



EAST PROVIDENCE AFFIRMATIVE ACTION PROGRAM

Project Name: _____

Project Number: _____

Your firms name and complete address and telephone number:

Amount of Contract: \$ _____

Location of site or facility where work is to be performed:

Indicate all prior federal or federally assisted contracts held during the last two years, including federal agency or grant program involved, amount of contract and type and location of work:

Indicate whether your firm and all identified subcontractors comply with requirements for certifications of non-segregated facilities (copy enclosed).

yes no

Name and address of identified subcontractors and trades and whether subcontractors previously held nonexempt federal or federally assisted contracts or subcontracts:

If your firm has developed its own Affirmative action Plan covering the project, a copy should be submitted for forwarding to the Affirmative Action Officer.

Indicate whether your firm has been reviewed by a federal agency in the past two years pursuant to Executive Order 11246 as amended and by what agency.

yes no

Reviewing Agency:

CERTIFICATION with regard to Performance of Previous Contracts or Subcontracts subject to the Equal Opportunity Clause and the filing of REQUIRED REPORTS.

The bidder _____, proposed subcontractor _____, hereby certifies that he

- has
- has not

participated in a previous contract or subcontract subject to the equal opportunity clause, as required by Executive Order 10925, 11114, or 11246, and that he

- has
- has not

filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance a Federal Government contracting or administering agency, or the former Presidents Committee on Equal Employment Opportunity, all reports due under the applicable filing requirements:

(Company)

By:

(Title)

(Date)

CERTIFICATION OF NON-SEGREGATED FACILITIES

By the submission of this bid, the bidder, offeror, applicant or subcontractor certifies that s/he does not maintain or provide for his/her employees any segregated facility at any of his/her establishments, and that s/he does not permit employees to perform their services at any location, under his/her control, where segregated facilities are maintained. S/He certifies further that s/he will not maintain or provide for employees any segregated facilities at any of his/her establishments, and s/he will not permit employees to perform their services at any location under his/her control where segregated facilities are maintained. The bidder, offeror, applicant or subcontractor agrees that a breach of this certification is a violation of the Equal Opportunity Clause of this contract. As used in the certification, the term "segregated facilities" means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms, and other storage or dressing areas, transportation (parking lots, drinking fountains, recreation or entertainment areas) and housing facilities provided for employees which are segregated upon the basis of race, color, religion, or are in fact segregated on the basis of race, color, religion, or otherwise. S/He further agrees that (except where s/he has obtained identical certifications from proposed subcontractors prior to the award of subcontracts) exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause; and that s/he will retain such certifications in his/her files; and that s/he will forward the following notice to such proposed subcontractors (except where proposed subcontractors have submitted identical certifications for specific time periods).

NOTICE TO PROSPECTIVE SUBCONTRACTORS OR REQUIREMENT FOR CERTIFICATIONS OF NONSEGREGATED FACILITIES:

A certification of non-segregated Facilities must be submitted prior to the award of a subcontract exceeding \$10,000.00 which is not exempt from the provisions of the Equal Opportunity Clause. The certification may be submitted either for each subcontractor or for all subcontracts during a period (i.e. quarterly, semi-annually, or annually).

(Company)

By: _____

(Title)

(Date)

PRELIMINARY STATEMENT OF WORKFORCE NEEDS

List of number of employees in each classification by position category:

SKILLED:

SEMI-SKILLED:

UNSKILLED:

TRAINEES:

Contractor's Name and Address _____

CONTRACTOR'S SIGNATURE