS

Proposals shall be evaluated in a two-stage process. Each proposal shall be reviewed first for completeness and eligibility under the RFP (see "Threshold Criteria" below). **Proposals that are incomplete or that do not meet the minimum threshold requirements listed below shall not be considered for funding.** Applicants should review the threshold criteria carefully. It is recommended that applicants use the checklist below to verify that their proposals are complete before submitting them to DHCD.

### **Stage One: Threshold Review**

If the answer to any of the following questions is "no" the proposal shall be rejected automatically and shall not receive further consideration:

- Is the applicant a non-profit and eligible to respond to this RFP?
- Does the proposal include each of the following sections?

### **Checklist**

#### **Neighborhood Context**

Narrative on the needs, challenges and issues that confront the SA	ATTACHMENT	1
Narrative on steps to address and resolve the needs, challenges and issues	ATTACHMENT	2

#### **Project Summary**

Narrative on how the agency proposes to carry out the scope of work Requested in RFP	ATTACHMENT	3
Services Area – List the Census Tracts	ATTACHMENT	4
Narrative and data on population to be served	ATTACHMENT	5
Budget – Cost Competitiveness of Proposal and Completed Solicitation for Participation (of M/W/DSBE)	ATTACHMENT	6

#### **Agency Information**

Narrative on the agency background: date of incorporation, purpose of agency, Length of time agency has been in operation	ATTACHMENT	7
Narrative on the prior experience in Community Development	ATTACHMENT	8

Narrative on the track record of carrying out similar projects in the community	<b>ATTACHMENT</b>	<b>9</b>
Identify personnel with relevant experience and qualification	<b>ATTACHMENT</b>	<b>10</b>
Financial – agency documents to indicate financial stability <b>One copy</b> of most recent audit and/or IRS form 990 and Schedule of Governmental Funding	<b>ATTACHMENT</b>	<b>11</b>

### **Standard Required Documents**

Articles of Incorporation	<b>ATTACHMENT</b>	<b>12</b>
Bylaws	<b>ATTACHMENT</b>	<b>13</b>
501 (c) (3) determination	<b>ATTACHMENT</b>	<b>14</b>
List of Board Members	<b>ATTACHMENT</b>	<b>15</b>
Organizational Chart	<b>ATTACHMENT</b>	<b>16</b>
Diversity Report for Nonprofits Tax and Regulatory Status/Clearance Completed Disclosures of Information	<b>ATTACHMENT</b>	<b>17</b>

### Stage Two: Ranking Review

A review committee composed of representatives from the City shall review proposals for funding consideration. Proposals shall be reviewed and evaluated based on the following criteria:

#### **Neighborhood Context**

1. The applicant shall identify the needs, challenges and issues that currently confront the SA. Special attention should be given to factors that emphasize housing production to rebuild the deteriorated housing stock; housing preservation to arrest the process of abandonment and vacancy, homeownership trends and needs, and renter household trends and needs. Important commercial corridors should be identified and discussed. This is a narrative attachment.
2. The applicant shall delineate the steps take to address and resolve community needs, challenges and issues identified above. This is a narrative attachment.

#### **Project Summary**

3. Narrative on how the agency proposes to carry out the scope of work requested in RFP. Including,
  - A. Provide neighborhood residents with the opportunity to participate in an advisory role in accessing, planning and implementing activities in the SA.

- B. Ability to interact with residents and refer residents to publicly funded or other initiatives which may assist them. These initiatives may include code enforcement, neighborhood clean-up, town watch and neighborhood security, recycling activities, Basic System Repair Program, Weatherization Program, and energy assistance programs, commercial corridor technical assistance. Where appropriate, the NAC shall work with representatives of the City which manage these programs.
- C. Compile and maintain current information regarding neighborhood conditions (e.g., vacant lots, structures requiring demolition, deteriorated occupied housing).
- D. Provide information to residents on the programs to assist them with preventing tax/mortgage foreclosure.
- E. Recommend to the City appropriate development controls and uses for parcels owned by the City or City-related entities and assist in the marketing of publicly owned land and properties scheduled for development in the SA.
- F. Assist in the disposition of vacant land that may be developed as side yards, community gardens, parking lots or other open spaces.
- G. Assist the City in the planning and coordination of neighborhood based training workshops in support of City-funded and supported housing, housing related programs and activities.
- H. Refer residents to City programs relating to special services for groups such as senior citizens, the disabled and youth.
- I. Promote sustainability and self-sufficiency. Refer residents to employment/training programs, providing information about education programs and training opportunities designed to help people out of poverty, and promoting literacy programs.

4. **Service Area**

Attach the general geographic boundaries of the proposed SA and list the Census Tracts included in SA. The SA must be contiguous and align with the listed Census Tract.

5. **Population to be served**

Attach the total population of the proposed SA and the number that is low-and moderate-income.

6. **Budget – Cost/Price Competitiveness of Proposal**

Attach a detailed budget on how you propose to spend this funding and what other non-City funds shall be used as leverage to carry out this proposal. A sample budget format is attached. Organizations that document other sources of funds shall be rated more favorable. **(Exhibit D)**

## **7. Agency Information**

Narrative on the agency background, purpose of agency, current programs, length of time agency has been in operation. In addition, the agency shall include the dated minutes from the last two Board of Director's meetings, any neighborhood plan completed within the last five years and two recent news letters sent out to the community.

### **8. Narrative on the prior experience in Community Development**

Attach a narrative on the specific programs that the organization has undertaken in the past twelve months, the number of residents assisted through those programs, and other information that demonstrates the agency is capable of completing the NAC program activities.

### **9. Narrative on the track record of carrying out similar projects in the community.**

### **10. Identify personnel with relevant experience and qualifications.**

Attach a brief statement, vitae or resume for the individual(s) who shall carry out this program to illustrate staffing qualifications.

### **11. Financial – agency documents to indicate financial stability of agency.**

Attach a copy of the organization's most recent audit, IRS form 990, and current Schedule of Federal Funding. Candidate may submit only one copy of these documents.

## **Standard Required Documents**

### **12. Articles of Incorporation**

Attach a copy of the current Articles of Incorporation

### **13. Bylaws**

Attach a copy of the current Bylaws

### **14. 501 (c) (3) determination**

Attach a copy of 501(c) (3) determination from the federal government

### **15. List of board members**

Attach a copy of the Board of Directors, which must include the name of the Board member, their position on the Board, their home or business address and their telephone number.

### **16. Organizational Chart**

Attach a copy of the Organizational Chart to demonstrate how you shall implement the funding request

### **17. Other Attachments: Diversity Report for Nonprofits, Tax and Regulatory Status/Clearance, Completed Disclosures of Information**

## OTHER REQUIREMENTS

Applicants are encouraged to review the relevant federal regulations to ensure compliance with all program requirements. Regulations for the CDBG program can be found at 24 CFR part 570, as amended. Copies of these regulations are available on the internet at <https://www.hudexchange.info/resource/3689/24-cfr-part-570-cdbg/>.

All applicants agree to comply with all State, Federal and Local laws, executive orders, regulations or other mandates. Each successful organization shall need to complete a Program Management Systems Review and shall execute **Exhibit D** with the RFP submission, as **Attachment 17**.

In addition, to the basic eligibility requirements stated in the preceding sections, the following are also required of all applicants.

### Fair Housing and Economic Opportunity

All federal, state, and local fair housing requirements apply. Housing beneficiaries may not be discriminated against on the basis of race, color, religion, sex, sexual orientation, national origin, age, familial status or disability. Project sponsors must adopt procedures to ensure that persons in these protected classes who qualify for assistance know of the availability of the federally funded program.

## PROCUREMENT

Under the authority of Executive Order No. 03-12, the City of Philadelphia has established an antidiscrimination policy ("Policy") relating to the participation of Minority (MBE), Woman (WBE) and Disabled (DSBE) Owned Business Enterprises in City contracts. Executive Order 03-12 is administered by the City's Office of Economic Opportunity ("OEO").

The purpose of this Policy is to provide equal opportunity for all businesses and to assure that City funds are not used, directly or indirectly, to promote, reinforce or perpetuate discriminatory practices. The City is committed to fostering an environment in which all businesses are free to participate in business opportunities without the impediments of discrimination and participate in all City contracts on an equitable basis. In accordance with the contracting requirements of the City, the City's antidiscrimination policy is applicable to this RFP.

Under this RFP, the goal is to ensure that contractors approved under this program make a Best and Good Faith effort to include MBE, WBE, or DSBE vendors when securing goods and services. A list of certified minority and women consultants and vendors can be found on the Office of Economic Opportunity's web site at <http://oeo.phila.gov>. Applicants should complete the Solicitation for Participation and Commitment Form to indicate any M/W/DSBE vendors to be used under this proposal.

