**SET-ASIDE PLAN (SAP) FORMAT**

**Effective 10/26/2023**

**COVER PAGE**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facsimile No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Web Site Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SAP Prepared By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Name of AA/EOE Officer

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please Print)

Name and Title of the Head of the Company

This Set-Aside Plan is submitted for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Project)

State Contract (Project) Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Awarding Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

M/W/DisBE Value as Assigned by the Awarding Agency: \_\_\_\_\_\_\_\_\_% / $\_\_\_\_\_\_\_\_\_\_\_\_

SBE Value as Assigned by the Awarding Agency: \_\_\_\_\_\_\_\_\_% / $\_\_\_\_\_\_\_\_\_\_\_\_

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**NOTE: A Set-Aside Plan (SAP) meeting all the requirements of the following sections must be filed for *each* state project.**

***ANY SUBMISSION THAT DOES NOT STRICTLY ADHERE TO THIS SAP’S FORMATTING WILL NOT BE REVIEWED. ANY SECTION THAT DOES NOT INCLUDE A RESPONSE TO SAID SECTION AND/OR ITS SUBSECTIONS HEREIN WILL BE DISAPPROVED.***

Section Number and Title: Page Number:

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# SECTION 1

**Affirmative Action/Equal Opportunity Employment (AA/EOE) Policy Statement**

Point of Statutory and/or Regulatory Reference: Connecticut General Statutes (“C.G.S.”) §§ 4a-60(a)(1), 4a-60a(a)(1), 46a-68c, and 46a-68d; Public Acts 2007, No. 07-142; and the Regulations of Connecticut State Agencies (“R.C.S.A.”) § 46a-68j-27(1).

Contractors shall create a policy statement that includes, but is not limited to, the following information:

1. Identify the individual assigned affirmative action responsibilities;
2. Affirm the Contractor’s commitment to achieve Equal Opportunity Employment through affirmative action for certain defined protected classes of persons;
3. Pledge the Contractor’s best good faith efforts to attain the objectives of the plan.

**INSTRUCTIONS:**

On the next page is an EXAMPLE of an *Affirmative Action/Equal Opportunity Employment (AA/EOE) Policy Statement* that illustrates what may be included in your company’s *AA/EOE Policy Statement*.

NOTE: If your company’s *AA/EOE Policy Statement* lists the protected classes or if it lists each basis that, under Connecticut law, an employer cannot discriminate then your lists must be inclusive. (For an up-to-date listing of prohibited forms of employment discrimination, please refer to the *Discrimination Is Illegal* notice.)

This policy statement must be signed and dated by the head of the company. The signature must be original.

***SAMPLE***

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY**

**EMPLOYMENT POLICY STATEMENT**

**XYZ Company** will not discriminate or permit discrimination against any person or group of persons on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, sexual orientation, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless such disability, even with reasonable accommodation, prevents the applicant from being able to perform the work involved, or in any manner prohibited by the laws of the United States or of the State of Connecticut. Further, **XYZ Company** will not retaliate against or condone retaliation against any person or group of persons who oppose actions, treatment, or conduct that they believe to be discriminatory.

As an Equal Opportunity Employer, it is the policy and practice of **XYZ Company** to assure that no person will be discriminated against, or be denied the benefit of any activity, program or employment process, in areas including but not limited to recruiting, advertising, hiring, upgrading, promotion, transfer, demotion, lay off, termination, rehiring, employment, rates of pay and/or other compensation or any other terms and conditions of employment on the basis of race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, sexual orientation, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless such disability prevents performance of the work involved.

**XYZ Company** shall take affirmative action to ensure that applicants with job-related qualifications are employed and to ensure that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, gender identity or expression, sexual orientation, status as a veteran, intellectual disability, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such contractor that such disability prevents performance of the work involved. If an individual has a disability for which a reasonable accommodation is requested, **XYZ Company** will engage in an interactive process with the individual/representative to determine the individual’s needs and accommodation.

(If XYZ Company is a union contractor) **XYZ Company** assures that each labor union or representative of its workers has been provided with a copy of this statement and has been informed that **XYZ Company** is an Affirmative Action/Equal Opportunity Employer and has been informed of **XYZ Company**’s obligations to comply with state and federal law.

**XYZ Company** also assures that each of its subcontractors, vendors, and manufacturers has been informed that **XYZ Company** is an Affirmative Action/Equal Opportunity Employer and of **XYZ Company**’s obligations to comply with state and federal law.

**XYZ Company** will implement, monitor, and enforce this *Affirmative Action/Equal Opportunity Employment Policy Statement* and program in conjunction with all applicable federal and state laws, regulations and executive orders. In order to implement our Affirmative Action/Equal Opportunity Employment Program, **XYZ Company** will develop written strategies and plans designated to correct any deficiencies identified. Furthermore, this policy statement, as well as the posters regarding labor, sexual harassment, and discrimination laws, shall be posted and otherwise made known to all workers in the company’s home office, each satellite office, and at each job site.

Management and supervisory staff will be advised of their responsibilities to ensure the success of this program. Ultimate responsibility for this Affirmative Action/Equal Opportunity Employment Program will be with the **Insert Head of Company’s Name and Official Title**. The day-to-day duties for the plan will be coordinated by **Insert the name of the company’s Affirmative Action/Equal Opportunity Employment Officer**, who is hereby designated the Affirmative Action/Equal Opportunity Employment Officer for **XYZ Company**.

