

Schedule B-2 - Arizona Resolution

To be completed by Business Owner

Declaration of Compliance with the Arizona Resolution #82727

	(1) Business Name Schneider Electric Buildings Americas, Inc.
	(2) Business Contact Person; (Name/Title) Steve Reinharz
	(3) Business Contact Person: (Phone/E-mail 9496367060 steve.reinharz@schnelder-electric.com
	(4) Business Headquarters Address 1415 S. Roselle Rd., Palantine, IL
-	(5) Existing contracts with the City? Tyes VNo If Yes, please list title and agency below:
	(6) The above named company is currently responding to the following contract opportunity: Title:
	Project Number:
A	I declare under penalty of perjury that my company is NOT headquartered in Arizona Signed (Business Owner) Date 12-11-2013
•	Signed (Dusiness Owner)
	* I declare under penalty of perjury that my company is headquartered in Arizona and my proposal/bid should be considered because
B	
	(Please use attachments if additional space is needed).
•	Signed (Business Owner) Date

^{*} Excerpt: (Resolution #82727) RESOLVED: That unless and until Arizona rescinds SB 1070, the City of Oakland urges City departments (1) to the extend where practicable, and in instances where there is no significant additional cost to the city or conflict with law, to refrain from entering into any new or amended contracts to purchase goods or services from any company that is headquartered in Arizona, (2) to not send City officials or employees to conferences in Arizona, and (3) to review existing contracts for the purchase of goods and services with companies headquartered in Arizona and explore opportunities to discontinue those contracts consistent with the terms of those contracts and principles of fiscal responsibility, and"



COMBINED SCHEDULES C-1, P, U & V

SCHEDULE C-1: Declaration of Compliance with the Americans with Disabilities Act.

The Americans with Disabilities Act (ADA) requires that private organizations serving the public make their goods, services and facilities accessible to people with disabilities. Furthermore, the City of Oakland requires that all of its Contractors comply with their ADA obligations and verify such compliance by signing this Declaration of Compliance.

I certify that I will comply with the Americans with Disabilities Act by:

- A. Adopting policies, practices and procedures that ensure non-discrimination and equal access to Contractor's goods, services and facilities for people with disabilities;
- B. Providing goods, services and facilities to individuals with disabilities in an integrated setting, except when separate programs are required to ensure equal access;
- C. Making reasonable modifications in programs, activities and services when necessary to ensure equal access to individuals with disabilities, unless fundamental alteration in the nature of the Contractor's program would result;
- D. Removing architectural barriers in existing facilities or providing alternative means of delivering goods and services when removal of barriers is cost-prohibitive;
- E. Furnishing auxiliary aids to ensure equally effective communication with persons with disabilities;
- F. If contractor provides transportation to the public, by providing equivalent accessible transportation to people with disabilities.

SCHEDULE P: Nuclear Free Zone Ordinance

I have read Ordinance 11478 C.M.S. titled "An Ordinance Declaring the City of Oakland a Nuclear Free Zone and Regulating Nuclear Weapons Work and City Contracts with and Investment in Nuclear Weapons Makers", as provided on the City's website, Contracts and Compliance (http://www2.oaklandnet.com/Government/o/CityAdministration/d/CP/s/policies/index.htm). I certify that my firm conforms with the conditions as defined in Ordinance 11478 C.M.S.

SCHEDULE U: Compliance Commitment Agreement

I have read the City of Oakland's Local/Small Local Business Enterprise Program (L/SLBE) and declare that I will achieve the 50% L/SLBE participation requirement as described in the L/SLBE program including 50% of the total trucking dollars to certified Oakland Local Truckers. If I fail to satisfy the proposed 50% L/SLBE participation requirement, I may be assessed a penalty equal to 1 and ½ times the shortfall.

As prime contractor for this project, I agree to use the City of Oakland's Labor Compliance Program tracker (LCP Tracker) a web based electronic payroll system to input ALL certified payroll reports including all tiers of subcontractors for this project. I acknowledge that invoice payments will not be released until and unless all certified payrolls are current.

