



Equal Benefits - Declaration of Nondiscrimination

Equal Access



Section A. Vendor/Contractor/Consultant/*CFAR Information

- 1 Name of Company EAST BAY ZOOLOGICAL SOCIETY
- 2 Name of Company Contact JOEL PARROTT, EXECUTIVE DIRECTOR
- 3 Phone Number 510/632-9525 Fax Number 510/635-5719
- 4 Vendor Number (If Known) _____ Federal ID or Social Security # _____
- 5 Approximate Number of Employees in the U.S. _____
- 6 Are any of your employees covered by a collective bargaining agreement or union trust fund? Yes No
- 7 Union Name(s) _____

Section B Compliance Questions

1 Does your company provide or offer access to any benefits to employees with spouses or to spouses of employees.

Yes or No (please check one)

2 Does your company provide or offer access to any benefits to employees with **domestic partners?

Yes or No (please check one)

3 Please check each benefit that applies to answers 1 & 2 above and list as "other" any additional benefits not listed below. Some benefits (i.e. bereavement leave) are provided to employees because they have a spouse or domestic partner. Other benefits (i.e. medical insurance) are provided directly to the spouse or domestic partner.

Benefit	<input checked="" type="checkbox"/> Yes, this benefit is offered to Employees and their Spouses	<input checked="" type="checkbox"/> Yes, this benefit is offered to Employees and their Domestic Partners	<input type="checkbox"/> No this benefit is not offered at all	<input type="checkbox"/> Yes, documents were submitted for this benefit.
a Health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b Dental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c Vision	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d Retirement (Pension, 401(k), etc) <u>403(b)</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e Bereavement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f Family Leave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g Parental Leave	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h Employee Assistance Program	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i Relocation & Travel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
j Company Discount, Facilities & Events	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k Credit Union	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l Child Care	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
m Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* CFAR is a City Financial Assistance Recipient

** The term "Domestic Partner" is defined as same-or opposite-sex couples registered with a state or local government domestic partnership registry.

Please remember: Copies of documents must be submitted to justify each benefit marked under Section B-3 above. Your company can not be certified as complying with the City's Equal benefits Ordinance without proper documentation. For example, to document medical insurance, submit a statement from your insurance provider or a copy of the eligibility section from your plan document. To document leave programs, submit a copy of your company's employee handbook. If documentation of a particular benefit does not exist, attach an explanation. For more information please call the designated agency contract administrator or project manager.

Section D. Winning Compliance Through Reasonable Measures

Business owner, please note: If you can not offer a benefit in a nondiscriminatory manner because of reasons outside your control, (e.g., there are no insurance providers in your area willing to offer domestic partner coverage) you may be eligible for Reasonable Measures compliance. To comply on this basis, you must agree to pay a cash equivalent, submit a completed Reasonable Measures Application Form with all necessary attachments, and have your application approved by the City. For more information, the contract administrator or project manager holds the appropriate Reasonable Measures Application Form.

Section E. Declaration of Non-Discrimination

① Declaration:

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

② Date & Address

MAY 1 10 1 2005
Month Date Year
OAKLAND 1 CALIFORNIA
(City) (State)

③ Signature

Robert L. Montgomery

④ Name of Signatory (please print)

ROBERT L. MONTGOMERY OAKLAND CA
(City) (State)



Did you submit supporting documentation for each benefit offered?

Yes No

(please check one)