I have expressly advised **Insert the name of the company’s Affirmative Action/Equal Opportunity Employment Officer** of their legal responsibilities as **XYZ Company**’s Affirmative Action/Equal Opportunity Employment Officer pursuant to the Regulations of Connecticut State Agencies Section 46a-68j-27(4).

This Affirmative Action Plan has my total support and **XYZ Company** pledges it best good faith efforts to achieve the objectives of this Affirmative Action Plan. I expect each manager, supervisor, and employee of this Company to aid in the implementation of this program and be accountable for complying with the objectives of this Affirmative Action Plan.

Date Signature of Head of Company

Printed Name and Title of Head of Company

# SECTION 2

**Internal Communications**

**Information Provided to Employees/Work Force**

Point of Statutory and/or Regulatory Reference: General Statutes § 4a-60(a)(3); Regs., Conn. State Agencies § 46a-68j-27(2).

The policy statement and a summary of the objectives of the plan shall be posted and otherwise made known to all workers. The plan shall indicate what steps the contractor undertook to make information on the plan available to its workforce. [R.C.S.A. § 46a-68j-27(2)]

An employer, employment agency or labor organization is required to post notices regarding statutory provisions, as the commission shall provide. [C.G.S. § 46a-54(13)]

An employer with three or more employees is required to post in a prominent and accessible location a notice concerning the illegality of sexual harassment and the remedies available to victims of sexual harassment. [C.G.S. § 46a-54(15)]

**INSTRUCTIONS:**

1. Describe the specific actions your company takes to communicate its Affirmative Action/Equal Opportunity Employment (AA/EOE) Policy Statement (see Section 1) and its AA/EOE hiring commitment to its workers. For example, do you distribute your AA/EOE Policy Statement (found in Section 1) to your new hires during orientation? Do you include a copy of your AA/EOE Policy Statement to all your employees with their paycheck every month? Do you post your AA/EOE Policy Statement in prominent and accessible locations? Please describe the locations.
2. Demonstrate that your company complies with posting requirements prohibiting discrimination by describing in detail where in your business office, and on project sites your company posts the *Discrimination Is Illegal* notice. Please attach a copy of the notice your company posts.
3. Demonstrate that your company complies with posting requirements prohibiting sexual harassment by describing in detail where in your business office, and on project sites your company posts the *Sexual Harassment Is Illegal* notice. Please attach a copy of the notice your company.

NOTE: Please be sure the notices posted by your company are current. Updated notices can be obtained at the CHRO website: <https://portal.ct.gov/CHRO/Commission/Publications/CHRO-Publications>.

# SECTION 3

**External Communications**

**Information Provided to the Public**

Point of Statutory and/or Regulatory Reference: Connecticut General Statutes §§ 4a-60(a)(2), 4a-60(a)(3), and 4a-60a(a)(2); Regulations of Connecticut State Agencies §§ 46a-68j-23(9) and 46a-68j27(3)

The contractor shall, in all advertisements and business with the public, indicate that it is an affirmative action/equal opportunity employer. The plan shall include information on what steps the contractor undertook to advise the public concerning its affirmative action requirements. [R.C.S.A. § 46a-68j-27(3)]

**INSTRUCTIONS:**

1. In this section of the SAP, contractors should include a statement indicating that in all advertisements **and** business with the public, it will hold itself out as an

“Affirmative Action/Equal Opportunity Employer or AA/EOE.”

1. To demonstrate your company’s commitment to its statement, please attach examples of three different forms of external communication (e.g., letterhead, letters of transmittal, bid notification, purchase order, fax cover sheet) sent out by your company indicating that you are an AA/EOE.

NOTE: If your company’s forms of external communication do not currently indicate your company is an AA/EOE, and your company’s forms of external communication are not created in-house, please include a statement ensuring that upon reordering such forms; your company’s external communication will indicate it is an AA/EOE. Please include samples of how your revised forms of external communication will appear. **Statements that have been made to such for more than one (1) year are unacceptable.**

# SECTION 4

**Project Description, Timeline, and Trades Involved**

**INSTRUCTIONS:**

This section of the SAP must detail everything that will be needed to perform the work of this specific project. “N/A” is an acceptable response.

1. In 1–3 sentences, briefly describe the project and the work involved.
2. Estimate (mm/dd/yyyy) when construction will commence. If the project has already begun, provide the actual project mobilization date (mm/dd/yyyy). Specify whether the date provided is actual or estimated.
3. Estimate (mm/dd/yyyy) when construction will be completed. If the project is complete, provide the project end date (mm/dd/yyyy). Specify whether the date provided is actual or estimated.
4. List all of the types of trades-related for which your company will be hiring a subcontractor(s). Do not provide the name of the subcontractor(s). Only identify the specific work, not the type of worker. Attach a copy of the applicable section of the agency bid document (for example: project manual, ITB, etc.), that specifies all the trades-related work required for your company’s work this project. Only include the portions necessary to verify your company’s responses.
5. List all specific types of materials to be used for this project that your company will be purchasing. Do not provide the name of the vendor(s). Attach a copy of the applicable section of the agency bid document (for example: project manual, ITB, etc.), that specifies all the materials required for your company’s work on this project.
6. List all specific types of non-trades-related services to be used for this project that your company will hire a service company to provide. Do not provide the name of the company. Attach a copy of the applicable section of the agency bid document (for example: project manual, ITB, etc.), that specifies all non-trades-related services needed for this project.

