

King County Consultant Disclosure



King County Ethics Program
Office of Risk Management Services
500 4th Avenue, Suite 320
Seattle, WA 98104
206.263.7821 ❖ TTY Relay 711
program.ethics@kingcounty.gov

Please read carefully. No payment will be made to the Consultant until this form has been filed with the Contract and the King County Board of Ethics

For Board of Ethics
Use Only

Date Received	_____
Audit Date	_____
Date Closed	_____

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 the amount specified in CON 7-1-3-EP, Contracting for Procurement of Goods and Services (Excluding Professional Services and Public Works), who has information to disclose pursuant to the questions below, shall complete and file this disclosure form with the King County Ethics Program at Mail Stop / ADM-ES-0320, 500 4th Avenue, Room 320, Seattle, WA 98104. Use additional pages, if necessary.

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. 2.93.030, 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.
Incomplete forms will be returned.**

Today's Date: _____

Contract Number: _____ Amount of Contract: _____

Consultant Name: _____

Address: _____ Phone Number _____

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 King 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 King 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 King 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 King 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 any position(s) on any King 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:

Officer/Director Name: _____

Position: _____

Name of County Board or Commission: _____

6 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 immediately family and the consultant other than disclosed above?

If none, check this box:

Declaration

I, _____ (print name), declare under penalty of perjury under the laws of the State of Washington that the foregoing is true, complete, and correct.

Signature: _____ Title: _____

Signed this _____ day of (Month), _____ 20 _____

at _____ (City) _____ (State)

Alternate Formats Available
206-263-7821 TTY Relay 711