I agree to submit with the final payment request a completed "Exit Report and Affidavit form" located on the City's website at

http://www2.oaklandnet.com/Government/o/CityAdministration/d/CP/s/FormsSchedules/index.htm.

SCHEDULE V: Affidavit of Non-Disciplinary or Investigatory Action

I certify that the following entities: Equal Employment Opportunity Commission (EEOC), Department of Fair Employment & Housing (DFEH) or the Office of Federal Contract Compliance Programs (OFCCP) have not taken disciplinary or investigatory action against the Firm. If such action has been taken, attached hereto is a detailed explanation of the reason for such action, the party instituting such action and the status or outcome of such action.

PLEASE NOTE: By signing and submits authorized representative hereby obligates Schedules C-1, P, U and V.	ting this the proj	s form the prospective primary participant's poser(s) to the stated conditions referenced in
Scriedules C-1, 1, O una V.		
	,	
I declare under penalty of perjury best of my knowledge.	that th	e foregoing is true and correct to the
✓ I am in compliance with the above 12-11-2013	referei	nced Schedules:
Date		Signature of Authorized Representative
National Director	.	Anthony Destefano Type or Print Name
Type or Print Title Anthony.Destefano@Schneider-E	lectr	**
Email	- ,	Contact Number
	٠	
✓ I <u>am not</u> in compliance with the fo	llowing	Schedule(s)
Date		Signature of Authorized Representative
Type or Print Title	.	Type or Print Name
Email		Contact Number



DEPARTMENT OF CONTRACTING AND PURCHASING Social Equity Division Phone: 510-238-3363

SCHEDULE D OWNERSHIP, ETHNICITY and GENDER QUESTIONNAIRE

Phone (925) 463-7100 Federal ID # 75-2066352 Phone if different from above (949) 636-7060 Delaware Saucasian Filipino Hispanic Other Expiration Date
Expiration Date
II ID # 75- If ID # 75- If ID # 75- If Ippino Expiration Expiration Expiration Expiration Expiration
Phone (92 Phone if
State CA Zip 94588 Federa Iby: Steve Reinharz Phone if Salacin Indian Asian or Pacific Caucasian Alaskan Native Islander E (WBE) Cert # E (ABE) Cert #
State CA State CA oration, State oration, State oration, Cert# Cert# cert#
cas, Inc. ssanton State CA Zi Completed by: Steve Reinharz Completed by: Steve Reinharz African American Indian/ A American Alaskan Native Is Enterprise (WBE)? Cert # Enterprise (WBE) Cert # Enterprise (WBE) Cert # Enterprise (DBE) Cert # Coert #
Electric Buildings Americas, Inc. Electric Buildings Americas, Inc. as, Suite 400 City Pleassanton S Imber Completed by: Stev Namer African American Alaskan Number of Owners Women Joint Venture Ownership Woman-Owned Business Enterprise (WBE) Disadvantaged Business Enterprise (DBE) Oakland Certified Local Business Enterprise
Below) Ticipants Ticipants Ticipants Ticipants Ticipants Ticipants Ticipants Ticipants
Street Address 5735 W. Las Positas, Suite 400 City Pleassanton City of Oakland Business License Number Compasse check one and explain below) Compasse check one and explain below of the check of the
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Part III

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Total Employees Oakland Residents African American Asian/ Pacific Islander							Male				:		Female	/ 		
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n/a widely held public company with 150,000 employees globally

rowisions of Executive Order No. 11246 (as amended by Executive Order No. 11375). I certify that I/we shall not discriminate against any employee or applicant for employment prientation, national origin, age, disability, Acquired Immune Deficiency Syndrome (AIDS) AIDS related complex, or any other arbitrary basis and shall insure compliance with all AFFIRMATIVE ACTION INFORMATION I certify that live shall not discriminate against any employee or applicant for employment because of race, color, creed, sex, sexual because they are disabled veteran of the Viet Nam era and shall insure compliance with all provisions of 41CFR60-250.4 where applicable

declare under penalty of perjury that the foregoing is true and correct. Signature

Date 12/11/2013

Print Name Anthony Destefano Title National Director

Please be advised that the ethnicity and gender information contained in this Schedule D will be used for reporting and tracking purposes ONLY.

