## LEVINE ACT DISCLOSURE FORM

## GRANT APPLICANTS MUST COMPLETE, SIGN AND SUBMIT THIS FORM

California Government Code Section 84308, commonly referred to as the "Levine Act," precludes an officer of the County from participating in a decision regarding a permit, license, contract, or other entitlement for use if the officer received any campaign contributions totaling more than \$500 (aggregated) from a party to a decision, a participant with a financial interest, or their respective agents, in the twelve months prior to a decision. The officer may not receive, direct, or solicit such contributions while an application is pending and for twelve months after a decision from a party, a participant with a financial interest, or their respective agents. The Levine Act requires parties to disclose contributions made by parties or their agents; this must be done on the record of the proceeding.

A party to a grant shall not make a contribution of more than \$500 to any officer during the proceedings and for 12 months following the final decision. A party's agent shall not make any contribution during this same time period. For additional information on the Levine Act, please visit the website of the Fair Political Practices Commission: <a href="https://www.fppc.ca.gov/">https://www.fppc.ca.gov/</a>

Grants issued by the County of San Diego are reviewed and approved by the Board of Supervisors. A list of the current Board of Supervisors is found at <a href="https://www.sandiegocounty.gov/content/sdc/general/bos/">https://www.sandiegocounty.gov/content/sdc/general/bos/</a>. Applicants should access this link to review the names prior to disclosing the information below.

## Please disclose the following information:

COMPANY ADDRESS

Have you or your company, or any agent on behalf of you or your company, made any political contributions of more than \$500 to any County of San Diego public official who is running for office in the 12 months preceding this application? Please aggregate any contributions made over the previous 12 months to determine if the \$500 threshold has been met.

threshold has been met.	
YESNO	
If yes, please identify the following:	
Name of each public official to whom a contribution was made:	
Name of contributor:	
Date of contribution:	
Amount of contribution:	
Contributor's Address:	
Contributor's Phone number and email:	
update this form for any new campaign contributions made to any County of Sar days of making the contribution. This obligation pertains only to County of jurisdiction over your grant. Please contact the County personnel processing questions.  If the applicant is a corporation, a limited liability corporation, partnership, or oth any shareholder or owner that has more than a 50% ownership interest, if any:	f San Diego public officials who have your grant application if you have any er form of business entity, please identify
AUTHORIZED SIGNATURE	DATE
NAME AND TITLE	_
COMPANY NAME	_