

# DFA Illegal Immigrant Contractor Disclosure Certification

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**Disclosure forms are valid for one year.**

<b>Vendor:</b>	Mangan Holcomb Partners
<b>Tax ID:</b>	2070
<b>Disclosure Statement:</b>	I certify that I <b>DO NOT</b> employ or contract with an illegal immigrant.
<b>Contact E-mail:</b>	julie@manganholcomb.com
<b>Submitted on:</b>	04-06-16
<b>Valid through:</b>	04-05-17

Attachment H

## CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM

Failure to complete all of the following information may result in a delay in obtaining a contract, lease, purchase agreement, or grant award with any Arkansas State Agency.

SUBCONTRACTOR:

SUBCONTRACTOR NAME:

Yes  No

TAXPAYER ID NAME: Mangan Holcomb Partners

IS THIS FOR:

Goods?

Services?  Both?

YOUR LAST NAME: Vogelpohl

FIRST NAME: Sharon

M.I.: T

ADDRESS: 2300 Cottdale Lane, Suite 300

CITY: Little Rock

STATE: AR

ZIP CODE: 72202

COUNTRY: USA

**AS A CONDITION OF OBTAINING, EXTENDING, AMENDING, OR RENEWING A CONTRACT, LEASE, PURCHASE AGREEMENT, OR GRANT AWARD WITH ANY ARKANSAS STATE AGENCY, THE FOLLOWING INFORMATION MUST BE DISCLOSED:**

### FOR INDIVIDUALS \*

Indicate below if: you, your spouse or the brother, sister, parent, or child of you or your spouse is a current or former: member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee:

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/ commission, data entry, etc.]	For How Long?		What is the person(s) name and how are they related to you? [i.e., Jane Q. Public, spouse, John Q. Public, Jr., child, etc.]	
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Relation
General Assembly							
Constitutional Officer							
State Board or Commission Member							
State Employee							

None of the above applies

### FOR AN ENTITY (BUSINESS) \*

Indicate below if any of the following persons, current or former, hold any position of control or hold any ownership interest of 10% or greater in the entity: member of the General Assembly, Constitutional Officer, State Board or Commission Member, State Employee, or the spouse, brother, sister, parent, or child of a member of the General Assembly, Constitutional Officer, State Board or Commission Member, or State Employee. Position of control means the power to direct the purchasing policies or influence the management of the entity.

Position Held	Mark (√)		Name of Position of Job Held [senator, representative, name of board/commission, data entry, etc.]	For How Long?		What is the person(s) name and what is his/her % of ownership interest and/or what is his/her position of control?		
	Current	Former		From MM/YY	To MM/YY	Person's Name(s)	Ownership Interest (%)	Position of Control
General Assembly								
Constitutional Officer								
State Board or Commission Member								
State Employee	√		Chief of Staff, AG office	1/2015	present	Carl Vogelpohl	0	None

None of the above applies

## Contract and Grant Disclosure and Certification Form

**Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this contract. Any contractor, whether an individual or entity, who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the agency.**

**As an additional condition of obtaining, extending, amending, or renewing a contract with a state agency I agree as follows:**

1. Prior to entering into any agreement with any subcontractor, prior or subsequent to the contract date, I will require the subcontractor to complete a **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM**. Subcontractor shall mean any person or entity with whom I enter an agreement whereby I assign or otherwise delegate to the person or entity, for consideration, all, or any part, of the performance required of me under the terms of my contract with the state agency.
  
2. I will include the following language as a part of any agreement with a subcontractor:  

*Failure to make any disclosure required by Governor's Executive Order 98-04, or any violation of any rule, regulation, or policy adopted pursuant to that Order, shall be a material breach of the terms of this subcontract. The party who fails to make the required disclosure or who violates any rule, regulation, or policy shall be subject to all legal remedies available to the contractor.*
  
3. No later than ten (10) days after entering into any agreement with a subcontractor, whether prior or subsequent to the contract date, I will mail a copy of the **CONTRACT AND GRANT DISCLOSURE AND CERTIFICATION FORM** completed by the subcontractor and a statement containing the dollar amount of the subcontract to the state agency.

**I certify under penalty of perjury, to the best of my knowledge and belief, all of the above information is true and correct and that I agree to the subcontractor disclosure conditions stated herein.**

Signature  Title President Date 5/5/16

Vendor Contact Person Sharon Vogelwohl Title President Phone No. 501-376-0321

*Agency use only*

Agency Number \_\_\_\_\_ Agency Name \_\_\_\_\_ Agency Contact Person \_\_\_\_\_ Contact Phone No. \_\_\_\_\_ Contract or Grant No. \_\_\_\_\_

# **Mangan Holcomb Partners**

## **Our Employment Policies**

### **EQUAL EMPLOYMENT OPPORTUNITY**

Mangan Holcomb Partners is an Equal Employment Opportunity Employer. It is our policy to implement equal employment opportunity to all qualified employees and applicants for employment without regard to race, creed, color, sex, age, disability, or national origin, religion, marital status, sexual orientation, gender identity, genetic information, military status, or other status protected by applicable law.

Positive action shall be taken to ensure fulfillment of this policy. This obligation includes hiring, placement, upgrading, transfer or demotion, recruitment, advertising or solicitation for employment, treatment during employment, rate of pay, or other form of compensation, selection for training, and layoff or termination. Our objective is to obtain individuals qualified and/or trainable for the position by virtue of job-related standards of education, training, experience, and personal qualifications.