

King County Consultant Disclosure



Department of Executive Services
Board of Ethics
CNK-ES-0131
401 Fifth Avenue, Suite 131
Seattle, WA 98104-1818
206-296-1586 Fax 206-205-0725
TTY Relay: 711
board.ethics@kingcounty.gov

Please Read Carefully

No payment will be made to the Consultant until this form has been filed with the Contract and with the King County Board of Ethics

For Board of Ethics use only

Date Received _____
Audit Date _____
Date Closed _____

Pursuant to King County Code (K.C.C.) 3.04.120, each consultant entering into a contract to provide professional or technical services to the county costing in excess of the amount specified in K.C.C. 4.16.095 shall complete and file this disclosure form with the King County Board of Ethics and the County Executive. Use additional pages, if necessary. Submit two completed forms: file one with the Board of Ethics, Mail Stop CNK-ES-0131, 401 Fifth Avenue, Suite 131, Seattle, WA 98104, and the other with the contract with the Finance and Business Operations Division, Procurement and Contract Services Section, Mail Stop CNK-ES-0340, 401 Fifth Avenue, Suite 340, Seattle, WA 98104.

Unless otherwise required on this form, the information disclosed shall cover the period of 24 months before and including the date of filing of this sworn statement. If the information reported on this form should change, the consultant is required to submit an amended form.

For purposes of this disclosure form, "consultant" means a person (e.g., individual, partnership, association, corporation, firm, institution or other entity as defined in K.C.C. 3.04.017) who by experience, training and education has established a reputation or ability to provide professional or technical services, as defined in K.C.C. 4.16.010, on a discrete, nonrecurring basis over a limited and pre-established term as an independent contractor to the County.

**Please type or print all information, except required signature.
All incomplete forms will be returned.**

Today's Date: _____

Contract Number: _____ Amount of Contract: _____

Consultant's Name: _____

Address: _____ Phone: _____ - _____ - _____

City _____ State _____ ZIP Code _____

Effective Date of Contract: _____ Expiration Date of Contract: _____

Type of Services Contracted: _____

Contracting County Dept.: _____ Division: _____

County Contact Person: _____

Contact Work Phone: _____ - _____ - _____ Mail Stop: _____

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- 1. List the name of any former county employee who is or will be working for the consultant on this contract whose employment with the county ended within two years from the signing of this form. Attach a separate sheet if necessary.**

If none, check this box: ☐

Name of Former Employee: _____

Former County Department: _____

Date Terminated / Ended: _____

- 2. List the name of any former county employee who has a financial or beneficial interest in this contract whose employment with the county ended within two years from the signing of this form. Attach a separate sheet if necessary.**

If none, check this box: ☐

Name of Former Employee: _____

Former County Department: _____

Date Terminated / Ended: _____

- 3. List any office or directorship in the consultant held by any county employee or member of his or her immediate family. Attach a separate sheet if necessary.**

If none, check this box: ☐

Office / Directorship: _____

Name: _____

Relationship to Employee: _____

- 4. Indicate any financial interest in the consultant held or received by any county employee or any member of his or her immediate family. Attach a separate sheet if necessary.**

If none, check this box: ☐

Name: _____

Relationship to Employee: _____

Percentage of stock or other form of interest in the consultant, if more than 5% (indicate percentage of stock or other interest, amount / value and describe):

Receipt of compensation, gift or thing of value from the consultant (indicate amount / value and describe):

5. List all contracts between the consultant and the county in the five years immediately preceding the presently contemplated contract. Attach a separate sheet if necessary.

If none, check this box: ☐

Contract No.	Type of Service Provided	Amount Paid to Consultant	Duration (From – To)	County Department and Division

6. List any position or positions on any county board or commission, whether salaried or unsalaried, held by any officer or director of the consultant in the five years immediately preceding the presently contemplated contract.

If none, check this box. ☐

Officer / Director Name: _____

Position: _____

Name of County Board or Commission: _____

7. Is there any other information known to the consultant about any interest or relationship between any county employee, including any member of his or her immediate family and the consultant other than that disclosed above? If so, please explain.

If none, check this box. ☐

Declaration

I, _____, declare under penalty of perjury
(Print name)
under the laws of the State of Washington that the foregoing is true, complete and correct.

(Signature) (Title)

Signed this _____ day of _____, _____.
(Month) (Year)

at _____, _____
(City) (State)

Alternate Formats Available
206-296-1586 TTY Relay: 711