BUSINESS LETTERHEAD HERE

	EQUAL EMPLOYMENT OPPORTU QUIREMENTS	NITY (EEO)
Mayor's Order 85-85, "Compliance with June 10, 1985 ("Mayor's Order 85-85"); § 1100 et seq.; and the D.C. Human Right ("D.C. Human Rights Act") are hereby bidder/offeror shall indicate below their set, the implementing rules, and the D. provisions shall result in rejection of the result in	the rules implementing Mayor's Order 8 ts Act of 1977, as amended, D.C. Code 8 included as part of this bid/proposal. Twritten commitment to comply with May C. Human Rights Act. Failure to com	5-85, 4 DCMR 2-1401 et seq. Therefore, each yor's Order 85-
I,	after referred to as "the Contractor" of the provisions of Mayor's Order 85-85, the further certify that the Contractor shall full rules, and the D.C. Human Rights Act m of the performance of the contract who awarded the D.C. Government Contract and/or bid number entered below. Further ands that the award of said contract and interactor's compliance with Mayor's Order	e implementing ly comply with for the trades, ether or not the treferenced by er, I certify that its continuation
Name of Authorized Official and Title	Date	
Signature of Authorized Official	Name of Contractor/B	usiness
Contract/Solicitation/Bid Number	_	

BUSINESS LETTERHEAD HERE

EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY COMMITMENT



(Name of Contract	tor/Business) agrees to comply with all guidelines
concerning non-discrimination and equal emplo	syment opportunity applicable in the District of
	ctor/Business) shall include in every subcontract ation and equal employment opportunity, so that contractor or vendor.
subcontract as the Contracting Officer may dincluding sanctions for non-compliance; provide involved in, or is threatened with, litigation with	tor/Business) shall take action with respect to any rect as a means of enforcing these provisions, d, that in the event the prime contractor becomes the a subcontractor or vendor as a result of such attractor may request the District to enter into 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 (1) Single-establishment Employer Report (2) Consolidated Report (3) Headquarters Report (4) Individual Establishment Report (submit for each establishment with 25 or more emp (5) Special Report									
2. Total number of reports being filed by this Company.									
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.								
	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								
	BLISHMENT INFORMATION								
 Is the location of the establishment the same as that reported last year? Is the major business activity at this establishment the same as that reported last year? 									
☐ 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 minority 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 TOTAL EMPLOYEES IN				MINORITY GROUP EMPLOYEES									
CATEGOI	RIES _					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 c. □Other Specify b. □Employment Record 2. Dates of payroll period used: 3. Pay period of last report submitted for this 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.													
Section F - CERTIFICATION													
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)			D	ate		
Title City and State Zip Code Telephone Number Extension													