Ex: Portable Toilets

Trucking Driver Only – No Labor Involved

1. List all trades-related services that will be self-performed by your company’s employees. Only identify the specific work, not the type of worker.
2. List all supplies that will be manufactured by your company for use on this project.

# SECTION 5

**Subcontractor Availability Analysis**

Point of Statutory and/or Regulatory Reference: Connecticut General Statutes §§ 4a-60 and 4a-60g (Rev. to 2015), as amended by Public Acts, Spec. Sess., June, 2015, No. 15-5; Regulations of Connecticut State Agencies § 46a-68j-28(2):

Applicable portions of Connecticut General Statutes § 4a-60, as amended, state:

1. Except as provided in section 10a-151i, every contract to which an awarding agency is a party, every contract for a quasi-public agency project and every municipal public works contract shall contain the following provisions:
2. The contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e, 46a-68f and 46a-86; and
3. The contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor as relate to the provisions of this section and section 46a-56.
4. If the contract is a public works contract, municipal public works contract or contract for a quasi-public agency project, the contractor agrees and warrants that he or she will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works or quasi-public agency project.
5. Determination of the contractor’s good faith efforts shall include, but shall not be limited to, the following factors: The contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the Commission on Human Rights and Opportunities may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.
6. The contractor shall develop and maintain adequate documentation, in a manner prescribed by the Commission on Human Rights and Opportunities, of its good faith efforts.

Regulations of Connecticut State Agencies § 46a-68j-28(2) states the following:

**Sec. 46a-68j-28. Elements of plans required by Section 46a-68d of the Connecticut General Statutes as amended by Section 4 of Public Act 89-253.**

In addition to the elements in Section 46a-68j-27, plans subject to the requirements of Section 46a-68d of the Connecticut General Statutes as amended shall contain the following elements as described below:

*2. Subcontractor Availability Analysis.* When a contractor intends to subcontract all or part of the work to be performed under a State contract to one or more subcontractors, the contractor shall consult the listing of minority business enterprises maintained by the Department of Administrative Services, the practical experience of other contractors, contacts developed by the contractor itself, trade publications and similar sources to develop a base from which the contractor might reasonably be expected to draw minority business enterprises from. The plan shall indicate what sources were consulted and whether the enterprise was ready and able to perform the required work or supply necessary materials;

See also General Statutes §§ 4a-60g, 46a-68b, 46a-68c, 46a-68d, and 46a-68e.

When a contractor intends to subcontract all or part of the work to be performed under a state contract to one or more subcontractors, the contractor shall consult the listing of minority business enterprises maintained by the Department of Administrative Services, the practical experience of other contractors, contacts developed by the contractor itself, trade publications and similar sources to develop a base from which the contractor might reasonably be expected to draw minority business enterprises. The plan shall indicate what sources were consulted and whether the enterprise was ready and able to perform the required work or supply necessary materials. [R.C.S.A. § 46a-68j-28(2)]

**INSTRUCTIONS:**  Use DisBE for a business owned by a person(s) with a disability, WBE for a woman-owned business that is not a DisBE, MBE for an ethnic minority-owned business that is neither a DisBE nor a WBE, and SBE for a certified small business that is not one of the aforementioned.

It is within your company’s discretion to combine the responses to Parts B and C, so long as all required information is included.

Design-Build Projects: When projects are design-build (or similar as in multi-phase contracts) where subcontractors/vendors are solicited for bids at different stages of the project, contractors must continuously file this section at each stage of the bidding process, until the contractor has provided evidence of its good faith efforts to achieve the set-aside goals at each stage.

***PART A:*** Please list the DAS Supplier Diversity Website as the source used to find S/M/W/DisBE subcontractors and/or vendors:

<https://www.biznet.ct.gov/SDSearch/SDSearch.aspx>

***PART B***: List every SBE/MBE/WBE/DisBE subcontractor and/or vendor that your company solicited to bid on ***this*** contract, as shown in the example below.

For each subcontractor, indicate the trades-related work for which it was solicited. For each vendor, indicate the non-trades-related work or the materials for which it was solicited.

For example:

|  |  |  |
| --- | --- | --- |
| ABC Construction | SBE | Rough Carpentry |
| Carpenter’s LLC | DisBE | Rough Carpentry |
| Hard Knocks Woodwork | MBE | Rough Carpentry |
| Rumor Mill | MBE | Mill Work |
| The Mill Worm | MBE | Mill Work |
| Piece Mill | WBE | Mill Work |
| XYZ Material Suppliers | WBE | Hardwood Supplier |
| Best Floor Co. | DisBE | Hardwood Supplier |
| Got 2 Go | SBE | Portable toilets |
| Number 1 | MBE | Portable toilets |
| When Nature Call | SBE | Portable toilets |

***PART C***: Indicate the bid outcome for each company listed in Part B. Your company must be able to explain and to document to the CHRO the reason(s) why your company did not award a subcontract to each of the companies solicited in Part B. An overly vague response, such as “Bid Received,” “Called/Left Message,” “Said Will Bid” etc., is insufficient. For those companies that you will utilize for this project, use “Awarded” as the bid result.