## RESERVATION OF RIGHTS

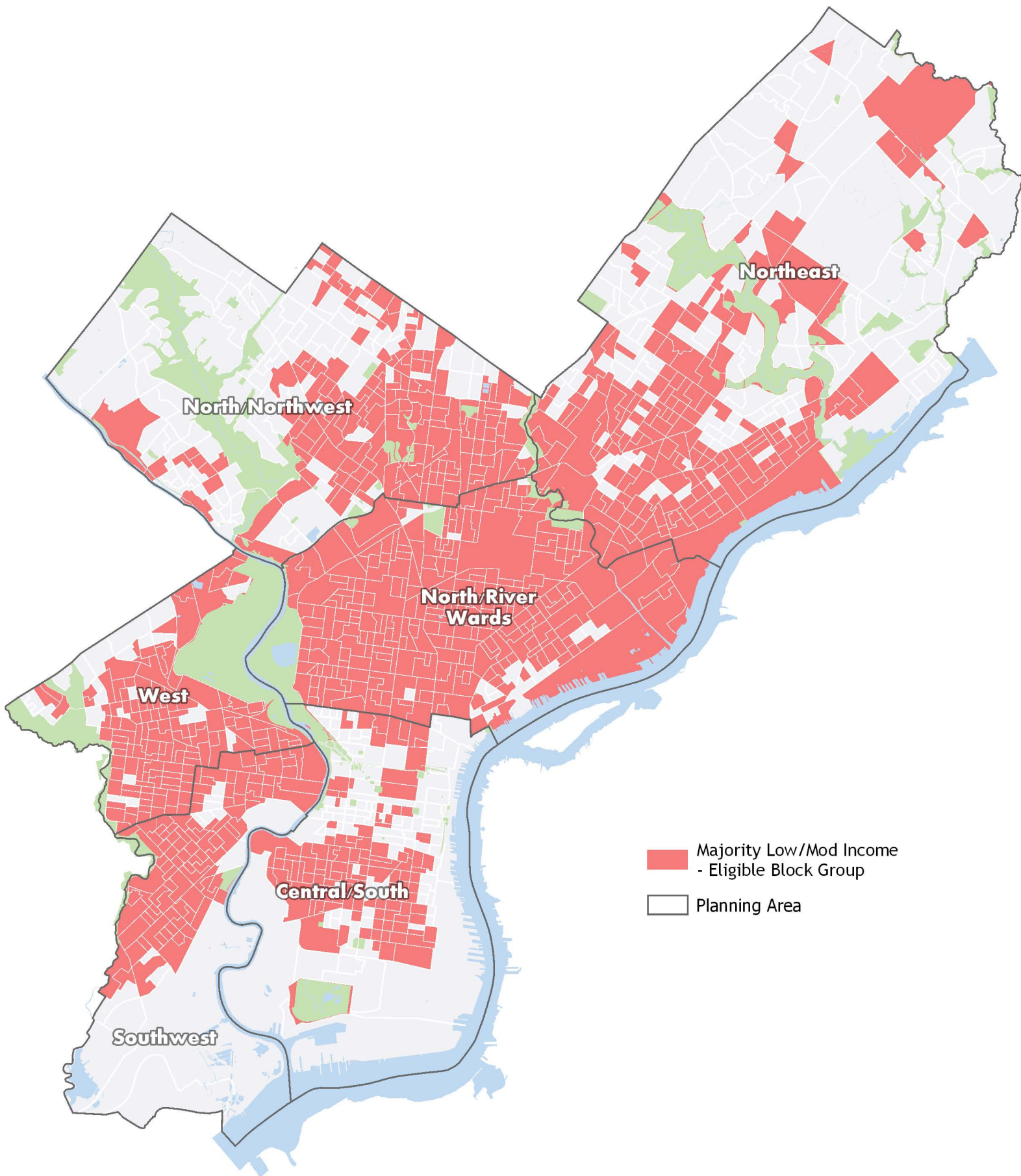
The City reserves and may exercise at its sole discretion, the following rights and options with respect to the selection process outlined in this RFP:

- To request that some or all applicants provide additional material clarification, confirmation or modification of any information in their submission;
- To supplement, amend, substitute, or otherwise modify, this RFP at any time prior to the selection of providers, and to cancel this RFP without issuing another RFP;
- To request that some or all of the applicants modify their proposals based on the review of all proposals;

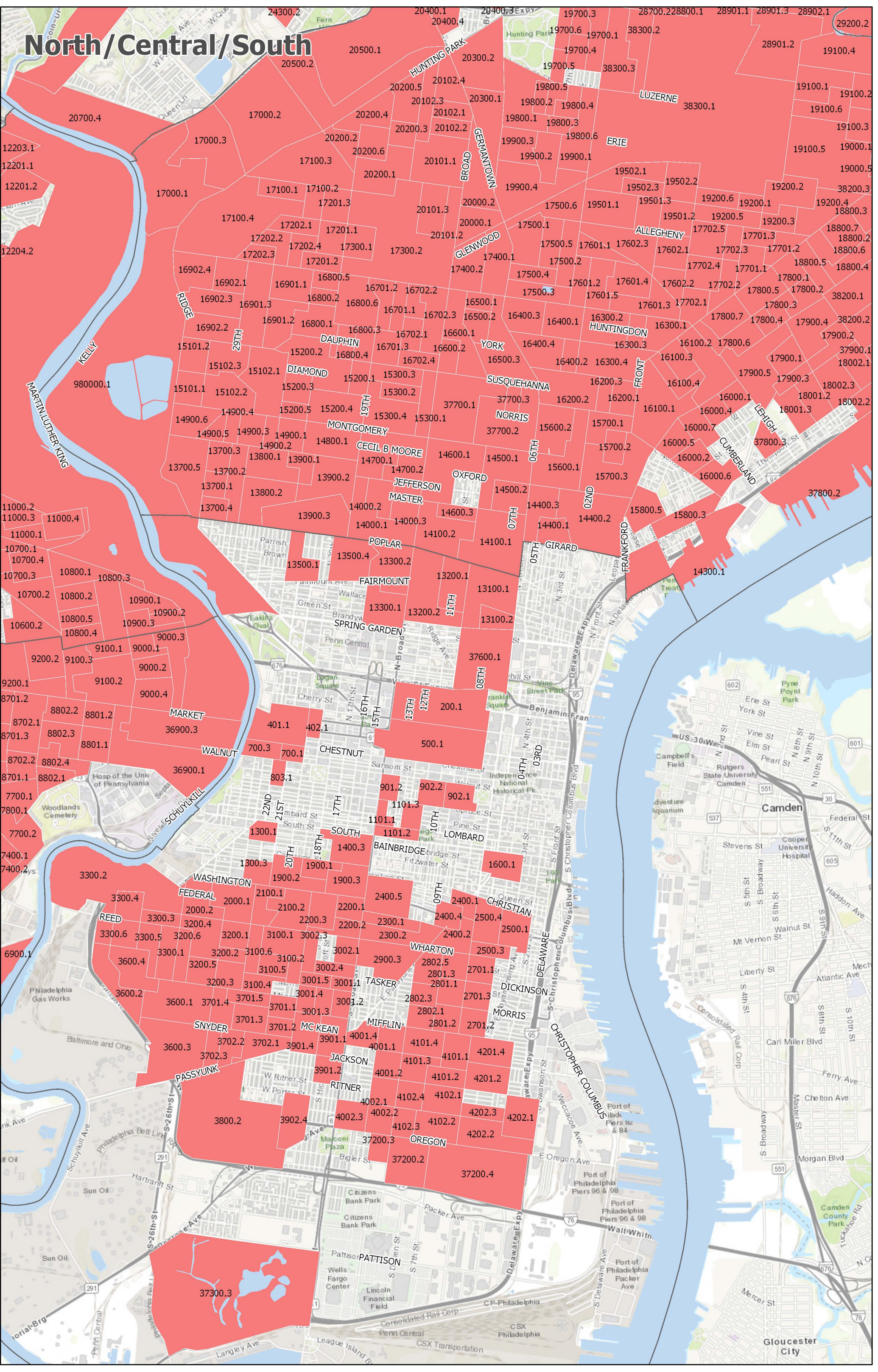
- To terminate any negotiations at any time;
- To expressly waive any defect or technicality in any proposal;
- To solicit new proposals.

