COMBINED SCHEDULES
C-1, P, U & V

SCHEDULE C-1: Declaration of Compliance with the Americans with Disabilities Act.

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Oakland requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

I certify that I will comply with the Americans with Disabilities Act by:

A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor's goods, services and facilities for people with disabilities;
B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor's program would result;
D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities;
F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.

SCHEDULE P: Nuclear Free Zone Ordinance

I have read Ordinance 11478 C.M.S. titled "An Ordinance Declaring the City of Oakland a Nuclear Free Zone and Regulating Nuclear Weapons Work and City Contracts with and Investment in Nuclear Weapons Makers", as provided on the City's website, Contracts and Compliance (http://www2.oaklandnet.com/Government/o/CityAdministration/d/CP/s/policies/index.htm). I certify that my firm conforms with the conditions as defined in Ordinance 11478 C.M.S.

SCHEDULE U: Compliance Commitment Agreement

I have read the City of Oakland's Local/Small Local Business Enterprise Program (L/SLBE) and declare that **I will achieve the 50% L/SLBE participation requirement as described in the L/SLBE program including 50% of the total trucking dollars to certified Oakland Local Truckers.** If I fail to satisfy the proposed 50% L/SLBE participation requirement, I may be assessed a penalty equal to 1 and ½ times the shortfall.

As prime contractor for this project, I agree to use the City of Oakland's Labor Compliance Program tracker (LCP Tracker) a web based electronic payroll system to input ALL certified payroll reports including all tiers of subcontractors for this project. I acknowledge that invoice payments will not be released until and unless all certified payrolls are current.

I agree to submit with the final payment request a completed "Exit Report and Affidavit form" located on the City's website at http://www2.oaklandnet.com/Government/o/CityAdministration/d/CP/s/FormsSchedules/index.htm.

SCHEDULE V: Affidavit of Non-Disciplinary or Investigatory Action

I certify that the following entities: Equal Employment Opportunity Commission (EEOC), Department of Fair Employment & Housing (DFEH) or the Office of Federal Contract Compliance Programs (OFCCP) have not taken disciplinary or investigatory action against the Firm. If such action has been taken, attached hereto is a detailed explanation of the reason for such action, the party instituting such action and the status or outcome of such action.

PLEASE NOTE: *By signing and submitting this form the prospective primary participant's authorized representative hereby obligates the proposer(s) to the stated conditions referenced in Schedules C-1, P, U and V.*

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I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

✓ **I am in compliance with the above referenced Schedules:**

Date	Signature of Authorized Representative
Type or Print Title	Type or Print Name
Email	Contact Number

✓ **I <u>am not</u> in compliance with the following Schedule(s) _____.**

Date	Signature of Authorized Representative
Type or Print Title	Type or Print Name
Email	Contact Number