	Office	: Use Only (OS	5/13)
CITY OF URBANA	Requested by:		Date:
HUMAN RELATIONS DIVISION	Approved by:		Date:
400 SOUTH VINE ST.	Certification	antan ana ari na ari da ari da ari da ar	
URBANA, ILLINDIS 61801 (217) 384-2466 (phone); 384-2426 (fax)	Date:		
terent@urbanaillinois.us	Certificate Expiration	on Date:	
EQUAL EMPLOYMENT OPPORTUNIT	Y (E.E.O.) WORKFO	RCE STATIS	TICS FORM
Please complete the sections below as instr result in a delay or denial of eligibility to bid o	•		
Section	. Identification		
1. Company Name and Address:			
Name: Applied Research +	Associates,	Inc.	
d/b/a:			
Address: 100 Trade Centre D	r., Suite 20	20	
	- 61820		
	7-356-49	500	
Check one of the following			
Corporation 🗸 Partnership Indiv	vidual Proprietorship	Limited	l Liability Corp.
FEI Number:85-0276434 Soci	al Security Number:		
2 Name and Address of the Democratic Dates			
2. Name and Address of the Company's Print Name: Apolic of Pasarolo /			same as adove)
Name: Applied Research / Address: 4300 San Mateo F	tssoadies,	JYK.	222
$P_{1}/P_{1}/P_{1}$ $A \neq f$		LITE 14	-220.
3. Major activity of your company (product o		the engine	neeringe
4. Project on which your company is bidding:		ical supp	ort services
5. City of Urbana contact staff assigned to co			
		DEAF	
		RECE	IVED
		SEP -	3 2015

HUMAN RELATIONS OFFICE

A.	Description of EED Policies and Practices		
	Is it the Company's policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual preference, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income ?	\checkmark	
B.	Has someone been assigned to develop procedures, which will assure that the EED policy is implemented and enforced by managerial, administrative, and supervisory personnel? If so, please indicate the name and title of the official charged with this responsibility. Name: <u>Beth James</u> Title: <u>HR Director</u> Telephone: <u>505-881-8074</u> Email: <u>bjames@aca.com</u>	~	
C.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no. a copy of an E.E.D statement is enclosed. You must attach an EED Statement in order to be considered eligible to do business with the City of Urbana. Questions? (217) 384-2466 or terent@city.urbana.il.us.	/	
D.	Has the company developed a written policy statement prohibiting Sexual Harassment? You must attach a copy of your company's Sexual Harassment Policy in order to be considered eligible to do business with the City of Urbana.	\checkmark	
E.	Have all recruitment sources been notified that the company will consider all qualified applicants without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?		
F.	If advertising is used, does it specify that all qualified applicants will be considered for employment without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?	\checkmark	
G.	Has the contractor notified all of its sub-contractors of their obligations to comply with the Equal Opportunity requirements either in writing, by inclusion in subcontracts or purchase orders?	\checkmark	
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		\checkmark
Ι.	Does the company have collective bargaining agreements with labor organizations?		\checkmark
ل.	Have the labor organizations been notified of the company's responsibility to comply with the Equal Employment Opportunity requirements in all contracts with the City of Urbana?	nla	
K.	Does your company perform construction, rehabilitation, alteration, conversion, demolition or repair of buildings, highways or other improvements to real property? (If yes, please complete Table B.)		\checkmark
L.	Are you currently seeking to renew an existing or expired Urbana EED certification? (If yes, you need to complete Table C.)		\checkmark
	9) 8 5.4	RECE	

HUMAN RELATIONS CORDE

PERTION IL D-I:-:-- --J n.,

SECTION III. Employment Information

Please complete the company work force analysis on the bottom of this page. Use the number of employees as of the most recent payroll period. You must complet this form in its entirety, as instructed and submit your organization's (1) EED Statement and (2) Sexual Harassment Policy in order to be eligible to do business with the City of Urbana. For detailed descriptions of the Job Classifications see attached descriptions. If minorities and females are currently und represented in your workforce, please attach a copy of an explanation of your plan to recruit and hire qualified minorities and females.