# Exhibit A

## Majority Low/Moderate Income

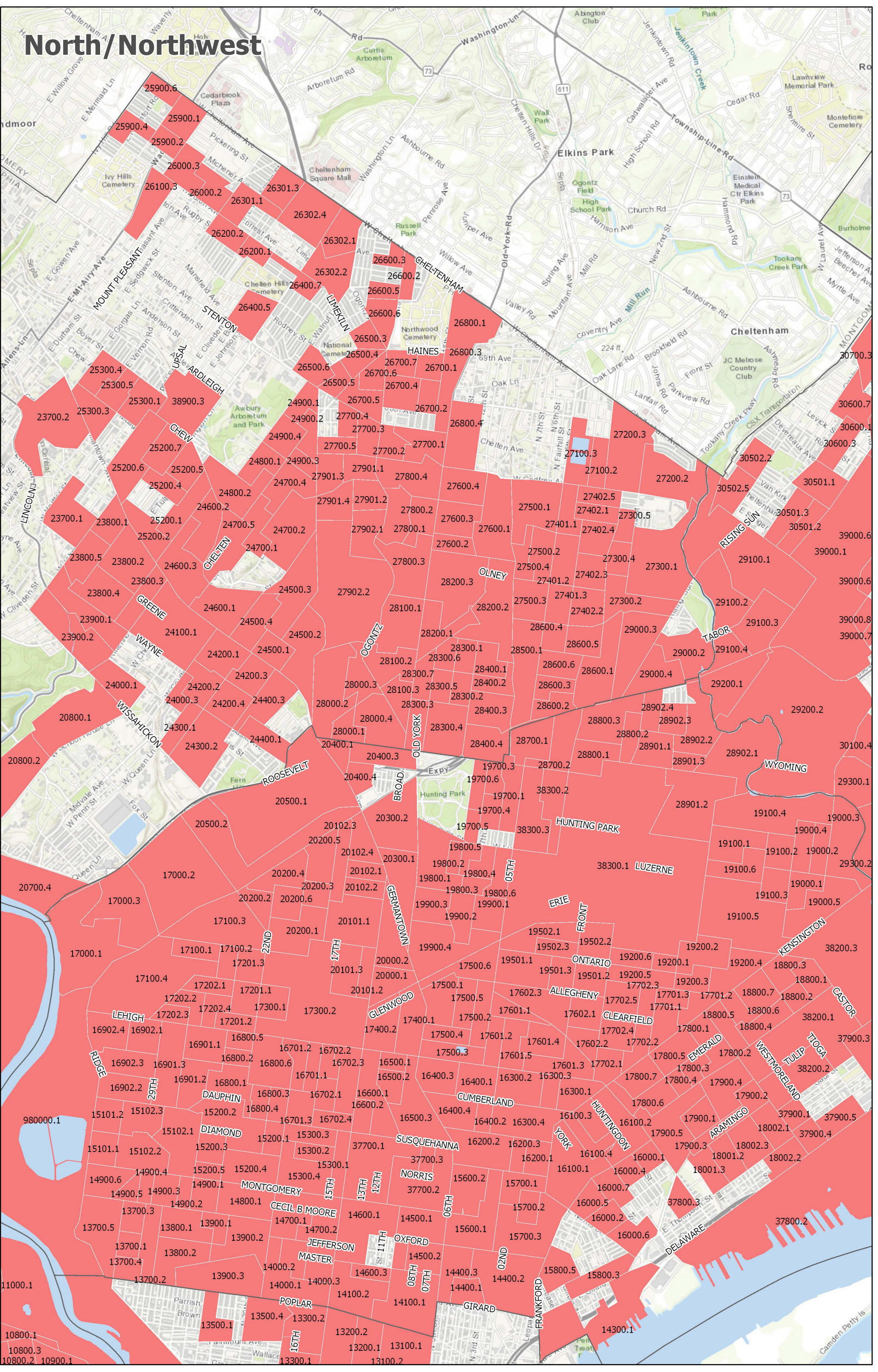


# North/Central/South

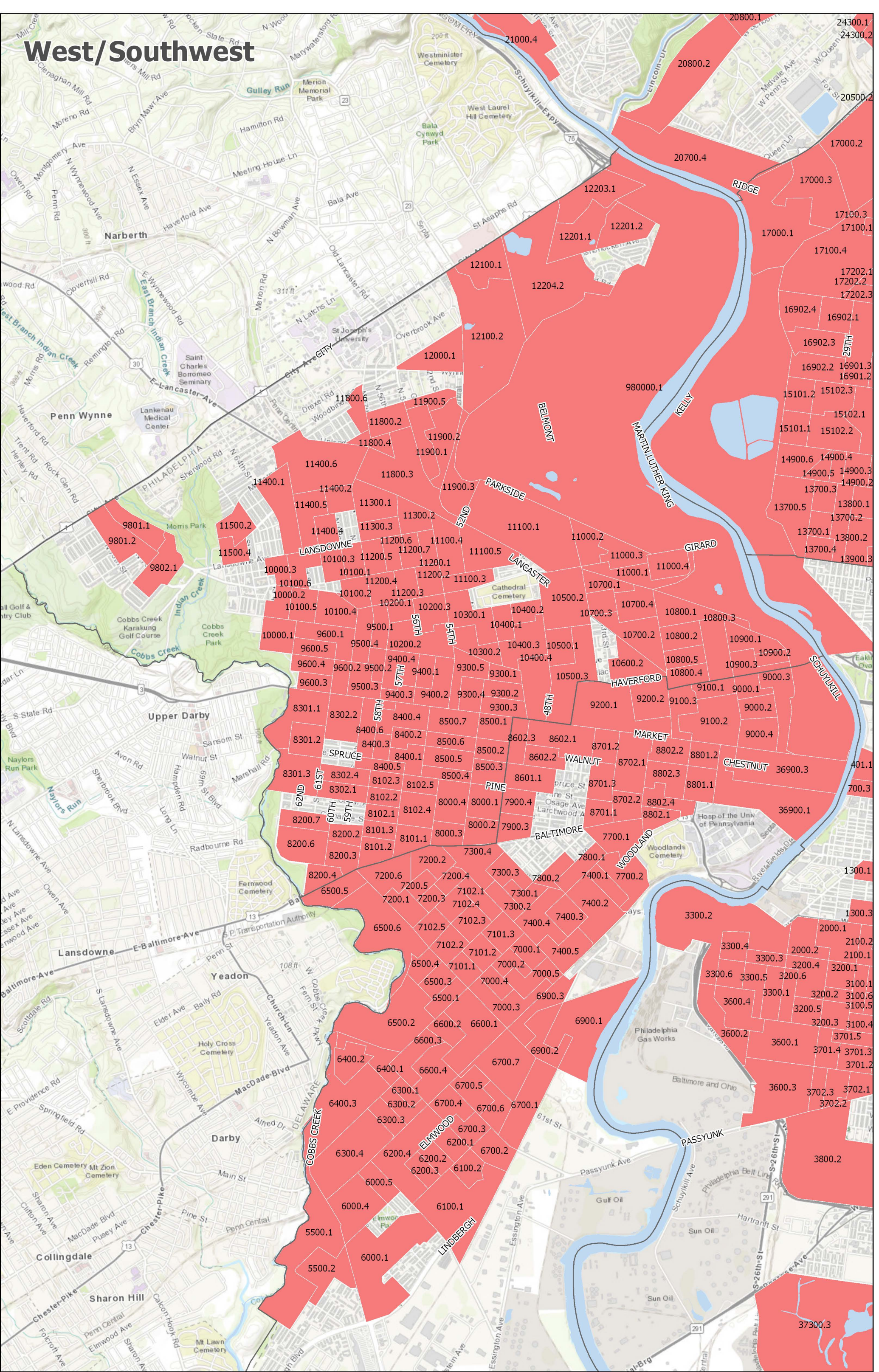




# North/Northwest



# West/Southwest



**Neighborhoods and ZIP Codes:**

- Red Lion:** 36501.3, 35701.1, 35601.4, 36100.2, 36100.1, 36400.1, 36201.3, 36203.1
- Woodhaven:** 36400.1, 36100.1, 36201.3, 36203.1
- Bustleton:** 980200.1, 33702.1, 33702.4, 33800.1, 33600.5, 33701.2, 33701.3, 33400.3, 33400.2, 33400.4, 31000.1, 31401.1, 31401.2, 31401.5, 31401.4, 31401.3, 31300.5, 31300.6, 31300.1, 31300.3, 31300.2, 31200.2, 31700.4, 31800.1, 31700.2, 31700.1, 31700.5, 31900.1, 31900.5, 31900.2, 32300.2, 32300.3, 32500.4, 38100.1, 38100.2, 38000.2, 18400.1
- Torresdale:** 34801.2, 34802.1, 34900.1, 34900.2, 34900.3, 34900.4, 32900.1, 32900.2, 32900.3, 32900.4, 32600.1, 32600.2, 32600.3, 32600.5, 32600.6, 32600.7, 32500.1, 32500.2, 32500.3, 32500.4, 32000.1, 32000.2, 32000.3, 32000.4, 32000.5, 32000.6, 32000.7, 32000.8, 32000.9, 32000.10, 32000.11, 32000.12, 32000.13, 32000.14, 32000.15, 32000.16, 32000.17, 32000.18, 32000.19, 32000.20, 32000.21, 32000.22, 32000.23, 32000.24, 32000.25, 32000.26, 32000.27, 32000.28, 32000.29, 32000.30, 32000.31, 32000.32, 32000.33, 32000.34, 32000.35, 32000.36, 32000.37, 32000.38, 32000.39, 32000.40, 32000.41, 32000.42, 32000.43, 32000.44, 32000.45, 32000.46, 32000.47, 32000.48, 32000.49, 32000.50, 32000.51, 32000.52, 32000.53, 32000.54, 32000.55, 32000.56, 32000.57, 32000.58, 32000.59, 32000.60, 32000.61, 32000.62, 32000.63, 32000.64, 32000.65, 32000.66, 32000.67, 32000.68, 32000.69, 32000.70, 32000.71, 32000.72, 32000.73, 32000.74, 32000.75, 32000.76, 32000.77, 32000.78, 32000.79, 32000.80, 32000.81, 32000.82, 32000.83, 32000.84, 32000.85, 32000.86, 32000.87, 32000.88, 32000.89, 32000.90, 32000.91, 32000.92, 32000.93, 32000.94, 32000.95, 32000.96, 32000.97, 32000.98, 32000.99, 32000.100
- Frankford:** 34701.2, 34801.2, 34802.1, 34900.1, 34900.2, 34900.3, 34900.4, 32900.1, 32900.2, 32900.3, 32900.4, 32600.1, 32600.2, 32600.3, 32600.5, 32600.6, 32600.7, 32500.1, 32500.2, 32500.3, 32500.4, 32000.1, 32000.2, 32000.3, 32000.4, 32000.5, 32000.6, 32000.7, 32000.8, 32000.9, 32000.10, 32000.11, 32000.12, 32000.13, 32000.14, 32000.15, 32000.16, 32000.17, 32000.18, 32000.19, 32000.20, 32000.21, 32000.22, 32000.23, 32000.24, 32000.25, 32000.26, 32000.27, 32000.28, 32000.29, 32000.30, 32000.31, 32000.32, 32000.33, 32000.34, 32000.35, 32000.36, 32000.37, 32000.38, 32000.39, 32000.40, 32000.41, 32000.42, 32000.43, 32000.44, 32000.45, 32000.46, 32000.47, 32000.48, 32000.49, 32000.50, 32000.51, 32000.52, 32000.53, 32000.54, 32000.55, 32000.56, 32000.57, 32000.58, 32000.59, 32000.60, 32000.61, 32000.62, 32000.63, 32000.64, 32000.65, 32000.66, 32000.67, 32000.68, 32000.69, 32000.70, 32000.71, 32000.72, 32000.73, 32000.74, 32000.75, 32000.76, 32000.77, 32000.78, 32000.79, 32000.80, 32000.81, 32000.82, 32000.83, 32000.84, 32000.85, 32000.86, 32000.87, 32000.88, 32000.89, 32000.90, 32000.91, 32000.92, 32000.93, 32000.94, 32000.95, 32000.96, 32000.97, 32000.98, 32000.99, 32000.100
- Center City:** 31000.1, 31401.1, 31401.2, 31401.5, 31401.4, 31401.3, 31300.5, 31300.6, 31300.1, 31300.3, 31300.2, 31200.2, 31700.4, 31800.1, 31700.2, 31700.1, 31700.5, 31900.1, 31900.5, 31900.2, 32300.2, 32300.3, 32500.4, 38100.1, 38100.2, 38000.2, 18400.1



