



**Philadelphia Parking Authority**

***Request for Proposal***

**Bond Underwriter**

**RFP No. 16-03**

**Issue Date: March 11, 2016**

**The Philadelphia Parking Authority is seeking proposals in order to select one or more bond underwriters with respect to the issuance of bonds related to certain agreements between the Philadelphia Parking Authority and the City of Philadelphia.**

**The Philadelphia Parking Authority requests that responses be submitted by:**

**2:00 PM EST on April 8, 2016**

**Delivery Instructions:**

**Proposals may be Mailed or Hand Delivered**

All copies of the RFP must be submitted to:

Mary Wheeler

Manager of Contract Administration

701 Market Street, Suite 5400

Philadelphia, PA 19106

Email: [mwheeler@philapark.org](mailto:mwheeler@philapark.org)

**Fax responses will NOT be accepted**

**REQUEST FOR PROPOSALS – BOND UNDERWRITER**  
**2016 Airport Facilities and Modernization Bond**  
**The Philadelphia Parking Authority**  
**701 Market Street, Suite 5400**  
**Philadelphia, PA 19106**

**Certain Bond Issues**

The Philadelphia Parking Authority (the “Authority”), a body corporate and politic created under the laws of the Commonwealth of Pennsylvania in accordance with the Act of June 19, 2001, PL. 287, NO. 22 as amended known as the “Parking Authority Law” is seeking responses to this request for proposals (“RFP”) in order to select one or more firms to serve as bond underwriter with respect to the issuance of bonds related to certain agreements between the Philadelphia Parking Authority and the City of Philadelphia (the “City”) (the “Bonds”). All documents will be received at the offices of the Authority, located at 701 Market Street, Suite 5400, Philadelphia, Pa 19106.

**Contact:**

Mary Wheeler  
Manager of Contract Administration  
The Philadelphia Parking Authority  
701 Market Street, Suite 5400  
Philadelphia, Pa 19106  
Phone: 215.683.9665  
Email: [mwheeler@philapark.org](mailto:mwheeler@philapark.org)

**Response Requirements**

Responses should be 8 ½ x 11, single-sided, and no more than 10 pages in length (excluding the cover page, the cover letter, and the appendices).

The Philadelphia Parking Authority anticipates the following schedule for review of the responses:

**Activity Date**

Opportunity posted and advertised: Friday, March 11, 2016

Question deadline: Monday, March 21, 2016

**Response submission deadline:** Friday, April 8, 2016

Estimated selection date: Tuesday, April 26, 2016

Proposals must be sealed and delivered via certified mail (to include USPS, FedEx or UPS), return receipt requested or by hand-delivery. Whether mailed or hand-delivered, all envelopes must be boldly and clearly marked (*not* typewritten) “Bond Underwriter, RFP No. 16-03” plus firm name. All proposals must be presented with one (1) original and six (6) copies, individually numbered and an electronic version in one PDF. All proposals shall be sent to Mary Wheeler, at the offices of the Authority at the address listed above.

## Question Regarding this RFP

Questions regarding this RFP are to be submitted by email only to Mary Wheeler ([mwheeler@philapark.org](mailto:mwheeler@philapark.org)) by no later than 2:00 PM on Monday, March 21, 2016. All questions received by this date and time will be answered appropriately. **The subject title of such email should read, "RFP No. 16-03 Bond Underwriter – Firm Name"**. Questions emailed by respondents, and any additional information that the Authority provides in response to such questions, will be distributed to all of the respondents via addendum and posted to the Authority website.

## Selection Process

The Authority anticipates selecting one or more firms to serve as bond underwriter for the transaction(s) based on the response to the request for information found below.

**Response Contents** - Responses are to follow the following format:

### *A. Cover Letter*

Please include a cover letter of no more than one page indicating the name, title, location, telephone number and email address of the party responsible for negotiating on behalf of your firm. If the day to day contact person for your firm is different than the person negotiating on behalf of your firm, please include the day to day contact person's name, title, location, telephone number and email address. Please indicate in the cover letter whether your firm is proposing as senior manager, co-manager or for both roles.

