**Contractor/Subcontractor Combined Certification**

**Regarding, MBE/WBE, EEO, Labor Standards, Debarment, Litigation/Regulatory Actions**

**State of Washington**

**County of Thurston**

Date:

Contractor/Subcontractor:

Address:

Project Name:

Number:

Legal name of firm:

**This firm is: (check one)**

* single proprietorship
* partnership
* corporation
* other

**The name, title and address of all owners, partners or officers of this firm are:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Address** |
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**The name, address and type of other construction business(es) in which this firm has a substantial interest:**

|  |  |  |
| --- | --- | --- |
| **Name** | **Address** | **Type of Business** |
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**The following information is correct:**

|  |  |
| --- | --- |
| IRS Identification No.: |  |
| Contractor’s License No.: |  |
| CCR/Cage Code: |  |
| DUNS No.: |  |
|  |  |  |  |  |  |
| Union Affiliation: | Yes  |  | No |  | Union(s): |  |
|  |  |  |  |  |  |  |
| Will Use Apprentices: | Yes |  | No |  |  |  |

**The following person(s) may sign certified payroll reports for this firm:**

*(sample signature)*

*(printed or type name)*

*(sample signature)*

*(printed or type name)*

**This firm deducts from employee wages, benefits for authorized programs specified in attached Form 4010 Section A. 1. (i) Minimum Wages, as follows:**

|  |  |
| --- | --- |
| **Benefit** | **Agency To Whom Paid** |
| N/A |  |
|  |  |
|  |  |

**This firm deducts benefits from employee wages for programs which are not authorized under in attached Form 4010 Section A. 1. (i) Minimum Wages, (and which require approval):**

|  |  |
| --- | --- |
| **Benefit** | **Agency To Whom Paid** |
|  N/A |  |
|  |  |
|  |  |

The undersigned, having executed a contract with Contracting Agency (or with a Subrecipient, contractor or subcontractor of Contracting Agency for the construction of the public works project described above, acknowledges that:

1. The MBE/WBE and EEO and State prevailing wage provisions are included in the specifications of the contract and that the undersigned is obligated to comply with those requirements; and, that
2. The correction of any infraction of those requirements by the contractor, subcontractor, or any lower tier subcontractor is the responsibility of the prime contractor.

The undersigned further acknowledges and certifies that:

1. Neither he/she, nor any firm, partnership or association in which he/she has a substantial financial interest, is debarred form contracting with the federal government, the State of Washington or Contracting Agency or is in any other way prevented from carrying out the provisions of this public works contract;
2. No part of this project has been or will be subcontracted to any subcontractor (or any tier) who is debarred from contracting with the federal government, the State of Washington or is in any other way prevented from carrying out the provisions of this public works contract; and
3. The undersigned certifies that (Check one):

|  |  |  |  |
| --- | --- | --- | --- |
|  | It is, or |  | It is not |

involved in any litigation or regulatory action at time of the bid. If they are, the bidder is required to provide applicable information including the parties involved, dates, places, courts, and a brief synopsis of the details attached to this form. Failure to provide this information, or failure to provide accurate information, may render the bid non-responsive or give Contracting Agency the right to cancel the contract or apply other legal or administrative remedies.

1. He/she promises to forward to Contracting Agency within 15 calendar days following execution, a copy of all subcontract agreements entered into on this project.

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

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

 *(typed or printed name)*

### AFFIRMATIVE ACTION PROGRAM for CONTRACTORS and SUBCONTRACTORS – HIRING PLAN 1

|  |  |  |  |
| --- | --- | --- | --- |
| Contractor Name |  | Contract |  |
|  Address |  | Date Awarded |  |
| City |  | State |  | Contract Working Days |  |
| E.E.O. Officer |  | Location |  |
| Phone Number |  | Work Element |  |
|  |  |  |  |  |
|  Subcontractor |  |  Prime Contractor |  | Est. Start Date |  |