For example:

|  |  |  |
| --- | --- | --- |
| ABC Construction | Rough Carpentry | Bid Incomplete |
| Carpenter’s LLC | Rough Carpentry | Bid Too High |
| Hard Knocks Woodwork | Rough Carpentry | Bid Too High |
| Rumor Mill | Mill Work | Awarded |
| The Mill Worm | Mill Work | Bid Too High |
| Piece Mill | Mill Work | Bid Not Accepted – Received Late |
| XYZ Material Suppliers | Hardwood Supplier | Bid Too High |
| Best Floor Co. | Hardwood Supplier | Declined To Bid |
| Got 2 Go | Portable toilets | Declined To Bid |
| Number 1 | Portable toilets | Bid Too High |
| When Nature Call | Portable toilets | Scheduling Conflict |

***PART D:*** List all non-S/M/W/DisBE companies (i.e., companies not already accounted for in Part B & Part C) that your company will use on this project. This list must inform CHRO of all trade-related work, materials, and/or non-trades-related services that the companies listed will provide. Any company performing a specialized trade or supplying specialized materials/services must be indicated and accompanied by a letter attesting to such from (i.e., signed) by the awarding agency. See the example below.

Ex:

|  |  |
| --- | --- |
| Color Coded Painting, LLC | Rough Carpentry |
| Pristine Port-a-lets | Portable toilets |
| Boltz, Inc. | High and Low Voltage Installation\* |

\*The electrical portion of this project is specialized and can only be performed by Boltz, Inc. Please see the attached letter verifying such, in detail, from the project manager at the awarding agency.

**\*\*\*\* *RECORDS RETENTION NOTICE*** **\*\*\*\***

***The CHRO is authorized to audit your company records regarding contract compliance at any time during or after the performance of this project. You must develop and maintain detailed records of your solicitation of and responses from each company in the event that the CHRO requests documentation.* See *Conn. Gen. Stat. §§ 4a-60(a)(5) and 4a-60g(g). If you solicit in writing, you must keep those written documents (e.g., letters, facsimiles, emails). If you solicit by phone, you must keep written notes about those solicitations. The CHRO may seek phone or any manner of other records. Records are subject to the CHRO’s verification with any or all contractors, subcontractors, and/or suppliers of materials solicited. Records must be retained for at least two years after the CHRO issues, to your company, a Notice of File Closure letter.***

# SECTION 6

**Minority Business Enterprise Goals and Timetables.**

Point of Statutory and/or Regulatory Reference: Regulations of Connecticut State Agencies § 46a-68j-28(3)

Based upon the availability of minority business enterprises calculated in the Regulations of Connecticut State Agencies Sec. 46a-68j-28(2), the contractor shall set goals for awarding all or a reasonable portion of the contract to qualified minority business enterprises. The Plan shall detail what steps it took to make such opportunities available.

Design-Build Projects: When projects are design-build (or similar as in multi-phase contracts) where subcontractors are solicited for bids at different stages of the project, contractors must file Attachment IIIa by week, month, or quarter (as determined by the CHRO) and list all S/M/W/DisBEs subcontractors/vendors with whom contracts have been signed up to then.

**INSTRUCTIONS:**

On Attachment III:

* Provide all the information requested in the Attachment III.
* List all the MBEs, WBEs, and DisBEs you designated in Section 11–Part C as “Awarded” in the top portion (“A”) of Attachment III.
* List all the SBEs you designated in Section 11–Part C as “Awarded” in the bottom portion (“B”) of Attachment III.
* Input all percentages requested in the Attachment III.

Once your company’s Plan is approved, your company may not add or delete any of the companies nor alter any of the contract values as listed on the Attachment III of your company’s approved Plan, except as follows. After your company’s Plan is approved, Attachment III may be altered only if your company submits the following items:

1. A cover letter that
   1. Requests acknowledgement of the change and
   2. Details the reason(s) why the CHRO should grant the change.
2. Documentation that verifies the reason(s) for removal or addition
   1. For removal: confirmation that the business is closed, a change order from the owner that eliminates a subcontractor’s portion of the project, etc.
   2. For addition: a copy of the company’s current DAS S/M/W/DisBE certification;
3. A Revised Attachment III listing the date of the revision (in mm/dd/yyyy format) and incorporating the requested change.

***NOTE:*** ***Upon a project’s completion, only those companies that are listed on the latest approved Attachment III, and who have maintained a current DAS certification throughout the duration of the project, will be utilized in the CHRO’s final calculations of actual goal achievement upon the project’s completion.***

*SECTION 12 cont’d*

**Attachment III**

**Small Contractor and Minority Business Enterprise Goals and/or “Good Faith Effort”**

Total state-funded contract value $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Project has SBE requirement of \_\_\_\_\_\_\_\_ %, which include MBE requirement of \_\_\_\_\_\_\_\_%; OR, Project requires only “good faith effort” for MBE contractors \_\_\_\_\_\_\_\_\_\_.

1. Please identify MBE/WBE/DisBE subcontractors/vendors who will participate on the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** | **Address** | **DAS Certification Type (MBE/WBE/DisBE)** | **DAS Certification Expiration Date** | **Contract Value** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Total amount of MBE, WBE, & DisBE contract values: $\_\_\_\_\_\_\_\_\_\_\_ | (Total amount of MBE, WBE, & DisBE contract values **÷** project value **x** 100) = \_\_\_\_\_\_% |

1. Please identify SBE contractors/vendors who will participate on the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** | **Address** | **DAS Certification Type (SBE)** | **DAS Certification Expiration Date** | **Contract Value** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  | Total amount of SBE contract values:  $ \_\_\_\_\_\_\_\_\_\_\_\_ | Total amount of SBE contract values **÷** project value **x** 100= \_\_\_\_\_\_% |
| Total amount of all contract values listed in A & B = | | |  | Total amount of all contract values listed in A & B **÷** project value **x** 100 = \_\_\_\_\_\_% |

