

CONTRACT COMPLIANCE REPORT

For Office Use Only	
	Compliant
	Non-Compliant
	Incomplete Data

Bid # _____ Contract # _____

Contract Value: _____

SECTION 1

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

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, 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, 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. Submit your employee handbook of contract compliance information and Equal Opportunity Policy Statement.

5. Union affiliations and other recruitment and training data to be used in completing this contract.

Union Title Of Identification	Union Local Number	Does the Union Have Exclusive Referral Rights?		Does Union Sponsor or Participate in Pre-Apprentice, Apprentice, or Post-Apprentice Training Programs?		Does Contractor Sponsor or Participate in Pre-Employment, Employment, or Post-Employment Training Programs?	
		Yes	No	Yes	No	Yes	No

6. Other recruiting services, especially minority, women, disability, and social service organizations.

<u>Name of Other Identification</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

SECTION 3

SUBCONTRACTORS – VENDORS – SUPPLIES

List subcontractors to be used on this contract.

<u>Name</u>	<u>Address</u>	<u>Percent Minority</u>	<u>Percent Female</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION 4

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

OCCUPATIONAL CATEGORIES	MALE EMPLOYEES						FEMALE EMPLOYEES						PWD	OVER 40 YRS
	TOTAL MALE	W	B	H	API	AI AN	TOTAL FEMALE	W	B	H	API	AI AN		
OFFICIALS / MANAGERS														
PROFESSIONALS														
TECHNICIANS														
SALES WORKERS														
OFFICE / CLERICAL														
CRAFTS (SKILLED)														
OPERATIVES (SKILLED)														
CRAFTS (UNSKILLED)														
SERVICE WORKERS														
TOTAL														
# OF EMPLOYEES ONE YEAR AGO TO DATE														
APPRENTICES & TRAINEES														

TOTAL EMPLOYEES IN RHODE ISLAND: _____

<u>Legend:</u>	W – White	H – Hispanic	AI – American Indian
	B – Black	API – Asian / Pacific Islander	AN – Alaskan Native
			PWD – Persons With Disabilities

2. Employment figures were obtained from (insert date): _____
3. Attach a sheet identifying by name, sex, race, date of hire, position held, and date of termination of all minorities & females hired since your last bid review.
4. Please submit copies of all CC-257 Monthly Employment Utilization Reports that have not yet been submitted to date. Future reports must be submitted to the Office of Diversity, Equity and Opportunity (ODEO) - State Equal Opportunity Office no later than the 5th of each month.
5. 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. 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	OVER 40 YRS
	TOTAL MALE	W	B	H	API	AI AN	TOTAL FEMALE	W	B	H	API	AI AN		
OFFICIALS / MANAGERS														
PROFESSIONALS														
TECHNICIANS														
SALES WORKERS														
OFFICE / CLERICAL														
CRAFTS (SKILLED)														
OPERATIVES (SKILLED)														
CRAFTS (UNSKILLED)														
SERVICE WORKERS														
TOTAL														
# OF EMPLOYEES ONE YEAR AGO TO DATE														
APPRENTICES & TRAINEES														

TOTAL EMPLOYEES IN RHODE ISLAND: _____

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Signature and Title of Person Completing This Form

Date

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

Date