

AFFIRMATIVE ACTION PROGRAM FORM

CONTRACT NO. _____

PROJECT NO. _____

Name of Prime Contractor: _____

Affirmative Action Program Submitted By: _____

The following listed items are considered to be the absolute minimums that can be accepted for the subject project:

1. Total anticipated number of employees at peak employment: _____

2. Minority group persons that the company anticipated employing on this project:

3. Job categories that the minority group employees will be placed in:

4. Sources that the company anticipated using to secure minority group employees for this project: _____

5. Training programs that will be utilized for employees and upgrading minority group persons: _____

6. Name and title of submitting contractor's project EEO Officer for the:
Company: _____ (Name) _____ (Title)

Project: _____ (Name) _____ (Title)

Signature of Submitting Contractor's Representative

Date

For Department Use Only-----

Program Approved By: _____
Department Representative

Date