



**Philadelphia Parking Authority**  
*Request for Qualifications*

**Bond Counsel**

**RFQ No. 16-04**

**Issue Date: February 16, 2016**

**The Philadelphia Parking Authority is issuing this request for qualifications in order to select one or more firms to serve as legal bond counsel and co-bond counsel 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 March 4, 2016**

**Delivery Instructions:**

**Proposals may be Mailed or Hand Delivered**

All copies of responses 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 QUALIFICATIONS – BOND COUNSEL**  
**Airport Facilities and Modernization Bond**  
**The Philadelphia Parking Authority**  
**701 Market Street, Philadelphia, Pa 19106**

**Certain Bond Issues**

The Philadelphia Parking Authority (the “Authority” ) is seeking responses to this request for qualifications (“RFQ”) in order to select firms to serve as lead bond counsel and co-bond counsel (collectively, “bond counsel”) with respect to the issuance of bonds related to certain agreements between the Authority and the City of Philadelphia (the “City”) (the “Bonds”). Transactions which may be included during the course of service include a new money bond issue(s). Other transactions, including a derivative transaction(s), may or may not be included during the course of service.

Firms proposing as lead bond counsel are required to be listed in the “Red Book,” and will also be considered for co-bond counsel during the selection process. If your firm wishes to be considered for the position of co-bond counsel only, please indicate such in the cover letter of your response.

The Authority in conjunction with the City, may choose the same firms to serve as bond counsel on all of the above-referenced transactions, or may choose different firms for each individual transaction.

**Scope of Services**

The scope of services to be provided by a firm selected to serve as bond counsel will be subject to a written agreement between the Authority and such firm.

Services that may be required of bond counsel include the following: preparing and reviewing documents necessary or appropriate to the authorization, issuance, sale, and delivery of the Bonds; reviewing legal issues relating to the structure of the Bonds; assisting the Authority and the City in communicating with bond rating organizations and credit enhancement providers as such communication relates to legal issues affecting the issuance of the Bonds; reviewing or preparing those sections of the offering document to be disseminated in connection with the sale of the Bonds that relate to the Bonds, financing documents, bond counsel opinion, and tax exemption; rendering the bond counsel opinion regarding the validity and binding effect of the Bonds, the source of payment and security for the Bonds, and, as applicable, the excludability of interest on the Bonds from gross income for federal income tax purposes; and providing other legal opinions, services, or advice as may be required.

**Registration**

Interested parties are required to register for participation in the RFQ by emailing Mary Wheeler at [mwheeler@philapark.org](mailto:mwheeler@philapark.org) prior to downloading the documents.

**Response Requirements**

Responses should be 8 ½ x 11, single-sided, and no more than 5 pages in length (excluding the cover page, the cover letter, and the appendices).

**BOND COUNSEL – AIRPORT 2016 BOND**

**PROPOSAL NO. 16-04**

**REQUEST FOR QUALIFICATIONS**

**PAGE 1**



The Authority will review the responses in conjunction with the City. The Philadelphia Parking Authority anticipates the following schedule for review of the responses.

| Activity                            | Date   |
|-------------------------------------|--|
| Opportunity posted                  | Tuesday, February 16, 2016                   |
| Question Deadline                   | Friday, February 26, 2016                    |
| <b>Response submission deadline</b> | <b>Friday, March 4, 2016 – 2:00 PM (EST)</b> |
| Estimated selections                | March 22, 2016                               |

One original and six (6) copies of the response are to be delivered by no later than **2:00 PM (EST) on Friday, March 4, 2016** to the address below:

The Philadelphia Parking Authority  
 701 Market Street, Suite 5400  
 Philadelphia, PA 19106  
 Attn: Mary Wheeler  
 Manager of Contract Administration

**Questions Regarding this RFQ**

Questions regarding this RFQ are to be submitted by email only to Mary Wheeler at [mwheeler@philapark.org](mailto:mwheeler@philapark.org) no later than **2:00 PM (EST) on Friday, February 26, 2016**. All questions received by this date and time will be answered appropriately. **The subject title of such emails should read, “RFQ No. 16-04 – BC – Firm Name.”** Questions emailed by respondents, and any additional information that the Philadelphia Parking Authority provides in response to such questions, will be distributed to all of the registered respondents. Such distribution may include the posting of such information on the Authority’s website.

**ATTENTION: No questions are to be directed to the Mayor’s Office or to the Director of Finance.**

**Selection Criteria and Process**

The Philadelphia Parking Authority, in conjunction with the City, anticipates selecting firms to serve as bond counsel for the transaction(s) based on the responses to the requests 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, also include the day to day contact person’s name, title, location, telephone number, and email address.