### *B. Qualifications of the Firm*

Provide a brief overview of the firm. Please include in this the following information, using the format below:

1. Number of institutional municipal sales persons
2. Number of full-time public finance bankers
3. Number of retail sales branch offices and retail municipal sales persons in total and in Pennsylvania
4. Total regulatory net capital for the fiscal year most recently ended

As **Appendix A**, provide a list of the firm's relevant experience since 1/1/2013 with **tax-exempt bond financings** (please indicate the date of the issue, the name of the issuer, the name of the transaction, the principal amount of the transaction and the role of your firm). If you were co-manager, please indicate your percentage of the transaction. On this list, highlight or otherwise indicate any transactions for the Authority or the City of Philadelphia.

At the end of the list described above, **provide a summary table** showing:

- The total principal amount of all tax-exempt bond transactions;
- The total number of all tax-exempt bond transactions;
- The total principal amount of all tax-exempt transportation bond transactions;
- The total number of all tax-exempt transportation bond transactions;
- The total principal amount of tax-exempt bond transactions of the Authority and the City of Philadelphia



Provide a brief description of three of the transactions described under **Appendix A**, discussing the marketing and pricing strategies used for each issue. Discuss any innovative or unique aspects of the transactions which your firm helped bring to fruition.

Provide names, addresses, and phone numbers of three government references.

***C. Experience with the Authority, the City of Philadelphia and City-related agencies***

Discuss the firm's relevant experience with the Authority, the City of Philadelphia and city-related agencies (as such experience relates to a City financing) over the past five years. Discuss why your firm is well suited to provide investment banking services on the potential transactions.

***D. Assigned Professionals***

Provide the name, work address and relevant qualifications and experience for individuals who your firm anticipates will be assigned to work on this transaction(s). Describe the role and responsibility for each individual and identify the individual charged with the day-to-day responsibility for the engagements(s).

***E. Marketing Approach***

Describe your firm's approach to the marketing of the Authority's bond issues and how the approach may differ depending on the type of the bond issue. Please describe how your firm's strengths are suited toward the marketing of the Authority's bond issues as part of an overall investment banking team.

***F. Approach to Pricing Bonds***

Briefly describe your approach to pricing bonds when you are serving as senior or co-manager of an issue. Please note any distinctions based upon type and size of issue, credit enhancement, and targeted market (e.g. private placement, public offering, etc.) or any other factor that you deem significant.

***G. Legal and Firm Issues***

Does your firm have an equal employment opportunity policy and program? If so, will your firm provide information to the Authority regarding its policy and program upon request?

Please disclose and explain any significant negative events in your firm's recent history including criminal charges, civil litigation, or administrative actions involving allegations of securities law violations by your firm or its employees during the past five years.

Are there any other lines of business conducted by your firm that could complement or conflict with your role as investment banker on the transaction(s)? Please disclose any arrangements that might present an actual or apparent conflict of interest with the role of investment banker.

***H. Pricing***

For those firms proposing to serve as senior manager, please identify your proposed compensation, inclusive of management fee, underwriting fee, takedown and expenses (exclusive of underwriter's counsel fee) for a fixed rate bond issue with serial maturities through 1/1/2046. Please indicate each of the components of compensation separately.

### ***I. Additional Information***

Provide any additional information that you deem appropriate.

### ***J. Disclosure Forms***

Each respondent will be required to complete the Campaign Contribution Disclosure Forms attached as *Exhibit A* and include them as **Appendix B** to its submission. Please note that the City will not provide the Authority with disclosure information that was previously submitted by your firm to the City.

### ***K. The Philadelphia Tax and Regulatory Status and Clearance Statement***

It is the policy of the City of Philadelphia to ensure that each contractor and subcontractor has all required licenses and permits and is current with respect to the payment of city taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation of other regulatory provisions contained in the Philadelphia Code. Each applicant is required to submit with its proposal the certification statement entitled City of Philadelphia Tax and Regulatory Status and Clearance Statement which is attached to the RFP as *Exhibit B*.

