First Source Hiring Ordinance

Unless approved for an exemption, contractors under contracts primarily for the furnishing of services to or for the City, the value of which is in excess of $25,000 and a contract term of at least three (3) months, and certain recipients of City Loans or Grants, shall comply with the provisions of Los Angeles Administrative Code Sections 10.44 et seq., First Source Hiring Ordinance (FSHO). Proposers shall refer to the attached "First Source Hiring Ordinance" forms for further information regarding the requirements of the Ordinance.

The Anticipated Job Opportunities Form (FSHO-1) and Subcontractor Information Form (FSHO-2) shall only be required of the Proposer that is selected for award of a contract.
FIRST SOURCE HIRING ORDINANCE (FSHO)
Anticipated Employment Opportunities

SUBCONTRACTORS: Please fill this form and your own FSHO-2 form. If you have your own Subcontractors (2nd tier, 3rd tier, etc.) that will work on this City contract, each of them must also fill an FSHO-1 and FSHO-2 form. Upon completion, submit all forms to your Prime Contractor.

PRIME CONTRACTORS: Please compile all of your subcontractor’s forms. Fill out your own FSHO-1 and FSHO-2 form. If you have no subcontractors, you must still fill out an FSHO-2 form. ALL completed FSHO-1 and FSHO-2 forms must be submitted to the Contact Person from the City Awarding Department that you are contracting with before the contract is executed. Your Awarding Department will then submit these forms to BCA.

SECTION I. CONTRACTOR INFORMATION

Name of Contractor: ________________________ Contractor Phone#: ________________________
Designated Contractor Contact Person: ________________________ Email: ________________________
Street Address: ________________________
City: ________________________ State: _______ Zip: _______ Federal ID (FEIN)#: ________________________

1. I am completing this form as a:
   □ Prime Contractor
   □ Subcontractor
   Go to Question 2.

2. How many total employees currently work for your company?
   ________________________
   Go to Question 3.

3. How many employees will be working directly for the City contract?
   ________________________
   Go to Question 4.

4. Do you anticipate any job openings as a result of this City contract?
   □ YES – Go to Question 5.
   □ NO – Go to Section III.

5. How many different job classifications do you anticipate as a result of this contract?
   ________________________
   Go to Section II.

SECTION II. ANTICIPATED EMPLOYMENT OPPORTUNITIES INFORMATION

For every job classification counted in Section I, Question 5, please indicate the anticipated number of openings throughout the life of the contract, description, and qualifications. Attach additional sheets to add more classifications and detail.

<table>
<thead>
<tr>
<th>Job #1</th>
<th>Job Classification: ________________________</th>
<th>Anticipated # of Job Openings: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Description/Qualifications: ________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job #2</th>
<th>Job Classification: ________________________</th>
<th>Anticipated # of Job Openings: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Description/Qualifications: ________________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Job #3</th>
<th>Job Classification: ________________________</th>
<th>Anticipated # of Job Openings: ________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Description/Qualifications: ________________________</td>
<td></td>
</tr>
</tbody>
</table>

SECTION III. SIGNATURE AND SUBMIT

I declare under penalty of perjury under the laws of the State of California that I am authorized to bind the entity listed on this form and that the information provided on this form is true and correct to the best of my knowledge.

Executed this _________ day of _________, 20___, at __________, (City) _________, (State) _________

Signature ________________________

Name (Please Print) ________________________

Title ________________________

Federal Tax/Employer Identification Number ________________________

SECTION IV. FILLED OUT BY AWARDING DEPARTMENT

Dept: ________________________ Contact Person: ________________________ Phone#: ________________________ Email: ________________________
Project Title (as listed in bid): ________________________

Federal ID # ________________________

Office of Contract Compliance, EEOC/CCA (213) 642-2625
FIRST SOURCE HIRING ORDINANCE (FSHO)

Subcontractor Information Form

SUBCONTRACTORS: Please fill this form and attach your FSHO-1 form. If you have your own Subcontractors (2nd tier, 3rd tier, etc.) that will work on this City contract, each of them must also fill an FSHO-1 and FSHO-2 form. Upon completion, submit all forms to your Prime Contractor.

PRIME CONTRACTORS: Please compile all of your subcontractors' forms. Fill out your own FSHO-1 and FSHO-2 form. If you have no subcontractors, you must fill out an FSHO-2 form. ALL completed FSHO-1 and FSHO-2 forms must be submitted to the Contact Person from the City Awarding Department that you are contracting with before the contract is executed. Your Awarding Department will then submit these forms to BCA.

SECTION I. CONTRACTOR INFORMATION

Name of Contractor: ____________________________ Contractor Phone#: ____________________________
Designated Contractor Contact Person: ____________________________ Email: ____________________________
Street Address: ____________________________________________________________
City: ____________________________ State: ____________________________ Zip: ____________________________ Federal ID (FEIN)#: ____________________________

1. I am completing this form as a:
   □ Prime Contractor
   □ Subcontractor
   Go to Question 2.
2. Are you a 1st Tier, 2nd Tier, 3rd Tier, or Other Tier Subcontractor?
   □ 1st □ 2nd □ 3rd
   □ Other
   Go to Question 3.
3. Do you have Subcontractors who will be working with you on the contract?
   □ YES – Go to Question 4.
   □ NO – Go to Section III.
4. How many Subcontractors will be working with you on the contract? ____________________________ Go to Section II.

SECTION II. SUBCONTRACTOR INFORMATION

For every subcontractor counted in Section I, Question 4, please indicate the name and contact information for each.

<table>
<thead>
<tr>
<th>Sub  #1</th>
<th>Subcontractor Name:</th>
<th>Subcontractor Phone#:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #2</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #3</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #4</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #5</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #6</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #7</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
<tr>
<td>Sub  #8</td>
<td>Subcontractor Name:</td>
<td>Subcontractor Phone#:</td>
</tr>
<tr>
<td>Contact Person:</td>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

SECTION III. SIGNATURE AND SUBMIT

I declare under penalty of perjury under the laws of the State of California that I am authorized to bind the entity listed on this form and that the information provided on this form is true and correct to the best of my knowledge.

Executed this __________ day of __________, 20 __________, at __________, (City) (State)

Signature ____________________________ Name (Please Print) ____________________________

Title ____________________________ Federal Tax/Employer Identification Number ____________________________

SECTION IV. AWARDING DEPARTMENT INFORMATION

Dept: ____________________________ Contact Person: ____________________________ Phone#: ____________________________ Email: ____________________________
Project Title (as listed in bid): ____________________________

Rev. 4/10
Office of Contract Compliance, EEOE/CCA (213) 847-2625