



Contract Compliance Review Request for Additional Information

Contract Number(s) _____

Contractor _____ Date _____

To facilitate the processing of this review, please provide us with the information / documentation checked below:

1. Information pertaining to the utilization of DBE subcontractors and suppliers:

Copies of Change Order(s)	List of Shared Employee
Invoices of Shared Equipment	Name of the DBE's Site Representative
2. Current Department of Labor Monthly Utilization Report, DOT Form 820-010, for your firm from the start of construction to the time of review while working on the covered area.
3. Certified payroll records for the month of _____ that coincide with that month's Monthly Utilization Report. The payrolls must be annotated for ethnicity and gender.
4. List of all persons employed by the firm in the covered plan areas and/or SMSA and EA area since the beginning of the covered federal aid contract(s), indicating new hire(s), transfer(s), trades, ethnicity, gender, and, if applicable, termination date(s).
5. List of apprentice trainees assigned to the project(s) in the covered areas indicating ethnicity, gender, trade, number of hours worked and union affiliations, including union local numbers.
6. Documentation to substantiate written notices to the unions and/or other recruitment sources and documentation of efforts to employ minorities and females through unions or other hiring sources. This documentation should identify specific needs for specific crafts at specific dates and locations.
7. Evidence of efforts to comply with minority and female percentage EEO requirements in each trade by hour. Check the Special Provisions of your contract(s) to determine the EEO requirements that apply.
8. A dated copy of the current Equal Employment Opportunity Policy of the company.
9. Evidence of efforts to promote minorities and females within your organization.
10. Name and responsibility of the person designated as the company's DBE Liaison Coordinator/Officer.
11. Name and responsibility of the person designated as the company's EEO Officer.
12. Other:

Please provide the requested information/documentation directly to:
 Contract Compliance Officer, Office of Equal Opportunity
 PO Box 47314
 Olympia, WA 98504-7314
 (360) 705-7092 Fax (360) 705-6801

NOTE: If your firm fails to furnish the data requested by _____, 20_____, progress payments may be withheld and/or a "30 Day Show Cause Notice" may be issued.

Signed (Contract Compliance Officer)	Received By (Contractor)
--------------------------------------	--------------------------