

**CITY OF SPRINGFIELD, OHIO  
CONTRACT COMPLIANCE  
EQUAL EMPLOYMENT OPPORTUNITY ASSURANCES**

FIRM'S NAME	TRADE
ADDRESS	CITY STATE ZIP
PHONE	FAX NUMBER
EEO OFFICER OR CONTRACT PERSON	PROJECT NO. AND NAME
E-MAIL ADDRESS	

**The undersigned Bidder (you):**

- \_\_\_ **Agrees** to complete the applicable affirmative action forms contained in this "Instruction to Bidders" and submit with bids.
- \_\_\_ **Agrees** to fully comply with all of the provisions of Springfield City Ordinance Chapter 155 as amended and Executive Order 11246. *Ask for copy if needed.*
- \_\_\_ **Understands** that failure to complete all applicable forms *may result in bid rejection.*

\_\_\_\_\_ *Authorized Representative*

\_\_\_\_\_ *Date*

**CHECK ONE:**

- \_\_\_ Submitting own A.A.P.
- \_\_\_ Has approved A.A.P. on file (See Supplement #2)  
A.A.P. Contract Number \_\_\_\_\_
- \_\_\_ Submitting City's A.A.P. format (See Supplement #3)
- \_\_\_ Submitting Certification of Compliance (See Supplement #2)
- \_\_\_ Not applicable: Reason(s) \_\_\_\_\_
- \_\_\_ Submitting \_\_\_ Semi-annual or \_\_\_ annual A.A.P. for approval

**Original signatures needed. Please e-mail, mail or drop off completed forms at City Hall.**

**INFORMATION FOR BIDDERS**

**SUPPLEMENT NO. 2**

**BIDDERS WHO HAVE PREVIOUSLY SUBMITTED AFFIRMATIVE ACTION PROGRAMS**

Contractors who have previously filed Affirmative Action Programs with the City of Springfield, Ohio and whose programs were approved by the City's Contract Compliance Officer, within, six months of the date of this bid, should up-date their said programs to account for any changes since they were submitted and may forego re-submitting Affirmative Action Programs with their new bids.

**In lieu of submitting their Affirmative Action Programs**, such bidders should sign the following statement:

As officers and representatives of \_\_\_\_\_  
(Name of Firm)

we, the undersigned, state that we are fully implementing the Affirmative Action Program previously submitted to and approved by the City of Springfield, Ohio.

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**BIDDERS WHOSE PROGRAMS HAVE BEEN APPROVED BY ANOTHER  
CONTRACTING AGENCY**

Contractors who have filed, or become a signatory to a governmentally recognized Affirmative Action in another jurisdiction, may comply with the requirements of Chapter 155 of the City's Codified Ordinance by obtaining a certificate from the previous contracting agency certifying that said contractor is in compliance with his Affirmative Action Program **and** by filing said certificate and a copy of his Affirmative Action Program with the Contracts Compliance Officer.

# CURRENT TOTAL WORKFORCE BREAKDOWN

**NAME AND LOCATION FIRM:** \_\_\_\_\_

**COVERED AREA OF DATA** \_\_\_\_\_

**Compiled By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

JOB CATEGORY CLASSIFICATION	1.		2.		3. MINORITY GROUP EMPLOYEES								4. MINORITY PERCENT	5. FEMALE PERCENT
	TOTAL NUMBER OF EMPLOYEES		TOTAL NUMBER OF MINORITY EMPLOYEES		A. BLACK (NOT OF HISPANIC ORIGIN)		B. HISPANIC		C. ASIAN OR PACIFICA ISLANDERS		D. AMERICAN INDIAN OR ALASKAN NATIVE			
	M	F	M	F	M	F	M	F	M	F	M	F		
OFFICERS/ MANAGERS														
PROFESSIONALS														
TECHNICIANS														
SALES WORKERS														
OFFICE/CLERICAL														
SERVICE WORKERS														
OTHERS														
TOTAL														
TRADE NAME J														
AP														
TR														
TOTAL														
TRADE NAME J														
AP														
TR														
TOTAL														
TRADE NAME J														
AP														
TR														
TOTAL														
GRAND TOTAL														
SPRINGFIELD RESIDENTS														