If the Applicant is not in compliance with the city's tax and regulatory codes, an opportunity will be provided to enter into satisfactory arrangements with the City. If satisfactory arrangements cannot be made, Applicants will not be eligible for award of the contract contemplated by this RFP.

The selected Applicant will also be required to assist the City in obtaining the above information from its proposed subcontractors (if any). If a proposed subcontractor is not in compliance with City codes and fails to enter into satisfactory arrangements with the city, the non-compliant subcontractor will be ineligible to participate in the contract contemplated by this RFP and the selected applicant may find it necessary to replace the non-compliant subcontractor with a compliant subcontractor. This form should also be included in **Appendix B** along with the Disclosure Forms.

## **Philadelphia Parking Authority Policies and Reservation of Rights**

- Joint responses will not be accepted
- The Authority will not be responsible for any cost incurred by respondents in responding to this RFP.
- Oral communications from the Authority personnel or other persons shall not be binding and shall in no way materially modify the provisions of the RFP.
- The Authority encourages submission by minority, women, and disabled owned firms ("MWDBP"). The Authority requires that any firm selected to participate as investment banker for Authority financings agree not to discriminate nor permit discrimination against any persons because of race, color, religion, national origin, or sexual orientation. In the event of such discrimination, the Authority reserves the right to terminate the firm's appointment to the issue.

# **Exhibit A**

## **Disclosure Forms**

### **Directions:**

1. Please read the following information regarding the completion of these disclosure forms. Please review the definitions prior to completing any form.
2. Date and initial the top of each form after you have completed it and sign the form on the last page.
3. NOTE: There are two different types of campaign contribution disclosure forms: one for those who are applying as individuals and one for those applying as businesses. Only fill out one type of form. (If you have used a consultant with respect to applying for this financial assistance you will have to fill out a campaign contribution disclosure form for them as well.)

### **Getting Started**

There are five sets of disclosure forms enclosed in this packet. You must provide information for each disclosure form. The information you must disclose includes:

1. Any contributions (defined as a provision of money, in-kind assistance, discounts, forbearance or any other valuable thing) made during the two years prior to the application submission date or prior to your receipt of financial assistance in the absence of an application;
2. The name of any consultant(s) you used to help in obtaining this financial assistance and any campaign contributions they have made;
3. Any subcontractors you are planning to use if awarded this financial assistance;
4. Whether a City or Agency employee or official asked you to give money, services, or any other thing of value to any individual or entity; and
5. Whether a City or Agency employee or official gave you any advice on how to satisfy any minority, women, disabled or disadvantaged business participation goals.

### **More information on Disclosing Campaign Contributions**

Applicants for financial assistance must disclose any contributions they made to:

- A candidate for nomination or election in any public office in the Commonwealth of Pennsylvania
- An incumbent in any public office in the Commonwealth of Pennsylvania
- A political committee or state party in the Commonwealth of Pennsylvania
- A group, committee, or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth of Pennsylvania

The types of contributions that must be disclosed include:

- Any advance or deposit of money, gift, or any other valuable thing given to a candidate or political committee for the purpose of influencing any election in the Commonwealth of Pennsylvania
- The purchase of tickets for events such as dinners, luncheons, rallies and all other fund-raising events
- Granting of rebates or discounts not available to the general public or rebates by television and radio stations and newspapers not extended on an equal basis to all candidates
- Any payments made on behalf of the candidate not made by either the candidate or their committee

*Attribution Rules.* In addition to disclosing contributions made directly by the applicant, the applicant will be asked to supply information on other types of contributions. The campaign contribution disclosure forms will include questions that specifically ask for information on these other types of contributions. These contributions will be attributed to the individual or business and will be used to determine the applicant's eligibility to receive financial assistance.

