



## ATTACHMENT F

### AFFIRMATIVE ACTION CERTIFICATION

For recipients of Federal funds, affirmative action must be taken by covered employers to recruit and advance qualified minorities, women, persons with disabilities, and covered veterans. Affirmative actions include training programs, outreach efforts, and other positive steps. These procedures should be incorporated into the company's written personnel policies.

Per CFR 41 part 60-2.1 (Executive Order 11246, as amended) all non-construction recipients are required to have an updated Affirmative Action Plan, if it meets any one of the following;

- (i) Has a contract of \$50,000 or more; or
- (ii) Has Government bills of lading which in any 12-month period, total or can reasonably be expected to total \$50,000 or more; or
- (iii) Serves as a depository of Government funds in any amount; or
- (iv) Is a financial institution which is an issuing and paying agent for U.S. savings bonds and savings notes in any amount.

EMPLOYER (Worksite Applicant) certifies that, if it meets at least one of the criteria outlined above or has 50 or more employees, it will develop and/or update and submit (within 120 days of award) an Affirmative Action Plan to: State of Wisconsin, Department of Administration, Contract Compliance Program, 101 East Wilson St, 6<sup>th</sup> Floor, PO Box 7867, Madison, WI 53707-7867.

EMPLOYER (Worksite Applicant) certifies that, if it meets at least one of the criteria outlined above or has 50 or more employees, it has filed or will develop and submit (within 120 days of contract award) for each of its establishments a written affirmative action plan. Current Affirmative Action plans, if required, must be filed with the following: State of Wisconsin Department of Administration Contract Compliance Programs.

If a current plan has been filed, indicate where filed and the year covered.

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EMPLOYER (Worksite Applicant) will also require its lower-tier subrecipients who have 50 or more employees to establish similar written affirmative action plans.

#### **Employees**

EMPLOYER (Worksite Applicant) certifies that it has (No. of Employees) \_\_\_\_\_ employees in the Standard Metropolitan Statistical Area (Counties of Milwaukee, Waukesha, Ozaukee and Washington, Wisconsin) and (No. of Employees) \_\_\_\_\_ employees in total.

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Signature	Print Name	
_____		
Title	Telephone	Date