*Please use additional sheets if necessary*

***\*\*\*\*The CHRO encourages your company to not just meet its set-aside goals, but to surpass them in order to ensure project circumstances (e.g., delays, change orders, decrease between estimate amount and contract amount) do not cause your company to fall below its set-aside goals achieved in its approved Set-Aside Plan.\*\*\*\****

A current copy of the DAS certificate must be attached to this section for each subcontractor/vendor listed on Attachment III. ***Without a current copy of each company’s current DAS certification, the value of the contract will not be taken into account for the determination of whether your company has met its set-aside goals.***

**Attachment IIIa**

***For Design-Build (multi-phase contract) Only***

**Small Contractor and Minority Business Enterprise Goals and/or “Good Faith Effort”**

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_ Project Number: \_\_\_\_\_\_\_\_\_\_\_\_ Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Start Date: *\_\_\_\_\_\_\_\_\_\_* Estimated Project Completion Date: *\_\_\_\_\_\_\_\_\_\_\_\_*

Total state-funded contract value $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Project has SBE requirement of \_\_\_\_\_\_\_\_ %, which include M/W/DisBE requirement of \_\_\_\_\_\_\_\_%; OR, Project requires only “good faith effort” for MBE contractors \_\_\_\_\_\_\_\_.

The head of the company has read this Attachment IIIa and confirms that its information is true and correct to the best of his or her knowledge and belief. The company pledges its best good faith efforts to achieve the set-aside goals outlined in this Attachment IIIa. Furthermore, the company is aware of its continuing obligation to remain vigilant in filing an Attachment IIIa on a **monthly bases**, unless new developments require an additional filing of an amended Attachment IIIa prior to the monthly filing due date.

Signature of the Head of the Company/Title Date

Signature of the AA/EOE Officer Date

1. Please identify MBE/WBE/DisBE subcontractors/vendors who will participate on the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** | **Address** | **DAS Certification Type (MBE/WBE/DisBE)** | **DAS Certification Expiration Date** | **Contract Value** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | Total amount of MBE, WBE, & DisBE contract values =  $\_\_\_\_\_\_\_\_\_\_\_ | | (Total amount of MBE, WBE, & DisBE contract values **÷** project value **x** 100) = \_\_\_\_\_\_% |

1. Please identify SBE contractors/vendors who will participate on the project.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company Name** | **Address** | **DAS Certification Type (SBE)** | **DAS Certification Expiration Date** | **Contract Value** |
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|  |  | Total amount of SBE contract values =  $ \_\_\_\_\_\_\_\_\_\_\_\_ | | Total amount of SBE contract values **÷** project value **x** 100= \_\_\_\_\_\_% |
| Total amount of all contract values listed in A & B = $\_\_\_\_\_\_\_\_ | | | | Total amount of all contract values listed in A & B **÷** project value **x** 100 = \_\_\_\_\_\_% |

*Please use additional sheets if necessary*

# SECTION 7

**Project Reporting and Monitoring Procedures**

Point of Statutory and/or Regulatory Reference: Regulations of Connecticut State Agencies §§ 46a-68j-23(6) and 46a-68j-23(8); Connecticut General Statutes §§ 4a-60(a)(5) and 46a-68e

Each contractor shall file, and shall cause each of his subcontractors to file, with the commission such compliance reports at such times as the commission may direct. Compliance reports shall contain such information as to the practices, policies, programs, and employment policies, employment programs, and employment statistics of the contractor and each subcontractor and be in such form as the commission may prescribe. [C.G.S. § 46a-68e]

**INSTRUCTIONS:**

**Please provide a statement that your company will file all monthly reports as directed by the CHRO and will require its subcontractors and/or vendors to do likewise. This statement should also indicate that your company will forward the original reports to the CHRO and that copies will be sent to the awarding agency.**

**While required, the following monthly forms need not be included in the contractor’s Set-Aside Plan submission.**

* Forms are due each month of the project’s duration with filing to commence thirty (30) days after the project’s start date.
* Forms must contain original signatures, printed names & titles of persons signing.
* A copy must be kept at the General Contractor, Subcontractor, Supplier, or Service Provider’s office for reference when filing Form 257b.
* A copy of all reports must be sent to the awarding agency.

1. **General Contractor:**

* Form cc-257 (Monthly Employment Utilization Report)
* Fill out every month from the date that the project started.
* For the months employee(s) did not work on the project site, fill out one form for each month & check the box marked “Did not perform work on this project for this month” which is located at the bottom of the form.
* If employee(s) then returned to the project site and began working after the months they were not working at the project site, fill out a Form cc-257, one for each month.

Example:

If employee(s) did not work in Jan. fill out a Form cc-257 for the month of Jan. & check the “Did not perform work on this project for this month” box.

If employee(s) worked Feb & Mar fill out a Form cc-257, one for each month, indicating the hours these employees worked during those months.

