

To be Submitted by Successful Bidder  
Prior to Notice to Proceed

## **Form 6-M Equal Employment Opportunity Standard Form 100**

### **INSTRUCTIONS**

Each construction and non-construction contractor and subcontractor who has (1) 50 or more employees and (2) signs a contract, subcontract, or purchase order amounting to \$50,000 or more, shall file complete and accurate reports on Standard Form 100 (EEO-1) in triplicate to the Joint Reporting Committee within 30 days after the award to him or her of such a contract or purchase order, unless such person has submitted such a report within 12 months preceding the date of award. Subsequent reports shall be submitted annually on or before the 30th day of September.

Failure to file timely, complete, and accurate reports as required constitutes non-compliance with contractors' or subcontractors' obligations under Executive Order 11246, as amended, and is grounds for the imposition of sanctions authorized by Executive Order 11246 and other rules and regulations issued pursuant thereto.

### **Contractors and subcontractors may obtain EEO-1 reporting forms by writing to:**

EEO-1 Joint Reporting Committee  
P.O. Box 19100  
Washington, D.C. 20036-9100  
(866) 286-6440  
[Email: e1.techassistance@eeoc.gov](mailto:e1.techassistance@eeoc.gov)

- Joint Reporting Committee
- Equal Employment Opportunity Commission
- Office of Federal Contract Compliance Programs (Labor)

## EQUAL EMPLOYMENT OPPORTUNITY EMPLOYER INFORMATION REPORT EEO-1

Standard Form 100  
REV. 01/2006

O.M.B. No. 2048-0087  
EXPIRES 01/2009  
100-214

### Section A—TYPE OF REPORT

Refer to instructions for number and types of reports to be filed.

1. Indicate by marking in the appropriate box the type of reporting unit for which a copy of this form is submitted (MARK ONLY ONE BOX).
- |                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(1) <input type="checkbox"/> Single-establishment Employer Report</p> | <p>(2) <input type="checkbox"/> Multi-establishment Employer Report<br/>         (3) <input type="checkbox"/> Consolidated Report (Required)<br/>         (4) <input type="checkbox"/> Headquarters Unit Report (Required)<br/>         (5) <input type="checkbox"/> Individual Establishment Report (submit one for each establishment with 50 or more employees)<br/>         (6) <input type="checkbox"/> Special Report</p> |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

2. Total number of reports being filed by this company (Answer only Consolidated Report only)

### Section B—COMPANY IDENTIFICATION (To be answered by all employers)

1. Parent Company					OFFICE USE ONLY
a. Name of parent company (owns or controls establishment in item 2) omit if same as label					a.
Address (Number and street)					b.
City or town		State	ZIP code		c.
2. Establishment this report is filed. (Omit if same as label)					
a. Name of establishment					d.
Address (Number and street)		City or Town	County	State	ZIP code
b. Employer identification No. (IRS 9-DIGIT TAX NUMBER)					e.
c. Was an EEO-1 report filed for this establishment last year? <input type="checkbox"/> Yes <input type="checkbox"/> No					f.

### Section C—EMPLOYERS WHO ARE REQUIRED TO FILE (To be answered by all employers)

- |                              |                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|------------------------------|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 1. Does the entire company have at least 100 employees in the payroll period for which you are reporting?                                                                                                                                                                                                                                                                                                                                                                      |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 2. Is your company affiliated through common ownership and/or centralized management with other entities in an enterprise with a total employment of 100 or more?                                                                                                                                                                                                                                                                                                              |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | 3. Does the company or any of its establishments (a) have 50 or more employees AND (b) is not exempt as provided by 41 CFR 60-1.5, AND either (1) is a prime government contractor or first-tier subcontractor, and has a contract, subcontract, or purchase order amounting to \$50,000 or more, or (2) serves as a depository of Government funds in any amount or is a financial institution which is an issuing and paying agent for U.S. Savings Bonds and Savings Notes? |
- If the response to question C-3 is yes, please enter your Dun and Bradstreet identification number (if you have one):

NOTE: If the answer is yes to questions 1, 2, or 3, complete the entire form, otherwise skip to Section G.

**Section D – EMPLOYMENT DATA**

Employment at this establishment – Report all permanent full- and part-time employees including apprentices and on-the-job trainees unless specifically excluded as set forth in the instructions. Enter the appropriate figures on all lines and in all columns. Blank spaces will be considered as zeros.

Job Categories	Number of Employees (Report employees in only one category)														Total Col A - N
	Race/Ethnicity Not- Hispanic or Latino														
	Hispanic or Latino		Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers 1.1															
First/Mid-Level Officials and Managers 1.2															
Professionals 2															
Technicians 3															
Sales Workers 4															
Administrative Support Workers 5															
Craft Workers 6															
Operatives 7															
Laborers and Helpers 8															
Service Workers 9															
<b>TOTAL</b> 10															
<b>PREVIOUS YEAR TOTAL</b> 11															

1. Date(s) of payroll period used: \_\_\_\_\_ (Omit on the Consolidated Report.)