## Attachment A

## **Equal Opportunity Certification**

( ) Yes ( ) No	
Name and address of Federal "Cor	mpliance Agency," if known:
Labor, define the term Complian	the Office of Federal Contract Compliance Programs, U.S. Department of Agency as the agency designated by the Director, of CCP, to compliance asks such other responsibilities assigned.")
	11
	itten affirmative action plan according to 41 CFR 60-2 and 60-1 (a)(4)
( ) Yes ( ) No	
Has the "Compliance Agency" re- employment policies and practices	quired you to correct deficiencies in your affirmative action plan or ?
( ) Yes ( ) No	
Are you required to submit an ann	ual compliance report as described in 41 CFR 60-1.7 (a)?
If the answer to "5" is yes, enclose a copy of your latest compliance report.	
If the answer to "5" is yes, enclose	
If the answer to "5" is yes, enclose	e a copy of your latest compliance report.  plementary sheets where required.)
If the answer to "5" is yes, enclose	plementary sheets where required.)
If the answer to "5" is yes, enclose  Data on Subcontractors. (Use supp  (Subcontractor's Name)	plementary sheets where required.)
If the answer to "5" is yes, enclose  Data on Subcontractors. (Use supplementation of Subcontractors of Subcontractor's Name)  (Street)	plementary sheets where required.)(1)* (2)** (3)***( ) Yes ( ) Yes ( ) Yes
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Previously filed annual (EE0-1, EEO-4, or EEO-6) compliance report.

\*\*\*(3)