**B. Qualifications of the Firm**

1. Provide a brief overview of the firm.
2. 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). On this list, highlight or otherwise indicate any transactions of the Philadelphia Parking Authority or the City.

At the end of the list described above, **provide 2 summary tables** (one for transactions for which your firm served as bond counsel and the other for transactions for which your firm served in another legal capacity) 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 Philadelphia Parking Authority and the City and the total number of tax-exempt bond transactions of the Philadelphia Parking Authority and the City

**Note: Do not include additional appendices; the only information that is to be included in the appendices is described in this RFQ.**

3. Provide names, addresses, and phone numbers of three governmental references.

**C. Experience with the Philadelphia Parking Authority and with the City of Philadelphia**

Discuss the firm's relevant experience with the City and with the Authority (as such experience with the Authority relates to a City financing) over the past five years. Also, discuss your firm's familiarity with authorizing laws and ordinances as they relate to the Philadelphia Parking Authority and to the City. Discuss why your firm is well suited to provide legal 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 engagement(s).

**E. 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 bond counsel on the transaction(s)? Please disclose any arrangements that might present an actual or apparent conflict of interest with the role of bond counsel.

***F. Additional Information***

Provide any additional information that you deem appropriate.

***G. 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.**

***H. 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 as **Appendix C** the certification statement entitled City of Philadelphia Tax and Regulatory Status and Clearance Statement which is attached 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 RFQ.

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 RFQ and the selected applicant may find it necessary to replace the non-compliant subcontractor with a compliant subcontractor.

**BOND COUNSEL**  
**Airport Facilities and Modernization Bond**  
**Philadelphia Parking Authority**  
**701 Market Street, Suite 5400**  
**Philadelphia, Pa 19106**

**Certain Bond Issues**

**Parking Authority Policies and Reservation of Rights**

- Joint responses will not be accepted.
- The Philadelphia Parking Authority will not be responsible for any costs incurred by respondents in responding to this RFQ.
- Oral communications from Parking Authority personnel or other persons shall not be binding and shall in no way materially modify the provisions of the RFQ.
- The Philadelphia Parking Authority and the City encourage submissions by minority, woman, and disabled owned firms ("MWDBP"). The Authority requires that any firm selected to participate as bond counsel for Parking Authority financing agree not to discriminate nor permit discrimination against any person 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.

**Selection Criteria**

- Relevant public finance experience, and in particular, relevant public finance experience with the Philadelphia Parking Authority and with the City
- Experience of the professionals anticipated to be assigned to work on the transaction(s)
- Firm's familiarity with authorizing laws and ordinances as they relate to the Authority and to the City
- Explanation as to why the firm is well-suited to provide legal services on the transaction(s)
- MWDBP status and/or presence in Philadelphia

# **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



## Philadelphia Parking Authority

- 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   |

Philadelphia Parking Authority

|                        |   |
|------------------------|---|
| 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.



**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? <i>See note below.</i>  | <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? <i>See note below.</i>  | <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? <i>See note below.</i>   | <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? <i>See note below.</i>  | <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 Name</b>                                      |                          |
| <b>Address 1</b>   |                          |
| <b>Address 2</b>   |                          |
| <b>City, State, Zip</b>  |                          |
| <b>Phone</b>   |                          |
| <b>Amount Paid or to be Paid, or Percentage to be Paid</b>     |                          |
| <b>Subcontractor Name</b>                                      |                          |
| <b>Address 1</b>   |                          |
| <b>Address 2</b>   |                          |
| <b>City, State, Zip</b>  |                          |
| <b>Phone</b>   |                          |
| <b>Amount Paid or to be Paid, or Percentage to be Paid</b>     |                          |
| <b>Subcontractor Name</b>                                      |                          |
| <b>Address 1</b>   |                          |
| <b>Address 2</b>   |                          |
| <b>City, State, Zip</b>  |                          |
| <b>Phone</b>   |                          |
| <b>Amount Paid or to be Paid, or Percentage to be Paid</b>     |                          |
| <b>Subcontractor Name</b>                                      |                          |
| <b>Address 1</b>   |                          |
| <b>Address 2</b>   |                          |
| <b>City, State, Zip</b>  |                          |
| <b>Phone</b>   |                          |
| <b>Amount Paid or to be Paid, or Percentage to be Paid</b>     |                          |

**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.