# Exhibit B

Exhibit B 2010 Census Data Philadelphia

TRACT	LOWMOD	LOWMODUNIV	LOWMODPCT
1	750	2885	26
2	1135	1885	60.21
3	1135	2915	38.94
4.01	1105	1525	72.46
4.02	1235	3155	39.14
5	550	950	57.89
6	420	940	44.68
7	1415	2540	55.71
8.01	540	1510	35.76
8.03	1350	3705	36.44
8.04	1105	2890	38.24
9.01	910	1805	50.42
9.02	1245	1925	64.68
10.01	375	2255	16.63
10.02	845	3375	25.04
11.01	1675	3010	55.65
11.02	940	2305	40.78
12.01	955	3305	28.9
12.02	1430	4525	31.6
13	2570	4825	53.26
14	1605	3730	43.03
15	760	2465	30.83
16	835	2045	40.83
17	920	2830	32.51
18	1145	2920	39.21
19	1505	2455	61.3
20	1480	1870	79.14
21	1525	1855	82.21
22	1475	1830	80.6
23	1755	2630	66.73
24	2640	4555	57.96
25	2535	3585	70.71
27.01	2600	3520	73.86
27.02	1210	3345	36.17
28.01	3265	4305	75.84
28.02	3380	4960	68.15
29	1895	3790	50
30.01	3410	4320	78.94
30.02	2325	3130	74.28
31	3060	3965	77.18
32	4345	4860	89.4
33	5450	6420	84.89
36	6175	7000	88.21

37.01	5610	7145	78.52
37.02	2130	3120	68.27
38	1585	3870	40.96
39.01	3595	6750	53.26
39.02	2445	5435	44.99
40.01	2455	4145	59.23
40.02	2340	4615	50.7
41.01	4220	5390	78.29
41.02	5195	7230	71.85
42.01	3395	5635	60.25
42.02	3070	4760	64.5
50	0	0	NA
54	485	1500	32.33
55	3565	6430	55.44
56	515	1185	43.46
60	3120	6025	51.78
61	2190	3440	63.66
62	3910	4665	83.82
63	2610	4000	65.25
64	4100	5170	79.3
65	3355	5250	63.9
66	3790	4285	88.45
67	5185	7135	72.67
69	2205	2880	76.56
70	3760	4910	76.58
71.01	2385	2735	87.2
71.02	4050	5075	79.8
72	4030	5255	76.69
73	2525	3060	82.52
74	3185	4385	72.63
77	1030	1640	62.8
78	2015	3875	52
79	2325	4485	51.84
80	2545	3605	70.6
81.01	1665	2310	72.08
81.02	3155	5090	61.98
82	4970	8545	58.16
83.01	2685	3670	73.16
83.02	2945	4175	70.54
84	3845	4750	80.95
85	4710	6130	76.84
86.01	1605	2855	56.22
86.02	2020	2785	72.53
87.01	3240	4540	71.37
87.02	2335	3200	72.97
88.01	655	655	100
88.02	3040	3210	94.7

90	1905	2405	79.21
91	1695	2210	76.7
92	2055	2700	76.11
93	3305	4245	77.86
94	3365	3745	89.85
95	3000	3505	85.59
96	3500	4365	80.18
98.01	1200	2140	56.07
98.02	2785	5560	50.09
100	3435	5355	64.15
101	3595	5565	64.6
102	2355	2710	86.9
103	1840	2430	75.72
104	2420	2915	83.02
105	2415	3175	76.06
106	700	1195	58.58
107	3220	3730	86.33
108	2985	3405	87.67
109	1845	2485	74.25
110	2565	3245	79.04
111	2945	3625	81.24
112	5225	6205	84.21
113	2340	3095	75.61
114	5200	7215	72.07
115	2255	4560	49.45
117	565	1240	45.56
118	3750	6725	55.76
119	4085	6410	63.73
120	1010	1720	58.72
121	1605	2390	67.15
122.01	2130	3065	69.49
122.03	1030	1230	83.74
122.04	2090	3735	55.96
125	1495	3710	40.3
131	1270	1545	82.2
132	1505	1900	79.21
133	1290	2280	56.58
134.01	600	2220	27.03
134.02	1080	2850	37.89
135	1705	3195	53.36
136.01	230	2330	9.87
136.02	1105	3500	31.57
137	3895	4835	80.56
138	1250	1830	68.31
139	2705	3050	88.69
140	1845	2840	64.96
141	1565	1885	83.02

142	1395	2970	46.97
143	645	1255	51.39
144	1870	2545	73.48
145	1560	1740	89.66
146	1525	2150	70.93
147	2830	3265	86.68
148	310	500	62
149	2685	3320	80.87
151.01	1905	2705	70.43
151.02	4195	4600	91.2
152	5860	6520	89.88
153	2760	3240	85.19
156	1430	1655	86.4
157	2345	3120	75.16
158	2315	5150	44.95
160	3915	6915	56.62
161	4260	4915	86.67
162	1580	1880	84.04
163	2675	3130	85.46
164	3760	4220	89.1
165	2120	2340	90.6
166	825	930	88.71
167.01	1915	2580	74.22
167.02	2490	2895	86.01
168	3745	4400	85.11
169.01	2765	3425	80.73
169.02	4015	5340	75.19
170	2300	2840	80.99
171	3935	4820	81.64
172.01	2515	3170	79.34
172.02	3450	3740	92.25
173	2255	3085	73.1
174	1675	1905	87.93
175	6660	6950	95.83
176.01	4825	5200	92.79
176.02	3610	3950	91.39
177.01	3215	3525	91.21
177.02	4700	5630	83.48
178	5615	6385	87.94
179	4235	5425	78.06
180.01	1480	2375	62.32
180.02	3525	5390	65.4
183	2625	4320	60.76
184	1345	2060	65.29
188	6340	8040	78.86
190	7275	9020	80.65
191	5295	7405	71.51

192	7645	8515	89.78
195.01	3365	4430	75.96
195.02	3050	3615	84.37
197	5645	7450	75.77
198	4875	5540	88
199	4370	4665	93.68
200	920	1090	84.4
201.01	3405	3800	89.61
201.02	2120	2975	71.26
202	4105	5135	79.94
203	2600	2920	89.04
204	2110	3060	68.95
205	2060	2910	70.79
206	675	1545	43.69
207	1635	5175	31.59
208	1180	1895	62.27
209	1010	2855	35.38
210	1945	4315	45.08
211	735	2275	32.31
212	995	2115	47.04
213	1395	2810	49.64
214	1265	2910	43.47
215	1390	3235	42.97
216	620	1230	50.41
217	1410	5665	24.89
218	1695	3945	42.97
219	380	1380	27.54
220	305	1360	22.43
231	125	1090	11.47
235	355	1020	34.8
236	525	2615	20.08
237	2240	4325	51.79
238	2865	4475	64.02
239	1325	1680	78.87
240	1915	3430	55.83
241	570	695	82.01
242	2625	3960	66.29
243	2675	4385	61
244	2230	3455	64.54
245	2500	3440	72.67
246	2080	2605	79.85
247	2440	3770	64.72
248	1575	2170	72.58
249	2735	3390	80.68
252	4005	6830	58.64
253	2115	3335	63.42
254	1360	3795	35.84

