



ERNIE FLETCHER
GOVERNOR

Commonwealth of Kentucky
FINANCE AND ADMINISTRATION CABINET
DEPARTMENT FOR FACILITIES AND SUPPORT SERVICES
DIVISION OF ENGINEERING AND CONTRACT ADMINISTRATION
Bush Building
403 Wapping Street - 1st Floor
Frankfort, Kentucky 40601
(502) 564-3155
(502) 564-3649 Facsimile
Paul.Gannoe@ky.gov

JOHN R. FARRIS
Secretary

JAMES F. ABBOTT
Commissioner

PAUL GANNOE
Director

Memorandum

To: A/E Consultants

From: Paul Gannoe, Director
Division of Engineering and Contract Administration

Date: August 1, 2006

Subject: Kentucky EEO Act – KRS 45.560 – 45.640
Contract Award Requirements for State Funded Projects

Beginning October 1, 2006, the Finance Cabinet, Division of Engineering and Contract Administration (DECA) will include language in all solicitations for proposals on state funded projects advising consultants of their obligation to comply with the Kentucky EEO Act, KRS 45.560 – 45.640 on contracts that exceed \$250,000.

Equal Employment Opportunity (EEO) compliance ensures nondiscrimination in state contracting (ref. KRS 45.560 – 45.640). Bidders will be required to submit EEO forms to DECA, which will then send copies of the reports to the Finance and Administration Cabinet's EEO Office for review and approval. No award will become effective until all forms are satisfactorily submitted and EEO has certified compliance. The required EEO forms are as follows.

- EEO – 1: Employer Information Report
- Affidavit of Intent to Comply
- Employee Data Sheet
- Subcontractor Report

A copy of each of these forms is attached and is also available on the Finance and Administration's web page under **Vendor Information, Standard Attachments and General Terms** at the following address: www.eProcurement.ky.gov.



FINANCE AND ADMINISTRATION CABINET
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY/CONTRACT COMPLIANCE
CAPITOL ANNEX, ROOM 395, FRANKFORT, KY 40601
TELEPHONE: 502-564-2874 (FAX: 502-564-1055)
E-MAIL: Finance.ContractCompliance@ky.gov

EEO-1: EMPLOYER INFORMATION REPORT

Important Notice: Read instructions BEFORE completing this form. Incomplete forms and forms that are not completed according to the instructions will not be processed. A substitute or alternate version of this report will not be accepted or processed.

SECTION I. TYPE OF REPORT

- 1) Type of Report (check one):
 - Single-Establishment—firm conducts business from a single location
 - Consolidated—firm operates from multiple locations; the report must be filed by the firm's headquarters office and must combine workforce data for all locations
 - Branch Office/Other (required for all Consolidated employers)—contains employment data for a specific location; a separate branch office/other report must be filed for each location
- 2) Total number of reports being filed by this firm (answer on Consolidated Report only) _____

SECTION II. EMPLOYER/FIRM IDENTIFICATION

- 1) Name of Parent Company
(owns or controls the branch office/other location listed in Section II, #2) _____
Street Address: _____
City, State and Zip Code: _____
- 2) Name of Branch
Office/Other location for which this form is filed: _____
Street Address: _____
City, State and Zip Code: _____

SECTION III. ESTABLISHMENT INFORMATION

Describe the major activity of this establishment. Be specific, e.g., wholesale computer supplies, vehicle insurance carrier, electrical contractor, bus transportation, hot mix/cold mix supplier, landscape architectural services, custom computer programming, etc.

SECTION IV. GENERAL INFORMATION

- 1) Does the firm hire primarily from (check one): County? City? Metropolitan Statistical Area? State? Nationwide?
Identify the primary geographical area(s) from which the firm draws its employees by listing the counties, cities, Metropolitan Statistical Areas (MSAs) or states that apply. (attach a separate sheet if necessary): _____
- 2) Does the firm normally hire additional employees to perform contract work (check one)? Yes No
- 3) List the maximum number of employees working for the firm at any one time during a typical 12 month period. _____
- 4) Does the firm have a current Affirmative Action Plan? (check one) Yes No
- 5) Does the firm have a current Equal Employment Opportunity (EEO) policy? (check one) Yes No
- 6) Is the firm currently under federal, state or local review regarding its employment practices for any of its public contracts (check one)? If yes, attach a separate sheet fully explaining the situation and status of the review. Yes No
- 7) Within the past five (5) years, has the firm been declared ineligible for any public contract based on a finding of employment discrimination (check one)? If yes, attach a separate sheet fully explaining the situation. Yes No

SECTION VI. DATA COLLECTION

- 1) How was employment data in Section V obtained? (check one): Visual Survey Other (specify): _____
(Note: Data must not be more than 60 days old. Data more than 60 days old will not be accepted or processed.)
- a) If payroll is indicated in #2, enter the date of payroll used for Section V: _____ to _____
OR
b) If another method is indicated, enter the time period used for Section V: _____ to _____
- 2) Does this firm employ apprentices or formal on-the-job trainees? (check one): Yes No

