COMMONWEALTH OF PENNSYLVANIA
STD-21 REV. 9/98

COMPLIANCE REVIEW

Return to:

Contract Number:

THIS FORM SHOULD BE COMPLETED AND RETURNED 15 DAYS AFTER THE AWARD OF ANY CONTRACT, PURCHASE ORDER, AGREEMENT, ETC.

PART I — All questions must be answered completely.

1A. Name and address of contractor’s principal facility involved in contract. (Include county and telephone number.)

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)

- Contractor
- Supplier
- Subcontractor
- Other (specify)

2C. Are you now a recipient of other contracts with the Commonwealth of Pennsylvania?

- Yes
- No

With what agencies are you holding contracts?

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?

- Yes
- No

If yes, attach a copy of the compliance notice.

3A. Type of Contract

- Construction
- Nonconstruction
- Other __________

3B. $ Amount__________________________

3C. Effective Date ______________________

Termination Date____________________

4. Does the company/organization have a written EEO plan?

- Yes
- 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?

- Yes
- No

6. Does the company/organization agree to send each subcontractor, union or supplier of employees or materials the non-discrimination poster with instructions to post it at job sites?

- Yes
- 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?

- Yes
- No

PERSONNEL TRANSACTIONS WITHIN THE LAST 12 MONTHS
(New Hires, Promotions and Terminations)
Use additional 8½ x 11 sheets, if needed.

<table>
<thead>
<tr>
<th>PERIOD</th>
<th>FROM _____________ TO ______________</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>NAME</th>
<th>RACE</th>
<th>SEX</th>
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<tr>
<th>TYPE OF TRANSACTION (CHECK AS APPROPRIATE)</th>
<th>DATE OF TRANSACTION</th>
<th>JOB CLASSIFICATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NEW HIRE</td>
<td>PROMOTION</td>
<td>TERMINATION</td>
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PART II — CURRENT WORK FORCE BREAKDOWN OF MAIN OFFICE/ORGANIZATION INVOLVED IN CONTRACT

<table>
<thead>
<tr>
<th>Job Categories</th>
<th>Total Employees in Establishment</th>
<th>Minority Group Employees</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Total Male Including Min.</td>
<td>Male</td>
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<tr>
<td></td>
<td>Total Female Including Min.</td>
<td>Female</td>
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<td></td>
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<td></td>
<td>Black (4)</td>
<td>Black (8)</td>
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<tr>
<td></td>
<td>Asian/Pacific Islander (5)</td>
<td>Asian/Pacific Islander (9)</td>
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<td></td>
<td>American Indian/Alaskan Native (6)</td>
<td>American Indian/Alaskan Native (10)</td>
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<td></td>
<td>Hispanic (7)</td>
<td>Hispanic (11)</td>
</tr>
</tbody>
</table>

1. Total Employes in Establishment Minority Group Employes

 Officials & Managers

 Professionals

 Technicians

 Sales Workers

 Office & Clerical

 Craftworkers (Skilled)

 Operators (Semi-skilled)

 Laborers (Unskilled)

 Service Workers

 TOTALS

 Total Employment one year prior to this report

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

<table>
<thead>
<tr>
<th>Formal On-the-Job Trainees</th>
<th>(1)</th>
<th>(2)</th>
<th>(3)</th>
<th>(4)</th>
<th>(5)</th>
<th>(6)</th>
<th>(7)</th>
<th>(8)</th>
<th>(9)</th>
<th>(10)</th>
<th>(11)</th>
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<tbody>
<tr>
<td>White-Collar</td>
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<td>Production</td>
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</tbody>
</table>

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

 BEGINNING PERIOD:_______/_______/_______

 ENDING PERIOD:_______/_______/_______

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

☐ Yes ☐ No

 If YES, how many employes 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.