Businesses (i.e. corporation, limited liability company, partnership association, joint venture, or any other legal entity) have to disclose contributions made by the following:

- Applicant business
- Parent, subsidiary, or otherwise affiliated entity of the applicant business ("affiliate")
- An individual or business that is then reimbursed by the applicant business or affiliate

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- Officers, directors, controlling shareholders, or partners of the for-profit applicant business or for-profit affiliate
- Political action committee controlled by applicant business or affiliate
- Political action committee controlled by officer, director, controlling shareholder, or partner of the for-profit applicant business or for-profit affiliate

Individuals have to disclose contributions made by the following:

- Applicant individual
- Member of individual's immediate family (i.e., spouse, life partner, or dependent child living at home), when contributions are in excess of \$3,000.

In addition to direct contributions to candidates, incumbents, or political committees in the Commonwealth of Pennsylvania, applicants are also required to disclose:

1. Contributions not directly given to a candidate, incumbent, or political committee but made with the intent that the contribution will benefit the candidate, incumbent, or political committee;
2. Solicitation of contributions on behalf of a candidate, incumbent, or political committee, including the hosting of or solicitation at fundraising events (required to disclose details regarding the date of event and amount raised); and
3. Contributions not made directly by the individual/business to a candidate, incumbent, or political committee but furnished by the individual / business (as an "intermediary").

### **Eligibility Restrictions**

Effective as of January 1, 2016, if an individual makes contributions totaling over \$3,000 in one calendar year to a candidate for City elective office or to an incumbent, the individual is not eligible to apply for, or enter into, any Non-Competitively Bid Contract in excess of \$10,000, nor shall said individual be eligible to be a sub-contractor (at any tier) of any such contract during that candidate's or incumbent's term of office. The monetary limits in effect for individuals prior to January 1, 2016 remain in effect for purposes of determining an individual's eligibility during the two year disclosure period prior to the date an individual's application in response to a contract opportunity is due or for determining an individual's continuing compliance during the term of any such contract that is awarded to the individual. For the period February 1, 2006 through December 31, 2007, the contribution limit amount is \$2,500; for the period January 1, 2008 through December 31, 2011, the contribution limit amount is \$2,600; for the period January 1, 2012 through December 31, 2015, the contribution limit amount is \$2,900.

Effective as of January 1, 2016, if a business makes contributions totaling over \$11,900 in one calendar year to a candidate for City elective office or to an incumbent, the business is not eligible to apply for, or enter into, any Non-Competitively Bid Contract in excess of \$25,000, nor shall said individual be eligible to be a sub-contractor (at any tier) of any such contract during that candidate's or incumbent's term of office. The monetary limits in effect for businesses prior to January 1, 2016 remain in effect for purposes of determining a business' eligibility during the two year disclosure period prior to the date a business' application in response to a contract opportunity is due or for determining a business' continuing compliance during the term of any such contract that is awarded to the business. For the period February 1, 2006 through December 31, 2007, the contribution limit amount is \$10,000; for the period January 1, 2008 through December 31, 2011, the contribution limit amount is \$10,600; for the period January 1, 2012 through December 31, 2015, the contribution limit amount is \$11,500.

→ **Note on Eligibility:** If a candidate for any City elective office contributes \$250,000 or more from his or her personal resources to his or her campaign, then the eligibility thresholds for individuals and businesses shall double with respect to contributions to all candidates for that same elective office (i.e. \$6,000 for individuals and \$23,800 for businesses).



