



**City of Portland Sweatshop Free Procurement Policy
Delayed Compliance Authorization Request Form**

This form must be submitted by those contractors seeking to enter into a contract with the City that need additional time for implementing compliance with the City's Code of Conduct for Apparel Contractors ["Code of Conduct"].

If a Contractor is unable to be in full compliance by the time of contract award, the Contractor shall provide a written Remediation Plan outlining specific steps it will take to come into full compliance within three months of contract award. The contract shall not be awarded until the Remediation Plan has been accepted.

Contractor Information

Company Name: _____ Federal Tax ID Number: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Contact Person Name: _____ Phone Number: _____
 Email Address: _____

I declare under penalty of perjury under the laws of the State of Oregon that the information provided on this form is true and correct, and that I am authorized to bind this entity contractually.

 Signature Date Printed Name

Request for Delayed Compliance Authorization

Requesting delayed compliance authorization Remediation Plan Attached

By checking the above boxes you declare that either your operations or those of your supply chain partners (through point-of-assembly) utilized to supply uniforms/apparel to the City cannot be in compliance with the City's Code of Conduct for Apparel Contractors by the time of contract award, but that you and your supply chain partners (facility locations listed below) will be in compliance within three months after contract award following the implementation of the remediation plan submitted herein.

During the term of the contract, should the City discover that any of the information or declarations made on this form and attached documentation are false, the City may impose appropriate sanctions and/or remedies for the breach of contract.

Remediation Plan

The attached remediation plan shall provide details as to the current elements of your operations or those of your supply chain partners utilized to supply uniforms/apparel to the City that are not in compliance with the City's Code of Conduct (including locations of where such violations occur) and the specific actions that will be completed to remedy those violations. The plan shall also include a description of the processes you currently have, or will have, in place to monitor compliance with the City's Code of Conduct.

Facilities Utilized in Providing Uniforms/Apparel to the City

On the included forms, provide requested location and contact information for each of your and your supply chain partners' facilities (through point-of assembly) utilized to supply uniforms/apparel to the City.

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Additional Contractor and Supply Chain Partner Facilities**

Facilities Utilized in Providing Uniforms/Apparel to the City

- 1 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____
- 2 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____
- 3 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____
- 4 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____

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- 5 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____
- 6 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____
- 7 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____
- 8 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____

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9 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____

10 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____

11 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____

12 Contractor Owned Facility Supply Chain Partner Facility
Current Status of Compliance with the City's Code of Conduct: Compliant Non-Compliant
Company Name: _____
Facility Name: _____
Facility Street Address: _____
Facility City/State/Country: _____
Facility Contact Person Name: _____ Phone: _____
Spoken Language(s) of Contact: _____
Items provided from this facility: _____