

# COMPLIANCE REVIEW FORM

Semi-Annual Report Due Date: \_\_\_\_\_

**DIRECTIONS FOR COMPLETION:** Please fill out form completely. If a question refers to "past report" and this is the 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 SINGED AND DATED. If you have any questions, call our office at (816)-881-3302.

Mail 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)**  
**OFFICE: (816) 881 - 3302**  
**FAX: (816) 881 - 1223**

**1. COMPANY DESCRIPTION:**

- A. Name of Company \_\_\_\_\_
- B. Street Address \_\_\_\_\_
- C. City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
- D. Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

**2. COMPANY STATISTICS:**

- A. Total number of Employees \_\_\_\_\_
- B. Total Number of Employees who are:
  - 1. Women \_\_\_\_\_
  - 2. Hispanic \_\_\_\_\_
  - 3. Black \_\_\_\_\_
  - 4. Asian \_\_\_\_\_
  - 5. American Indian \_\_\_\_\_
  - 6. Other \_\_\_\_\_

	YES	NO	N/A
C. Has your company advertised for applicants since your report? <u>If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement.</u>	___	___	___
D. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? <u>If so, please attach a detailed report of such changes</u>	___	___	___
E. Have there been any adjustments in your job prerequisites of your recruiting and intake procedures? <u>If so, please attach a narrative of such efforts.</u>	___	___	___
F. Has any effort been made since your last report in disseminating your policy to all employees or in encouraging them to refer to Minority or Female applicants? <u>If so please attach a narrative of such efforts.</u>	___	___	___
G. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining your compliance with your programs?	___	___	___

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

NAME OF COMPANY \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
TELEPHONE NUMBER \_\_\_\_\_  
PRODUCTS, SERVICE, AREA OF SCOPE OF WORK:

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

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR MBE/WBE FIRM 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 Report 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.