



District of Columbia Housing Authority CONTRACT COMPLIANCE REQUIREMENTS

REQUIRED for bids/offers over 100,000.00. Proposals without required Certifications and Affidavits are Non-Responsive; therefore, will not be considered.

The following documents shall be completed and submitted with your bid/offer and each of your proposed subcontractor's whose portion of the work is valued at \$100,000 or more.

1. Affirmative Action Program Policy Statement (Sample Attached)~ completed and submitted on company letterhead.
2. Equal Employment Opportunity Employer Information Report (Sample Attached)~ completed and submitted.

In the event that your minority utilization in each job category is less than 25 percent of your projected total workforce and/or you have less than 6.9 percent female utilization in your workforce, you must complete and submit the form titled "One Year Projected Goals and Timetable for Equal Employment Opportunity".

If you have questions pertaining to these requirements, please contact the DCHA Compliance Division by email at business@dchousing.org or by phone on (202) 535-1212.

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District of Columbia Housing Authority EQUAL EMPLOYMENT OPPORTUNITY (EEO) POLICY STATEMENT

Bidders/Respondents must use this format to submit the REQUIRED EEO Policy Statement on company letterhead.

(Company Name)

WILL NOT DISCRIMINATE AGAINST ANY EMPLOYEE OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, OR MENTAL OR PHYSICAL DISABILITY.

(Company Name)

WILL TAKE AFFIRMATIVE ACTION TO ENSURE THAT APPLICANTS ARE EMPLOYED, AND THAT EMPLOYEES ARE TREATED DURING EMPLOYMENT, WITHOUT REGARD TO THEIR RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, MARITAL STATUS, PERSONAL APPEARANCE, SEXUAL ORIENTATION, FAMILY RESPONSIBILITIES, MATRICULATION, POLITICAL AFFILIATION, OR MENTAL OR PHYSICAL DISABILITY. THE AFFIRMATIVE ACTION SHALL INCLUDE, BUT NOT BE LIMITED TO THE FOLLOWING: (A) EMPLOYMENT, UPGRADING, OR TRANSFER, (B) RECRUITMENT OR RECRUITMENT ADVERTISING, (C) DEMOTION, LAYOFF, OR TERMINATION; (D) RATES OF PAY, OR OTHER FORMS OF COMPENSATION; AND (E) SELECTION FOR TRAINING AND APPRENTICESHIP.

(Company Name)

AGREES TO POST IN CONSPICUOUS PLACES AVAILABLE TO EMPLOYEES AND APPLICANTS FOR EMPLOYMENT THE PROVISIONS OF THIS STATEMENT CONCERNING NON-DISCRIMINATION AND AFFIRMATIVE ACTION.

(Company Name)

AGREES THAT ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION FOR EMPLOYMENT WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, SEX, AGE, OR MARITAL STATUS.

(Company Name)

AGREES TO PERMIT ACCESS TO ALL BOOKS AND RECORDS PERTAINING TO ITS EMPLOYMENT PRACTICES AND TO REQUIRE EACH SUBCONTRACTOR TO PERMIT ACCESS TO ITS BOOKS AND RECORDS.

(Company Name)

AGREES TO COMPLY WITH ALL GUIDELINES FOR EQUAL EMPLOYMENT OPPORTUNITY APPLICABLE IN THE DISTRICT OF COLUMBIA.

(Company Name)

SHALL INCLUDE IN EVERY SUBCONTRACT THAT EQUAL OPPORTUNITY CLAUSES, SO THAT SUCH PROVISIONS SHALL BE BINDING UPON EACH SUBCONTRACTOR OR VENDOR.

Authorized Official and Title (Printed)

Authorized Signature

Firm/Organization Name

Solicitation/Contract Number

Date



District of Columbia Housing Authority
COMPLIANCE WITH EQUAL EMPLOYMENT OPPORTUNITY
REQUIREMENTS

The following affidavit is REQUIRED for all bids/offers over 100,000.00

MAYOR'S ORDER 85-85, dated JUNE 10, 1985, AND THE RULES IMPLEMENTING MAYOR'S ORDER 85-85, 33 DCR 4958, (published August 15, 1986). "COMPLIANCE WITH EQUAL OPPORTUNITY REQUIREMENTS IN DISTRICT GOVERNMENT CONTRACTS", ARE HEREBY INCLUDED AS PART OF THIS BID/PROPOSAL THEREFORE, EACH BIDDER/OFFEROR SHALL INDICATE BELOW IT'S WRITTEN COMMITMENT TO COMPLY WITH MAYOR'S ORDER 85-85 AND THE IMPLEMENTING RULES. FAILURE TO COMPLY WITH THE SUBJECT MAYOR'S ORDER AND THE IMPLEMENTING RULES SHALL RESULT IN REJECTION OF THE RESPECTIVE BID/PROPOSAL.

