

CERTIFICATION FORM

Compliance with the Equal Employment Opportunity Plan (Equal Employment Opportunity Program) Requirements

Recipient's Name:	Somerset County		
Address:	300 N Center Ave, Suite 500, Somerset, PA, 15501		
Recipient Type:	Direct Recipient	Law Enforcement Agency:	No
DUNS Number:	086213774	Vendor Number (only if direct recipient):	256001040
Name of Contact Person:	Rebecca Canavan	Title of Contact Person:	Director Of Finance
Telephone Number:	(814)-445-1400	E-Mail Address:	canavanr@co.somerset.pa.us
Subrecipients:	No		

Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Rebecca Canavan** (*authorized official*), acknowledge that **Somerset County** (*recipient organization*) has an obligation to develop and submit an EEOP Utilization Report to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice (OCR) for **2017** (*fiscal year*). I understand the regulatory obligations under 28 C.F.R. Section 42.301-.308 to collect and maintain extensive employment data by race, national origin, and sex, even though our organization may not use all of this data in completing the EEOP Utilization Report.

By accepting financial assistance subject to the civil rights provisions of the Safe Streets Act, **Somerset County** (*organization*) is on notice that at some future date, during the active award period, the OCR may request any of the employment data noted in the EEOP regulations. I understand that in the context of an administrative investigation of an employment discrimination complaint, failure to produce employment data required for a comprehensive EEOP may allow the OCR to draw an adverse inference based on the data's absence.

Rebecca Canavan, Director Of Finance *Rebecca Canavan* 7/21/2017

Print or Type Name and Title Signature Date