

# Compliance Verification Checklist for Worksheet and Declaration Form



Department of Executive Services  
 Finance and Business Operations Division  
**Procurement and Contract Services Section**  
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Contractor, Vendor or Supplier: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Reviewed / Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

## Worksheet Verification:

1. Are the contractor name, contact person, and contact info completed? .....  Yes  No
2. Is there a solicitation or contract number? .....  Yes  No  
 (As Equal Benefits is a contract specific requirement, there should be only one number, and a set of forms for each executed contract)
3. Does answer 1(a) and the approximate number of employees match? .....  Yes  No
4. If contractor has both union and non-union employees, are sections 2 and 4 completed? .....  Yes  No  NA
5. If contractor has ONLY non-union employees, are all three questions in section 2 completed? .....  Yes  No  NA
6. If non-union employees, does questions 2(b) and 2(c) match? .....  Yes  No  NA
7. If questions 2(b) or 2(c) are yes, are the benefit boxes in section 3 completed, and do Spouses and DP and LDMH benefits match? (Note: "No" and "No" are still a match) .....  Yes  No  NA
8. If union employees, do questions 4(a) and 4(b) match? .....  Yes  No  NA  
 If union employees, is question 4(a) marked as "Yes?" .....  Yes  No  NA  
 (Note: Most unions extend benefits to an employees' spouse.)
9. If either question 4(a) or 4(b) is yes, are the benefit boxes for union employees in section 5 completed? .....  Yes  No  NA
10. If section 5 is completed, do all benefit boxes selected for Spouses, match those selected for Domestic Partners? (Note: "No" and "No" are still a match) .....  Yes  No  NA

To verify the Declaration, only ONE box indicating a type of compliance can be selected.  
NOTE! No handwritten text to change compliance language is allowed.

If “Option A” is selected on the Declaration:

**If Non-union**

- 1. Are questions 2(a) (b) &(c) marked as “Yes?” .....  Yes  No  NA
- 2. Do all Benefit Boxes for Spouse and Domestic Partner match in section 3? .....  Yes  No  NA

**If Union**

- 3. Are questions 4(a) and 4(b) marked as “yes?” .....  Yes  No  NA
- 4. Do all benefit boxes for Spouse and Domestic Partner match in section 5? .....  Yes  No  NA

If “Option B” is selected on the Declaration:

- 5. Are sections 3 and 5 blank, or marked as “No” for Spouses and DP/LDMH? .....  Yes  No
- 6. If non-union, are questions 2(b) and 2(c) marked as “No?” .....  Yes  No  NA
- 7. If union, are questions 4(a) and 4(b) marked as “No?” .....  Yes  No  NA

If “Option C” is selected on the Declaration:

- 8. Is approximate number of employees on top of Worksheet marked as zero? .....  Yes  No
- 9. If approximate number of employees is marked as 1, is the contractor a Sole Proprietor or an individual consultant? .....  Yes  No  NA
- 10. Is question 1(a) marked as “No?” .....  Yes  No
- 11. Are sections 2, 3, 4 and 5 blank? .....  Yes  No

If “Option D” is selected on the Declaration:

- 12. Is a Substantial Compliance Form included with these materials? .....  Yes  No  NA

If Option D or “Statement of Noncompliance” has been selected, or if none of the five option boxes have been selected, please send to the Equal Benefits Coordinator for review.

**Signatures**

- 13. Is the form Dated and Signed by the Contractor? .....  Yes  No
- 14. Is the form signed by someone you believe is authorized to bind the organization contractually? .....  Yes  No
- 15. Has the Substantial Compliance Form been approved and signed by the Equal Benefits Coordinator .....  Yes  No  NA

If all the questions on this CHECKLIST are marked “Yes,” or “NA” the Contractor has indicated that Equal Benefits are offered. ....  EB Compliant  
**NOTE:** If you have any questions, please contact the Equal Benefits Coordinator at 206-263-9301.