TABLE A - TOTAL CONTRACTOR/VENDOR WORKFORCE - See attachnient

					Afri	:k or can-					America	n Indian	
				(Not of		in (Not of	Hispa	nic or	Asian or		or Ala	1	
Job Categories	Overal	Totals		Hispanic Origin)		Hispanic Origin)		Latino		Islander		Native	
	M	F	M	F	M	F	M	F	M	F	M	F	
Officials & Mgrs													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craft Workers (Skilled)													
Operatives (Semi-Skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
M = MALE, Column E F = FEMALE, Column Date of above Date	in C is sum			М.									

TABLE B* - EMPLOYEES TO BE ASSIGNED TO CITY OF URBANA CONTRACT - See attachment

Job Categories	TOTAL Employees		BLACK Employe	ES	HISPAN Employ		OTHER MINORITY Employees		
	M	F	M	F	M	F	M	F	
Officials & Mgrs									
Professionals									
Technicians									
Sales Workers				a.a					
Office & Clerical									
Craft Workers (Skilled)									
Operatives (Semi-Skilled)									
Laborers (Unskilled)									
Service Workers									
TOTAL									

*Totals included under Table B should be a projection of numbers of persons to be employed in the performance of the City contract.

For Contractors:

Data provided in Table B will be verified by worksite inspections.

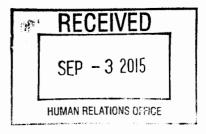


TABLE C** WORKFORCE TURNOVER SINCE PREVIOUS EED REPORT - See attached Drevious veports

	TOTAL		MINIORIT	v	TOTAL		MINDDITY		
Job Categories	TOTAL Employ Separa		1	INORITY TOTAL Mployees employee Eparated hired		EES EMPLOYEE Hired			
	M	F	М	F	M	F	M	F	
Officials & Mgrs									
Professionals									
Technicians									
Sales Workers			-						
Office & Clerical									
Craft Workers (Skilled)									
Operatives (Semi-Skilled)									
Laborers (Unskilled)									
Service Workers									
TOTAL									

SECTION IV. Certification

By signing below, the company certifies that it has answered all of the foregoing questions truthfully to the best of its knowledge and belief and agrees that it/he/she will comply and abide by the City of Urbana's Code of Ordinances (Section 2-

119). Robin Jones 9/2/2015 Typed Name and Title Date Signature **SECTION V. Verification**

Prior to submitting this form, please check the answers to the following questions to verify your completion of this form:

1. Did you fill in all of the appropriate boxes in the table in Section III, including the "TOTAL" row?

YES

ND

2.

Have you enclosed your company's EEO statement?

YES ND

3. Have you enclosed your company's Sexual Harassment policy?

YES ND _____

(n) ^e '	RECEIVED
	SEP - 3 2015
	HUMAN RELATIONS OFFICE

	Office Us	e Only (05/13)
CITY OF URBANA	Requested by:	Date:
HUMAN RELATIONS DIVISION	Approved by:	Date:
400 South vine St. Urbana, illindis 61801	Certification	L
(217) 384-2466 (phone); 384-2426 (fax)	Oate:	
terent@urbanaillinois.us	Certificate Expiration I	Jate:
EQUAL EMPLOYMENT OPPORTUNIT	Y (E.E.O.) WORKFORC	E STATISTICS FORM
Please complete the sections below as inst result in a delay or denial of eligibility to bid	or do business with the (
	l. Identification	
1. Company Name and Address:		
Name: Applied Research ,	Associates, J	inc.
d/b/a:		
Address: 100 Trade Centre D	c., Suite 200	
City/State/Zip: Champaign, I		
Telephone Number(s) include area code: 21	7-356-450	0
Check one of the following		
Corporation 🗸 Partnership 🛛 Indi	vidual Proprietorship	Limited Liability Corp.
FEI Number:85-0276434 Soc	ial Security Number:	
		: (
2. Name and Address of the Company's Prin Name: Applie d Rosearch A	1 1 -	/ IT NOT THE SAME AS ADOVE)
Applica Read of /		LYK.
Address: 4300 San Mateo F		te A-220
City/State/Zip Albuquerque, M	ST. J. Service Street	- and has a color &
3. Major activity of your company (product o	technic technic	a support survices
4. Project on which your company is bidding		v ·
5. City of Urbana contact staff assigned to c	ontract:	
		RECEIVED

