EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

ATTACHMENT C
Affirmative Action Checklist

EAST-WEST GATEWAY
Council of Governments
Creating Solutions Across Jurisdictional Boundaries

Solicitation #102317 - RFP For Regional Healthcare Coalition Emergency Response Plan

Responding Firm _____

Please answer each of the questions below.

1. Does your firm have an affirmative action plan? ☐ Yes ☐ No

2. What date was the plan adopted? ☐ N/A Date _____

3. In the spaces below, provide the name and contact information for your firm's affirmative action officer. ☐ My firm does not have a person who is responsible for affirmative action matters.

Name _____ **Title** _____

Phone Number _____ **E-mail** _____

4. How many persons are employed by your firm? _____