* The last month any of the employee(s) worked on the job (i.e., the month the company walked off the project site) fill out a Form cc-257 & write at the bottom of the form in BIG BOLD letters **“FINAL”.**
* Form cc-257a (Monthly Employment Utilization Report)
* Fill out every month from the date that the project started only if “On Site Personnel (Other than Trade Workers)” worked on the job.
* Follow instructions above for Form cc-257 when a non-trade worker employee is on the site.
* If no non-trade worker employee(s) are on the site, do not submit Form cc-257a.
* Form cc-257b (Cumulative Employment Utilization Report)
* The last month any of the employee(s) worked at the project site, the fill out a Form cc-257b (as well as the FINAL Form cc-257 mentioned above) & write at the bottom of the form in BIG BOLD letters **“FINAL”.**
* Form cc-257b is a total of all the work hours the employees have worked on the project. Therefore, if you add up all of the hours from each of the Form cc-257’s that have been filed for this project, that number should correspond with the number of total work hours reported on the Form cc-257b.
* Punch List Items or Other Events
* If an employee returns to the job to do punch list items or other events after filling out **FINAL** filings a Revised FINAL Form cc-257 for the months that they worked on the punch list items, as well as a Revised FINAL Form cc-257b must be filed.
* These revised reports should be marked in BIG BOLD letters “REVISED MM/DD/YYYY.”
* Form cc-258a (Monthly Payment Status Reports)
* Fill out Form cc-258a every month from the date that the project started.
* If you are filing out a Form cc-258a for the last month of the project write at the bottom of the form in BIG BOLD letters **“FINAL”.**
* ~~Form cc-258 (Quarterly Payment Status Report)~~ [NO LONGER REQUIRED]
* ~~If the project’s anticipated duration is in excess of 12 month, fill out Form cc-258 every project quarter month from the date the project started.~~
* ~~The Form cc-258 filed for the last quarter of the project’s duration must indicate~~ ***~~“FINAL”~~*** ~~in BIG BOLD letters.~~

**The General Contractor sends the following reports to CHRO:**

* Form cc-258a (Monthly Small Contractor and Minority Business Enterprise Payment Status Report).
* ~~Form cc-258 (Quarterly Small Contractor and Minority Business Enterprise Payment Status Report).~~ [NO LONGER REQUIRED]
* Form cc-257 & Form cc-257a (Monthly Employment Utilization Report) from subcontractors.
* Form cc-257 & Form cc-257a (Monthly Employment Utilization Report) from the General Contractor.
* Form cc-257b (Cumulative Employment Utilization Report) from subcontractors & the General Contractor.
* Form cc-259 (Monthly Materials Consumption Report) from Material Suppliers & Service Providers.

1. **Material Suppliers & Service Providers:**

* Form cc-259 (Monthly Materials Consumption Report)
* Material Supplier/Service Supplier submits every month from the date that the project started. The officer of the company signs in the box that corresponds as to whether they “Did Supply Materials” that month or they “Did Not Supply Materials” that month.
* At the end of the last month in which the material/servicer provider provided material or service for this project, the officer of the company must write at the bottom of the form in BIG BOLD letters “**FINAL”.**

1. **Subcontractors:**

* Form cc-257 (Monthly Employment Utilization Report)
* Sub submits every month from the date that the project started and not from the date that specific sub began.
* For the months in which the sub did not work on the project site, the sub still fills out one Form cc-257 for each month & checks the box marked “Did not perform work on this project for this month” which is located at the bottom of the form.
* For whatever months the sub does work on the project site, the sub fills out a Form cc-257, one for each month indicated the hours its employee(s) worked on the project for the month specified on the Form cc-257.

Example:

If the sub did not work in Jan. they fill out Form cc-257 & check the “Did not perform work on this project for this month” box. If the sub worked Feb. & March they fill out the hours on Form cc-257, one for each month.

If the sub finishes its work in April they fill out Form cc-257 & write at the bottom of the form in BIG BOLD letters **“FINAL”.**

* Form cc-257a (Monthly Employment Utilization Report)
* Sub submits every month from the date that the project started only if “On Site Personnel (Other than Trade Workers)” worked on the job.
* Follow instructions above for Form cc-257 when a non-trade worker employee is on site.
* If no non-trade worker employees are on the site, then the sub need not submit Form cc-257a.
* Form cc-257b (Cumulative Employment Utilization Report)
* The last month the sub finishes its work on the project site, that sub must fill out Form cc-257b (as well as a **FINAL** Form cc-257 mentioned above) & write at the bottom of the form in BIG BOLD letters **“FINAL”.**
* Form cc-257b is a total of all the work hours the trade personnel have worked on the project. Therefore, if you add up all of the hours for each of the Forms cc-257 that have been filed for this project, that number should correspond with the number of total work hours reported on the Form cc-257b.
* Punch List Items or Other Events
* If a sub returns to the job to do punch list items or other events after filling out **FINAL** filings, a Revised Final Form cc-257 for the months that they worked on the punch list items, as well as a Revised Form cc-257b must be filed.
* These revised reports should be marked in BIG BOLD letters “REVISED MM/DD/YYYY.”