8. Appendix A Schedules

Schedule E

To be completed by prime	consultants only.	8CHEDULE E PROJECT CONSULTANT TO	AM LISTING		_ 15/5/1	.			*	
percentages of the project	work. No other subconsultants	dispus of the and their respective , other than those listed below shall be	Company Name: S	chneider Ele	Date 12/9/1 otric Inc	<u> </u>	243	e¶ár K.Σ.Λ. Vita da	#P	
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Type of Work	Company Name	Address and City	Phone Number	% of Project Work	Dollar Amount	Science	(383) poors	温制組織	kipping.	* Cander
Software	VIDSYS	8219 Leesburg Pike Vienna, VA 22182	703-883-3730	45%	\$ 535,000	у;				
CONOPS	TSG	2701 Loker Ave. Heat Carlobad, CA 92010	760-827-7087	15%	\$ 100,000	ж				
Subject Matter Expect	Kinley-Horn	Suite 325, 1300 Clay St. Cakland, CA 94612	510-625-0712	en.	ន្ថ	×	x	X:		
Bubject Hatter Expert	North South CIS	213 F. First Street, Los Angels CA 98012	800-866-5013	Ö¥	\$ 0	×				
Motwork Eval and	Symoptics	One Market Street, Spear Tower- Suite 3600, San Francisco CA 94	415-376-5200 LDS	1.88	£ 10,000	x				
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Attach additional page(s) it necessary.

Contractors are required to identify the estudoity and gender of all Based Simus majority owner. This information will be used for tracking pure [Analytican American] (Analytican American) (Analytican American A





Oakland Workforce Verification

Schedule E-2

Date Submitted: 12-11-2013 C 5735 W. has Posicias, suite 400 Consultant/Service Provider: Schneider Electric BA, In Phone: 925 463 7100

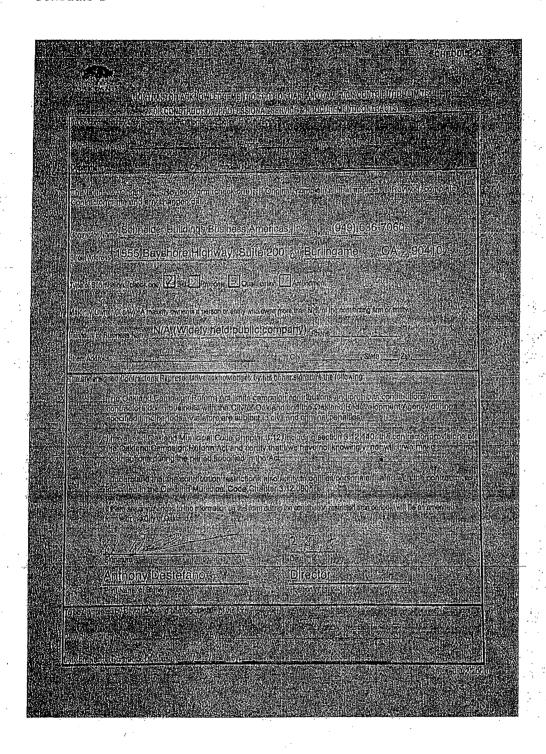
Address: Pleasanton, CA 94588 email: steve.reinharz@schneider-electrig.cgm; additional sheets attached:

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										Need to request from HR department, will take some time	EMPLOYEE Use additional sheets if needed	PLEASE NOTE: All prime consultants seeking additional preference points for Oakland workforce must complete this form and submit with "required attachments" to Contracts and Compliance no later than four (4) days after proposal due date. For questions, please contact the assigned Compliance Officer named in the RFP/RFQ.
										ll take some time	CURRENT STREET ADDRESS	sking additional preference points to Contracts and Compliance no la mpliance Officer named in the RF
											DATE OF HIRE	for Oaklan ater than fo FP/RFQ.
			٠								LAST 4 DIGITS OF Soc. Sec. #	d workforce m ur (4) days afte
											WORK CLASSIFICATION	ust complete this form ir proposal due date. For
								·			Valid Photo	AT Please ch
											Other Proof of Oakland Residency	REQUIRED ATTACHMENTS Please check box below to confirm attachments
											DE6/DE9	rs

