**FY23 EEOC FROM DOJ/OCR'S REPORTING TOOL

Verification of EEOP Reporting Requirement

Compliance with Equal Employment Opportunity Program (EEOP) Requirements Look for the new fields highlighted in yellow.

Organization Name:	Broward County	UEI:	
Address:	Fort Lauderdale FL 33301	Classification Type:	Government Non-Law Enforcement County/Municipal Government
Contact Name:		Contact Title:	
Contact Email:		Contact Phone:	
Number of Employees:	150 or More	Single Largest Grant:	\$25,000 to Less Than \$500,000
Recipient Type:	Subrecipient	DBA:	

Acknowledgement of EEO Program Data Collection, Maintenance and Completion Requirements

I, Rhonda Wiltshire, (authorized official) acknowledge that Broward County(organization) has an obligation to develop and complete an EEO Program Utilization Report for 2023 (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 EEO Program Utilization Report.

By accepting financial assistance subject to the civil rights provisions of the Safe Streets Act, Broward 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 EEO Program regulations. I understand that in the context of an administrative investigation of an employment discrimination complaint, failure to produce employment datarequired for a comprehensive EEO Program may allow the OCR to draw an adverse inference based on the data's absence.

		08-Mar-2024
Print or Type Name and Title	Signature	Date

** FY22 EEOC FROM DOJ/OCR'S REPORTING TOOL (allowable provided it is not expired)

CERTIFICATION FORM

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

Recipient's Name:	Orange County Board Of County Commissioners		
Address:			
Recipient Type:	Direct Recipient & Subrecipient	Law Enforcement Agency:	No
DUNS Number:		Vendor Number (only if direct recipient):	
Name of Contact Person:		Title of Contact Person:	
Telephone Number:		E-Mail Address:	
Subrecipients:	No		

Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Shreya Moolchandani** (*authorized official*), acknowledge that **Orange County Board Of County Commissioners** (*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 **2022** (*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, **Orange County Board Of County Commissioners** (*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.

	9/21/2022	
Print or Type Name and Title	Signature	Date

** No longer allowable for new applications **

CERTIFICATION FORM

Compliance with the Equal Employment Opportunity Plan (EEOP) Requirements

Please read carefully the Instructions (see below) and then complete Section A or Section B or Section C, not all three. If recipient completes Section A or C and sub-grants a single award over \$500,000, in addition, please complete Section D.

Recipient's Name: City of Orlando	A STATE OF THE STA		
Address:			
Is agency a; Direct or □ Sub recipient of OJP, OVW or COI	PS funding? Law Enforcement Agency?		
	er (only if direct recipient)		
Name and Title of Contact Person:			
Telephone Number: E-Mail Addre	SS:		
Section A—Declaration Claiming Complete Exemption	on from the FFOP Paguirement		
에 다 있는데 없었다. 이 나는 그는 그 사람들은 그는 그들은 그는 그는 그를 보고 있는데 그를 받는데 그를 되었다.	on from the EEOF Requirement		
Please check all the following boxes that apply.			
☐ Less than fifty employees. ☐ Indian Tribe ☐ Nonprofit Organization ☐ Educational Institution	 □ Medical Institution. □ Receiving a single award(s) less than \$25,000. 		
I,	[responsible		
official], certify that			
[recipient] is not required to prepare an EEOP for the reason(s	s) checked above, pursuant to 28 C.F.R § 42.302.		
I further certify that	[recipient]		
will comply with applicable federal civil rights laws that prol	nibit discrimination in employment and in the delivery of		
services.			
If recipient sub-grants a single award over \$500	000, in addition, please complete Section D		
SANTE CERTIFICATION OF THE SANTE OF THE SANT			
Print or Type Name and Title Sign	nature Date		
Section B-Declaration Claiming Exemption from th	e EEOP Submission Requirement and Certifying		
That an EEOP Is on File for Review			
16	1 1 (625,000 1 1 1 6500,000 1		
If a recipient agency has fifty or more employees and is receiving a single a the recipient agency does not have to submit an EEOP to the OCR for revie			
* A substitute of substitute o			
1,	[responsible		
official], certify that CITY OF ONLAN			
[recipient], which has fifty or more employees and is receiving			
than \$500,000, has formulated an EEOP in accordance with 23			
twenty-four months, the proper authority has formulated and s			
federal law, it is available for review by the public, employees			
Civil Rights, Office of Justice Programs, U.S. Department of	Justice. The EEOP is on file at the following office:		
CITY OF ONIANDO			
[organization],			
F 11 2			
[address].	10 1		
	- 9/27/22		
Print or Type Name and Title Sign	nature Date		
Section C—Declaration Stating that an EEOP Short			
	Form has been submitted to the Office for Civil		
Rights for Review			
If a recipient agency has fifty or more employees and is receiving a single a must send an EEOP Short Form to the OCR for review.	ward, or subaward, of \$500,000 or more, then the recipient agency		
I,	[responsible		
official, certify that			
[recipient], which has fifty or more employees and is receiving a single award of \$500,000 or more, has formulated an			
EEOP in accordance with 28 CFR pt. 42, subpt. E, and sent it for review on			
[date] to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.			
If recipient sub-grants a single award over \$500	000, in addition, please complete Section D		
	일하다 가장하는 보는 것들이 되는 것이 되었다.		
Print or Type Name and Title Sign	nature Date		