255	745	2370	31.43
256	650	2270	28.63
257	1040	3145	33.07
258	670	1545	43.37
259	1925	4100	46.95
260	1490	2795	53.31
261	1110	2890	38.41
262	1895	4230	44.8
263.01	1930	4065	47.48
263.02	2610	4900	53.27
264	2485	5175	48.02
265	2490	4145	60.07
266	3470	6400	54.22
267	4790	6995	68.48
268	2555	4025	63.48
269	765	1585	48.26
270	1035	2600	39.81
271	1480	2445	60.53
272	2545	4750	53.58
273	3975	6470	61.44
274.01	2480	3065	80.91
274.02	6290	7615	82.6
275	3065	4560	67.21
276	2705	3905	69.27
277	2510	3885	64.61
278	2905	4360	66.63
279.01	3030	3740	81.02
279.02	1895	2475	76.57
280	3555	4760	74.68
281	2365	3540	66.81
282	3650	5040	72.42
283	5180	6560	78.96
284	3180	4180	76.08
285	2095	2690	77.88
286	5865	7215	81.29
287	2265	2635	85.96
288	3915	4470	87.58
289.01	3180	3985	79.8
289.02	5000	6740	74.18
290	4040	5945	67.96
291	3180	4055	78.42
292	2710	3580	75.7
293	2220	2740	81.02
294	3185	3465	91.92
298	3610	4510	80.04
299	4180	4715	88.65
300	5505	7140	77.1

301	3505	5365	65.33
302	5950	8370	71.09
305.01	2740	4445	61.64
305.02	3785	6945	54.5
306	3000	5885	50.98
307	1645	3285	50.08
308	1980	4945	40.04
309	2435	3760	64.76
310	3255	6640	49.02
311.01	3140	4480	70.09
311.02	3005	4595	65.4
312	2690	4730	56.87
313	6470	8180	79.1
314.01	4840	6695	72.29
314.02	3310	5415	61.13
315.01	2780	6075	45.76
315.02	1925	4080	47.18
316	3415	6065	56.31
317	3355	6000	55.92
318	2160	3770	57.29
319	3285	4975	66.03
320	5045	7250	69.59
321	3255	4235	76.86
323	1955	3060	63.89
325	3220	5090	63.26
326	3935	7105	55.38
329	2520	3995	63.08
330	5045	7660	65.86
331.01	1740	4680	37.18
331.02	1850	3905	47.38
332	885	2900	30.52
333	1305	3245	40.22
334	2385	4090	58.31
335	2145	3560	60.25
336	2950	6780	43.51
337.01	3115	5070	61.44
337.02	2335	5560	42
338	2490	5765	43.19
339	900	2830	31.8
340	950	2915	32.59
341	2610	5920	44.09
342	1175	2990	39.3
344	2205	7900	27.91
345.01	2385	3210	74.3
345.02	3025	5075	59.61
346	1445	2115	68.32
347.01	2885	6465	44.62

347.02	1300	4095	31.75
348.01	1925	4140	46.5
348.02	2390	5565	42.95
348.03	1995	4705	42.4
349	3920	6140	63.84
351	1200	3330	36.04
352	1150	4410	26.08
353.01	1800	5735	31.39
353.02	1895	4805	39.44
355	3200	7495	42.7
356.01	1530	5165	29.62
356.02	590	3535	16.69
357.01	2735	4730	57.82
357.02	1665	3695	45.06
358	1625	6155	26.4
359	1935	5265	36.75
360	680	2375	28.63
361	2015	4270	47.19
362.01	1970	4750	41.47
362.02	1915	6215	30.81
362.03	1890	4470	42.28
363.01	1630	3875	42.06
363.02	1270	3305	38.43
363.03	2190	6615	33.11
364	35	35	100
365.01	1900	5245	36.22
365.02	905	3775	23.97
366	105	1325	7.92
367	700	2240	31.25
369	715	1215	58.85
372	2215	4135	53.57
373	1945	4325	44.97
375	1230	3495	35.19
376	675	1530	44.12
377	2910	3465	83.98
378	1305	2065	63.2
379	2590	4490	57.68
380	1510	2415	62.53
381	415	520	79.81
382	2230	2725	81.83
383	2880	3130	92.01
384	620	2400	25.83
385	300	1600	18.75
386	275	1355	20.3
387	470	1660	28.31
388	1055	3525	29.93
389	1185	2710	43.73

390	5500	8250	66.67
9800	615	675	91.11
9801	20	65	30.77
9802	165	280	58.93
9803	0	0	NA
9804	0	0	NA
9805	0	0	NA
9806	40	90	44.44
9807	0	0	NA
9808	0	0	NA
9809	0	0	NA
9891	0	0	NA

907,225

1,454,225

**EXHIBIT C**  
**Neighborhood Advisory Committee (NAC) Organizational Conditions**

**A. Bylaws**

1. The Contractor shall provide the most current copy of their Bylaws
2. The Contractor shall comply with its Bylaws, which are to be written to ensure the opportunity for full participation and membership of all residents, organizations and businesses within the SA. In providing information and services, the Contractor may amend its Bylaws and/or Articles of Incorporation, pursuant to the limitations imposed in the next paragraph of this contract or in other parts of this contract, to permit membership and Board representation of SA residents, organizations and businesses.

If the Contractor amends its Bylaws and/or Articles of Incorporation, the Contractor shall provide to the NPC copies of such amendment(s) at least thirty (30) calendar days prior to notification to the membership for approval.

3. At a minimum the Contractor's Bylaws shall:
  - a. Promote citizen participation;
  - b. Encourage the growth of active community support of and involvement in the NAC Program and other community development programs and services sponsored by the Contractor;
  - c. Prohibit dues as a requirement for membership;
  - d. Expand its membership throughout the SA, either directly or through the creation of a NAC Program Subcommittee; and
  - e. Allow the Board of Directors to represent the entire SA.
4. In the event there is a conflict between the Contractors' Bylaws and/or its Articles of Incorporation and this Contract, this Contract's provisions shall prevail.

**B. Elections**

1. If the Contractor has an Executive Board elected by the community, elections must be held once every two (2) years. Furthermore the

Neighborhood Advisory Sub-committees (NAS) must also hold election once every two (2) years.

2. The Board and the NAS shall be responsible for the implementation of this Contract in all fiscal, administrative and programmatic matters. Both elections shall be held by secret ballot of residents of the designated SA and as defined in the Contractor's Bylaws. Board and NAS members may be re-elected in accordance with the Contractor's Bylaws. In addition, current or former employees shall not be permitted to run for the Board or the NAS for one (1) year after termination of employment.
3. No employee of the NAC Program may actively support, endorse or oppose any candidate for election to the Board of Directors or the NAS. However, employees residing in the community are eligible to vote in community elections.
4. The Contractor shall appoint an Election Committee comprised of SA residents to conduct the election of Board and/or NAS members. No member of the Election Committee may become a candidate for the Board or NAS or be appointed to the Board within six (6) months of the election. No NAC Program-related staff shall be appointed to the Election Committee. However, NAC Program staff shall provide staff support to the Election Committee.

The Election Committee shall be charged with the following responsibilities:

- a. Establish procedures for holding the elections in accordance with the Contractor's organizational Bylaws and the requirements of this Contract. The procedures shall be submitted to the NPC for review and approval at least thirty (30) calendar days prior to the planned distribution date in the SA community;
- b. Hold a meeting to receive nominations. If a petition procedure for nominating candidates at large or from neighborhood blocks is used, it shall be publicized in a manner approved by the NPC;
- c. Verify the eligibility of the candidates in accordance with the Contractor's organizational Bylaws;
- d. Notify SA residents and the NPC of all candidates running for office as well as the date, time and location of the election, two (2) weeks prior to its taking place; and

- e. Submit to the NPC a committee report summarizing election results within fourteen (14) calendar days of an election. This submission shall include a list of all Board members and their addresses.
- 4. The Contractor shall be permitted to maintain election procedures and/or Bylaws which vary from those required by Sections IV.A. and B. above only with written approval of DHCD.
- 5. If the Contractor's Bylaws allow for the appointment of the Board of Directors, the Contractor must establish a Neighborhood Advisory Subcommittee ("NAS") as follows:
  - a. The Contractor's Board of Directors shall conduct elections, for a minimum of ten (10) members of the NAS, at least once (1) every two (2) years in compliance with the election procedures outlined in Sections IV; A and B. **The Contractor shall amend its organizational by laws to establish the NAS as a subcommittee of the Board of Directors. In the event the NAC Program contract is discontinued, the committee, at the Contractor's option may be disbanded.**
  - b. The NAS shall establish governance procedures that include officers, attendance guidelines, operating procedures, subcommittees, responsibilities and the relationship between the Contractor's Board of Directors and the NAS. The NAS shall be co-chaired by a member of the Contractor's Board of Directors and a member of the NAS, appointed by the NAS membership. The co-chairs shall be responsible for all communications between the Board of Directors and the NAS and shall report the activities of the NAS to the Board of Directors at regularly scheduled Board meetings;
  - c. The ten (10) members of the NAS shall be elected by the designated SA residents who are present at an election for NAS members, in compliance with Section IV.B.;
  - d. The Contractor shall abide by the conditions and obligations related to elections and shall ensure that Contract-mandated procedures are followed in the election of the NAS, and
  - e. The NAS and Contractor's Board of Directors shall seek the approval of SA residents in the decision-making process related to all activities of the NAS and contract mandated activities.