 RECEIVED	
SEP - 2 2015	
HUMAN RELATIONS OFFICE	

	Description of EED Policies and Practices	YES	ND
Α.	Is it the Company's policy to recruit, hire, train, upgrade, promote and discipline persons without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual preference, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?		
Β.	Has someone been assigned to develop procedures, which will assure that the EED policy is implemented and enforced by managerial, administrative, and supervisory personnel? If so, please indicate the name and title of the official charged with this responsibility. Name: <u>Beth James</u> Title: <u>HR Director</u> Telephone: <u>505-881-8074</u> Email: <u>bjames@aca.com</u>	~	
С.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no, a copy of an E.E.D statement is enclosed. You must attach an EED Statement in order to be considered eligible to do business with the City of Urbana. Questions? (217) 384-2466 or terent@city.urbana.il.us.	~	
D.	Has the company developed a written policy statement prohibiting Sexual Harassment? You must attach a copy of your company's Sexual Harassment Policy in order to be considered eligible to do business with the City of Urbana.	\checkmark	
E.	Have all recruitment sources been notified that the company will consider all qualified applicants without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?		
F.	If advertising is used, does it specify that all qualified applicants will be considered for employment without regard to race, color, creed, class, national origin, religion, sex, age, marital status, mental and/or physical disability, personal appearance, sexual orientation, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?	\checkmark	
G.	Has the contractor notified all of its sub-contractors of their obligations to comply with the Equal Opportunity requirements either in writing, by inclusion in subcontracts or purchase orders?	\checkmark	
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		\checkmark
Ι.	Does the company have collective bargaining agreements with labor organizations?	nja	
J.	Have the labor organizations been notified of the company's responsibility to comply with the Equal Employment Opportunity requirements in all contracts with the City of Urbana?	nla	
K.	Does your company perform construction, rehabilitation, alteration, conversion, demolition or repair of buildings, highways or other improvements to real property? (If yes, please complete Table B.)		
L.	Are you currently seeking to renew an existing or expired Urbana EEO certification? (If yes, you need to complete Table C.)		/
	SEF	CEIV - 2 2 RELATIONS	015

SECTION II. Policies and Practices

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SECTION III. Employment Information

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Please complete the company work force analysis on the bottom of this page. Use the number of employees as of the most recent payroll period. You must complet this form in its antirety, as instructed and submit your organization's (1) EEO Statement and (2) Sexual Harassment Policy in order to be eligible to do business with the City of Urbana. For detailed descriptions of the Job Classifications see attached descriptions. If minorities and females are currently und represented in your workforce, please attach a copy of an explanation of your plan to recruit and hire qualified minorities and females.

TABLE A - TOTA	L CONTRACTOR/VENDO		VENDDR	WORKFD									
					Blac	:k or can-					America	n Indian	
			White	(Not of	American (Not of		Hispanic or		Asian or Pacific		or Alaskan		
Job Categories	Overal	Totals	Hispani	c Origin)	Hispani	c Origin)	La	tino	Islander		Native		
	M	F	M	F	M			M F		MF		M F	
Officials & Mgrs													
Professionals													
Technicians				1									
Sales Workers												-	
Office & Clerical													
Craft Workers (Skilled)													
Operatives (Semi-Skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
M = MALE, Column B F = FEMALE, Colum				Μ.									
Date of above Data													

TABLE B* - EMPLOYEES TO BE ASSIGNED TO CITY OF URBANA CONTRACT - See attachment

Job Categories	TOTAL Employees		BLACK Employe	ES	HISPANI Employ		OTHER MINORITY Employees		
	M	M F		MF		F	MF		
Officials & Mgrs									
Professionals			1						
Technicians									
Sales Workers									
Office & Clerical									
Craft Workers (Skilled)									
Operatives (Semi-Skilled)									
Laborers (Unskilled)									
Service Workers									
TOTAL									

*Totals included under Table B should be a projection of numbers of persons to be employed in the performance of the City contract.

For Contractors:

Data provided in Table B will be verified by worksite inspections.



