

CONTRACT COMPLIANCE REPORT

For Office Use Only	
	Compliant
	Non-Compliant
	Incomplete Data

Solicitation / Bid # _____ Contract # _____

Contract Value: _____

SECTION 1

1. Contractor's Name, Address, Phone, and Email

2. Name & Title of Executive Officer

3. Name, Title, and Email of EEO Officer

4. Project Location & Activity

5. Contract Production Schedule:

- a. Beginning Date: _____
- b. Estimated Completion Date: _____
- c. Anticipated Peak Employment Dates: _____

6. Name, Title, & Email of Project Superintendent

7. DATE LAST REPORT SUBMITTED TO THIS AGENCY: _____

8. Has a collective bargaining agreement or other contract of understanding been made with a labor union(s) which represent the employees?

9. 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.

10. Have all your unions, contractors, and subcontracts covered by these reporting requirements been advised in writing of your non-discrimination requirements? If "YES", submit a copy of these letters / notices.

11. 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

12. Has your company policy been communicated in writing to all officers and employees?
13. Do you explain all educational or formal training programs to employees or prospective employees which allow these persons to participate on an equal basis?
14. 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?
15. Do you maintain segregated facilities (e.g.: restrooms, lunch rooms, recreational areas, etc...) on the basis of RACE, COLOR, RELIGION, SEX, SEXUAL ORIENTATION, GENDER IDENTITY OR EXPRESSION, AGE, NATIONAL ORIGIN, VETERAN STATUS OR DISABILITY?

YES	NO

SECTION 2

HIRING INFORMATION AND PROCEDURES

1. Which of the following recruitment sources are used by your company?

<u>CHECK SOURCES USED</u>	<u>PERCENTAGE OF APPLICANTS</u>
<input type="checkbox"/> Word of Mouth	_____
<input type="checkbox"/> State Employment Services	_____
<input type="checkbox"/> Private Employment	_____
<input type="checkbox"/> Schools and Colleges	_____
<input type="checkbox"/> Newspaper Advertisements	_____
<input type="checkbox"/> Walk-ins	_____
<input type="checkbox"/> Referral by Labor Organization	_____
<input type="checkbox"/> Referral by Minority Organization	_____
<input type="checkbox"/> Other: <u>Internet, Radio, Present employees, etc.</u> (Specify)	_____

2. Do all recruitment publications show "An Equal Opportunity Employer"? If "YES", submit a copy.
3. Please attach an explanation of the criteria used for hiring, and a copy of your employment application.
4. Please submit your Equal Opportunity Policy Statement or Affirmative Action Plan.

SECTION 4

1. Company-Wide Employment Statistics (Use pay period ending nearest to the 15th of the previous month).

OCCUPATIONAL CATEGORIES	MALE EMPLOYEES								FEMALE EMPLOYEES								PWD	V	OVER 40 YRS
	TOTAL MALE	B	H	AI AN	A	W	NH OPI	T/ MR	TOTAL FEMALE	B	H	AI AN	A	W	NH OPI	T/ MR			
OFFICIALS / MANAGERS																			
PROFESSIONALS																			
TECHNICIANS																			
SALES WORKERS																			
OFFICE / CLERICAL																			
CRAFTS (SKILLED)																			
OPERATIVES (SKILLED)																			
CRAFTS (UNSKILLED)																			
SERVICE WORKERS																			
TOTAL																			
# OF EMPLOYEES ONE YEAR AGO TO DATE																			

TOTAL EMPLOYEES IN RHODE ISLAND: _____

<u>Legend:</u>		
B - Black	H - Hispanic	AI/AN - American Indian or Alaskan Native
A - Asian	W - White	NH/OPI - Native Hawaiian or Pacific Islander
T/MR - Two or More Races	PWD - Persons with Disabilities	V - Veteran

2. Employment figures were obtained from (insert date): _____
3. Attach a sheet identifying by sex, race, date of hire, position held, and date of termination of all minorities & females hired since your last bid review or past twelve (12) months.
4. The Contractor must notify the ODEO - State Equal Opportunity Office in writing upon completion of this contract.

Signature and Title of Person Completing This Form

Date

Signature of Contract Compliance Officer (ODEO - State Equal Opportunity Office)

Date

SECTION 4 A

1. Name, Address, Email, & Phone Number of Subcontractor	2. Name, Address, Email & Phone Number of Prime
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Subcontractor's Employment Statistics

3. Company-Wide Employment Statistics (Use pay period ending nearest to the 15th of the month preceding that which is due).

OCCUPATIONAL CATEGORIES	MALE EMPLOYEES								FEMALE EMPLOYEES								PWD	V	OVER 40 YRS
	TOTAL MALE	B	H	AI AN	A	W	NH OPI	T/ MR	TOTAL FEMALE	B	H	AI AN	A	W	NH OPI	T/ MR			
OFFICIALS / MANAGERS																			
PROFESSIONALS																			
TECHNICIANS																			
SALES WORKERS																			
OFFICE / CLERICAL																			
CRAFTS (SKILLED)																			
OPERATIVES (SKILLED)																			
CRAFTS (UNSKILLED)																			
SERVICE WORKERS																			
TOTAL																			
# OF EMPLOYEES ONE YEAR AGO TO DATE																			

TOTAL EMPLOYEES IN RHODE ISLAND: _____

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4. Employment figures were obtained from (insert date): _____
5. Attach a sheet identifying by sex, race, date of hire, position held, and date of termination of all minorities & females hired since your last bid review or past twelve (12) months.

Signature and Title of Person Completing This Form

Date

Signature of Contract Compliance Officer (ODEO - State Equal Opportunity Office)

Date