

## COMPLIANCE REVIEW

<b>Return to:</b>  Contract Number: _____	<b>THIS FORM SHOULD BE COMPLETED AND RETURNED 15 DAYS AFTER THE AWARD OF ANY CONTRACT, PURCHASE ORDER, AGREEMENT, ETC.</b>
---	--

**PART I — All questions must be answered completely.**

1A. Name and address of contractor's principal facility involved in contract. <b>(Include county and telephone number.)</b>     FAX: _____	1B. Name, address and telephone number of parent company (if an affiliate corporation).     
1C. County Where Work Is Performed _____	2A. Employer's Federal Identification Number (Enter your Employer's I.D. number as assigned by the Internal Revenue Service and shown on your quarterly tax return. If Internal Revenue Service number is not applicable, indicate Social Security Number.)     
2B. Type of Business (check appropriate block) <input type="checkbox"/> Contractor <input type="checkbox"/> Supplier <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Vendor _____	2C. Are you now a recipient of other contracts with the Commonwealth of Pennsylvania?  <div style="text-align: right;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div> <hr style="border-top: 1px dotted black;"/> With what agencies are you holding contracts?     
3A. Type of Contract <input type="checkbox"/> Construction <input type="checkbox"/> Nonconstruction <input type="checkbox"/> Other _____  3B. \$ Amount _____ 3C. Effective Date _____ Termination Date _____	2D. Have any of the above or other agencies conducted a desk audit/on-site review of your company/organization within the past two years?  <div style="text-align: right;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div> If yes, attach a copy of the compliance notice.
4. Does the company/organization have a written EEO plan? <input type="checkbox"/> Yes <input type="checkbox"/> No (Do not submit your EEO plan unless requested.)	5. Does the company/organization agree to notify all subcontractors, unions, vendors or suppliers of their responsibilities to comply with state regulations/non-discrimination clause?  <div style="text-align: right;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>
6. Does the company/organization agree to send each subcontractor, union or supplier of employes or materials the non-discrimination poster with instructions to post it at job sites?  <input type="checkbox"/> Yes <input type="checkbox"/> No	7. Does the company/organization agree not to use subcontractors, vendors or suppliers on State contracts who are reported to be in noncompliance by a State agency authorized representative?  <div style="text-align: right;"> <input type="checkbox"/> Yes      <input type="checkbox"/> No         </div>

<b>PERSONNEL TRANSACTIONS WITHIN THE LAST 12 MONTHS</b> <b>(New Hires, Promotions and Terminations)</b> Use additional 81/2 x 11 sheets, if needed.	PERIOD FROM _____ TO _____
---	-------------------------------

NAME	RACE	SEX	TYPE OF TRANSACTION (CHECK AS APPROPRIATE)			DATE OF TRANSACTION	JOB CLASSIFICATION
			NEW HIRE	PROMOTION	TERMINATION		

**PART II — CURRENT WORK FORCE BREAKDOWN OF MAIN OFFICE/ORGANIZATION INVOLVED IN CONTRACT**

1.  Job Categories	Total Employees in Establishment			Minority Group Employees							
	Total Employees Including Minorities (1)	Total Male Including Minorities (2)	Total Female Including Minorities (3)	Male				Female			
				Black (4)	Asian/Pacific Islander (5)	American Indian/Alaskan Native (6)	Hispanic (7)	Black (8)	Asian/Pacific Islander (9)	American Indian/Alaskan Native (10)	Hispanic (11)
Officials & Managers											
Professionals											
Technicians											
Sales Workers											
Office & Clerical											
Craftworkers (Skilled)											
Operators (Semi-skilled)											
Laborers (Unskilled)											
Service Workers											
<b>TOTALS</b>											
Total Employment one year prior to this report											

(TRAINEES BELOW SHOULD ALSO BE INCLUDED IN THE FIGURES FOR THE APPROPRIATE OCCUPATIONAL CATEGORIES ABOVE)

Formal On-the-Job Trainees	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
White-Collar											
Production											

2. **Dates of Payroll Period Used (Both dates must be completed.) Weekly, Bi-Weekly or Monthly Only.**

BEGINNING PERIOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

ENDING PERIOD: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MONTH DAY YEAR

3. **Will there be a change in the work force as a result of this contract?**

Yes  No If YES, how many employees do you anticipate hiring? \_\_\_\_\_

**PART III — PRESIDENT/CHIEF EXECUTIVE OFFICER OR EQUAL EMPLOYMENT OPPORTUNITY OFFICER (Return the signed original copy.)**

Name and Title (Type or print)	Signature	Date
	Phone No.	FAX No.

**CONTRACTOR SHALL PROMPTLY GRANT ACCESS TO ITS FACILITIES TO AUTHORIZED STATE AGENCY REPRESENTATIVE(S) FOR REVIEW OF DOCUMENTS, INFORMATION AND INTERVIEWS OF COMPANY PERSONNEL.**