

THE FOLLOWING FORMS MUST BE
COMPLETED BY ALL SUBCONTRACTOR(S)

Complete and Submit to Lake County Community Development

Subcontractor Equal Opportunity Certification Form

Project Name	Prime Contractor
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Project Number _____

GENERAL

In accordance with Executive Order 11246 (30 F.R. 12319-25), the implementing rules and regulations thereof, and orders of the Secretary of Labor, a certification regarding equal employment opportunity is required of bidders and their proposed subcontractors prior to the award of contracts or subcontracts.

Subcontractor's Name: _____

Address: _____

Phone Number: _____

IRS EIN: _____

1. Participation in a previous contract or subcontract.
 - a. Subcontractor has participated in a previous contract or subcontract subject to the Equal Opportunity Clause.
_____ Yes _____ No
 - b. Compliance reports were required to be filed in connection with such contract or subcontract.
_____ Yes _____ No
 - c. Subcontractor has filed all compliance reports required by Executive Orders 10925, 11114, 11246, or by regulations of the Equal Employment Opportunity Commission issued pursuant to Title VII of the Civil Rights Act of 1964.
_____ Yes _____ No
 - d. If answer to item c. is "No", please explain in detail on reverse side of this certification.

2. Dollar amount of proposed subcontract. \$ _____

3. Anticipated performance period. _____

4. Female owned business.

_____ Yes _____ No

5. Expected total number of employees who will perform the proposed subcontract.

6. Non-segregated facilities.

- a. Notice to Prospective Federally-Assisted Construction Contractors.

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Contractor receiving federally assisted construction contract awards exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause will be required to provide for the forwarding of the following notice to prospective subcontractors for supplies and construction contracts where the subcontracts exceed \$10,000 and are not exempt from the provisions of the Equal Opportunity Clause.

b. Certification of Non-segregated Facilities.

The federally-assisted construction contractor certifies that he does not maintain or provide for his employees any segregated facilities at any of his establishments, and that he does not permit his employees to perform their services at any location under his control where segregated facilities are maintained. The federally-assisted construction contractor certifies further that he will not maintain or provide for his employees any segregated facilities at any of his establishments and that he will not permit his employees to perform their services at any location under his control where segregated facilities are maintained. The federally-assisted construction contractor agrees that a breach of this certification is a violation of the Equal Opportunity clause in this contract. As used in this certification, the term "segregated facilities" means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees which are segregated by explicit directive or are in fact segregated on the basis of race, creed, color, or national origin because of habit, local custom, or otherwise. The federally-assisted construction contractor agrees that (except where he has obtained identical certifications from proposed subcontractors prior to the award of subcontracts exceeding \$10,000 which are not exempt from the provisions of the Equal Opportunity Clause) he will retain the duplicate of such certifications in his files. The contractor will include the original in his Bid Package.

7. Race or ethnic group designation of bidder. Enter race or ethnic group in the appropriate blank:

Race Category	Ethnicity Category
White	Hispanic?
Black/African American	Hispanic?
Asian	Hispanic?
American Indian/Alaska Native	Hispanic?
Native Hawaiian/Other Pacific Islander	Hispanic?
American Indian/Alaskan Native & White	Hispanic?
Asian & White	Hispanic?
Black/African American & White	Hispanic?
Am. Indian/Alaska Native & Black/African Am.	Hispanic?
Other Multi-Racial	Hispanic?
Other	Hispanic?

Remarks:

Certification: The information above is true and complete to the best of my knowledge and belief.

Name & Title of Signer

Signature

Date

Note: The penalty for making false statements in offers is prescribed in 18 U.S.C. 1001.

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Subcontractor's Certification Concerning Labor Standards and Prevailing Wage Requirements

(Appropriate Recipient)	Date
Project Name	Project Number

The undersigned, having executed a contract with _____ for _____ (nature of work) for the construction of the above-identified project, acknowledges that:

- a. The Labor Standards Provisions are included in the aforesaid contract;
- b. Correction of any infractions of the aforesaid conditions including infractions by any of his subcontractors and any lower tier subcontractors is his responsibility.

The contractor certifies that:

- a. Neither the contractor nor any firm, corporation, partnership or associate in which he or she has a substantial interest is designated as an ineligible contractor by the Comptroller General of the United States pursuant to Section 5.6(b) of the Regulations of the Secretary of Labor, Part 5 (29 CFR, Part 5) or pursuant to Section 3(a) of the Davis-Bacon Act, as amended (10 U.S.C. 276a-2(a));
- b. No part of the aforementioned contract has been or will be subcontracted to any subcontractor if such subcontractor or any firm, corporation, partnership or association in which such subcontractor has a substantial interest is designated as an ineligible contractor pursuant to the aforesaid regulatory or statutory provisions.

The contractor agrees to obtain and forward to the aforementioned recipient, within ten days after the execution of any lower subcontract, a Subcontractor's Certification Concerning Labor Standards and Prevailing Wage Requirements, executed by the lower tier subcontractor.

The contractor certifies that:

- a. The legal name and the business address of the undersigned are:

- b. The undersigned is:
 - (1) A Single Proprietorship _____
 - (2) A Partnership _____
 - (3) A Corporation Organized In The State Of: _____
 - (4) Other Organization (describe) _____

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c. The name, title and address of the owner, partners, or officers of the undersigned are:

Name	Title	Address

d. The names and addresses of all other persons, both natural and corporate, having a substantial interest in the undersigned and the nature of the interest are (If none, so state):

Name	Title	Address

e. The names, addresses, and trade classifications of all other building construction contractors in which the undersigned has a substantial interest are (If none, so state):

Name	Title	Address

Name & Title of Signer	
Signature	Date

WARNING

U.S. Criminal Code, Section 1010, Title 18, U.S.C., provides in part: "Whoever,....makes, passes, utters, or publishes any statement, knowing the same to be false...shall be fined not more than \$5,000 or imprisoned not more than two years, or both."

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Lake County Community Development Section 3 Employee Certification Form

(To Be Completed Only By New Hires Working On Project)

Please provide the information requested on this form so that we can verify to the Department of Housing and Urban Development that your employment is achieving the Section 3 goals of our program. The information will be placed in Lake County Community Development project files and also with your employer. In addition, this information is also subject to verification by Lake County Community Development.

Job Title: _____

1. Circle the number in your household. Count yourself and all household members.

Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$2,200	\$2,512	\$2,825	\$3,142	\$3,392	\$3,642	\$3,892	\$4,146

2. Before taking this job, was your gross household monthly income ABOVE or BELOW the amount shown in question 1? (Circle above or below)

ABOVE

BELOW

3. (a) Please indicate your racial group (**optional**)

_____ Native American, Eskimo
_____ African American
_____ White (non-Hispanic)

_____ Asian, Pacific Islander
_____ Hispanic
_____ Other (specify)

(b) Sex: _____ Male

_____ Female

- (c) Are you a female head of household? (**optional**)

_____ Yes

_____ No

- (d) Are you disabled? _____ Yes _____ No (**optional**)

_____ Yes

_____ No

4. Certification: The respondent hereby certifies that all information provided in this certification is true and complete to the best of his/her knowledge.

Name: _____

Date of Hire: _____

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