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 L 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
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 THAT THE CONTRACTOR 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

**Instructions:**  
Two (2) copies of DAS 84-404 or Federal Form EEO-I 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)

1. Name of Company which owns or controls the establishment for which this report is filed.
   a. [Name]
   b. 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
   b. 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 last year

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

   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)  
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>
<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>

Total employ reported in previous report

(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)
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.
This SUMMARY form is to be completed by the PRIME contractor.

<table>
<thead>
<tr>
<th>BID NO.</th>
<th>CCB NUMBER:</th>
<th>TOTAL DOLLAR AMOUNT SUBCONTRACTED TO MINORITY BUSINESS ENTERPRISES: $</th>
</tr>
</thead>
</table>

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

**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.:**

**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</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</td>
<td>2. NO</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</td>
<td>2. NO</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</td>
<td>2. NO</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</td>
<td>2. NO</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</td>
<td>2. NO</td>
<td>1. equals (—)</td>
<td>2. %</td>
</tr>
</tbody>
</table>

**TOTAL DOLLAR AMOUNT SUBCONTRACTED TO MINORITY BUSINESS ENTERPRISES: $**

**PERCENT OF PRIME CONTRACT:** 1/4
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>
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<td></td>
</tr>
<tr>
<td>Service Workers</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

TOTAL

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: [ ]