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  

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

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

   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.

   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  
   Report 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)  
84-2P891
### 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>
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<td>Sales Workers</td>
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<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 (1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
<th>(9)</th>
<th>(10)</th>
<th>(11)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Production</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></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)
Check 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

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>
<th>AMOUNT OF PRIME CONTRACT $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>of pages</td>
<td>AMOUNT OF ALL SUBCONTRACTS: $</td>
</tr>
</tbody>
</table>

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

NAME OF PRIME CONTRACTOR:  
TELEPHONE NO.  
ADDRESS:  
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 ($)</th>
<th>2. ________% (percent) OF TOTAL PRIME CONTRACT.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. YES NO</td>
<td>2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE</td>
<td>1. ________ equals ($)</td>
<td>2. -------%</td>
</tr>
<tr>
<td>1.</td>
<td>2.</td>
<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. YES NO</td>
<td>2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE</td>
<td>1. ________ equals ($)</td>
<td>2. -------%</td>
</tr>
<tr>
<td>1.</td>
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<td>3.</td>
<td>4.</td>
<td>5.</td>
<td>1. YES NO</td>
<td>2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE</td>
<td>1. ________ equals ($)</td>
<td>2. -------%</td>
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<td>1.</td>
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<td>2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE</td>
<td>1. ________ equals ($)</td>
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<td>1.</td>
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<td>5.</td>
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<td>2. TRADE OR BUSINESS PRODUCT THAT SUB WILL PROVIDE</td>
<td>1. ________ equals ($)</td>
<td>2. -------%</td>
</tr>
</tbody>
</table>

TOTAL DOLLAR AMOUNT SUBCONTRACTED TO MINORITY BUSINESS ENTERPRISES $  
PERCENT OF PRIME CONTRACT: ________%
### MINORITY GROUP EMLOYEES GOALS TIMETABLES

<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>
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<td>Officials and Managers</td>
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</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

NAME OF AUTHORIZED OFFICIAL: __________________________
TITLE: __________________________
SIGNATURE: __________________________

FIRM NAME: __________________________
TELEHONE NO: __________________________
DATE: __________________________

INDICATE IF THE PRIME UTILIZES A “MINORITY FINANCIAL INSTITUTION”

_____ Yes _____ No

NAME: __________________________
ADDRESS: __________________________

TYPE OF ACCOUNT/S: __________________________