

**CITY OF RICHMOND**  
**Sanctuary City Compliance Statement**

The undersigned, Department Head of the \_\_\_\_\_ Department (hereafter "Department"), has had an opportunity to review the requirements of City of Richmond Ordinance 12-18 (hereafter "Sanctuary City Contracting Ordinance" or "SCCO"). The Department understands and agrees that the City shall not knowingly enter into a new contract or agreement, nor amend or extend an existing contract or agreement with any Person or Entity that provides Data Broker or Extreme Vetting services to the U.S. Immigration and Customs Enforcement Division of the United States Department of Homeland Security ("ICE"). Department understands the meaning of the following terms used in the SCCO:

- a. "Data Broker" means either of the following:
  - i. The collection of information, including personal information about consumers, from a wide variety of sources for the purposes of reselling such information to their customers, which include both private-sector business and government agencies;
  - ii. The aggregation of data that was collected for another purpose from that for which it is ultimately used.
  
- b. "Extreme Vetting" means data mining, threat modeling, predictive risk analysis, or other similar services."

Department understands that it shall not knowingly receive or retain a contract if at the time the Contract is executed, or at any time during the term of the Contract, the contractor provides Data Broker or Extreme Vetting services to ICE.

By executing this Statement, Department certifies that it has complied with the requirements of the SCCO during the 20XX Calendar Year. If at any time the Department ceases to comply, Department will promptly notify the City Manager in writing.

Based on the foregoing, the undersigned declares under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20XX, at \_\_\_\_\_, California.

**Department Head**

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Name of Department:** \_\_\_\_\_ **Date:** \_\_\_\_\_