**Definitions**

Affiliate	A parent, subsidiary, or otherwise affiliated entity of a business
Applicant	An individual or business who has filed an application to be awarded a non-competitively bid contract or financial assistance
Business	A corporation, limited liability company, partnership, association, joint venture or any other legal entity (including non-profit organizations) other than an Individual
Candidate	Any individual who seeks nomination or election to public office, other than a judge of elections or inspector of elections, whether or not such individual is nominated or elected. An individual shall be deemed to be seeking nomination or election to such office if he or she has (1) received a contribution or made an expenditure or has given his consent for any other person or committee to receive a contribution or make an expenditure, for the purpose of influencing his or her nomination or election to such office, whether or not the individual has made known the specific office for which he or she will seek nomination or election at the time the contribution is received or the expenditure is made; or (2) taken the action necessary under the laws of the Commonwealth of Pennsylvania to qualify himself or herself for nomination or election to such office.
Consultant	A person used by an applicant to assist in obtaining the financial assistance through direct or indirect communication by such individual or business with any City agency or the organization providing financial assistance or any City officer or employee or officer or employee of the organization providing financial assistance, if the communication is undertaken by such individual or business in exchange for, or with the understanding of receiving, payment from the applicant; provided, however, that "Consultant" shall not include a full-time employee of the applicant.
Contributions	The provision of money, in-kind assistance, discounts, forbearance or any other valuable thing, during the two years prior to the deadline for the filing of the application for the contract opportunity or financial assistance, to any of the following: <ul style="list-style-type: none"> <li>– a candidate for nomination or election to any public office in the Commonwealth of Pennsylvania;</li> <li>– an incumbent in any public office in the Commonwealth;</li> <li>– a political committee or state party in the Commonwealth; or</li> <li>– a group, committee or association organized in support of any candidate, office holder, political committee or state party in the Commonwealth.</li> </ul>
Financial Assistance	Any grant, loan, tax incentive, bond financing subsidy for land purchase or otherwise, or other form of assistance that is realized by or provided to a person in the amount of fifty thousand dollars (\$50,000) or more through the authority or approval of the City, including, but not limited to, Tax Increment Financing (TIF) aid, industrial development bonds, use of the power of eminent domain, Community Development Block Grant (CDBG) aid or loans, airport revenue bonds, and Enterprise Zone or similar economic development zone designations (such as Keystone Opportunity Zones, Keystone Opportunity Expansion Zones, Keystone Opportunity Improvement Zones, and Economic Development District Zones), but not including any assistance to which a person is entitled under a law enacted before the individual or business applied for or requested such assistance.
Immediate family	A spouse or life partner residing in the individual's household or minor dependent children
Incumbent	An individual who holds elective office

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Intermediary	A person, who, other than in the regular course of business as a postal, delivery or messenger service, delivers a contribution from another individual or business to the recipient of such contribution
Person	An individual, corporation, limited liability company, partnership, association, joint venture, or any other legal entity
Political committee	Any committee, club, association or other group of persons which receives money or makes expenditures for purposes of influencing any election
Solicit a Contribution	Requesting or suggesting that a person make a contribution. The sponsoring or hosting of a fundraising event is considered soliciting a contribution from the attendees of the event. Any contributions raised at such event are counted as a contribution made by the host of the event.

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**If Applying as an Individual:**  
**Campaign Contribution Disclosure Form**

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	<b>Yes</b>	<b>No</b>
Have you made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Have you solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family made any contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of your immediate family solicited or served as an intermediary for contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.



Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**If Applying as a Business:  
Campaign Contribution Disclosure Form**

Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where "non-profit" is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the business made any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the business solicited or served as an intermediary for any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business made any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the business solicited or served as an intermediary for any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit business, or of a for-profit affiliate of the business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the business or by an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit business, or of a for-profit affiliate of the business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>		<input type="checkbox"/>	

Note: Applicants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Applicant or the for-profit affiliate of the Applicant. Please disclose the full amount of the contribution, although only the amount above \$3000 may potentially be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Applicant business).

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.





Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Use of Consultant Disclosure Form**

Please list all consultant(s) used in the year prior to the application deadline and the corresponding information for that consultant in the space provided below.

Please note that a Consultant, for the purposes of the required disclosures, is defined as an individual or business used by an applicant or contractor to assist in obtaining financial assistance through direct or indirect communication by such individual or business with any City agency, the organization providing financial assistance, any City officer/employee, or any officer/employee of the organization providing financial assistance, if the communication is undertaken in exchange for, or with the understanding of receiving, payment from the applicant or contractor or any other individual or business (however, "Consultant" shall not include a full-time employee of the Applicant or Contractor).