PLEASE NOTE BELOW:

- Authorization Document, c) State Driver's license or ID Card, d) School ID Card, and or e) U.S. Military Card. forms of ID/Other acceptable proofs of residency. Valid photo IDs include: a) U.S. Passport, b) Employment 1) A valid photo ID is required to prove Oakland residency. If the employee does not have a valid photo ID, the employer must submit at least two (2) other accetable
- 2) Other Acceptable Proofs of Oakland Residency: Utility Bills, Bank Account Statements, Auto Registration, Mortgage Statements, Rental Agreements, and/or
- 3) DE6 /DE9- Quarterly Wage and Witholding Report.

. Verif



WARNING: THIS DOCUMENT CONTAINS SENSITIVE SECURITY INFORMATION THAT IS CONTROLLED UNDER THE PROVOISONS OF 49 CFR PART-1520.-NO PART-OF THIS DOCUMENT-MAY-BE-RELASED OR REPRODUCED WITHOUT THE WRITTEN PERMISSION OF THE UNDER SECREATARY OF TRANSPORTATION FOR SECURITY, WASHINGTON, DC 20590 AND THE EXPRESSED WRITTEN CONSENT OF THE PORT-OF OAKLAND, OAKLAND CALIFORNIA-94607. UNAUTHORIZED RELEASE MAY RESULT IN CIVIL PENALTY OR ACTION



Schedule M

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Date				g Tele					×
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Please answer questions "yes" or "no" whenever possible. When a more extensive explanation is required and there is no space on this form, please attach a separate sheet.

The word contract refers to the agreement the City is contemplating entering into with you.

NOTE: IF YOU ARE A CORPORATION, YOU NEED NOT COMPLETE THE REMAINDER OF THIS QUESTIONNNAIRE IF YOU RETURN IT SHOWING, ABOVE, YOUR CORPORATE FEDERAL TAXPAYER NUMBER AND ATTACHING A COPY OF YOUR CERTIFICATE OF CORPORATE GOOD STANDING ISSUED BY THE STATE OF CALIFORNIA.

	Yes	No
1. Have you performed services for the City in any year(s) prior to 199 <u>9</u> ? If yes, please indicate which years.		x
2. Have you received any training, guidance, or direction from the City as to how the City expects the job (for which your services are contemplated) to be done. If yes, please describe what you are expecting (or have received) in the way of training or direction. RFP, SSI docs, invitation letter, RFI responses	X	
3. Will your services under the contract be performed on City property? If no, please describe where the services are to be performed. City Hall	x	
4. Do you expect to devote any full days (6 or more hours) or full weeks (30 or more hours) towards performing the services under the contract? If yes, please indicate approximately how many full days and/or full weeks you expect to devote during the life of the contract Fifty	X	
5. Are there any set or fixed hours or days of the week during which the City is expecting you to perform services under the contract? If yes, please indicate the days and hours during which you will be performing services. Regular business hours except for service (24/7)	x	

	Yes	No
6. Please provide the date on which you expect to complete your services under the contract. January 2016	х	
7. In order to perform services under the contract, do you intend to provide your own supplies or equipment? If yes, briefly describe the equipment/supplies. Software.	х	
8. If your response to No. 7 is yes, has the City promised to or will you be expecting the City to reimburse you in any way for the cost of the supplies or equipment?	х	
9. Other than the above-referenced supplies and equipment, do you anticipate incurring any <u>unreimbursable</u> out-of-pocket expenses in the performance of the contract with the City? If yes. please describe.		x
10. Do you have federal and state employer identification numbers? If so, please provide these numbers.	x	
11. Within the past two years have you performed the same type services (as called for in the contract) for any client or customer other than the City? If yes, please identify the client or customer and briefly describe the services performed. 75-2066352	X	
12. Do you <u>currently</u> have clients or customers other than the City for whom you are or will perform services during the duration of the contract? If yes, please identify client or customer by name and briefly describe the nature of services performed. \$ 30B firm - too many to list and many under NDA	x	
13. In the past two years have you notified any insurance company in conjunction with obtaining a business-related insurance policy that you are self-employed? If yes, please indicate the insurance company and the nature of the business-related policy.		X
14. Do you have your own employees to help you perform the services called for by your contract? (Do not refer to independent contractors you may use to assist you.)	x	
15. Within the <u>past two years</u> have you been the <u>employee</u> of any employer (received a W-2)? If yes, state the employer(s), the date(s) of employment, and the nature of the services performed.		
150,000 employees worldwide; too many	Х	
16. Do you have an office or business address other than your own home		
address, a City of Oakland office or your employer's business address? If yes, please state the address. We have an office at the Port of Oakland and a full branch office at 5735 W. Las Positas, Suite 400, Pleasanton, CA. We have other throughout California.	x	

