



**BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND**

**BID FORM 4: Affidavit of City Vendor**

Per our Code of Ordinances [Sec. 21.-28.1 \(e\)](#), this form applies to a) the business, b) any political action committee whose name includes the name of the business, c) all persons holding ten (10) percent or greater equity interest or five thousand dollars (\$5,000.00) or greater cash value interest in the business at any time during the reporting period, d) all executive officers of the business entity, e) any spouse or dependent child of any individual identified in a) though d) above.

Executive officers who are not residents of the state of Rhode Island are exempted from this requirement.

Per [R.I.G.L. § 36-14-2](#), “Business” means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized in law through which business for profit or not for profit is conducted.

Name of the person making this affidavit: \_\_\_\_\_

Position in the “Business” \_\_\_\_\_

Name of Entity \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

The number of persons or entities in your entity that are required to report under [Sec. 21.-28.1 \(e\)](#): \_\_\_\_\_

**Read the following paragraph and answer one of the options:**

Within the 12 month period preceding the date of this bid submission with the City of Providence, or with respect to the contracts that are not in writing within the 12 month period preceding the date of notification that the contract has reached the \$100,000 threshold, have you made campaign contributions within a calendar year to (please list all persons or entities required under [Sec. 21.-28.1 \(e\)](#)).

a. Members of the Providence City Council?  Yes  No

• If Yes, please complete the following:

Recipient(s) of the Contribution:	Contribution Date(s):	Contribution Amount(s) - \$ :

b. Candidates for election or reelection to the Providence City Council?  Yes  No

• If Yes, please complete the following:

Recipient(s) of the Contribution:	Contribution Date(s):	Contribution Amount(s) - \$ :



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c. The Mayor of Providence?  Yes  No

• If Yes, please complete the following:

Recipient(s) of the Contribution:	Contribution Date(s):	Contribution Amount(s) - \$ :

d. Candidates for election or reelection to the office of Mayor of Providence?  Yes  No

• If Yes, please complete the following:

Recipient(s) of the Contribution:	Contribution Date(s):	Contribution Amount(s) - \$ :

\_\_\_\_\_  
Signed under the pains and penalties of perjury.

\_\_\_\_\_  
Position