PUR-1037A FORFF (8-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities

FORCED LABOR OF ETHNIC UYGHURS BAN

Solicitation No. or Contract No: ______ Description:_____

Please note that if any of the following apply to the Contractor, then the Offeror shall select the "Exempt Contractor" option below:
Contractor is a sole proprietorship;
Contractor has fewer than ten (10) employees; OR
Contractor is a non-profit organization.
Pursuant to A.R.S. § 35-394, the State of Arizona prohibits a public entity from entering into or renewing a contract with a company unless the contract includes written certification that the company does not use the forced labor, or any goods or services produced by the forced labor, of ethnic Uyghurs in the People's Republic of China.
Under A.R.S. § 35-394:
 "Company" means an organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company or other entity or business association, including a wholly owned subsidiary, majority-owned subsidiary, parent company or affiliate, that engages in for-profit activity and that has ten or more full-time employees.
"Public entity" means this State, a political subdivision of this State or an agency, board, commission or department of this State or a political subdivision of this State.
In compliance with A.R.S. §§ 35-394 et seq., all offerors must select one of the following:
The Company submitting this Offer does not use, and agrees not to use during the term of the contract, any of the following:
 Forced labor of ethnic Uyghurs in the People's Republic of China;
 Any goods or services produced by the forced labor of ethnic Uyghurs in the People's Republic of China; or

the forced labor of ethnic Uyghurs in the People's Republic of China.

The Company submitting this Offer **does** participate in use of Forced Uyghurs Labor as described in A.R.S. § 35-394.

· Any Contractors, Subcontractors, or suppliers that use the forced labor or any goods or services produced by

Exempt Contractor. Indicate which of the following statements applies to the Contractor (may be more than one):

Contractor is a sole proprietorship;

Contractor has fewer than ten (10) employees; and/or

Contractor is a non-profit organization.

Company Name:				
Address:	City, State, Zip:			
Printed Name and Title:	Email Address:			
Signature of Person Authorized to Sign:				

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