



**City of Portland Sweatshop Free Procurement Policy
Full Compliance Worksheet & Declaration Form**

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

Declaration of Full Compliance

Declaration of Full Compliance Process for verifying/monitoring compliance attached

By checking the above boxes you declare that your operations and those of your supply chain partners (through point-of-assembly) utilized to supply uniforms/apparel to the City are in full compliance with the City's Code of Conduct for Apparel Contractors, and that the attached compliance verification processes and the applicable facilities listed on this form are accurate at the time of contract award. **You also acknowledge that any changes in the terms of your compliance, including any modifications to your supply chain partners and/or locations, shall be submitted to the City of Portland Bureau of Purchases within 15 days of such changes taking place.**
 During the term of the contract, should the City discover that any of the information or declarations made on this form are false, the City may impose appropriate sanctions and/or remedies for breach of contract.

Process for verifying/monitoring compliance

Attach a description of the processes you utilize to verify that your operations and those of your supply chain partners comply with the City's Code of Conduct.

Facilities Utilized in Providing Uniforms/Apparel to the City

1 Contractor Owned Facility Supply Chain Partner Facility
 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: _____

List additional facilities on the subsequent pages of this form

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Additional Contractor and Supply Chain Partner Facilities**

2 Contractor Owned Facility Supply Chain Partner Facility
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
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
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: _____

5 Contractor Owned Facility Supply Chain Partner Facility
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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6 Contractor Owned Facility Supply Chain Partner Facility
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
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
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: _____

9 Contractor Owned Facility Supply Chain Partner Facility
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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10 Contractor Owned Facility Supply Chain Partner Facility
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
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
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: _____

13 Contractor Owned Facility Supply Chain Partner Facility
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: _____