## Attachment A

## **Equal Opportunity Certification**

( ) Yes ( ) No	
Name and address of Federal "	Compliance Agency," if known:
Labor, define the term Comp	of the Office of Federal Contract Compliance Programs, U.S. Department liance Agency as the agency designated by the Director, of CCP, to condertake such other responsibilities assigned.")
Are you required to maintain a	written affirmative action plan according to 41 CFR 60-2 and 60-1 (a)(4)
( ) Yes ( ) No	written arminative action plan according to 41 Cr K 00-2 and 00-1 (a)(4)
Has the "Compliance Agency' employment policies and practi	' required you to correct deficiencies in your affirmative action plan or ices?
( ) Yes ( ) No	
Are you required to submit an a	onnual compliance report as described in 41 CER 60-17 (a)?
•	annual compitance report as described in 41 CFR 60-17 (a):
( ) Yes ( ) No If the answer to "5" is yes, encl	ose a copy of your latest compliance report.  supplementary sheets where required.) (1)* (2)** (3)***
( ) Yes ( ) No If the answer to "5" is yes, encl Data on Subcontractors. (Use	ose a copy of your latest compliance report.  supplementary sheets where required.)  (1)* (2)** (3)***
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( ) Yes ( ) No If the answer to "5" is yes, encl Data on Subcontractors. (Use s  (Subcontractor's Name)	ose a copy of your latest compliance report.  supplementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes
( ) Yes ( ) No If the answer to "5" is yes, encl Data on Subcontractors. (Use s  (Subcontractor's Name)  (Street)  (City) (State)	ose a copy of your latest compliance report.  supplementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes () No () No () No
( ) Yes ( ) No If the answer to "5" is yes, encl Data on Subcontractors. (Use s  (Subcontractor's Name)  (Street)  (City) (State)	ose a copy of your latest compliance report.  supplementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes () No () No () No (1)* (2)** (3)***