

RFP APPENDIX 5

TITLE VI OF THE CIVIL RIGHTS ACT & DISADVANTAGED BUSINESS ENTERPRISE (DBE) QUESTIONNAIRE

The Puget Sound Clean Air Agency (Agency) is committed to ensuring that no person is excluded from participation in or denied the benefits of its services on the basis of race, color, national origin or sex, as provided by the Title VI of the Civil Rights Act of 1964. Any person who believes they—or with a specific class of persons—were subjected to discrimination on the basis of race, color, national origin, or sex in Agency programs and activities may file a Title VI complaint. Contract No. ______ is subject to Title VI and its implementing regulations. As such, please complete this questionnaire and return to the Agency with all requested records prior to the end of the contract term.

Phone

| Name | | | | Number | | | |
|--|--|--|---------|--------|-------------|--|--|
| Business Name | | | Contact | | | | |
| (if applicable) | | | Email | | | | |
| Street Address | | | | | | | |
| City | | | State | | Zip Code | | |
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| 1. Contract No, section requires that with regards to the work done pursuant to the contract, you will not discriminate on the grounds of race, color, sex or national origin in the selection or retention of sub-contractors, including procurement of materials and leases of equipment. In the past year, have you received any complaints alleging discrimination on the grounds of race, color, sex or national origin? If yes, provide copies of all complaints to the Agency. If you have received any complaints, please tell the Agency in writing what you have done to address each complaint. | | | | | | | |
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Contact

| 2. | Pursuant to Title VI of the Civil Rights Act, the Agency is required to collect demographic (race, color, sex, national origin) statistics regarding participation in programs or activities receiving federal assistance. Please provide the above demographic data regarding the owner(s) of [name of contractee]. Providing this information to the |
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| | Agency is voluntary and disclosure is not required to participate in Agency programs and activities. |
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| 3. | Please identify the person(s) or employee(s) dedicated to ensuring compliance with anti- |
| 3. | discrimination laws and regulations on behalf of your organization. Providing this information to the |
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| 4. | The Agency encourages participation by entities certified by the Washington State Office of Minority |
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| | and Women's Business Enterprises (OMWBE) in all of its contracts, which is a subset of |
| | Disadvantaged Business Enterprises (DBE). 1) Please describe the activities undertaken to meet |
| | OMWBE requirements for or pursuant to Contract No, including which, if any, |
| | MWBEs have been awarded work under this Contract. 2) Additionally, include what outreach and |
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| | notification of contracting opportunities was conducted to MWBEs under Contract No |
| | Please provide documents regarding these activities to the Agency. |
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