



**HRC FORM 3  
DBE ORDINANCE COMPLIANCE DECLARATION**

1. I will ensure that my firm complies fully with the provisions of Chapter 14A of the San Francisco Administrative Code and its implementing Rules and Regulations.
2. I acknowledge that upon a finding of non-compliance with the provisions of Chapter 14A, the City is authorized to impose penalties which may include any of the following:
  - a) refusal to certify the award of a contract;
  - b) suspension of a contract;
  - c) withholding of funds;
  - d) revision of a contract for material breach of contract;
  - e) disqualification of my firm from eligibility for providing goods and services to the City and County of San Francisco for a period not to exceed five years.
3. I acknowledge and am advised and hereby agree that if my firm fails to comply in good faith with the provisions of Chapter 14A my firm shall be liable for liquidated damages for each violation in an amount equal to my firm's net profit on the contract, 10% of the total amount of the contract or \$1,000, whichever is the greatest. The amount of liquidated damages imposed will be determined by the Director of the HRC after investigation pursuant to Chapter 14A
4. I acknowledge and agree that any liquidated damages assessed against my firm by the Director of the HRC shall be payable to the City and County upon demand. I further acknowledge and agree that any liquidated damages assessed may be withheld from any monies due to my firm on any contract with the City and County of San Francisco.
5. A signature by the Proposer affixed to this affidavit constitutes an agreement with the City to comply with the provisions of 14A of the San Francisco Administrative Code where applicable.

I declare that the above provisions are attested to under penalty of perjury under the laws of the State of California.

**Signature of Owner/Authorized Representative:**

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**Owner/Authorized Representative (Print):**

\_\_\_\_\_

**Name of Firm (Print):**

\_\_\_\_\_

**Address, City, Zip**

\_\_\_\_\_

**Federal Employer Identification Number (FEIN):**

\_\_\_\_\_

**Date:**

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