Revised 7/20/00

	Yes	No
17. With regard to the following, please indicate whether you have:		
a. an existing business letterhead? (please attach)	Х	
b. an existing business phone number other than your home number? (please indicate #)	X	
c. filed for a fictitious business name? If yes, please attach a certified copy of the County issued certificate and an affidavit of publication.	Х	
d. done public advertising for your business? If yes, please attach the ad copy or briefly describe your advertising efforts. Too much to collect	X	
18. If you have answered parts or all of No. 17 with "Yes," are the services represented in your answers the same type of services you will be performing for the City?	х	
19. Do you have a license from any governmental agency to perform the services under the contract? If yes, please state the type of license and name of the licensing agency. Yes. California State Contractor's License Board. We hold B, C7, C10, C20	X	
20. Please describe the extent of any personal financial investment you have made in order to be self-employed. You may either choose to indicate the actual dollar amount of investment or, without disclosing any dollar amount, briefly describe any purchases, leases or other types of financial commitments made by you for self employment purposes. n/a		×
	•	

I VERIFY THAT THE RESPONSES ABOVE ARE TRUE AND CORRECT.

12/11/2013	Schneider	Electric Bui	ldings Americ	as_Ine:>	•• ••
Date	Contracto	" Out	TI ST		
PLEASE INDICATE WHETHER A SHORT-TIME CONTRACT EMPLOY AND THE REASON FOR YOUR OBJECT	GHITAG TT	THAN AN	I INDEPENI	DENT CON	\mathbf{TRACTO}
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Page 3 of 3

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Pending Dispute Disclosure Form

Policy – All entities are required to disclose pending disputes with the City of Oakland when they submit bids, proposals or applications for a City contract or transaction involving:

- The purchase of products, construction, non-professional or professional services,
- · Contracts with concessionaires, facility or program operators or managers,
- Contracts with project developers, including Disposition and Development Agreements, lease Disposition and Development Agreements and other participation agreements
- Loans and grants, or acquisition, sale, lease or other conveyance of real property, excluding licenses for rights of entry or use of city facilities for a term less than thirty (30)-consecutive calendar days.

Disclosure is required at the time bids, proposals or applications are due for any of the above-described contracts or transactions when an entity is responding to a competitive solicitation and at the commencement of negotiations when bids, proposals or applications are solicited by or submitted to the City in a non-bid or otherwise non-competitive process.

The disclosure requirement applies to pending disputes on other City and Agency contracts or projects that: (1) have resulted in a claim or lawsuit against the City of Oakland (2) could result in a new claim or new lawsuit against the City of Oakland or (3) could result in a cross-complaint or any other action to make the City of Oakland a party to an existing lawsuit. "Claim" includes, but is not limited to, a pending administrative claim or a

Entities required to disclose under this Disclosure Policy include (1) any principal owner or partner, (2) any business entity with principal owners or partners that are owners or partners in a business entity, or any affiliate of such a business entity, that is involved in a pending dispute against the City of Oakland or Agency.

claim or demand for additional compensation.

Failure to timely disclose pending disputes required by this policy may result in (1) a determination that a bid is non-responsive and non-responsible for price-based awards, or (2) non-consideration of a bid or proposal for a professional service contract or other qualification-based award. The City may elect to terminate contracts with entities that failed to timely disclose pending disputes and/or initiate debarment proceedings against such entities.