SECTION VII. CERTIFICATION

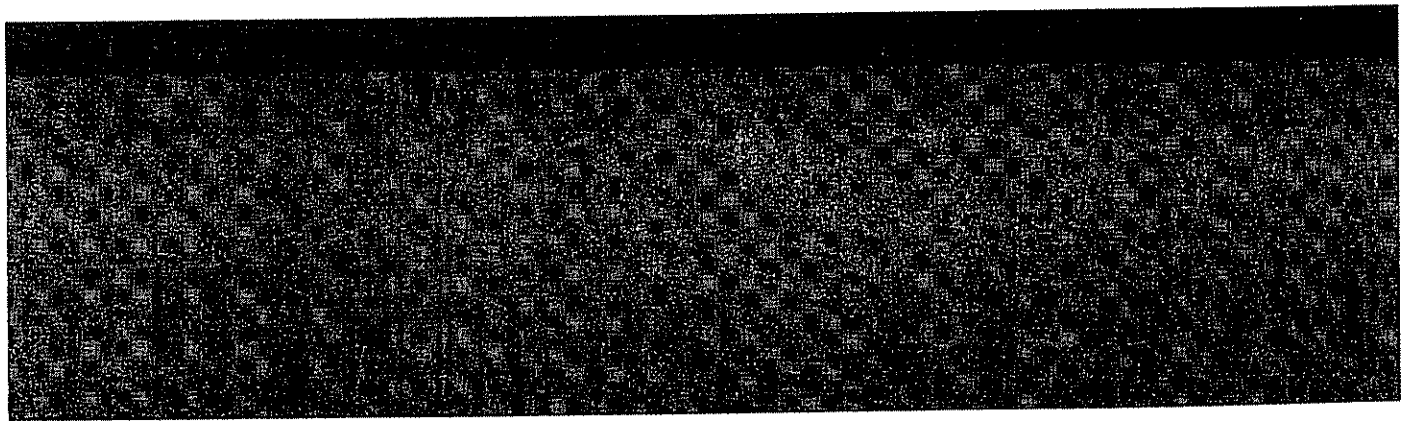
Name of Person to Contact Regarding this Report				Title	
Street Address					
City	State	Zip Code	Telephone Number	Fax Number	
E-mail Address					

I certify that the information contained in this EEO-1: Employer Information Report, and any attachments, is true and accurate to the best of my knowledge and belief. The employer agrees to comply with the requirements found in the Kentucky EEO Act, KRS 45.560 -- KRS 45.640 and Finance and Administration Cabinet rules and regulations. Further, I am authorized to sign this form on behalf of the employer.

Print Name and Title of Certifying Official

Date

Signature of Certifying Official (must be an official or manager; refer to Instructions)



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TELEPHONE: 502-564-2874 (FAX: 502-564-1055)

AFFIDAVIT OF INTENT TO COMPLY

The undersigned, after first being duly sworn, states as follows: I, _____
Print Name

have authority to sign this affidavit on behalf of _____
Print Company Name

I acknowledge and agree that the aforementioned company will "comply in full with all requirements of the Kentucky Civil Rights Act," and "submit data required by 45.560 to 45.640 upon being designated the successful bidder." I also acknowledge and agree that the Finance and Administration Cabinet, Office of EEO and Contract Compliance may request additional information and/or documentation, in accordance with KRS 45.550 et seq at any point during the life of any contract awarded. I further acknowledge and agree that a failure to provide information requested in a timely manner may result in the Commonwealth of Kentucky pursuing any and all legal remedies available, including but not limited to, termination of contract and a prohibition against doing business with the Commonwealth in the future.

AFFIANT:

Affix Notary Seal Below

Signature of Certifying Official
(must be an official or manager)

Print Name and Title of Certifying Official

Date

Commonwealth or State _____

County of _____

Subscribed and sworn to before me by _____,
(Affiant) (Title)
of _____ this _____ day of _____, 20____.
(Company Name)

MY COMMISSION EXPIRES ON: (Date) _____

NOTARY PUBLIC _____

EMPLOYEE DATA SHEET

In accordance with the KY EEO Act, KRS 45.600 (1) (b), you must provide the following information about your existing workforce.
An alternate version of this form, i.e., your own version, is acceptable. However, your version must contain all of the information requested
on the original form. Incomplete forms will not be processed. Type or print legibly. Do not use pencil; use black or dark blue ink.

Position Held	Race*	Sex	Age	Date Hired	County and State (of residence)

(*) Indicate whether you compiled the information using (check one): Visual survey Personnel records Other (explain) _____

Print Name and Title of Certifying Official Name of Company

Signature of Certifying Official (must be an official or manager) Date

SUBCONTRACTOR REPORT FORM

Notice: Vendors/Contractors are required to report all subcontracts valued at \$250,000 or more. The subcontracts reported on this form must be for a specific line item(s) of work on a contract/project your firm has with the Commonwealth of Kentucky, i.e., you should not report contracts your firm has with a company to clean your office building, to provide security for your office, to routinely service your vehicles or equipment, to upgrade your warehouse, etc. An alternate version of this form—your own version—is acceptable. However, your version must contain ALL of the information requested on the original form. Type or print legibly. Do not use pencil; use black or dark blue ink. Incomplete forms will not be processed.

- 1) Business Name (REQUIRED): _____
- 2) Solicitation or Contract Number (REQUIRED): _____
- 3) Project Name or Contract Description: _____
- 4) Indicate if your company has entered into agreements with subcontractors valued at \$250,000 or more (check one):
 - Our company has not entered into agreements with subcontractors valued at \$250,000 or more (skip section 5 and complete section 6).
 - Our company has entered into agreements with subcontractors valued at \$250,000 or more (complete section 5 and section 6).

5) Provide subcontract information as follows (attach Additional Reporting Sheets if necessary):

Name of Subcontractor	Contact Person	Telephone Number (Including area code)	Street Address, City, State and Zip Code	Subcontract Amount

6) Certification: I certify that the information contained in this report and any Additional Reporting Sheets or other attachments, is true and accurate to the best of my knowledge and belief. Further, I am authorized to sign this form on behalf of the company. If necessary, the company will update this report should it enter into additional subcontracts valued at \$250,000 or more.

Printed Name and Title of Certifying Official _____ Date _____
 Signature of Certifying Official (must be an official or manager) _____