CERTIFICATION

I, _____, the authorized representative of, _____, hereinafter referred to as "contractor" certify that the contractor is fully aware of all of the provisions of Mayor's Order 85-85, dated June 10, 1985, and of the rules implementing Mayor's Order 85-85, 33 DCR 4952. I further certify and assure that the contractor will fully comply with all applicable provisions of the Mayor's Order and implementing rules if awarded the DC government contract referenced by the contract number entered below. Further, the contractor acknowledges and understands that the award of said contract and its continuation are specifically conditioned upon the contractor's compliance with the above cited Order and rules.

Authorized Official and Title (Printed)

Authorized Signature

Firm/Organization Name

Solicitation/Contract Number

Date



DISTRICT OF COLUMBIA HOUSING AUTHORITY EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER INFORMATION REPORT

The following affidavit is REQUIRED for all bids/offers over 100,000.00

OAS Compliance Initials _____ Solicitation No. _____ CBE Certification No. _____ CBE Zone(s) _____ CBE Expiration _____	Reply to: Office of Administrative Services Contracts and Procurement 1133 North Capitol Street, NE Suite 300 Washington, DC 20002-7599
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Instructions:
 Two (2) copies of DAS 84-404 or Federal Form EEO-1 shall be submitted to the Office of Contracting and Procurement.
 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: <input type="checkbox"/> (1) Single-establishment Employer Report	Multi-Establishment Employer: <input type="checkbox"/> (2) Consolidated Report <input type="checkbox"/> (3) Headquarters Report <input type="checkbox"/> (4) Individual Establishment Report (submit one for each establishment with 25 or more employees) <input type="checkbox"/> (5) Special Report
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1. Total number of reports being filed by this Company _____

SECTION B- COMPANY IDENTIFICATION (To be answered by all employers) OFFICIAL USE ONLY

1. Name of Company which owns or controls the establishment for which this report is filed a.

Address (Number and street)	City or Town	Country	State	Zip Code	b.
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b. Employer Identification No.										
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2. Establishment for which this report is filed. OFFICIAL USE ONLY

a. Name of establishment c.

Address (Number and street)	City or Town	Country	State	Zip Code	d.
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b. Employer Identification No.										
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3. Parent of affiliated Company

a. Name of parent or affiliated Company	b. Employer Identification No.									
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Address (Number and street)	City or Town	Country	State	Zip Code
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SECTION C - ESTABLISHMENT INFORMATION

1. Is the location of the establishment the same as that reported last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reported on combined basis <input type="checkbox"/> Did not report last year basis	2. Is the major business activity at this establishment the same as that reported last year? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Reported on combined basis <input type="checkbox"/> Did not report last year basis	OFFICIAL USE ONLY
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2. 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. e.

3. MINORITY GROUP MEMBERS: Indicate if you are a minority business enterprise (50% owned or 51% controlled by minority members).
 Yes No

ONE YEAR PROJECTED GOALS AND TIMETABLES FOR EQUAL OPPORTUNITIES

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.

Employment at this establishment – Report all permanent, temporary, or part-time employees including apprentices and on-the-job trainees unless

In columns 1, 2, and 3, include ALL employees in the establishment Including those in minority groups

JOB CATEGORIES	TOTAL EMPLOYEES IN ESTABLISHMENT			MINORITY GROUP EMPLOYEES							
	Total Employees Including Minorities (1)	Total Males Including Minorities (2)	Total Females Including Minorities (3)	MALE				FEMALE			
				Black (4)	Asian (5)	American Indian (6)	Hispanic (7)	Black (8)	Asian (9)	American Indian (10)	Hispanic (11)
Officials and Managers											
Professionals											
Technicians											
Sales Workers											
Office and Clerical											
Craftsman (Skilled)											
Operative (Semi-Skilled)											
Laborers (Unskilled)											
Service Workers											
TOTALS											
Total employees reported in previous report											

(The trainee below should also be included in the figures for the appropriate occupation categories above)

Formal On-The-Job Trainee	White collar	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
	Production											

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. Attach additional pages as required.

Section F - CERTIFICATION

- Check 1. All reports are accurate and were prepared in accordance with the instructions (check on consolidated only)
 Check 2. This report is accurate and was prepared in accordance with the instructions. I hereby affirm that I have read the foregoing, know the entire contents, thereof, certify them to be true, accurate, complete and the best projection of the firm's human resource needs by race and sex at this time.

Name of Authorized Official Printed _____ Title _____ Signature _____ Date _____

Name of person to contact regarding this report Printed _____ Address (Number and street) _____ Email Address _____

Title _____ City and State _____ Zip Code _____ Telephone Number _____ Extension _____