# Exhibit D

## Summary of Contract and Project Resources

Contractor :   
Contract No:

1.	<u>CDBG</u> CFDA #14.218	<input type="text"/>	\$0
2.	<u>PROGRAM INCOME RESOURCES</u>		
	a)	<input type="text"/>	
	b)	<input type="text"/>	
	c)	<input type="text"/>	
	d)	<input type="text"/>	
	e)	<input type="text"/>	
	<u>SUB-TOTAL:</u>	<input type="text"/>	\$0
3.	<u>OTHER CITY RESOURCES</u>		
	a)	<input type="text"/>	
	b)	<input type="text"/>	
	<u>TOTAL CONTRACT AMOUNT:</u>	<input type="text"/>	\$0
4.	<u>OTHER PROJECT RESOURCES</u>		
	a)	<input type="text"/>	
	b)	<input type="text"/>	
	c)	<input type="text"/>	
	d)	<input type="text"/>	
	e)	<input type="text"/>	
	<u>TOTAL OTHER PROJECT RESOURCES</u>	<input type="text"/>	\$0
	<u>TOTAL PROJECT RESOURCES</u>	<input type="text"/>	\$0

EXHIBIT D

BUDGET

CONTRACTOR:  
CONTRACT NUMBER:  
CONTRACT AMOUNT:  
CONTRACT TERM:

BUDGET SUMMARY

	(A)	(B)	(C)	(D)	(E)	(F)
	CDBG		TOTAL	OTHER	TOTAL	AGENCY
	NAC PROGRAM		CONTRACT	PROJECT	RESOURCES	LINE ITEM
	ADMIN	DELIVERY	(A+B)	RESOURCES	(C+D)	BUDGET
A. PERSONNEL			\$0	\$0	\$0	\$0
B. FRINGE BENEFITS			\$0	\$0	\$0	\$0
C. PROFESSIONAL SERVICES			\$0	\$0	\$0	\$0
D. TRAVEL			\$0	\$0	\$0	\$0
E. OCCUPANCY			\$0	\$0	\$0	\$0
F. CONSUMABLE SUPPLIES			\$0	\$0	\$0	\$0
G. EQUIPMENT			\$0	\$0	\$0	\$0
H. INSURANCE			\$0	\$0	\$0	\$0
<b>CONTRACT TOTAL:</b>		<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**BUDGET DETAIL**

	(A)	(B)	(C)	(D)	(E)	(F)
	CDBG NAC PROGRAM ADMIN	DELIVERY	TOTAL CONTRACT (A+B)	OTHER PROJECT RESOURCES	TOTAL RESOURCES (C+D)	AGENCY LINE ITEM BUDGET
<b><u>PERSONNEL</u></b>						
1. Executive Director			0	0	0	
2. NAC Director			0	0	0	
3. Program Coordinator			0	0	0	
			0	0	0	
Note: minimum hourly			0	0	0	
wage must be at least			0	0	0	
\$11.94.			0	0	0	
			0	0	0	
			0	0	0	
<b>PERSONNEL TOTAL :</b>		0	0	0	0	\$0
<b><u>FRINGE BENEFITS</u></b>						
1. FICA Tax			0		0	
2. Workers' Comp.			0		0	
3. Unemploy. Comp.			0		0	
4. Medical Insurance			0		0	
<b>FRINGE TOTAL</b>		0	0	0	0	\$0

**BUDGET DETAIL**

	(A)	(B)	(C)	(D)	(E)	(F)
	CDBG NAC PROGRAM ADMIN	DELIVERY	TOTAL CONTRACT (A+B)	OTHER PROJECT RESOURCES	TOTAL RESOURCES (C+D)	AGENCY LINE ITEM BUDGET
<b><u>PROFESSIONAL SERVICES</u></b>						
1. Accounting			0	0	0	
2. Technical Assistance			0	0	0	
			0	0	0	
<b>PROFESSIONAL SERVICES TOTAL</b>		0	0	0	0	\$0
<b>TRAVEL</b>						
1. Local			0	0	0	
2. Out - of - Town						
3. Conference						
4. Memberships						
<b>TRAVEL TOTAL</b>		0	0	0	0	\$0
<b>OCCUPANCY</b>						
1. Rent			0	0	0	
2. Utilities			0	0	0	
3. Telephone			0	0	0	
4. Custodial			0	0	0	
<b>OCCUPANCY TOTAL</b>		0	0	0	0	\$0

**BUDGET DETAIL**

	(A)	(B)	(C)	(D)	(E)	(F)
	CDBG NAC PROGRAM ADMIN	DELIVERY	TOTAL CONTRACT (A+B)	OTHER PROJECT RESOURCES	TOTAL RESOURCES (C+D)	AGENCY LINE ITEM BUDGET
<b>CONSUMABLE SUPPLIES</b>						
1. Printing/ Duplicating			0	0	0	
2. Postage			0	0	0	
3. Office Supplies			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
			0	0	0	
<b>CONSUMABLE SUPPLIES TOTAL</b>		0	0	0	0	\$0
<b>EQUIPMENT</b>						
1. Copier Maintenance			0		0	
2. Copier Lease			0		0	
3. Computer			0		0	
<b>EQUIPMENT TOTAL</b>		0	0	0	0	\$0
<b>INSURANCE</b>						
1. Liability			0		0	
2. Fidelity Bonding			0		0	
3. General (D & O)			0		0	
			0		0	
			0		0	
<b>INSURANCE TOTAL</b>		0	0	0	0	\$0
<b>CONTRACT TOTAL</b>		\$0	\$0	\$0	\$0	\$0

# Exhibit E

EXHIBIT E SOLICITATION FOR PARTICIPATION AND COMMITMENT FORM (PROPOSAL) Minority (MBE), Women (WBE), and Disabled Disadvantaged (DSBE) Business Enterprises				DEPARTMENT OF COMMERCE OFFICE OF ECONOMIC OPPORTUNITY (OEO)			
RFP TITLE - NAC RFP				Name of Proposer		Proposal Submission Date	
List below ALL MBE/WBE/DSBEs that were solicited regardless of whether a commitment resulted therefrom. - Photocopy this form as necessary.							
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE		Work to be Performed		Date Solicited		Commitment Made	
Company Name				By Phone	By Mail	Yes (If Yes, give date)	NO
Address							
Contact Person				Quote Received		Amount Committed To	
Telephone Number				YES	NO	Dollar Amount	
Fax #						\$	
OEO CERTIFICATION #						Percent of Total Proposal %	
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE		Work to be Performed		Date Solicited		Commitment Made	
Company Name				By Phone	By Mail	Yes (If Yes, give date)	NO
Address							
Contact Person				Quote Received		Amount Committed To	
Telephone Number				YES	NO	Dollar Amount	
Fax #						\$	
OEO CERTIFICATION #						Percent of Total Proposal %	
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE		Work to be Performed		Date Solicited		Commitment Made	
Company Name				By Phone	By Mail	Yes (If Yes, give date)	NO
Address							
Contact Person				Quote Received		Amount Committed To	
Telephone Number				YES	NO	Dollar Amount	
Fax #						\$	
OEO CERTIFICATION #						Percent of Total Proposal %	
<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DSBE		Work to be Performed		Date Solicited		Commitment Made	
Company Name				By Phone	By Mail	Yes (If Yes, give date)	NO
Address							
Contact Person				Quote Received		Amount Committed To	
Telephone Number				YES	NO	Dollar Amount	
Fax #						\$	
OEO CERTIFICATION #						Percent of Total Proposal %	

<sup>1</sup> M-DBE/W-DBE/DS-DBES listed above must be certified by the MBEC prior to proposal submission date.

\* Failure to give reason may result in rejection of your proposal. Use additional pages if necessary.

## **EXHIBIT F**

### **SPECIAL ANTIDISCRIMINATION CONTRACT PROVISIONS, INSTRUCTIONS AND FORMS FOR APPLICANTS THAT ARE NONPROFIT ORGANIZATIONS**

In response to the objectives of Executive Order 03-12, Applicants that are nonprofit organizations will be required to submit the following information to the Office of Economic Opportunity (OEO):

1. identification of the race, gender, disability status, and ethnic composition of the nonprofit Applicant's workforce;
2. identification of the race, gender, disability status, and ethnic composition of the nonprofit Applicant's board of directors or trustees;
3. a list of the nonprofit Applicant's five highest dollar value M/W/DSBE suppliers of products and services; and
4. the nonprofit Applicant's statement explaining its efforts to maintain a diverse workforce, a diverse board of directors and operate a fair and effective supplier diversity program.

Please use the attached form, "Diversity Report of Nonprofit Organizations," to submit this information, attaching additional pages as needed. This information should be submitted with the Applicant's proposal, but the City, at its sole discretion, may allow applicants to submit or amend this form at any time prior to award.

If a nonprofit organization is responding to a contract opportunity where ranges have been established for M/W/DSBE participation, in addition to the "Diversity Report of Nonprofit Organizations" form, a nonprofit Applicant must also complete and submit with its proposal the "Solicitation for Participation and Commitment" form included in this Appendix.

