

## **Schedule C-1**

### **“DECLARATION OF COMPLIANCE WITH THE AMERICANS WITH DISABILITIES ACT”**

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Oakland requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

I certify that I will comply with the Americans with Disabilities Act by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor’s goods, services and facilities for people with disabilities;
- B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
- C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor’s program would result;
- D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
- E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities; and
- F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.

## Schedule P

### “NUCLEAR FREE ZONE DISCLOSURE FORM”

I certify that: A) Neither this Business Entity nor any of its subsidiaries, affiliates or agents engages in nuclear weapons work or anticipates entering into such work for the duration of its contract(s) with the City of Oakland, and B) The appropriate individuals of authority are cognizant of their responsibility to notify the Office of Finance of the City of Oakland if the Business Entity or any of its subsidiaries, affiliates or agents subsequently engages in nuclear weapons work.

**I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.**

**By signing and submitting this form the prospective primary participant’s authorized representative hereby obligates the proposer(s) to the Schedule C-1 and Schedule P’s stated conditions.**

_____	_____		
Date	Signature of Authorized Representative		
_____	_____		
Company Name	Type or Print Name		
_____	_____		
Address	Type or Print Title		
_____	_____		
City	State	Zip	Email