**Contractor’s Present Work Force (all employees, may attach additional pages if needed):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Categories\*** | Total Employees | Total Minorities | # & Demographic Code (see below) | Women | Apprentice/ Trainee |
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| **Totals** |  |  |  |  |  |

**\*Use EEO-1 Job Categories. See U.S. Equal Employment Opportunity Commission web site at: www.eeoc.gov**

**Contractor’s Projected Work Force – This Project (employees this project, may attach additional pages if needed):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Job Categories\*** | Total Employees | Total Minorities | # & Demographic Code (see below) | Women | Apprentice/ Trainee |
|  |  |  |  |  |  |
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| **Totals** |  |  |  |  |  |

**\*Use EEO-1 Job Categories. See U.S. Equal Employment Opportunity Commission web site at: www.eeoc.gov**

**Demographic Codes:**

W = White A = Asian

B = Black/African American AI = American Indian/Alaskan Native

NH = Native Hawaiian/Other Pacific Islander AI = American Indian/Alaskan Native

2+ = Two or more races

**Total New or Additional Employees Required: \_\_\_\_\_\_**

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

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *(typed or printed name)*

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### AFFIRMATIVE ACTION PROGRAM for CONTRACTOR and SUBCONTRACTORS – HIRING PLAN D

Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
|  Subgrantee:  |  | Consultant |  |
|  |  |  |  |
| Prime Contractor |  | Subcontractor |  |

1. Each agency, organization, firm or individual receiving HUD Community Development Block Grant (CDBG) funds through the Thurston County is responsible:
	1. To encourage participation of Women and Minority Business Enterprises, and Thurston County as contractors, subcontractors and suppliers on physical improvement projects;
	2. To treat all employees and applicants for employment in a non-discriminatory manner;
	3. To take affirmative action to counter the effects of past discrimination to women, minority and disabled employees; and
	4. To encourage participation of Thurston County lower-income residents and otherwise qualified disabled individuals as employees and/or trainees.

Each organization, firm or individual receiving CDBG funds is required, as a condition of acceptance, to indicate the affirmative action it will take to meet these obligations as follows:

**PART I – NEW HIRE EMPLOYEES (for your *entire* organization):**

1. During the period of this project we expect to employ \_\_\_\_ new full-time employees. We expect that number of new employees to include:
* Minorities
* Women
* Lower-income Thurston County residents
* Otherwise qualified disabled individuals
1. In addition, during the period of this project, we expect to employ \_\_\_\_ trainees, comprised of:
* Minorities
* Women
* Lower-income Thurston County residents
* Otherwise qualified disabled individuals
1. Further, during the period of this project we expect to employ \_\_\_\_ part-time employees comprised of:
* Minorities
* Women
* Lower-income Thurston County residents
* Otherwise qualified disabled individuals
1. To attempt to encourage M/WBE participation to meet the State of Washington and U. S. Department of Labor M/WBE goals, and to actively recruit, solicit and encourage women, minorities, and lower-income Thurston County residents, and otherwise qualified disabled individuals to apply for all job openings.
2. We understand that no present full or part-time employees or trainees need be terminated or laid off in order to meet these goals; however, if additional employees or trainees are required we agree to make a "good faith effort” to encourage application of minorities, women, lower-income Thurston County residents, and otherwise qualified disabled individuals to fill such openings. We will take the following affirmative actions whenever there is a need to hire new full or part-time employees.
	1. Recruit through local media, noting need for minorities, women, lower-income Thurston County residents, and/or otherwise qualified disabled individuals.
	2. Recruit through Washington State Employment Service, or, if a union employer, through appropriate unions, noting need for minorities, women, lower-income Thurston County residents, and otherwise qualified disabled individuals.
	3. Recruit through local community service organizations for minorities, women, lower-income Thurston County residents, and otherwise qualified disabled individuals.
	4. Maintain a reference list of minorities, women, Thurston County lower-income residents and otherwise qualified disabled individuals that visit the job site or your facilities and request employment.
	5. Treat all applicants for employment without unlawful prejudice or discrimination.
	6. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.