**EXHIBIT F.**  
**City of Philadelphia – Office of Economic Opportunity**  
**Diversity Report of Nonprofit Organizations**

<b>1 DEMOGRAPHIC BREAKDOWN OF WORKFORCE</b>																													
Please provide the following demographic breakdown of your workforce by race/ethnicity/gender/ disability:  <div style="display: flex; justify-content: space-between;"> <div>           African American            Asian/Pacific Islander            Caucasian            Disabled            Hispanic            Native American            Other            Total Number of Employees         </div> <div> <table border="1"> <tr><th>#</th><th>%</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>			#	%																	Males	<table border="1"><tr><th>#</th><th>%</th></tr><tr><td> </td><td> </td></tr></table>	#	%			<table border="1"><tr><th>%</th></tr><tr><td> </td></tr></table>	%	
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Females	<table border="1"><tr><td> </td></tr></table>		<table border="1"><tr><td> </td></tr></table>																										
<b>2 DEMOGRAPHIC BREAKDOWN OF BOARD COMPOSITION</b>																													
Please provide the following demographic breakdown of your Board of Directors or Trustees by race/ethnicity/gender/disability:  <div style="display: flex; justify-content: space-between;"> <div>           African American            Asian/Pacific Islander            Caucasian            Disabled            Hispanic            Native American            Other            Total Number of Directors or Trustees         </div> <div> <table border="1"> <tr><th>#</th><th>%</th></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> </div> </div>			#	%																	Males	<table border="1"><tr><th>#</th><th>%</th></tr><tr><td> </td><td> </td></tr></table>	#	%			<table border="1"><tr><th>%</th></tr><tr><td> </td></tr></table>	%	
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Females	<table border="1"><tr><td> </td></tr></table>		<table border="1"><tr><td> </td></tr></table>																										
<b>3 SUPPLIER DIVERSITY</b>																													
Please check the appropriate box to indicate if you have a supplier diversity policy. If “no,” please explain on your letterhead.						<table border="1"><tr><td>Yes</td><td>No</td></tr></table>	Yes	No																					
Yes	No																												
If you maintain a supplier diversity policy, please attach a copy of your supplier diversity policy.						<table border="1"><tr><td> </td></tr></table>																							
Please identify below, your agency’s five (5) highest minority, woman, and/or disabled owned business suppliers of products or services, indicating your estimated annual expenditure(s) with the firm:						<table border="1"><tr><td> </td></tr><tr><td> </td></tr></table>																							
Company Name	Company Address	Company Telephone	Minority	Woman	Disabled	Annual Expenditures																							
1																													
2																													
3																													
4																													
5																													
Signature:		Date:		Non-Profit Name:																									

**EXHIBIT G**

**CITY OF PHILADELPHIA TAX AND REGULATORY  
STATUS AND CLEARANCE STATEMENT  
FOR APPLICANTS**

**THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE**

This form must be completed and returned with Applicant's proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant's proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

Applicant Name		
Contact Name and Title		
Street Address		
City, State, Zip Code		
Phone Number		
Federal Employer Identification Number or Social Security Number:		
Philadelphia Business Income and Receipts Tax Account Number (f/k/a Business Privilege Tax) (if none, state "none")*		
Commercial Activity License Number (f/k/a Business Privilege License) (if none, state "none")*		

\_\_\_\_ I certify that the Applicant named above has all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in the Philadelphia Code.

\_\_\_\_ I certify that the Applicant named above does not currently do business, or otherwise have an economic presence in Philadelphia. If Applicant is awarded a contract with the City, it promptly will take all steps necessary to bring it into compliance with the City's tax and other regulatory requirements.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
\* You can apply for a City of Philadelphia Business Income and Receipts Tax Account Number or a Commercial Activity License on line after you have registered your business on the City's Business Services website located at <http://business.phila.gov/Pages/Home.aspx>. Click on "Register" or "Register Now" to register your business.

*Revised: August 2014*

## **Exhibit H. Disclosure Forms**

### **Directions:**

1. Please read the following information regarding the completion of these disclosure forms. Please review the definitions prior to completing any form.
2. Date and initial the top of each form after you have completed it and sign the form on the last page.
3. NOTE: There are two different types of campaign contribution disclosure forms: one for those who are applying as individuals and one for those applying as businesses. Only fill out one type of form. (If you have used a consultant with respect to applying for this financial assistance you will have to fill out a campaign contribution disclosure form for them as well.)

### **Getting Started**

There are five sets of disclosure forms enclosed in this packet. You must provide information for each disclosure form. The information you must disclose includes:

1. Any contributions (defined as a provision of money, in-kind assistance, discounts, forbearance or any other valuable thing) made during the two years prior to the application submission date or prior to your receipt of financial assistance in the absence of an application;
2. The name of any consultant(s) you used to help in obtaining this financial assistance and any campaign contributions they have made;
3. Any subcontractors you are planning to use if awarded this financial assistance;
4. Whether a City or Agency employee or official asked you to give money, services, or any other thing of value to any individual or entity; and
5. Whether a City or Agency employee or official gave you any advice on how to satisfy any minority, women, disabled or disadvantaged business participation goals.

### **More information on Disclosing Campaign Contributions**

Applicants for financial assistance must disclose any contributions they made to:

- A candidate for nomination or election in any public office in the Commonwealth of Pennsylvania
- An incumbent in any public office in the Commonwealth of Pennsylvania
- A political committee or state party in the Commonwealth of Pennsylvania
- A group, committee, or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth of Pennsylvania

The types of contributions that must be disclosed include:

- Any advance or deposit of money, gift, or any other valuable thing given to a candidate or political committee for the purpose of influencing any election in the Commonwealth of Pennsylvania
- The purchase of tickets for events such as dinners, luncheons, rallies and all other fund-raising events
- Granting of rebates or discounts not available to the general public or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates
- Any payments made on behalf of the candidate not made by either the candidate or their committee

*Attribution Rules.* In addition to disclosing contributions made directly by the applicant, the applicant will be asked to supply information on other types of contributions. The campaign contribution disclosure forms will include questions that specifically ask for information on these other types of contributions. These contributions will be attributed to the individual or business and will be used to determine the applicant's eligibility to receive financial assistance.

Businesses (i.e. corporation, limited liability company, partnership association, joint venture, or any other legal entity) have to disclose contributions made by the following:

- Applicant business
- Parent, subsidiary, or otherwise affiliated entity of the applicant business ("affiliate")
- An individual or business that is then reimbursed by the applicant business or affiliate

- Officers, directors, controlling shareholders, or partners of the for-profit applicant business or for-profit affiliate
- Political action committee controlled by applicant business or affiliate
- Political action committee controlled by officer, director, controlling shareholder, or partner of the for-profit applicant business or for-profit affiliate

Individuals have to disclose contributions made by the following:

- Applicant individual
- Member of individual's immediate family (i.e., spouse, life partner, or dependent child living at home), when contributions are in excess of \$3,000.

In addition to direct contributions to candidates, incumbents, or political committees in the Commonwealth of Pennsylvania, applicants are also required to disclose:

1. Contributions not directly given to a candidate, incumbent, or political committee but made with the intent that the contribution will benefit the candidate, incumbent, or political committee;
2. Solicitation of contributions on behalf of a candidate, incumbent, or political committee, including the hosting of or solicitation at fundraising events (required to disclose details regarding the date of event and amount raised); and
3. Contributions not made directly by the individual/business to a candidate, incumbent, or political committee but furnished by the individual / business (as an "intermediary").

### **Eligibility Restrictions**

Effective as of January 1, 2016, if an individual makes contributions totaling over \$3,000 in one calendar year to a candidate for City elective office or to an incumbent, the individual is not eligible to apply for, or enter into, any Non-Competitively Bid Contract in excess of \$10,000, nor shall said individual be eligible to be a sub-contractor (at any tier) of any such contract during that candidate's or incumbent's term of office. The monetary limits in effect for individuals prior to January 1, 2016 remain in effect for purposes of determining an individual's eligibility during the two year disclosure period prior to the date an individual's application in response to a contract opportunity is due or for determining an individual's continuing compliance during the term of any such contract that is awarded to the individual. For the period February 1, 2006 through December 31, 2007, the contribution limit amount is \$2,500; for the period January 1, 2008 through December 31, 2011, the contribution limit amount is \$2,600; for the period January 1, 2012 through December 31, 2015, the contribution limit amount is \$2,900.

Effective as of January 1, 2016, if a business makes contributions totaling over \$11,900 in one calendar year to a candidate for City elective office or to an incumbent, the business is not eligible to apply for, or enter into, any Non-Competitively Bid Contract in excess of \$25,000, nor shall said individual be eligible to be a sub-contractor (at any tier) of any such contract during that candidate's or incumbent's term of office. The monetary limits in effect for businesses prior to January 1, 2016 remain in effect for purposes of determining a business' eligibility during the two year disclosure period prior to the date a business' application in response to a contract opportunity is due or for determining a business' continuing compliance during the term of any such contract that is awarded to the business. For the period February 1, 2006 through December 31, 2007, the contribution limit amount is \$10,000; for the period January 1, 2008 through December 31, 2011, the contribution limit amount is \$10,600; for the period January 1, 2012 through December 31, 2015, the contribution limit amount is \$11,500.

→ **Note on Eligibility:** If a candidate for any City elective office contributes \$250,000 or more from his or her personal resources to his or her campaign, then the eligibility thresholds for individuals and businesses shall double with respect to contributions to all candidates for that same elective office (i.e. \$6,000 for individuals and \$23,800 for businesses).