Check here to certify that no consultant(s) was used in the year prior to the application deadline.		<input type="checkbox"/>
Consultant Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid		
Consultant Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid		
Consultant Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid		
Consultant Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid		

Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Consultant: Individual Campaign Contribution Disclosure Form**

Use this form if the Consultant used is an Individual. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Note that you must provide information for the two years prior to the application deadline.

	Yes	No
Has the Consultant made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has the Consultant solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family made any contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
Has a member of the Consultant's immediate family solicited or served as an intermediary for contributions over and above \$3,000?	<input type="checkbox"/>	<input type="checkbox"/>
<i>Check here to certify that no contributions were made.</i>	<input type="checkbox"/>	

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.



Date: \_\_\_\_\_

Initials: \_\_\_\_\_

**Consultant: Business Campaign Contribution Disclosure Form**

Use this form if the Consultant used is a Business. Please read through the directions and definitions before filling out this disclosure form to make sure that each question is answered appropriately and thoroughly. Where "non-profit" is an option, indicate whether the business is a non-profit; non-profits are not required to disclose contribution information on these questions. Note that you must provide information for the two years prior to the application deadline.

	Yes	No	Non-Profit
Has the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the Consultant business made any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an officer, director, controlling shareholder, or partner of the Consultant business solicited or served as an intermediary for any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has an affiliate of the Consultant business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an affiliate of the Consultant business solicited or served as an intermediary for any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business made any contributions? <u>See note below.</u>	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of a for-profit affiliate of the Consultant business solicited or served as an intermediary for any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has the Consultant business or an affiliate of the business reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, reimbursed another individual or business for a contribution that the individual or business has made?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by the Consultant business or by an affiliate of the business made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
Has a political committee controlled by an officer, director, controlling shareholder, or partner of the for-profit Consultant business, or of a for-profit affiliate of the Consultant business, made any contributions?	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Check here to certify that no contributions were made.</i>		<input type="checkbox"/>	

Note: Consultants must disclose all contributions to candidates or incumbents which are attributed to an immediate family member of an officer, director, controlling shareholder or partner of the for-profit Consultant or the for-profit affiliate of the Consultant. Please disclose the full amount of the contribution, although only the amount above \$3000 will be attributed to the officer, director, controlling shareholder or partner (and, by extension, the Consultant business).

Additional information on every contribution must be disclosed.  
Please use the table provided on the next page.



**Use of Subcontractor Disclosure Form**

Please list all subcontractor(s) you are planning to use if awarded this financial assistance by filling out the appropriate information in the space provided below.

Check here to certify that no subcontractor(s) are to be used.		<input type="checkbox"/>
<b>Subcontractor 1</b>		
Subcontractor Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid, or Percentage to be Paid		
<b>Subcontractor 2</b>		
Subcontractor Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid, or Percentage to be Paid		
<b>Subcontractor 3</b>		
Subcontractor Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid, or Percentage to be Paid		
<b>Subcontractor 4</b>		
Subcontractor Name		
Address 1		
Address 2		
City, State, Zip		
Phone		
Amount Paid or to be Paid, or Percentage to be Paid		



**Employee Request Form**

Please list any City or Agency employees or officers or employees/officers of the organization providing financial assistance who have asked you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline.

Check here to certify that no City or Agency employees/officers or employees/officers of the organization providing financial assistance have asked you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant to give money, services, or any other thing of value (other than contributions as defined above) during the two years prior to the application deadline.	<input type="checkbox"/>
Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	
Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	
Name of Employee/Officer	
Title	
Money Services, or Thing of Value Requested	
Money, Services, or Thing of Value Given (If none, write "none")	
Date Requested	
Date of Payment	

**Employee Participation Advice Disclosure Form**

Please list any City or Agency employees or officers employees/officers of the organization providing financial assistance who gave you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract or financial assistance agreement for the participation of minority, women, disabled, or disadvantaged business enterprises during the two years prior to the application deadline.

