# BUSINESS LETTERHEAD HERE

	QUIREMENTS
June 10, 1985 ("Mayor's Order 85-85"); t § 1100 et seq.; and the D.C. Human Right ("D.C. Human Rights Act") are hereby i bidder/offeror shall indicate below their w	Equal Opportunity Requirements in Contracts," effective the rules implementing Mayor's Order 85-85, 4 DCMR as Act of 1977, as amended, D.C. Code § 2-1401 et sequencluded as part of this bid/proposal. Therefore, each written commitment to comply with Mayor's Order 85-C. Human Rights Act. Failure to comply with these espective bid/proposal.
Contractor is fully aware of all of all of the rules, and the D.C. Human Rights Act. I full Mayor's Order 85-85, the implementing crafts, and skills to be used during the terr work is subcontracted if the Contractor is the contract number, solicitation number, at the Contractor acknowledges and understated.	fter referred to as "the Contractor" certify that the e provisions of Mayor's Order 85-85, the implementing urther certify that the Contractor shall fully comply with rules, and the D.C. Human Rights Act for the trades m of the performance of the contract whether or not the awarded the D.C. Government Contract referenced by and/or bid number entered below. Further, I certify that ands that the award of said contract and its continuation ontractor's compliance with Mayor's Order 85-85, the
Name of Authorized Official and Title	Date
Signature of Authorized Official	Name of Contractor/Business
Contract/Solicitation/Bid Number	-

#### **BUSINESS LETTERHEAD HERE**

### EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY COMMITMENT



(Name of Contracto	or/Business) agrees to comply with all guideline
concerning non-discrimination and equal employ Columbia.	ment opportunity applicable in the District of
(Name of Contract the above provisions concerning non-discrimination these provisions shall be binding upon each subcontract.)	
(Name of Contracto	or/Business) shall take action with respect to an
subcontract as the Contracting Officer may direction including sanctions for non-compliance; provided involved in, or is threatened with, litigation with direction by the contracting agency, the prime contlitigation to protect the interest of the District.	ect as a means of enforcing these provisions, that in the event the prime contractor become a subcontractor or vendor as a result of such
Name of Authorized Official and Title	Date
Signature of Authorized Official	Name of Contractor/Business

# 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									
Instructions:  Two (2) copies of DAS 84-404 or Federal Form EEO-1 shall be submitted to the Office of Contracting and Procurement to comply with Section D of this report ONLY. 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)										
(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										
2. Total number of reports being filed by this Company.										
Section R COMPANY IDENTIFICATION OFFICIAL (To be on	swered by all employers) OFFICIAL USE									
Section B – COMPANY IDENTIFICATION OFFICIAL (To be answered by all employers)										
1. Name of Company which owns or controls the establishment for which this report is filed										
Address (Number and street)	ty or Town Country State Zip Code b.									
b. Employer Identification No.										
2. Establishment for which this report is filed.	OFFICIAL USE ONLY									
a. Name of establishment	c.									
Address (Number and street)	ty or Town Country State Zip Code d.									
b. Employer Identification No.										
3. Parent of affiliated Company										
a. Name of parent or affiliated Company b	Employer Identification No.									
Address (Number and street)	ty or Town Country State Zip Code									
Section C - ESTA	BLISHMENT INFORMATION									
1. Is the location of the establishment the same as that reported last year?  2. Is the major business activity at this establishment the same as that reported last year?  OFFICIAL USE ONLY										
☐ Yes ☐ No ☐ Did not report ☐ Report on combined ☐ Yes ☐ No ☐ Did not report ☐ Report on combined last year 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.)										
4. MINORITY GROUP MEMBERS: Indicate if you are a minor	rity business enterprise (50% owned or 51% controlled by minority members).									
□ YES □ NO										

#### 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

JOB					MINORITY GROUP EMPLOYEES								
CATEGOI						MALE FEMALE							
		Total Employees Including Minorities	Total Male Including Minorities	Total Female Including Minorities		Asian	American Indian	Hispanic	Black	Asian	American Indian	Hispanic	
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
Officials and Managers													
Professionals													
Technicians													
Sales Worker	rs .												
Office and Clerical													
Craftsman (Skilled)													
Operative (So Skilled)	emi-												
Laborers (Unskilled)													
Service Work	ters												
TOTAL													
Total employ reported in previous re													
			e below should							_			
	Vhite ollar	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	
	Productio	n											
1. How was information as to race or ethnic group in Section D obtained? a. □Visual Survey b. □Employment Record  2. Dates of payroll period used: 3. Pay period of last report submitted for this establishment:  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.													
					ection F - (								
Check one ☐ (1) All reports are accurate and were prepared in accordance with the instructions (check on consolidated only) ☐ (2) This report is accurate and was prepared in accordance with the instructions.													
Name of Au		d Official ct regarding t	his report	Title	Address (N		gnature nd Street)		Date				
Title City and State Zip Code Telephone Number Extension													