Individuals, Businesses or other entities should respond below:

No 🔽 Yes 🗔	(check one)
 If you answered "Yes", list existing and per date of the contract, a brief description of the matter and the City or Agency department/of 	ne issues, officials or staff persons involved in the
Contract Title:	
Date:Official(s), Staff	f person(s) involved:
	en e
Administering Department/Division:	
Issues:	
Contract Title:	
	ff person(s) involved:
Administering Department/Division:	
Issues:	
(check)	Additional Disputes listed on Attachment
Decisioning below I contifue that all representation	ns and disclosures made herein are true, correct
and complete. Signature:	uis and disclosures made neroni are trae, correct
Print Name: Anthony Destefano	



Schedule N

DECLARATION OF COMPLIANCE - LIVING WAGE ORDINANCE

The Oakland Living Wage Ordinance (the "Ordinance"). Codified as Oakland Municipal Code provides that certain employers under contracts for the furnishing of services to or for the City that involve an expenditure equal to or greater than \$25,000 and certain recipients of City financial assistance that involve receipt of financial assistance equal to or greater than \$100,000 shall pay a prescribed minimum level of compensation to their employees for the time their employees work on City of Oakland contracts. The Redevelopment Agency of the City of Oakland adopted the City's Living Wage policy as its own policy Agency Resolution No. 98-13 C.M.S.

The contractor or city financial assistance recipient (CFAR) agree as described in Section 3-C "Health Benefits" of the Ordinance, to pay employees a wage no less than the minimum compensation of \$11.96 per hour with health benefits, or \$13.75 per hour without benefits and to provide for annual increases pursuant to Section 3-A 'Wages" of the Ordinance. Note: Effective July 1, of each year, Contractor shall pay the adjusted wage rates.

- (a) To provide at least twelve compensated days off per year for sick leave, vacation or personal necessity at the employees request, and, at least ten additional days per year of uncompensated time off pursuant to Section 3-B "Compensated Days Off" of the Ordinance.
- (b) To inform employees that he or she may be eligible for Earned Income Credit (EIC) and shall provide forms to apply for advance EIC payments to eligible employees. There are several websites and other sources available to assist you. Web sites include but are not limited to: (1) http://www.irs.gov for current guidelines as prescribed by the Internal Revenue Service and (2) the Earned Income Tax Outreach Kit at http://eitcoutreach.org.
- (c) To permit access to work sites for authorized City representatives to review the operation, payroll and related documents, and to provide certified copies of the relevant records upon request by the City; and
- (d) Not to retaliate against any employee claiming non-compliance with the provisions of this Ordinance and to comply with federal law prohibiting retaliation for union organizing.

Employment Questionnaire: Please respond to the following questions:		
Questions	Responses	Comments
(1) How many permanent employees are employed with your company? (If less than 5, stop here)	150,000	
(2) How many of your permanent employees are paid above the Living Wage rate?	n/a	- 13 No.
(3) How many of your permanent employees are paid below the Living Wage rate?	n/a	, m
(4) Number of compensated days off per employee ?(Refer to item "a"" above)	n/a	
(5) Number of trainees in your company?	n/a	aperner asympt
(6) Number of employees under 21 years of age, employed by a nonprofit corporation for after school or summer employment for a period not longer than 90 days.	n/a	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

The undersigned authorized representative hereby obligate penalty of perjury. Schneider Electric Buildings American Schneider Buildings Buildings	A MAN
Company Name	Signature of Muthorized Representative
5735 W. Las Positas, Suite 400	Anthony Destefano
Address Pleasanton, CA 94588	Type or Print Name
925 463 7100 12-11-2013	NATIONAL DIRECTOR INTEGRATED SECOND
Area Code Phone Date	Type or Print Title /



Equal Benefits – Declaration of Nondiscrimination/Equal Access (Completed by the Prime Contractor ONLY)

