

Compliance Verification Checklist for Worksheet and Declaration Form



Department of Executive Services
Finance and Business Operations Division
Procurement and Contract Services Section
206-263-9400 TTY Relay: 711
Fax: 206-296-7676

Contractor, Vendor or Supplier: _____

Contract Number: _____

Reviewed / Approved by: _____ Date: _____

Worksheet Verification:

1. Are the contractor name, contact person, and contact info completed? Yes No
2. Is there a solicitation or contract number? Yes No
(As Equal Benefits is a contract specific requirement, there should be only one number, and a set of forms for each executed contract)
3. Does answer 1(a) and the approximate number of employees match? Yes No
4. If contractor has both union and non-union employees, are sections 2 and 4 completed? Yes No NA
5. If contractor has ONLY non-union employees, are all three questions in section 2 completed? Yes No NA
6. If non-union employees, does questions 2(b) and 2(c) match? Yes No NA
7. If questions 2(b) or 2(c) are yes, are the benefit boxes in section 3 completed, and do Spouses and DP and LDMH benefits match? (Note: "No" and "No" are still a match) Yes No NA
8. If union employees, do questions 4(a) and 4(b) match? Yes No NA
If union employees, is question 4(a) marked as "Yes?" Yes No NA
(Note: Most unions extend benefits to an employees' spouse.)
9. If either question 4(a) or 4(b) is yes, are the benefit boxes for union employees in section 5 completed? Yes No NA
10. If section 5 is completed, do all benefit boxes selected for Spouses, match those selected for Domestic Partners? (Note: "No" and "No" are still a match) Yes No NA

To verify the Declaration, only ONE box indicating a type of compliance can be selected.
NOTE! No handwritten text to change compliance language is allowed.

If "Option A" is selected on the Declaration:

If Non-union

- 1. Are questions 2(a) (b) &(c) marked as "Yes?" Yes No NA
- 2. Do all Benefit Boxes for Spouse and Domestic Partner match in section 3? Yes No NA

If Union

- 3. Are questions 4(a) and 4(b) marked as "yes?" Yes No NA
- 4. Do all benefit boxes for Spouse and Domestic Partner match in section 5? Yes No NA

If "Option B" is selected on the Declaration:

- 5. Are sections 3 and 5 blank, or marked as "No" for Spouses and DP/LDMH?" Yes No
- 6. If non-union, are questions 2(b) and 2(c) marked as "No?" Yes No NA
- 7. If union, are questions 4(a) and 4(b) marked as "No?" Yes No NA

If "Option C" is selected on the Declaration:

- 8. Is approximate number of employees on top of Worksheet marked as zero? Yes No
- 9. If approximate number of employees is marked as 1, is the contractor a Sole Proprietor or an individual consultant? Yes No NA
- 10. Is question 1(a) marked as "No?" Yes No
- 11. Are sections 2, 3, 4 and 5 blank? Yes No

If "Option D" is selected on the Declaration:

- 12. Is a Substantial Compliance Form included with these materials? Yes No NA

If Option D or "Statement of Noncompliance" has been selected, or if none of the five option boxes have been selected, please send to the Equal Benefits Coordinator for review.

Signatures

- 13. Is the form Dated and Signed by the Contractor? Yes No
- 14. Is the form signed by someone you believe is authorized to bind the organization contractually? Yes No
- 15. Has the Substantial Compliance Form been approved and signed by the Equal Benefits Coordinator Yes No NA

If all the questions on this CHECKLIST are marked "Yes," or "NA" the Contractor has indicated that Equal Benefits are offered. EB Compliant
NOTE: If you have any questions, please contact the Equal Benefits Coordinator at 206-263-9301.