## **Definitions**

Affiliate	A parent, subsidiary, or otherwise affiliated entity of a business
Applicant	An individual or business who has filed an application to be awarded a non-competitively bid contract or financial assistance
Business	A corporation, limited liability company, partnership, association, joint venture or any other legal entity (including non-profit organizations) other than an Individual
Candidate	Any individual who seeks nomination or election to public office, other than a judge of elections or inspector of elections, whether or not such individual is nominated or elected. An individual shall be deemed to be seeking nomination or election to such office if he or she has (1) received a contribution or made an expenditure or has given his consent for any other person or committee to receive a contribution or make an expenditure, for the purpose of influencing his or her nomination or election to such office, whether or not the individual has made known the specific office for which he or she will seek nomination or election at the time the contribution is received or the expenditure is made; or (2) taken the action necessary under the laws of the Commonwealth of Pennsylvania to qualify himself or herself for nomination or election to such office.
Consultant	A person used by an applicant to assist in obtaining the financial assistance through direct or indirect communication by such individual or business with any City agency or the organization providing financial assistance or any City officer or employee or officer or employee of the organization providing financial assistance, if the communication is undertaken by such individual or business in exchange for, or with the understanding of receiving, payment from the applicant; provided, however, that "Consultant" shall not include a full-time employee of the applicant.
Contributions	The provision of money, in-kind assistance, discounts, forbearance or any other valuable thing, during the two years prior to the deadline for the filing of the application for the contract opportunity or financial assistance, to any of the following: <ul style="list-style-type: none"> <li>– a candidate for nomination or election to any public office in the Commonwealth of Pennsylvania;</li> <li>– an incumbent in any public office in the Commonwealth;</li> <li>– a political committee or state party in the Commonwealth; or</li> <li>– a group, committee or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth.</li> </ul>
Financial Assistance	Any grant, loan, tax incentive, bond financing subsidy for land purchase or otherwise, or other form of assistance that is realized by or provided to a person in the amount of fifty thousand dollars (\$50,000) or more through the authority or approval of the City, including, but not limited to, Tax Increment Financing (TIF) aid, industrial development bonds, use of the power of eminent domain, Community Development Block Grant (CDBG) aid or loans, airport revenue bonds, and Enterprise Zone or similar economic development zone designations (such as Keystone Opportunity Zones, Keystone Opportunity Expansion Zones, Keystone Opportunity Improvement Zones, and Economic Development District Zones), but not including any assistance to which a person is entitled under a law enacted before the individual or business applied for or requested such assistance.
Immediate family	A spouse or life partner residing in the individual's household or minor dependent children
Incumbent	An individual who holds elective office

Intermediary	A person, who, other than in the regular course of business as a postal, delivery or messenger service, delivers a contribution from another individual or business to the recipient of such contribution
Person	An individual, corporation, limited liability company, partnership, association, joint venture, or any other legal entity
Political committee	Any committee, club, association or other group of persons which receives money or makes expenditures for purposes of influencing any election
Solicit a Contribution	Requesting or suggesting that a person make a contribution. The sponsoring or hosting of a fundraising event is considered soliciting a contribution from the attendees of the event. Any contributions raised at such event are counted as a contribution made by the host of the event.

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**If Applying as an Individual:**  
**Campaign Contribution Disclosure Form**

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	Yes	No
Have you made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family made any contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family solicited or served as an intermediary for contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**If Applying as an Individual:**  
**Campaign Contribution Disclosure Form**

For relationship, please indicate whether the contributor was the Individual or Family Member.

<b>Name of Contributor</b>	<b>Relationship</b> (to individual or business completing this form)	<b>Name of Recipient</b>	<b>Date of Contribution</b>	<b>Amount of Contribution</b>

Please use additional pages as needed.

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**If Applying as a Business:**  
**Campaign Contribution Disclosure Form**

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where “non-profit” is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the business made any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the business solicited or served as an intermediary for any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business made any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business solicited or served as an intermediary for any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit business, or of a for-profit affiliate of the business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the business or by an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit business, or of a for-profit affiliate of the business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>		<input type="checkbox"/>	

Note: Applicants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Applicant or the for-profit affiliate of the Applicant. Please disclose the full amount of the contribution, although only the amount above \$3000 may potentially be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Applicant business).

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.

*Date:* \_\_\_\_\_

**Initials:** \_\_\_\_\_

**If Applying as a Business:**  
**Campaign Contribution Disclosure Form**

For relationship, indicate whether the contributor was the Business, Affiliate, Controlled Political Committee, Controlling Shareholder, Director, Officer, Parent, Partner, Reimbursed Contributor, Solicited Contributor, Subsidiary, or Other.

[illegible]

Please use additional pages as needed.

*Date:* \_\_\_\_\_

*Initials:* \_\_\_\_\_

### **Use of Consultant Disclosure Form**

Please list all consultant(s) used in the year prior to the application deadline and the corresponding information for that consultant in the space provided below.

Please note that a Consultant, for the purposes of the required disclosures, is defined as an individual or business used by an applicant or contractor to assist in obtaining financial assistance through direct or indirect communication by such individual or business with any City agency, the organization providing financial assistance, any City officer/employee, or any officer/employee of the organization providing financial assistance, if the communication is undertaken in exchange for, or with the understanding of receiving, payment from the applicant or contractor or any other individual or business (however, "Consultant" shall not include a full-time employee of the Applicant or Contractor).

Check here to certify that no consultant(s) was used in the year prior to the application deadline.	<input type="checkbox"/>
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	
Consultant Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid	

*Date:* \_\_\_\_\_

*Initials:* \_\_\_\_\_

**Consultant: Individual Campaign Contribution Disclosure Form**

Use this form if the Consultant used is an Individual. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	<b>Yes</b>	<b>No</b>
Has the Consultant made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Consultant solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family made any contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family solicited or served as an intermediary for contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.

*Date:* \_\_\_\_\_

*Initials:* \_\_\_\_\_

**Consultant: Individual Campaign Contribution Disclosure Form**

Use this form if the Consultant used is an Individual. For relationship, indicate whether the contributor was the Individual or Family Member.

<b>Name of Contributor</b>	<b>Relationship to Consultant</b>	<b>Name of Recipient</b>	<b>Date of Contribution</b>	<b>Amount of Contribution</b>

Please use additional pages as needed.

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

### **Consultant: Business Campaign Contribution Disclosure Form**

Use this form if the Consultant used is a Business. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where “non-profit” is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the Consultant business made any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the Consultant business solicited or served as an intermediary for any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the Consultant business solicited or served as an intermediary for any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business made any contributions? <i>See note below.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the Consultant business or by an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>		<input type="checkbox"/>	

Note: Consultants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Consultant or the for-profit affiliate of the Consultant. Please disclose the full amount of the contribution, although only the amount above \$3000 will be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Consultant business).

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.

*Date:* \_\_\_\_\_

*Initials:* \_\_\_\_\_

**Consultant: Business Campaign Contribution Disclosure Form**

Use this form if the Consultant used is a Business. For relationship, indicate whether the contributor was the Consultant Business, Affiliate, Controlled Political Committee, Controlling Shareholder, Director, Officer, Parent, Partner, Reimbursed Contributor, Solicited Contributor, Subsidiary, or Other.

<b>Name of Contributor</b>	<b>Relationship to Consultant</b>	<b>Name of Recipient</b>	<b>Date of Contribution</b>	<b>Amount of Contribution</b>

Please use additional pages as needed.

## **Use of Subcontractor Disclosure Form**

Please list all subcontractor(s) you are planning to use if awarded this financial assistance by filling out the appropriate information in the space provided below.

Check here to certify that no subcontractor(s) are to be used.	<input type="checkbox"/>
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	
Subcontractor Name	
Address 1	
Address 2	
City, State, Zip	
Phone	
Amount Paid or to be Paid, or Percentage to be Paid	

## **Employee Request Form**

Please list any City or Agency employees or officers or employees/officers of the organization providing financial assistance who have asked you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline.

Check here to certify that no City or Agency employees/officers or employees/officers of the organization providing financial assistance have asked you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline.	<input style="width: 30px; height: 20px;" type="checkbox"/>
Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	
Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	
Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	

## **Employee Participation Advice Disclosure Form**

Please list any City or Agency employees or officers employees/officers of the organization providing financial assistance who gave you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract or financial assistance agreement for the participation of minority, women, disabled, or disadvantaged business enterprises during the two years prior to the application deadline.

Check here to certify that no City or Agency employees/officers or employees/officers of the organization providing financial assistance gave you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract or financial assistance agreement for the participation of minority, women, disabled, or disadvantaged business enterprises during the two years prior to the application deadline.	<input type="checkbox"/>
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	

Signature

In order for the submission of these disclosure forms to be considered valid, they must be properly signed below by the respondent. Disclosure forms **that are not signed will be rejected**. By signing your name and title in the signature space below, you, as the respondent, signify your intent to sign these disclosure forms. The signatory hereby declares and certifies themselves to be the respondent, declares and certifies that they are properly authorized to execute these disclosure forms, and represents and covenants that all of the information and disclosures provided to the best of their knowledge are true and contain no material misstatements or omissions. Breach of such representation and covenant may render any subsequent provision of financial assistance voidable, and entitle the City (or Agency) to all rights and remedies provided by law or equity.

If these disclosure forms are being submitted by an INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY COMPANY OR MANAGED LIMITED LIABILITY COMPANY, sign the forms here:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

If these disclosure forms are being submitted by a CORPORATION, sign the forms here, with signatures by (a) President or Vice-President of the corporation AND (b) Secretary, Assistant Secretary, Treasurer or Assistant Treasurer of the corporation. If the disclosure forms are not signed by the above mentioned, you hereby certify that you are authorized pursuant to a certified corporate resolution to sign in place of such officers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
*President/Vice President, if other, please specify*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
*Secretary/Asst. Secretary/Treasurer/Asst. Treasurer  
If other, please specify*