**Additional copies of the CHRO forms and further instructions can be obtained at** [**https://portal.ct.gov/CHRO/Contract-Compliance/Contract-Compliance/Contract-Compliance-Forms-and-Reports**](https://portal.ct.gov/CHRO/Contract-Compliance/Contract-Compliance/Contract-Compliance-Forms-and-Reports)**.**

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| Commission on Human Rights and Opportunities  Contract Compliance Unit  450 Columbus Blvd., Ste. 2  Hartford, CT 06103 | | | | | 1. MONTHLY EMPLOYMENT UTILIZATION REPORT ***(CHRO Form cc-257)*** | | | | PROJECT AREA (MSA):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. EMPLOYERS FEIN NO. | | | | | 3. PROJECT AAP GOALS  MINORITY: \_\_\_\_\_\_\_\_\_\_\_  FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_ | | | 4. REPORTING PERIOD  FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| GENERAL CONTRACTOR:  PROJECT NAME:  CONTRACT NUMBER: | | | | | | | NAME AND LOCATION OF CONTRACTOR (submitting report): | | | | | | | | | STATE AWARDING AGENCY: | | | | |
| 5. | 6. **WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT** | | | | | | | | | | | | | | | 9. | | | 10. | |
| CONSTRUCTION  TRADE  (please identify) | CLASSIFICATION | 6a.  TOTAL  HOURS  BY TRADE  M F | | 6b.  BLACK  (Not of  Hispanic  Origin)  M F | | | 6c.  HISPANIC  M F | | 6d.  ASIAN OR  PACIFIC  ISLANDERS  M F | | 6e.  AMERICAN  INDIAN OR  ALASKAN  NATIVE  M F | | 7.  MINORITY  PERCENT | | 8.  FEMALE  PERCENT | TOTAL  NUMBER OF  EMPLOYEES  M F | | | TOTAL  NUMBER OF  MINORITY  EMPLOYEES  M F | |
|  | Journey Worker  Apprentice  Trainee  SUB-TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  SUB-TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  SUB-TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  SUB-TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  SUB-TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| TOTAL JOURNEY WORKERS  TOTAL APPRENTICES  TOTAL TRAINEES  GRAND TOTAL | |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE | | | | | | | 12. TELEPHONE NUMBER (Including area code) | | | | | | 13. DATE SIGNED | | | | | PAGE  \_\_\_\_\_\_\_\_OF\_\_\_\_\_\_\_\_ | | |
| **Did not perform work on this project for this month (Please place an “X” in the box if your company did not perform work on this project for this month only.)** | | | | | | | | | | | | | | | | | | | | |

CHRO Form cc-257

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| Commission on Human Rights and Opportunities  Contract Compliance Unit  450 Columbus Blvd, Ste. 2  Hartford, CT 06103 | | | | | 1. MONTHLY EMPLOYMENT UTILIZATION REPORT  ***(CHRO Form cc-257a)*** | | | | PROJECT AREA (MSA):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. EMPLOYERS FEIN NO. | | | | | 3. PROJECT AAP GOALS  MINORITY: \_\_\_\_\_\_\_\_\_\_\_  FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 4. REPORTING PERIOD  FROM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| GENERAL CONTRACTOR:  PROJECT NAME:  CONTRACT NUMBER: | | | | | | | NAME AND LOCATION OF CONTRACTOR (submitting report): | | | | | | | | | STATE AWARDING AGENCY: | | | | |
| 5. | 6. **WORK HOURS OF WORKERS *(OTHER THAN TRADE WORKERS)* EMPLOYED ON PROJECT** | | | | | | | | | | | | | | | 9. | | | 10. | |
| ON SITE PERSONNEL (OTHER THAN TRADE WORKERS)  ***(please identify specific job title)*** |  | 6a.  TOTAL  HOURS  BY TRADE  M F | | 6b.  BLACK  (Not of  Hispanic  Origin)  M F | | | 6c.  HISPANIC  M F | | 6d.  ASIAN OR  PACIFIC  ISLANDERS  M F | | 6e.  AMERICAN  INDIAN OR  ALASKAN  NATIVE  M F | | 7.  MINORITY  PERCENT | | 8.  FEMALE  PERCENT | TOTAL  NUMBER OF  EMPLOYEES  M F | | | TOTAL  NUMBER OF  MINORITY  EMPLOYEES  M F | |
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| GRAND TOTAL WORKERS | |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE | | | | | | | 12. TELEPHONE NUMBER (Including area code) | | | | | | 13. DATE SIGNED | | | | | PAGE  \_\_\_\_\_\_\_\_OF\_\_\_\_\_\_\_ | | |

Form CHRO cc-257a

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| Commission on Human Rights and Opportunities  Contract Compliance Unit  450 Columbus Blvd, Ste. 2  Hartford, CT 06103 | | | | | 1. **CUMULATIVE**  **EMPLOYMENT UTILIZATION REPORT**  ***(CHRO Form cc-257b)*** | | | | PROJECT AREA (MSA):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  2. EMPLOYERS FEIN NO. | | | | | 3. PROJECT PLAN GOALS  MINORITY: \_\_\_\_\_\_\_\_\_\_\_  FEMALE: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 4. PROJECT DURATION  START DATE: \_\_\_\_\_\_\_\_\_  END DATE: \_\_\_\_\_\_\_\_\_\_\_ | | | |
| GENERAL CONTRACTOR:  PROJECT NAME:  CONTRACT NUMBER: | | | | | | | NAME AND LOCATION OF CONTRACTOR (submitting report): | | | | | | | | | STATE AWARDING AGENCY: | | | | |
| 5. | 6. **CUMULATIVE WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT** | | | | | | | | | | | | | | | 9. | | | 10. | |
| CONSTRUCTION  TRADE  (please identify) | CLASSIFICATION | 6a.  CUMULATIVE  HOURS  BY TRADE  M F | | 6b.  BLACK  (Not of  Hispanic  Origin)  M F | | | 6c.  HISPANIC  M F | | 6d.  ASIAN OR  PACIFIC  ISLANDERS  M F | | 6e.  AMERICAN  INDIAN OR  ALASKAN  NATIVE  M F | | 7.  CUMULATIVE  MINORITY  PERCENT | | 8.  CUMULATIVE  FEMALE  PERCENT | CUMULATIVE  NUMBER OF  EMPLOYEES  M F | | | CUMULATIVE NUMBER OF  MINORITY  EMPLOYEES  M F | |
|  | Journey Worker  Apprentice  Trainee  CUMULATIVE TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  CUMULATIVE TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  CUMULATIVE TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  CUMULATIVE TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
|  | Journey Worker  Apprentice  Trainee  CUMULATIVE TOTAL |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| CUMULATIVE TOTAL JOURNEY WORKERS  CUMULATIVE TOTAL APPRENTICES  CUMULATIVE TOTAL TRAINEES  CUMULATIVE GRAND TOTAL | |  |  |  | |  |  |  |  |  |  |  |  | |  |  | |  |  |  |
| 11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE | | | | | | | 12. TELEPHONE NUMBER (Including area code) | | | | | | 13. DATE SIGNED | | | | | PAGE  \_\_\_\_\_\_\_\_OF\_\_\_\_\_\_\_\_ | | |

