



DISCRETIONARY CONTRACT DISCLOSURE FORM

SECTION I: BASIC GUIDELINES

The Irving Ethics Code requires individuals or entities who seek a contract with the City of Irving which is awarded on a basis other than competitive bidding, and which exceeds \$100,000 in payments by the City, to file certain disclosures with the City. This form should be filed with any proposal by the individual or entity, with extra pages attached as needed to complete the responses. In the case of any change in the information, this form should be supplemented within five (5) days of such change or prior to any Council action, whichever is first.

SECTION II: PROJECT

A. Project Description: _____

B. RFP or RFQ, Number and Date of Issuance: _____

SECTION III: IDENTITY OF PARTIES AND SUBCONTRACTORS TO THE DISCRETIONARY CONTRACT

A. Individual Parties to the Contract

(Includes all natural persons who are parties, partners or subcontractors of the contract)

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Telephone: _____

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Telephone: _____

Name: _____

Address: _____ City: _____ Zip: _____

Email: _____ Telephone: _____

B. Entity Parties to the Discretionary Contract

(Includes all business entities such as corporations, partnerships, and limited liability companies, and also includes any subcontractors, parent and subsidiary corporations to the entity parties).

Name: _____

Officer, Agent or other Contact: _____

Address: _____ City: _____ Zip: _____

Email: _____ Telephone: _____

[Type here]

Name: _____
Officer, Agent or other Contact: _____
Address: _____ City: _____ Zip: _____
Email: _____ Telephone: _____

- C. Identity of all lobbyists, attorneys or other consultants to be utilized in seeking or executing the proposed discretionary contract with the City of Irving.

Name: _____
Officer, Agent or other Contact: _____
Address: _____ City: _____ Zip: _____
Email: _____ Telephone: _____
 Lobbyist Attorney Consultant

Name: _____
Officer, Agent or other Contact: _____
Address: _____ City: _____ Zip: _____
Email: _____ Telephone: _____
Name: _____
 Lobbyist Attorney Consultant

Name: _____
Officer, Agent or other Contact: _____
Address: _____ City: _____ Zip: _____
Email: _____ Telephone: _____
Name: _____
 Lobbyist Attorney Consultant

SECTION IV: INDIVIDUAL, OFFICER, EMPLOYEE OR AGENT SIGNATURE

_____ Date: _____
Individual, Officer, Employee or Agent

Printed Name: _____

Position: _____

