<table>
<thead>
<tr>
<th>Attachment Number</th>
<th>Document</th>
</tr>
</thead>
<tbody>
<tr>
<td>J.3</td>
<td>Equal Employment Opportunity Employer Information Report and Mayor’s Order 85-85</td>
</tr>
</tbody>
</table>
EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

_______________________ SHALL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILY STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS.

_______________________ AGREES TO AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED, AND THAT EMPLOYEES ARE TREATED DURING EMPLOYMENT WITHOUT REGARD TO THEIR ACTUAL OR PERCEIVED: RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, FAMILY STATUS, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, GENETIC INFORMATION, DISABILITY, SOURCE OF INCOME, OR PLACE OF RESIDENCE OR BUSINESS. THE AFFIRMATIVE ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (A) EMPLOYMENT, UPGRADING, OR TRANSFER; (B) RECRUITMENT OR RECRUITMENT ADVERTISING; (C) DEMOTION, LAYOFF, OR TERMINATION; (D) RATES OF PAY, OR OTHER FORMS OR COMPENSATION; AND (E) SELECTION FOR TRAINING AND APPRENTICESHIP.

_______________________ AGREES TO POST IN CONSPICUOUS PLACES THE PROVISIONS CONCERNING NON-DISCRIMINATION AND AFFIRMATIVE ACTION.

_______________________ SHALL STATE THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT PURSUANT TO SUBSECTION 1103.2 THROUGH 1103.10 OF MAYOR’S ORDER 85-85; “EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS IN CONTRACTS.”

_______________________ AGREES TO PERMIT ACCESS TO ALL BOOKS PERTAINING TO ITS EMPLOYMENT PRACTICES, AND TO REQUIRE EACH SUBCONTRACTOR TO PERMIT ACCESS TO BOOKS AND RECORDS.

_______________________ AGREES TO COMPLY WITH ALL GUIDELINES FOR EQUAL EMPLOYMENT OPPORTUNITY APPLICABLE IN THE DISTRICT OF COLUMBIA.

_______________________ SHALL INCLUDE IN EVERY SUBCONTRACT THE EQUAL OPPORTUNITY CLAUSES, SUBSECTION 1103.2 THROUGH 1103.10 SO THAT SUCH PROVISIONS SHALL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

_________________________________   __________________________
AUTHORIZED OFFICIAL AND TITLE    DATE

________________________________   ___________________________
AUTHORIZED SIGNATURE NAME    FIRM/ORGANIZATION


CONTRACTOR

____________________________________________
NAME

____________________________________________
SIGNATURE

____________________________________________
TITLE

____________________________________________
CONTRACT NUMBER

____________________________________________
DATE
**EQUAL EMPLOYMENT OPPORTUNITY**
**EMPLOYER INFORMATION REPORT**

---

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**
DC Office of Contracting and Procurement
Employer Information Report (EEO)

**Reply to:**
Office of Contracting and Procurement
441 4th Street, NW, Suite 700 South
Washington, DC 20001 Washington, DC 20001

---

**Instructions:**
Two (2) copies of DAS 84-404 or Federal Form EEO-1 shall be submitted to the Office of Contracting and Procurement. One copy shall be retained by the Contractor.

---

**Section A – TYPE OF REPORT**

1. Indicate by marking in the appropriate box the type of reporting unit for which this copy of the form is submitted (MARK ONLY ONE BOX)

- Single Establishment Employer
  - (1) Single-establishment Employer Report
- Multi-establishment Employer:
  - (2) Consolidated Report
  - (3) Headquarters Report
  - (4) Individual Establishment Report (submit one for each establishment with 25 or more employees)
  - (5) Special Report

---

**Section B – COMPANY IDENTIFICATION (To be answered by all employers) OFFICIAL**

1. Name of Company which owns or controls the establishment for which this report is filed

   a.

   Address (Number and street) | City or Town | Country | State | Zip Code
   --------------------------- |------------ |-------- |------ |---------
   ______________________    |            |        |       |         

   b. Employer Identification No.

---

2. Establishment for which this report is filed.

   a. Name of establishment

   c.

   Address (Number and street) | City or Town | Country | State | Zip Code
   --------------------------- |------------ |-------- |------ |---------
   ______________________    |            |        |       |         

   d. Employer Identification No.

---

3. Parent of affiliated Company

   a. Name of parent or affiliated Company

   b. Employer Identification No.

---

**Section C - ESTABLISHMENT INFORMATION**

1. Is the location of the establishment the same as that reported last year? Yes ☐ No ☐ Did not report ☐

2. Is the major business activity at this establishment the same as that reported last year? Yes ☐ No ☐

3. MINORITY GROUP MEMBERS: Indicate if you are a minority business enterprise (50% owned or 51% controlled by minority members).

