



## JACKSON COUNTY, MISSOURI COMPLIANCE REVIEW FORM

Report Date: \_\_\_\_\_ (All reports expire annually on December 31<sup>st</sup>)

### **DIRECTIONS FOR COMPLETION:**

Please fill out form completely. If a question refers to "past report" and this is your first one, place "1<sup>st</sup> Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3302.

Mail/Fax or Email reports to:

Tom Wyrsh

Contract Compliance Review Director

415 East 12<sup>th</sup> Street - 2<sup>nd</sup> Floor

Kansas City, Missouri 64106

EMAIL: [cro@jacksongov.org](mailto:cro@jacksongov.org)

FAX: (816) 881-1223

### **1. COMPANY DESCRIPTION:**

Name of Company \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Representative Name \_\_\_\_\_

### **2. COMPANY STATISTICS:**

A. Total number of Employees \_\_\_\_\_

B. Total Number of Employees who are:

1. Women \_\_\_\_\_

4. Asian \_\_\_\_\_

2. Hispanic \_\_\_\_\_

5. American Indian \_\_\_\_\_

3. Black \_\_\_\_\_

6. Other \_\_\_\_\_

**YES      NO      N/A**

3. Has your company advertised for applicants since your report? \_\_\_\_\_  
If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement

4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? \_\_\_\_\_  
If so, please attach a detailed report of such efforts

5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures? \_\_\_\_\_  
If so, please attach a narrative of such efforts.

- |  | YES | NO  | N/A |
|--|-----|-----|-----|
| 6. Has any effort been made since your last report in disseminating your policy to all your employees or in encouraging them to refer Minority or Female applicants?<br><u>If so, please attach a narrative of such efforts.</u> | ___ | ___ | ___ |
| 7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs?  | ___ | ___ | ___ |

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE or Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

NAME OF COMPANY \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

REPRESENTATIVE NAME \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

PRODUCTS, SERVICE, AREA OF SCOPE OF WORK:

DURATION OF CONTRACT \_\_\_\_\_

AMOUNT OF CONTRACT \_\_\_\_\_

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR ADDITIONAL MBE/WBE FIRMS WITH WHOM YOU HAVE CONTRACTED.

Figures of Employment Analysis section of this report was obtained from:

- |                          | YES | NO  |
|--------------------------|-----|-----|
| 1. Available employment  | ___ | ___ |
| 2. Visual check          | ___ | ___ |
| 3. Other (specify) _____ |     |     |

This Compliance Review Form was prepared and submitted by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
Date

**I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any mis-statement of fact may subject this company to non-compliance procedures.**