

One Capitol Hill, 3rd Floor. Providence, RI 02908-5**850** Telephone: (401) 574-8606 RI Relay 711 Email: <u>eoo.compliance@doa.ri.gov</u> Website:<u>www.dedi.ri.gov</u>

Instructions: This checklist of documents is required to obtain an Equal Employment Opportunity approval letter, per <u>R.I Gen. Laws § 28-5.1-10</u>. The Division of Equity, Diversity & Inclusion (DEDI)/ Equal Opportunity Office (EOO) ensures that any firm contracting with the State of Rhode Island is an Equal Employment Employer (EEO) vendor.

The attached Documents are needed to submit a Contract Compliance Report. successfully

Equal Employment Policy Statement, if under 50 employees

□ Affirmative Action Plan (AAP)

□ 50 or more employees and \$50,000.00 or more in government contracts must submit an executed Affirmative Action Plan that includes Executive Order 11246, Section 503

□ VEVRAA plan is required if the contract amount is \$150,000.00 or more, and over 50 employees

☐ <u>Attach a document detailing the hiring and termination dates of all minorities</u> <u>and females (Do not include names).</u>

□ Attach a Copy of the Employment Application or Online application



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Contract Compliance Report

So	licitation/	BID	#:
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Contract #:

Contract Value:

Section 1								
Vendor Name:								
Vendor Address:								
Vendor Phone Number:								
Email Address:								
Name & Title of Executive Officer								

-					
Project Location:					
Project Activity:					
Contract Beginning Date:					
Estimated Completion Date:					
Anticipated Peak Employment:					

	EEO Officer information
Name of EEO Officer:	
Email of EEO Officer:	

	Project Superintendent
Name of Superintendent:	
Title of Superintendent:	
Email of Superintendent:	

Date Last Compliance Report was Submitted to The Division of Equity, Diversity & Inclusion (DEDI)



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If you answer "Yes" to any of the following questions, a copy must be submitted with this form; otherwise, it <u>will not</u> be accepted.

Has a written Affirmative Action Program been established that covers all applicable requirements of 41 CFR Chapter 60, including a program for disabled and covered Veterans and persons with disabilities? If "YES," submit a copy.	□ Yes	🗆 No
Is the non-discrimination clause included in all union contracts, subcontracts, and other contracts as executed in your state contract? If "YES," submit a copy of these letters/ notices.	□ Yes	□ No
Have all your unions, contractors, and subcontractors covered by these reporting requirements been advised in writing of your nondiscrimination requirements? If "Yes," submit a copy of these letters/ notices.	□ Yes	□ No
Has a Collective bargaining or other contract of understanding been made with a labor union(s) representing the employees?	□ Yes	□ No
Has your company policy been communicated in writing to all officers and employees?	□ Yes	□ No
Do you explain all educational or formal training programs to employees or prospective employees that allow these persons to participate equally?	□ Yes	□ No
Have all recruitment sources, including unions, been notified in writing that all qualified applicants will receive consideration for employment without regard to Race, Color, Religion, Sex, Sexual Orientation, Gender Identity or Expression, Age, National Origin, Veteran status, or Disability?	□ Yes	□ No
Do you maintain segregated facilities, such as restrooms, lunchrooms,		

Do you maintain segregated facilities, such as restrooms, lunchrooms, recreational areas, etc., based on Race, Color, Religion, Sex, sexual orientation, Gender Identity or Expression, Age, National Origin, Veteran status, or Disability?

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Section 2

Which of the following recruitment sources are used by your company?												
\Box Word of Mouth %	Private Employment %											
Schools and Colleges %	State Employment Service %											
Newspaper Advertisement %	□ Walk-ins %											
\square Referral by Labor Organization %	\Box Referral by Minority %											
\Box Other: Internet, Radio, Present employees, etc. %												

Do all recruitment publications show An Equal Opportunity Employer? If yes, submit a copy

Please attach an explanation of the criteria used for <u>hiring and a copy of your employment application</u>

Please submit your Equal Opportunity Policy Statement or Affirmative Action Plan.

Union affiliations and other recruitment and training data to be used in completing this contract If not union-affiliated, please skip this part and proceed to section 4 Does the contractor Does the union sponsor or Union Does the Union sponsor or participate Union Title of participate in the Pre-Apprentice, Local have exclusive in Pre-Employment or Identification Apprentice, or Post-Apprentice Number referral rights? Post-Employment Training Program? **Training Programs?** □ Yes 🗆 No □ Yes Yes 🗆 No □ No □ Yes □ Yes □ No □ Yes □ Yes □ No □ Yes 🗆 No

Other recruiting services, predominantly minority,	women, disability, and social service organizations
Name of recruiting services	Address of recruiting services



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Section 3

Please Note: This section will be completed only if you have a subcontractor for this project.

Subcontractors Information							
Subcontractor's Name:							
Subcontractors Address:							
Subcontracts Email Address:							

Subcontractors- Vendors-supplies (If any, please list)												
Name:	Address	% Of Minority	% Of Female									



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Section 4

				Comp	any- Wi	ide Employ	ment s	Statistic	s (Use p	ay period	ending n	earest to t	he 15 th of t	the prev	vious mor	nth)					
Occupational Categories									Female Employees												
	Total Male	Black Or African American	Hispanic Or Latino	American Indian or Alaska Native	Asian	Native Hawaiian Or other Islander	White	Two Or More Races	Other	Total Female	Black Or African American	Hispanic or Latino	American Indian or Alaska Native	Asian	Native Hawaiian Or other Islander	White	Two Or More Races	Other	Persons With Disabilities	Veteran	Over 40
Officials/ Managers																					
Professionals																					
Technicians																					
Sales Workers																					
Office Clerical																					
Crafts (Unskilled)																					
Operatives (Skilled)																					
Crafts (Unskilled)																					
Service Workers																					
Total				1																	

Total Employees in Rhode Island: ______

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Section 4B (FOR SUBCONTRACTORS ONLY)

				Comp	any- Wi	ide Emplo	yment s	Statistic	s (Use p	ay period	ending n	earest to t	he 15 th of t	the prev	vious mon	th)					
Occupational Categories		Male Employees								Female Employees											
	Total Male	Black Or African American	Hispanic Or Latino	American Indian or Alaska Native	Asian	Native Hawaiian Or other Islander	White	Two Or More Races	Other	Total Female	Black Or African American	Hispanic or Latino	American Indian or Alaska Native	Asian	Native Hawaiian Or other Islander	White	Two Or More Races	Other	Persons With Disabilities	Veteran	Over 40
Officials/ Managers																					
Professionals																					
Technicians																					
Sales Workers																					
Office Clerical																					
Crafts (Unskilled)																					
Operatives (Skilled)																					
Crafts (Unskilled)																					
Service Workers																					
Total																					

Total Employees in Rhode Island: ______

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