

## ATTACHMENT C Affirmative Action Checklist

**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? \_\_\_\_\_