**DEMOGRAPHICS AFFIDAVIT**

Name of Applicant firm:

Description of Matter: **Designation as a 2022 Municipal Depository for City of Chicago and Chicago Board of Education Funds**

Role of Applicant: **Municipal Depository**

**Fill out below (and attach additional sheets using the same format, if necessary), the following information for each person in the Applicant’s firm who will directly provide professional services to the City in connection with the Matter described above: the individual’s position in the Applicant’s firm and their role in the Matter, gender, and race or ethnicity. Individuals’ names need not be disclosed.**

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| **Count** | **Position and Role** | **Gender** | **Race/Ethnicity** |
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*(If needed, please use additional sheets to identify additional personnel.)*

By signing below, I represent under penalty of perjury that: (1) I am authorized to act on behalf of the Applicant; (2) the information in this Affidavit (and associated attachment, if applicable) are true, complete, and correct; and (3) failure to accurately and completely provide the information requested herein may result in a declaration of ineligibility to participate in future Matters for the City of Chicago.

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_