---

DAS 84-404
(Replaces D.C. Form 2640.9 Sept. 74 which is Obsolete)
SECTION D – EMPLOYMENT DATA

Employment at this establishment – Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zero. In columns 1, 2, and 3, include ALL employees in the establishment Including those in minority groups.

<table>
<thead>
<tr>
<th>JOB CATEGORIES</th>
<th>TOTAL EMPLOYEES IN ESTABLISHMENT</th>
<th>MINORITY GROUP EMPLOYEES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Employees Including Minority</td>
<td>Male</td>
</tr>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td>Total Male Including Minorities</td>
<td>(4)</td>
</tr>
<tr>
<td>Officials and Managers</td>
<td>Total Female Including Minorities</td>
<td>(3)</td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Service Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total employees</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>reported in previous report</td>
<td></td>
</tr>
</tbody>
</table>

(The trainee below should also be included in the figures for the appropriate occupation categories above)

| Formal On-The-Job Trainee | White collar | (1) | (2) | (3) | (4) | (5) | (6) | (7) | (8) | (9) | (10) | (11) |
| Production               | White collar |     |     |     |     |     |     |     |     |     |       |     |

1. How was information as to race or ethnic group in Section D obtained?
   a. Visual Survey
   b. Employment Record
   c. Other Specify

2. Dates of payroll period used
   a. Visual Survey
   b. Employment Record
   c. Other Specify

3. Pay period of last report submitted for this establishment

Section E – REMARKS Use this Item to give any identification data appearing on last report which differs from that given above, explain major changes in composition or reporting units, and other pertinent information.

Section F – CERTIFICATION

Check 1. All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)
One 2. This report is accurate and was prepared in accordance with the instructions.

Name of Authorized Official          Title          Signature          Date
Name of person contact regarding     Address        (Number and street)
This report (Type of print)          City and State  Zip Code  Telephone  Number  Extension

INFORMATION CITED HEREIN SHALL BE HELD IN CONFIDENCE.
This SUMMARY form is to be completed by the PRIME contractor.

<table>
<thead>
<tr>
<th>BID NO.</th>
<th>CCB NUMBER:</th>
</tr>
</thead>
</table>

**NOTE:** the standard for minority subcontracting is 25% or the TOTAL contract dollar amount to be subcontracted.

**NAME OF PRIME CONTRACTOR:**

**ADDRESS:**

**TELEPHONE NO.:**

**PROJECT NAME:**

**ADDRESS:**

**WARD NO.:**

**PROJECT DESCRIPTIONS:**

### SECTION II

**LIST ALL SUBCONTRACTORS THAT WILL BE UTILIZED ON THE ABOVE PROJECT**

<table>
<thead>
<tr>
<th>1. NAME OF SUBCONTRACTOR</th>
<th>2. ADDRESS</th>
<th>3. CONTACT PERSON</th>
<th>4. MBOC CERT. NO.</th>
<th>5. PHONE NO.</th>
<th>1. IS THIS A MINORITY SUB?</th>
<th>2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE</th>
<th>3. AMOUNT OF SUBCONTRACT equals ( )</th>
<th>4. __________ % (percent) OF TOTAL PRIME CONTRACT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. YES</td>
<td>2. MINORITY SUBCONTRACTOR</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. NO</td>
<td>2. MINORITY SUBCONTRACTOR</td>
<td>1.</td>
<td>2.</td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
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<td>2. MINORITY SUBCONTRACTOR</td>
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<td>2.</td>
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<td>4.</td>
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<td>2.</td>
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<td>3.</td>
<td>4.</td>
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<td>2. MINORITY SUBCONTRACTOR</td>
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<td>2.</td>
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<td>3.</td>
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<td>3.</td>
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<td>2.</td>
</tr>
<tr>
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<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. YES</td>
<td>2. MINORITY SUBCONTRACTOR</td>
<td>1.</td>
<td>2.</td>
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<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. NO</td>
<td>2. MINORITY SUBCONTRACTOR</td>
<td>1.</td>
<td>2.</td>
</tr>
</tbody>
</table>

**TOTAL DOLLAR AMOUNT SUBCONTRACTED TO ‘MINORITY BUSINESS ENTERPRISES $____________________________**

**PERCENT OF PRIME CONTRACT: ___________ %**
**PROJECTED GOALS AND TIMETABLES FOR FUTURE HIRING**

**MINORITY GROUP EMLOYEES GOALS**

<table>
<thead>
<tr>
<th>JOB CATEGORIES</th>
<th>MALE</th>
<th>FEMALE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Black</td>
<td>Asian</td>
</tr>
<tr>
<td>Officials and Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**NAME OF AUTHORIZED OFFICIAL:**

**TITLE:**

**SIGNATURE:**

**FIRM NAME:**

**TELEPHONE NO:**

**DATE:**

**INDICATE IF THE PRIME UTILIZES A “MINORITY FINANCIAL INSTITUTION”**

____ Yes  _____ No

**NAME:**

**ADDRESS:**

**TYPE OF ACCOUNT/S:**