



**Levine Act Contractor Form:
Identification of Subcontractors and Agents**

Completed form submitted to the County of Santa Clara is a public record.

This Section to be completed by County Staff after Form is completed by Contractor:

Date of Board of Supervisors Meeting	April 16, 2024
When Agreement/Amendment Will Be Considered:	
Legislative File No.:	24-5327

Instructions to Contractor for Completion of Form:

For any contract or grant/sponsorship agreement (including amendments) with the County of Santa Clara ("Agreement") that will be submitted to the County of Santa Clara Board of Supervisors for consideration, any party entering into the Agreement with the County ("Contractor") must:

- 1) Fill out Sections A, B, C, and D of this form.
 - a. For Section B, list any subcontractors identified in Contractor's solicitation/grant proposal and/or in Contractor's Agreement with the County ("Subcontractor").
- 2) Provide a separate Levine Act Subcontractor Form: Identification of Agents to each Subcontractor, if any, listed in Section B, and collect a completed form from each Subcontractor.
- 3) Provide this form and each completed Levine Act Subcontractor Form: Identification of Agents to the designated County of Santa Clara contract manager for this Agreement.

NOTE: This form is for the identification of Contractor's Subcontractors and agents only. If a Contractor, Subcontractor, or their agents have any campaign contributions they are required to disclose pursuant to the Levine Act, they must separately disclose those contributions. They may make such disclosures online at <https://www.sccgov.org/levineact>.

SECTION A – CONTRACTOR AND AGREEMENT INFORMATION

Contractor Legal Name (include d/b/a if applicable):	Oaklandidence Opco, LLC DBA - Medical Hill Healthcare Center
Title or Short Description of Agreement:	Neurobehavioral Patient Services

SECTION B – SUBCONTRACTORS FOR THIS AGREEMENT

Provide list of Contractor's Subcontractors for this Agreement:

	Name of Subcontractor(s):
1.	
2.	
3.	
4.	

If there are more than four Subcontractors, please submit a supplemental form. If attaching a supplemental form, check this box: ☐

If no Subcontractors, check this box: ☒

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SECTION C – CONTRACTOR’S AGENTS

Provide list of Contractor’s Agents (as that term is defined under [Government Code section 84308](#) and [California Code of Regulations section 18438.3¹](#)) for this Agreement:

	Name of Agent(s):	Name of Agent’s Firm (if applicable):
1.		
2.		
3.		
4.		
5.		
6.		

If no Agents, check this box: ☒

SECTION D – CONTRACTOR SIGNATURE

The undersigned declares that they are a representative of Contractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

Andrew Snider

Administrator

Printed Name

Title


Contractor’s Authorized Representative Signature


Date

ⁱ California Code of Regulations section 18438.3 states:

- (a) A person is the ‘agent’ of a party to, or a participant in, a pending proceeding involving a license, permit or other entitlement for use only if the person represents that party or participant for compensation and appears before or otherwise communicates with the governmental agency for the purpose of influencing the pending proceeding.
- (b) If an individual acting as an agent is also acting as an employee or member of a law, architectural, engineering or consulting firm, or a similar entity or corporation, both the entity or corporation and the individual are “agents.”
- (c) “Communication with the governmental agency for the purpose of influencing the proceeding” does not include:
 - (1) Drawings or submissions of an architectural, engineering, or similar nature prepared by a person for a client to submit in a proceeding before the agency if:
 - (A) The work is performed pursuant to the person’s profession; and
 - (B) The person does not make any contact with the agency other than contact with agency staff concerning the process or evaluation of the documents prepared by the official; or
 - (2) Purely technical data or analysis provided to an agency by a person who does not otherwise engage in direct communication for the purpose of influencing the proceeding.



Levine Act Subcontractor Form:

Identification of Agents

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This Section to be completed by County Staff after Form is completed by Subcontractor:

Date of Board of Supervisors Meeting

When Agreement/Amendment Will Be Considered:

Legislative File No.:

Instructions to Subcontractor for Completion of Form:

For any contract or grant/sponsorship agreement (including amendments) with the County of Santa Clara ("Agreement") that will be submitted to the County of Santa Clara Board of Supervisors for consideration, this form must be separately filled out by any subcontractor identified in the solicitation/grant/sponsorship proposal or in the Agreement with the County ("Subcontractor"). Upon completion, return this form to the Agreement contractor or grant/sponsorship recipient ("Contractor") for submission to the County.

NOTE: This form is for the identification of Subcontractor's agents only. If a Subcontractor or their agents have any campaign contributions they are required to disclose pursuant to the Levine Act, they must separately disclose those contributions. They may make such disclosures at <https://www.sccgov.org/levineact>.

Subcontractor Legal Name
(include d/b/a if applicable):

Oaklandidence Opco, LLC
DBA - Medical Hill Healthcare Center

Title or Short Description of Agreement:

Neurobehavioral Patient Services

Provide list of Subcontractor's Agents (as that term is defined under [Government Code section 84308](#) and [California Code of Regulations section 18438.3¹](#)) for this Agreement:

	Name of Agent(s):
1.	
2.	
3.	
4.	

If there are more than four Agents, please submit a supplemental form. If attaching a supplemental form, check this box: ☐

If no Agents, check this box: ☒

The undersigned declares that they are a representative of Subcontractor and are empowered to represent, bind, and execute contracts on behalf of the firm or individual. The undersigned declares that all statements in this Form are true and correct.

Andrew Snider

Administrator

Printed Name

Title

Subcontractor's Authorized Representative Signature

Date



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Identification of Agents

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(A) The work is performed pursuant to the person's profession; and

(B) The person does not make any contact with the agency other than contact with agency staff concerning the process or evaluation of the documents prepared by the official; or

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