Section A. Vendor/Contractor/Consultant/CFAR¹ Information

Name of Company	Schneider Electric	c Buildings Am	nericas, Inc.			
Name of Company Co	ntact Steve Rein	nharz	<u> </u>			
Address 5735 W. L.	as Positas, Suite	400				
City Pleasanton				State ^{CA}	Zip ⁹	94588
Phone Number 949 6	36 7060		Fax Number 859 4	75 0259		
Vendor Number			Federal ID or Socia	al Security Number	75-20663	52
Approximate Number of	of Employees in th	ne U.S. 6,00	00			
	en e	_	1 X 1 2 1	- 		process.
Are any of your employ	ees covered by a	collective bar	gaining agreement	or union trust fund?	ĭ ¥Ye	es 🔲 No 👵
Union Name(s) IBEW		·		W 8		e en
Section B. Compliand	:e	• • • • • •	The Mark States			
Does your company premployees? (Please ch		ess to any ben	efits to employees	with spouses or to s	pouses of	Yes No
Does your company pro (Please check one)		ess to any ben	nefits to employees	with domestic partn	ers ² ?	X No
Section C. Compliand Please check each ben						
		,	1			
Benefit	S	Offered to Employees only	Offered to Employees and their spouses	Offered to Employees and their Domestic Partners	Not Offered at all	Documentation attached
Benefit: Health	S	Employees	Employees and	Employees and their Domestic	Offered	
	S	Employees only	Employees and their spouses	Employees and their Domestic	Offered	
Health	S	Employees only x	Employees and their spouses	Employees and their Domestic Partners	Offered	
Health Dental		Employees only x	Employees and their spouses x x	Employees and their Domestic Partners X	Offered	
Health Dental Vision		Employees only x x x	Employees and their spouses x x	Employees and their Domestic Partners X	Offered	
Health Dental Vision Retirement (Pension, 4		Employees only x x x x	Employees and their spouses x x	Employees and their Domestic Partners X	Offered	
Health Dental Vision Retirement (Pension, 4 Bereavement		Employees only x x x x x	Employees and their spouses x x x	Employees and their Domestic Partners x x	Offered	
Health Dental Vision Retirement (Pension, 4 Bereavement Family Leave	01K, etc)	Employees only X X X X X	Employees and their spouses x x x x x	Employees and their Domestic Partners X X X	Offered	
Health Dental Vision Retirement (Pension, 4 Bereavement Family Leave Parental Leave Employee Assistance F Relocation & Travel	01K, etc) Program	Employees only X X X X X X	Employees and their spouses x x x x x	Employees and their Domestic Partners X X X	Offered	
Health Dental Vision Retirement (Pension, 4 Bereavement Family Leave Parental Leave Employee Assistance F Relocation & Travel Company Discount, Fac	01K, etc) Program	Employees only X X X X X X X	Employees and their spouses x x x x x	Employees and their Domestic Partners X X X X	Offered	
Health Dental Vision Retirement (Pension, 4 Bereavement Family Leave Parental Leave Employee Assistance F Relocation & Travel	01K, etc) Program	Employees only X X X X X X X X X	Employees and their spouses x x x x x x	Employees and their Domestic Partners x x x x	Offered	
Health Dental Vision Retirement (Pension, 4 Bereavement Family Leave Parental Leave Employee Assistance F Relocation & Travel Company Discount, Fac	01K, etc) Program	Employees only X X X X X X X X X	Employees and their spouses x x x x x x	Employees and their Domestic Partners x x x x	Offered at all	
Health Dental Vision Retirement (Pension, 4 Bereavement Family Leave Parental Leave Employee Assistance F Relocation & Travel Company Discount, Fac	01K, etc) Program	Employees only X X X X X X X X X	Employees and their spouses X X X X X X X X X X X X X X X X X X	Employees and their Domestic Partners x x x x	Offered at all	

CFAR is a City Financial Recipient

² Domestic Partner is defined a s a same sex couples or opposite sex couples registered as such with a state or local government domestic partnership registry



City of Oakland

Equal Benefits Ordinance

Certificate of Compliance

is hereby awarded to

Schneider Electric Buildings Americas, Inc.

For satisfying all requirements necessary for compliance with the Equal Benefits Ordinance

Shelley Danesburg
Shelley Davensburg
Senior Contract Compliance Officer

03-13-