FINANCE AND ADMINISTRATION CABINET
OFFICE OF EQUAL EMPLOYMENT OPPORTUNITY AND CONTRACT COMPLIANCE
200 MERO STREET, 5<sup>TH</sup> FLOOR, FRANKFORT, KY 40622
TELEPHONE: 502-564-2874 EMAIL: Finance.ContractCompliance@ky.gov

**AFFIDAVIT OF INTENT TO COMPLY**

**A substitute or alternate version of this form will not be accepted or processed.**

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

_____
**Type or Print Name**

have authority to sign this affidavit on behalf of

_____
**Type or Print Company Name**

Check one:

        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 KRS45.550 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.

        The aforementioned company is exempt from compliance with the Kentucky Civil Rights Act because the company is not an "employer" as defined by KRS 344.030(2). I acknowledge and agree that the aforementioned company will "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:

_____

Signature of Certifying Official
**(Must be an official or manager)**

_____

Type or Print Name and Title of Certifying Official

_____

Date