## 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 Subcontract	or □:
	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.