CHRO Form cc-257b

**\*\* NOTE: The purpose of this report is to be a CUMULATIVE Employment Utilization Report (cc-257b); cumulative meaning the total sum of all the cc-257s filed by your company throughout the duration of this project. Please submit this *Cumulative Employment Utilization Report* (cc-257b) with your *FINAL* cc-*257* filing. If punch list items or other events require your company to return to the project after such filings, than please submit a *Revised cc-257b* with your *Revised FINAL cc-257*.**

MONTHLY SMALL CONTRACTOR AND

MINORITY BUSINESS ENTERPRISE

PAYMENT STATUS REPORT

Month Ending \_\_\_\_\_

1) General Contractor Name

2) State Contract Number

3) State Contract Award Agency

4) Project Name 5) Estimated Completion Date \_\_\_\_

6) Project Value 7) Percent Completed to Date \_\_\_\_

(Indicate & attach all Change Orders)

8) Actual Project Mobilization Date (MM/DD/YYYY)

9) Listing of all small contractors and minority business enterprise contractors on the project to comply with contractual small business set aside provisions:

Company Name Total Contract Amount Total Payment Total Payment

(Indicate & attach all this Month to Date

Change Orders)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Company Official Date of Report

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Printed Title of Person Signing

Original to: CHRO, 450 Columbus Blvd., Ste. 2, Hartford, CT 06103

Copies to: 1) Awarding Agency

2) Contractor’s Company File

CHRO Form cc-258a

**(CHRO Form cc-259)**

|  |  |
| --- | --- |
| Contract Compliance Unit  The Commission on Human Rights and Opportunities  450 Columbus Blvd., Ste. 2  Hartford, CT 06103 | **MONTHLY MATERIALS CONSUMPTION REPORT**  **(CHRO Form cc-259)\***  \* TO BE FILLED OUT BY SBE/MBE/WBE/DIS CONTRACTORS/VENDORS WHOSE SOLE ROLE IN THE CONTRACT DESCRIBED BELOW IS THAT OF A “SUPPLIER OF MATERIALS.” |
| NAME AND ADDRESS OF SBE/MBE/WBE/DIS CONTRACTOR/VENDOR (submitting report):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | STATE CONTRACT NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  PROJECT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE AWARDING AGENCY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  REPORTING PERIOD  FROM:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TO:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The SBE/MBE/WBE/DisBE Contractor / Vendor, submitting this report*,* ***DID SUPPLY MATERIALS*** to the General Contractor, or its Subcontractors, for the monthly reporting period listed above and for use in the aforesaid contract.  I Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Date: \_\_\_\_\_  Signature of the Head of the Company  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name and Printed Title of Person Signing | The SBE/MBE/WBE/DisBE Contractor / Vendor, submitting this report, ***DID NOT SUPPLY MATERIALS*** to the General Contractor or its Subcontractors, for the monthly reporting period listed above and for use in the aforesaid contract.  I Agree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/Date: \_\_\_\_\_\_\_\_  Signature of the Head of the Company  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed Name and Printed Title of Person Signing |

# SECTION 8

**Concluding Statement**

Point of Statutory and/or Regulatory Reference: Regulations of Connecticut State Agencies § 46a-68j-27(10)

Set-Aside Plans shall contain a concluding provision signed and dated by the contractor stating that the contractor:

A) has read the plan and that the contents of the plan are true and correct to the best of his or her knowledge and belief;

B) pledges his or her best good faith efforts to achieve the objectives of the plan within established timetables.

**INSTRUCTIONS:**

**The *Concluding Statement* must be signed and dated by the head of the company and by the AA/EOE Officer. The signatures must be original.**

***SAMPLE***

**CONCLUDING STATEMENT**

I have read and pledge my full support to all sections of this Set-Aside Plan, and the commitments therein, are true and correct to the best of my knowledge and I pledge my “best good faith efforts” to achieve the objectives of the Plan within the established time frames.

The implementation of the goals in this Plan will be evidence that XYZ Company is willing to cooperate with the Commission on Human Rights and Opportunities in its effort to promote Equal Opportunity Employment and affirmative action in the State of Connecticut. I will continue my commitment and total support to the principles of a strong Set-Aside Plan for this Company.

Date Head of Company’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name and Printed Title

Date AA/EOE Officer’s Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name