King County Consultant Disclosure



Department of Executive Services Board of Ethics CNK-ES-0131 401 Fifth Avenue, Suite 131 Seattle, WA 98104-1818 206-296-1586 Fax 206-205-0725 TTY Relay: 711 board.ethics@kingcounty.gov

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Please Read Carefully	Date Received
No payment will be made to the Consultant until this form has been filed	Audit Date
with the Contract and with the King County Board of Ethics	Date Closed
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Pursuant to King County Code (K.C.C.) 3.04.120, each consultant entering into a contract to provide professional or technical services to the county costing in excess of \$2500 shall complete and file this disclosure form with the King County Board of Ethics and the County Executive. Use additional pages, if necessary. Submit two completed forms: file one with the Board of Ethics, Mail Stop CNK-ES-0131, 401 Fifth Avenue, Suite 131, Seattle, WA 98104, and the other with the contract with the Finance and Business Operations Division, Procurement and Contract Services Section, Mail Stop CNK-ES-0340, 401 Fifth Avenue, Suite 340, Seattle, WA 98104.

Unless otherwise required on this form, the information disclosed shall cover the period of 24 months before and including the date of filing of this sworn statement. If the information reported on this form should change, the consultant is required to submit an amended form.

For purposes of this disclosure form, "consultant" means a person (e.g., individual, partnership, association, corporation, firm, institution or other entity as defined in K.C.C. 3.04.017) who by experience, training and education has established a reputation or ability to provide professional or technical services, as defined in K.C.C. 4.16.010, on a discrete, nonrecurring basis over a limited and pre-established term as an independent contractor to the County.

Please type or print all information, except required signature. All incomplete forms will be returned.

	Today's Date:			
Contract Number:	Amount of Contract:	Amount of Contract:		
Consultant's Name:				
Address:	Phone:			
City	State	ZIP Code		
Effective Date of Contract:	Expiration Date of Contract	:		
Type of Services Contracted:				
Contracting County Dept.:	Division:			
County Contact Person:				
Contact Work Phone:	Mail Stop:			

1.	List the name of any former county employee who is or will be working for the consultant on this contract whose employment with the county ended within two years from the signing of this form. Attach a separate sheet if necessary. If none, check this box:				
	Name of Former Employee:				
	Former County Department:				
	Date Terminated / Ended:				
2.	List the name of any former county employee who has a financial or beneficial interest in this contract whose employment with the county ended within two years from the signing of this form. Attach a separate sheet if necessary. If none, check this box:				
	Name of Former Employee:				
	Former County Department:				
	Date Terminated / Ended:				
3.	List any office or directorship in the consultant held by any county employee or member of his or her immediate family. Attach a separate sheet if necessary. If none, check this box: Office / Directorship:				
	Name:				
	Relationship to Employee:				
4.	Indicate any financial interest in the consultant held or received by any county employee or any member of his or her immediate family. Attach a separate sheet if necessary. If none, check this box:				
	Name:				
	Relationship to Employee:				
	Percentage of stock or other form of interest in the consultant, if more than 5% (indicate percentage of stock or other interest, amount / value and describe):				
	Receipt of compensation, gift or thing of value from the consultant (indicate amount / value and describe):				

5. List all contracts between the consultant and the county in the five years immediately preceding the presently contemplated contract. Attach a separate sheet if necessary.

If none, check this box: \Box

Contract No.	Type of Service Provided	Amount Paid to Consultant	Duration (From – To)	County Department and Division

6. List any position or positions on any county board or commission, whether salaried or unsalaried, held by any officer or director of the consultant in the five years immediately preceding the presently contemplated contract.

If none, check this box. \Box

Officer / Director Name:	 	
Position:	 	

Name of County Board or Commission: _____

7. Is there any other information known to the consultant about any interest or relationship between any county employee, including any member of his or her immediate family and the consultant other than that disclosed above? If so, please explain.

If none, check this box. \Box

Declaration

١,		, declare under penalty of perjury
,	(Print name)	

under the laws of the State of Washington that the foregoing is true, complete and correct.

(Signature)		(Title)	
Signed this	day of(Month)		,(Year)
at		,,, _,	
	Alternate F	Formats Available	
	206-296-158	B6 TTY Relay: 711	