

# Combined Contract Schedules



Project Name & Number (or Project Description): \_\_\_\_\_

Contractor Legal Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Federal Taxpayer ID Number: \_\_\_\_\_ City of Oakland Business License Number: \_\_\_\_\_

**Schedule D – (Ownership, Ethnicity, and Gender)** *Please be advised that ethnicity and gender information will be used for reporting and tracking purposes ONLY.*

**Part I - Ownership & Ethnicity of Prime:** (Please check one and explain below)

- Self-Employed, Name of Owner \_\_\_\_\_  Corporation, State of Incorporation \_\_\_\_\_
- Partnership, General or Limited \_\_\_\_\_ Names of Partners \_\_\_\_\_
- Joint Venture, Names of Participants \_\_\_\_\_

Ownership Interests

*All owners must be listed in this information*

Ethnicity	African American	American Indian/ Alaskan Native	Asian /Pacific Islander	Caucasian	Filipino	Hispanic	Other
Number of Owners							
% Of Total Ownership							
Women							
Joint Venture Ownership							

**Part II - Ethnicity and Gender of Employees:**

Employment Category	Total Employees	Oakland Residents	Male						Female						
			African American	Native American / Native Alaskan	Asian / Pacific Islander	Caucasian	Hispanic	Other	African American	Native American / Native Alaskan	Asian / Pacific Islander	Caucasian	Hispanic	Other	
Project Management															
Professional															
Technical															
Clerical															
Trades															

**Schedule M – (Independent Contractor Questionnaire) – PART A: TO BE COMPLETED BY PROPOSED CONTRACTOR**

Please answer questions “yes” or “no” whenever possible. When a more extensive explanation is required and there is no space on this form, please attach a separate sheet. The word “contract” refers to the agreement the City is contemplating entering into with you. If you are a corporation, in addition to completing this form, attach a California Secretary of State business registration record (from the website) showing “active” status and return with this questionnaire. Non-profits must also attach a California Attorney General charitable trust registration record.

	Yes	No
1. Have you performed services for the City prior to today? If yes, please indicate the time period and the nature of the services.	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you received any training, guidance, or direction from the City regarding the particular method or manner by which the work will be performed? If yes, please describe what you are expecting (or have received) in the way of training or direction.	<input type="checkbox"/>	<input type="checkbox"/>
3. Will your services under the contract be performed on City property? If no, please describe where the services are to be performed.	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you expect to devote any full days (6 or more hours) or full weeks (30 or more hours) towards performing the services under the contract? If yes, please indicate approximately how many full days and/or full weeks you expect to devote during the life of the contract.	<input type="checkbox"/>	<input type="checkbox"/>
5. Are there any set or fixed hours or days of the week during which the City is expecting you to perform services under the contract? If yes, please indicate the days and hours during which you will be performing services.	<input type="checkbox"/>	<input type="checkbox"/>
6. In order to perform services under the contract, do you intend to provide your own supplies or equipment? If yes, briefly describe the equipment/supplies.	<input type="checkbox"/>	<input type="checkbox"/>
7. If your response to No. 6 is yes, has the City promised to or will you be expecting the City to reimburse you in any way for the cost of the supplies or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Other than the above-referenced supplies and equipment, do you anticipate incurring any un-reimbursable out-of-pocket expenses in the performance of the contract with the City? If yes, please describe.	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have federal and state employer identification numbers? If so, please provide these numbers	<input type="checkbox"/>	<input type="checkbox"/>
10. Within the past two years have you regularly performed the same type of services (as called for in the contract) for any client(s) or customer(s) other than the City? If yes, please identify the client(s) or customer(s) and briefly describe the services performed.	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you currently have any client(s) or customer(s) other than the City for whom you are performing or will perform services during the duration of the contract? If yes, please identify client(s) or customer(s) by name and briefly describe the nature of services performed.	<input type="checkbox"/>	<input type="checkbox"/>
12. If you are self-employed, in the past two years have you notified any insurance company in conjunction with obtaining a business-related insurance policy that you are self-employed? If yes, please indicate the insurance company and the nature of the business-related policy.	<input type="checkbox"/>	<input type="checkbox"/>
13. If you are self-employed, do you have your own employees to help you perform the services called for by your contract? (Do not refer to independent contractors you may use to assist you.)	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
14. If you are self-employed, within the past two years have you been an employee of any employer (received a W-2)? If yes, state the employer(s), the date(s) of employment, and the nature of the services performed.	<input type="checkbox"/>	<input type="checkbox"/>
15. Do you maintain a business location or office, which may include your residence?	<input type="checkbox"/>	<input type="checkbox"/>
16. With regard to the following, please indicate whether you have:		
a. an existing business letterhead?	<input type="checkbox"/>	<input type="checkbox"/>
b. an existing business phone number other than your home number?	<input type="checkbox"/>	<input type="checkbox"/>
c. filed for a fictitious business name? If yes, please attach a certified copy of the County issued certificate and an affidavit of publication.	<input type="checkbox"/>	<input type="checkbox"/>
d. done public advertising for your business?	<input type="checkbox"/>	<input type="checkbox"/>
17. If you have answered parts or all of No. 16 with "Yes," are the services represented in your answers the same type of services you will be performing for the City?	<input type="checkbox"/>	<input type="checkbox"/>
18. Do you have a license from any governmental agency to perform the services under the contract? If yes, please state the type of license and the name of the licensing agency.	<input type="checkbox"/>	<input type="checkbox"/>
19. If you are self-employed, please describe the extent of any personal financial investment you have made in order to be self-employed. You may either choose to indicate the actual dollar amount of investment or, without disclosing any dollar amount, briefly describe any purchases, leases, or other types of financial commitments made by you for self-employment purposes.	<input type="checkbox"/>	<input type="checkbox"/>

<b>FOR CITY USE ONLY</b>	
Based upon a review of this questionnaire and any other factors I have cited below; I have determined that this person (is) _____ (is not) _____ an independent contractor.	
_____	
_____	
_____	_____
Date	City Attorney/Assistant City Attorney/Deputy City Attorney

**By signing and submitting this combined form, the authorized representative hereby obligates the proposer/contractor(s) to the stated conditions referenced in this document. I declare under penalty of perjury that the foregoing is true and correct.**

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

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

**PLEASE NOTE:** For an electronic copy of this combined form and copies of other required standalone contract schedules, please go to: <https://www.oaklandca.gov/documents/contracts-and-compliance-forms-and-schedules>:

- Proposed contractors must submit standalone contract Schedules I, N, O, S, W indicating compliance with City of Oakland policies, as applicable;
- Proposed contractors must submit Schedule E and/or R indicating the use of subcontractors;
- Proposed contractors must submit Schedule Z if the contract involves federal funds; and
- Proposed contractors must submit insurance documents in compliance with Schedule Q.