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
ASSURANCE OF COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY REQUIREMENTS
MAYOR’S ORDER 85-85, EFFECTIVE JUNE 10, 1985, AND THE RULES IMPLEMENTING MAYORS
ORDER 85-85, 33 DCR 4952, (PUBLISHED AUGUST 15, 1986), “ON COMPLIANCE WITH EQUAL
OPPORTUNITY REQUIREMENTS IN DISTRICT GOVERNMENT CONTRACTS,” ARE HEREBY INCLUDED AS
PART OF THIS BID/PROPOSAL. THEREFORE, EACH BIDDER/OFFEROR SHALL INDICATE BELOW THEIR
WRITTEN COMMITMENT TO ASSURE COMPLIANCE WITH MAYOR’S ORDER 85-85 AND THE
IMPLEMENTING RULES. FAILURE TO COMPLY WITH THE SUBJECT MAYOR’S ORDER AND THE
IMPLEMENTING RULES SHALL RESULT IN REJECTION OF THE RESPECTIVE BID/PROPOSAL.

I, ______________________________________________, THE AUTHORIZED REPRESENTATIVE OF
___________________________________________, HEREINAFTER REFERRED TO AS “THE
CONTRACTOR,” CERTIFY THT THE CONTRATOR IS FULLY AWARE OF ALL OF THE PROVISIONS OF
MAYOR’S ORDER 85-85, EFFECTIVE JUNE 10, 1985, AND OF THE RULES IMPLEMENTING MAYOR’S
ORDER 85-85, 33 DCR 4952. I FURTHER CERTIFY AND ASSURE THAT THE CONTRACTOR WILL FULLY
COMPLY WITH ALL APPLICABLE PROVISIONS OF THE MAYOR’S ORDER AND IMPLEMENTING RULES IF
AWARDED THE D.C. GOVERNMENT REFERENCED BY THE CONTRACT NUMBER ENTERED BELOW.
FURTHER, THE CONTRACTOR ACKNOWLEDGES AND UNDERSTANDS THAT THE AWARD OF SAID
CONTRACT AND ITS CONTINUATION ARE SPECIFICALLY CONDITIONED UPON THE CONTRACTOR’S
COMPLIANCE WITH THE ABOVE-CITED ORDER AND RULES.

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

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**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
- [ ] Multi-establishment Employer:
  - (1) Single-establishment Employer Report
  - (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

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 [ ]

Report on combined basis [ ]

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

Reported on combined basis [ ]

3. 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 employees 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>(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>
<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
   a. Visual Survey
   b. Employment Record
   c. Other Specify ____________________

3. Pay period of last report submitted for this establishment
   a. Visual Survey
   b. Employment Record
   c. Other Specify ____________________

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 ____________________________

INFORMATION CITED HEREIN SHALL BE HELD IN CONFIDENCE.
DEPARTMENT OF SMALL AND LOCAL BUSINESS DEVELOPMENT
CONTRACT COMPLIANCE DIVISION

SUBCONTRACT SUMMARY FORM

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

NAME OF PRIME CONTRACTOR:                        ADDRESS:                        

TELEPHONE NO.                                      

PROJECT NAME:                      PROJECT DESCRIPTIONS:                      

WARD NO:                                      

SECTION II LIST ALL SUBCONTRACTORS THAT WILL BE UTILIZED ON THE ABOVE PROJECT

<table>
<thead>
<tr>
<th>1. NAME OF SUBCONTRACTOR</th>
<th>1. IS THIS A MINORITY SUB?</th>
<th>1. $ AMOUNT OF-SUBCONTRACT</th>
<th>1. MINORITY SUBCONTRACTOR</th>
<th>1. MINORITY SUBCONTRACTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. ADDRESS</td>
<td>YES</td>
<td>equals (=)</td>
<td>YES</td>
<td>YES</td>
</tr>
<tr>
<td>3. CONTACT PERSON</td>
<td>NO</td>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. MBE/CERT. NO.</td>
<td></td>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. PHONE NO.</td>
<td></td>
<td>2.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. MINORITY SUBCONTRACTOR

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TOTAL DOLLAR AMOUNT SUBCONTRACTED TO MINORITY BUSINESS ENTERPRISES $

PERCENT OF PRIME CONTRACT: __________ %
SOLICITATION NO:___________________________

PROJECTED GOALS AND TIMETABLES FOR FUTURE HIRING

MINORITY GROUP EMPLOYEES 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>
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<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: ____________________