Check here to certify that no City or Agency employees/officers or employees/officers of the organization providing financial assistance gave you (the Applicant), any officer director, or management employee of the Applicant, or any person representing the Applicant advice that a particular individual or business could be used by the Applicant to satisfy any goals established in the contract or financial assistance agreement for the participation of minority, women, disabled, or disadvantaged business enterprises during the two years prior to the application deadline.	<input type="checkbox"/>
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	
Name of Employee/Officer	
Title	
Date of Advice	
Individual or Business Recommended to Satisfy Participation Goals	

Signature

In order for the submission of these disclosure forms to be considered valid, they must be properly signed below by the respondent. Disclosure forms **that are not signed will be rejected**. By signing your name and title in the signature space below, you, as the respondent, signify your intent to sign these disclosure forms. The signatory hereby declares and certifies themselves to be the respondent, declares and certifies that they are properly authorized to execute these disclosure forms, and represents and covenants that all of the information and disclosures provided to the best of their knowledge are true and contain no material misstatements or omissions. Breach of such representation and covenant may render any subsequent provision of financial assistance voidable, and entitle the City (or Agency) to all rights and remedies provided by law or equity.

If these disclosure forms are being submitted by an INDIVIDUAL, PARTNERSHIP, LIMITED LIABILITY COMPANY OR MANAGED LIMITED LIABILITY COMPANY, sign the forms here:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

If these disclosure forms are being submitted by a CORPORATION, sign the forms here, with signatures by (a) President or Vice-President of the corporation AND (b) Secretary, Assistant Secretary, Treasurer or Assistant Treasurer of the corporation. If the disclosure forms are not signed by the above mentioned, you hereby certify that you are authorized pursuant to a certified corporate resolution to sign in place of such officers.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
*President/Vice President, if other, please specify*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
*Secretary/Asst. Secretary/Treasurer/Asst. Treasurer  
If other, please specify*

# **Exhibit B**

**CITY OF PHILADELPHIA TAX AND REGULATORY  
STATUS AND CLEARANCE STATEMENT  
FOR APPLICANTS**

**THIS IS A CONFIDENTIAL TAX DOCUMENT NOT FOR PUBLIC DISCLOSURE**

This form must be completed and returned with Applicant's proposal in order for Applicant to be eligible for award of a contract with the City. Failure to return this form will disqualify Applicant's proposal from further consideration by the contracting department. Please provide the information requested in the table, check the appropriate certification option and sign below:

Applicant Name	
Contact Name and Title	
Street Address	
City, State, Zip Code	
Phone Number	
Federal Employer Identification Number or Social Security Number:	
Philadelphia Business Income and Receipts Tax Account Number (f/k/a Business Privilege Tax) (if none, state "none")*	
Commercial Activity License Number (f/k/a Business Privilege License) (if none, state "none")*	

\_\_\_\_ I certify that the Applicant named above has all required licenses and permits and is current, or has made satisfactory arrangements with the City to become current with respect to the payment of City taxes or other indebtedness owed to the City (including, but not limited to, taxes collected by the City on behalf of the School District of Philadelphia), and is not in violation, or has made satisfactory arrangements to cure any violation, or other regulatory provisions applicable to Applicant contained in the Philadelphia Code.

\_\_\_\_ I certify that the Applicant named above does not currently do business, or otherwise have an economic presence in Philadelphia. If Applicant is awarded a contract with the City, it promptly will take all steps necessary to bring it into compliance with the City's tax and other regulatory requirements.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title

\* You can apply for a City of Philadelphia Business Income and Receipts Tax Account Number or a Commercial Activity License on line after you have registered your business on the City's Business Services website located at <http://business.phila.gov/Pages/Home.aspx>. Click on "Register" or "Register Now" to register your business.

*Revised: August 2014*