## Attachment A

## **Equal Opportunity Certification**

Name and address of Federal "Co	ompliance Agency," if known:
Labor, define the term Complia	the Office of Federal Contract Compliance Programs, U.S. Departm nce Agency as the agency designated by the Director, of CCP, to cortake such other responsibilities assigned.")
<b>A</b>	witten off musting action plan according to 41 CER (0.2 and (0.1 (a))/4
	ritten affirmative action plan according to 41 CFR 60-2 and 60-1 (a)(4)
( ) Yes ( ) No	
Has the "Compliance Agency" r employment policies and practice	equired you to correct deficiencies in your affirmative action plan oes?
( ) Yes ( ) No	
Are you required to submit an an	nual compliance report as described in 41 CFR 60-17 (a)?
	itual compitalice report as described in 41 CFR 00-17 (a):
( ) Yes ( ) No If the answer to "5" is yes, enclos	pplementary sheets where required.)
( ) Yes ( ) No If the answer to "5" is yes, enclos	e a copy of your latest compliance report.
( ) Yes ( ) No If the answer to "5" is yes, enclos Data on Subcontractors. (Use sup  (Subcontractor's Name)	pplementary sheets where required.)
( ) Yes ( ) No If the answer to "5" is yes, enclos Data on Subcontractors. (Use sup (Subcontractor's Name)	pplementary sheets where required.)  (1)* (2)** (3)***
( ) Yes ( ) No If the answer to "5" is yes, enclos Data on Subcontractors. (Use sup (Subcontractor's Name)  (Street)  (City) (State)	pplementary sheets where required.) (1)* (2)** (3)*** () Yes ( ) Yes ( ) Yes
( ) Yes ( ) No If the answer to "5" is yes, enclos Data on Subcontractors. (Use sup (Subcontractor's Name)	e a copy of your latest compliance report.  pplementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes () No () No () No (1)* (2)** (3)***
( ) Yes ( ) No If the answer to "5" is yes, enclos Data on Subcontractors. (Use sup (Subcontractor's Name)  (Street)  (City) (State)	pplementary sheets where required.)  (1)* (2)** (3)***  () Yes () Yes () Yes  () No () No () No
( ) Yes ( ) No If the answer to "5" is yes, enclos Data on Subcontractors. (Use sup (Subcontractor's Name)  (Street)  (City) (State)	e a copy of your latest compliance report.  pplementary sheets where required.) (1)* (2)** (3)*** () Yes () Yes () Yes () No () No () No (1)* (2)** (3)***