

### **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****FORM: FSHO-1****CITY OF LOS ANGELES**

**SUBCONTRACTORS:** Please fill this form and your own FSHO-2 form. If you have your own Subcontractors (2<sup>nd</sup> tier, 3<sup>rd</sup> 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: <input type="checkbox"/> Prime Contractor <input type="checkbox"/> 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? <input type="checkbox"/> YES – Go to Question 5. <input type="checkbox"/> NO – Go to Section III.
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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.

<b>Job #1</b>	Job Classification: _____ Description/Qualifications: _____	Anticipated # of Job Openings: _____
<b>Job #2</b>	Job Classification: _____ Description/Qualifications: _____	Anticipated # of Job Openings: _____
<b>Job #3</b>	Job Classification: _____ Description/Qualifications: _____	Anticipated # of Job Openings: _____

**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): \_\_\_\_\_ ID# \_\_\_\_\_

**FIRST SOURCE HIRING ORDINANCE (FSHO)****FORM: FSHO-2****Subcontractor Information Form****CITY OF LOS ANGELES**

**SUBCONTRACTORS:** Please fill this form and attach your FSHO-1 form. If you have your own Subcontractors (2<sup>nd</sup> tier, 3<sup>rd</sup> 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: <input type="checkbox"/> Prime Contractor Go to Question 3. <input type="checkbox"/> Subcontractor Go to Question 2.	2. Are you a 1 <sup>st</sup> Tier, 2 <sup>nd</sup> Tier, 3 <sup>rd</sup> Tier, or Other Tier Subcontractor? <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> Other _____ Go to Question 3.	3. Do you have Subcontractors who will be working with you on the contract? <input type="checkbox"/> YES – Go to Question 4. <input type="checkbox"/> NO – Go to Section III.
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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.

<b>Sub #1</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #2</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #3</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #4</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #5</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #6</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #7</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____
<b>Sub #8</b>	Subcontractor Name: _____	Subcontractor Phone#: _____
	Contact Person: _____	Email: _____

**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 \_\_\_\_\_

Dept: \_\_\_\_\_ Contact Person: \_\_\_\_\_ Phone#: \_\_\_\_\_ Email: \_\_\_\_\_  
 Project Title (as listed in bid): \_\_\_\_\_ ID# \_\_\_\_\_