

**DESIGNATION OF AFFIRMATIVE ACTION REPRESENTATIVES
BY CONTRACTORS/SUBCONTRACTORS**

In accordance with Equal Employment Opportunity (EEO) and Minority/Women Business Enterprise (M/WBE) Utilization participation requirements of the locally sponsored contract identified below, the following information shall be furnished by the contractor and all subcontractors prior to approval to work.

1. Contract No. _____
2. County(ies) _____
3. PIN _____
4. Project Sponsor _____
5. Contractor ☐ or Subcontractor ☐:
Name _____
Address _____
City/State/Zip _____
6. Equal Employment Opportunity Officer:
Name _____
Title _____
Address _____
City/State/Zip _____
Telephone _____
7. Contract Site Equal Employment Opportunity Representative:
Name _____
Title _____
Address _____
City/State/Zip _____
Telephone _____
8. Minority/Womens Business Enterprise (M/WBE) Officer:
Name _____
Title _____
Address _____
City/State/Zip _____
Telephone _____
9. Designation Submission: ☐ Initial ☐ Revised (Date: _____)

This form shall accompany pre-award M/WBE submittals as well as requests for Approval to Subcontract to the Project Sponsor.