Equal Benefits – Declaration of Nondiscrimination/Equal Access

(Completed by the Prime Contractor ONLY)

Section A. Vendor/Contractor/Consultant/CFAR[1] Information

Name of Company _____

Name of Company Contact _____

Address _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Vendor Number _____ Federal ID or Social Security Number _____

Approximate Number of Employees in the U.S. _____

Are any of your employees covered by a collective bargaining agreement or union trust fund? ☐ Yes ☐ No

Union Name(s) _____

Section B. Compliance

Does your company provide or offer access to any benefits to employees with spouses or to spouses of employees? (Please check one) ☐ Yes ☐ No

Does your company provide or offer access to any benefits to employees with domestic partners[2]? (Please check one) ☐ Yes ☐ No

Section C. Compliance

Please check each benefit that applies

Benefits	Offered to Employees only	Offered to Employees and their spouses	Offered to Employees and their Domestic Partners	Not Offered at all	Documentation attached
Health					
Dental					
Vision					
Retirement (Pension, 401K, etc)					
Bereavement					
Family Leave					
Parental Leave					
Employee Assistance Program					
Relocation & Travel					
Company Discount, Facilities & Events					
Credit Union					
Child Care					
Other					

Signature:_____ Date:_____

[1] CFAR is a City Financial Recipient

[2] Domestic Partner is defined a s a same sex couples or opposite sex couples registered as such with a state or local government domestic partnership registry