<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, FAMILIAL 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, FAMILIAL 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  

**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)

<table>
<thead>
<tr>
<th></th>
<th>Single Establishment Employer</th>
<th>Multi-establishment Employer:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Single-establishment Employer Report</td>
<td>(2) Consolidated Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(3) Headquarters Report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(4) Individual Establishment Report (submit one for each establishment with 25 or more employees)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(5) Special Report</td>
</tr>
</tbody>
</table>

1. Total number of reports being filed by this Company. _______________________

### Section B – COMPANY IDENTIFICATION (To be answered by all employers) OFFICIAL USE ONLY

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. OFFICIAL USE ONLY

   a. Name of establishment  
   Address (Number and street)  
   City or Town  
   Country  
   State  
   Zip Code  
   b. Employer Identification No.

3. Parent of affiliated Company  
   a. Name of parent or affiliated Company  
   b. Employer Identification No.

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

### Section C - ESTABLISHMENT INFORMATION

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

   Report on combined basis

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

   No report last year

   Reported on combined basis

2. What is the major activity of this establishment? (Be specific, i.e., manufacturing steel castings, retail grocer, wholesale plumbing supplies, title insurance, etc. Include the specific type of product or service provided, as well as the principal business or industrial activity.)

3. MINORITY GROUP MEMBERS: Indicate if you are a minority business enterprise (50% owned or 51% controlled by minority members).  
   Yes  No

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 Minorities (1)</td>
<td>Total Male Including Minorities (2)</td>
</tr>
<tr>
<td>Officials and Managers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office and Clerical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craftsman (Skilled)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operative (Semi-Skilled)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers (Unskilled)</td>
<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 employ reported in previous report</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Formal On-The-Job Trainee</th>
<th>White collar</th>
<th>Production</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1)</td>
<td>(2)</td>
</tr>
<tr>
<td></td>
<td>(3)</td>
<td>(4)</td>
</tr>
<tr>
<td></td>
<td>(5)</td>
<td>(6)</td>
</tr>
<tr>
<td></td>
<td>(7)</td>
<td>(8)</td>
</tr>
<tr>
<td></td>
<td>(9)</td>
<td>(10)</td>
</tr>
<tr>
<td></td>
<td>(11)</td>
<td></td>
</tr>
</tbody>
</table>

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
   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 This report (Type of print) __________________________ Address __________________________ (Number and street)

Title __________________________ City and State __________________________ Zip Code __________________________ Telephone __________________________ Number __________________________ Extension __________________________
This SUMMARY form is to be completed by the PRIME contractor.

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

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

AMOUNT OF PRIME CONTRACT $ ________________

AMOUNT OF ALL SUBCONTRACTS: $ ________________ equals ________% OF THE PRIME CONTRACT.

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>1. $ AMOUNT OF-SUBCONTRACT equals (%)</th>
<th>2. ________% (percent) OF TOTAL PRIME CONTRACT.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>YES NO</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL DOLLAR AMOUNT SUBCONTRACTED TO ‘MINORITY BUSINESS ENTERPRISES $ ________________

PERCENT OF PRIME CONTRACT: ________________________%
SOLICITATION NO:___________________________

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>
<td></td>
</tr>
<tr>
<td>Technicians</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sales Workers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office and Clerical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Craftsman (Skilled)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Operative (Semi-Skilled)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Laborers (Unskilled)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Workers</td>
<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: ________________________