



SCHEDULE F
CITY OF OAKLAND
LOCAL AND SMALL LOCAL BUSINESS ENTERPRISE
EXIT REPORT AND AFFIDAVIT

The Prime Contractor/Consultant must complete this form for, and have it executed by, each LBE/SLBE subcontractor/Subconsultant, suppliers and truckers regardless of tier. This form must be submitted to the Department of Contracting and Purchasing, Social Equity Division - Contract Compliance & Employment Services with the final progress payment application at 250 Frank H Ogawa, Plaza Suite 3341, Oakland, CA 94612 or email at cces@oaklandnet.com or fax at 510-238-3363

TRANSMITTAL To: Contract Compliance Officer: \_\_\_\_\_

From: Contractor \_\_\_\_\_ Date Transmitted: \_\_\_\_\_

SECTION I. Reporting Date: \_\_\_\_\_

City Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Name of L/SLBE: Portion of Work (Trade) \_\_\_\_\_

Original L/SLBE Contract Amount: \_\_\_\_\_ Change Orders, Amendments, Modifications: \_\_\_\_\_

Final L/SLBE Contract Amount: \_\_\_\_\_ Amount of Progress Payments Paid to Date: \_\_\_\_\_

Amount Owing including all Change Orders, Amendments and Modifications: \_\_\_\_\_

Please include a detailed written explanation on Page 2 of this form if the final contract amount for this LBE/SLBE is less than the original contract amount.

Execution by LBE/SLBE:

I agree with the information on this form. Note: If LBE/SLBE is in disagreement, it should be not signed below but instead return this form with an explanation of, and reasons for, the disagreement in the space provided on Page 2 of this form:

Signature of Owner/Authorized Representative of LBE/SLBE

(Name and title: please print)

Phone Date

SECTION II.

I/We declare, under penalty of perjury under the laws of the State of California that the information on this form is complete, that the tabulated amounts paid to date are accurate and correct, and that the tabulated amounts owing will be paid within a reasonable time after the date of the City's final payment under the Contract.

Prime Contractor, including each joint venture partner, must sign this form (use additional sheets if necessary)

Owner/Authorized Representative (Signature)

Owner/Authorized Representative (Signature)

Name (please print/type)

Name (please print/type)

Title (please print/type) Date

Title (please print/type) Date

Firm Name

Firm Name

( ) Telephone ( ) Fax

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**Explanation by contractor if the final contract amount for this L/SLBE is less than the original contract amount.**

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**Explanation by L/SLBE if it is in disagreement with the above explanation, or with the information on the first page of this form:**

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**Comments on the above by the awarding department:**

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