

Exhibit  
**EQUAL BENEFITS COMPLIANCE DECLARATION**

Contractors on City contracts estimated to cost \$50,000 or more are required to comply with Olympia's Equal Benefits Ordinance, Olympia Municipal Code 3.18, and must complete this Equal Benefits Compliance Declaration. Please note: No City contract can be executed until the contractor has completed this Declaration and submitted it to the City.

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**Contractor Information**

Name of Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Approximate Number of Employees in the U.S.: \_\_\_\_\_ Project #: \_\_\_\_\_

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I, \_\_\_\_\_  
(Name)

on behalf of \_\_\_\_\_,  
(Contractor Name)

declare that said Contractor complies with City of Olympia Municipal Code 3.18 and does not unlawfully discriminate in providing benefits to Contractor's employees.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_,  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Contractor Tax Identification Number

\_\_\_\_\_  
Date