Job Categories	TDTAL Employees Separated		LOYEES EMPLOYEES				EMPLOYEES EMPLOYEES		MINDRITY Employees Hired	
	M	F	M	F	M	F	M	F		
Ifficials & Mgrs										
Professionals										
Technicians										
Sales Workers										
Office & Clerical			-	 						
Craft Workers (Skilled)							_			
Operatives (Semi-Skilled)										
Laborers (Unskilled)										
Service Workers										
TOTAL										

SECTION IV. Certification

By signing below, the company certifies that it has answered all of the foregoing questions truthfully to the best of its knowledge and belief and agrees that it/he/she will comply and abide by the City of Urbana's Code of Ordinances (Section 2-101 / 1 ~ 1

/ /	SECTION V. Verification	
Signature	Typed Name and Title	Date
Norld	Robin Jones	9/5/2014

Prior to submitting this form, please check the answers to the following questions to verify your completion of this form:

1. Did you fill in all of the appropriate boxes in the table in Section III, including the "TOTAL" row?

YES ND

Ζ.

Have you enclosed your company's EED statement?

YES V

ND

Have you enclosed your company's Sexual Harassment policy? 3.

YES ND

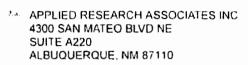
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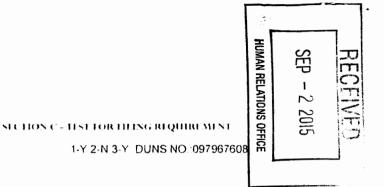
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SECTION B - COMPANY IDENTIFICATION

APPLIED RESEARCH ASSOCIATES INC.
 4300 SAN MATEO BLVD NE
 SUITE A220
 ALBUQUERQUE, NM 87110

2014 EMPLOYER INFORMATION REPORT CONSOLIDATED REPORT - TYPE 2





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SECTION F - ESTABLISHMENT INFORMATION

NAICS

SECTION D - EMPLOYMENT DATA

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SUCTION F - REMARKS

DATES OF PAYROLL PERIOD:	08/01/2014	THRU	08/15/2014
SECTION G - CERTIFICATION			
CERTIFYING OFFICIAL	ME	GAN FLOP	REZ
EEO-1 REPORT CONTACT PER	RSON ME	GAN FLOF	REZ
EMAIL: mflorez@ara.com			

TITLE: SENIOR HR GENERALIST TITLE: SENIOR HR GENERALIST TELEPHONE NO: 5052148209

co P010943

A. C. Server, March Martin Street

u EA11031

SECTION B - COMPANY IDENTIFICATION

APPLIED RESEARCH ASSOCIATES INC 4300 SAN MATEO BLVD NE SUITE A220 ALBUQUERQUE, NM 87110

2014 EMPLOYER INFORMATION REPORT INDIVIDUAL ESTABLISHMENT REPORT - TYPE 4

SECTION C - LEST FOR THEING REQUIREMENT

1-Y 2-N 3-Y DUNS NO.:097967608

ARA - IL-01 100 TRADE CENTRE DR SUITE 200 CHAMPAIGN, IL 61820

CHAMPAIGN COUNTY

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SECTION L + ESTABLISHMENT INFORMATION

NAICS: 541712 Research and Development in the Physical, Engineering, and Life Sciences (except Biolechnology)

SECTION D - EMPLOYMENT D	INSPANIC	OR			and the second s	and a second second second	NOI	-HINPANIC (REAHNO		Sciences (except B	liolechnolo	gy)	
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SECTION F - REMARKS



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HILE HR GENERALIST TITLE HR GENERALIST TELEPHONE NO 5050913074

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ARA - N-FA HOT RADE CENTRE DR SUITE 200 CHALAPAGRI, N. 61820

UHAMPAGN COUNTY

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Notification of Equal Employment Opportunity & Affirmative Action Policy Statement

Affirmative Action Plan Year 2014

To all employees and applicants,

It is the policy of Applied Research Associates, Inc. (herein ARA) to take affirmative action in affording equal employment opportunities to all qualified persons without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, age, marital status, genetic information, disability or protected veteran status.

This includes, but is not limited to, the following:

- Hiring, placement, upgrading, transfer, demotion or promotion
- Recruitment, advertising or solicitation for employment
- Treatment during employment
- Rates of pay or other forms of compensation
- Selection for training, including apprenticeship
- Layoff or termination

It is the policy of ARA to cooperate to the fullest extent with the applicable regulations of the Civil Rights Act and any legislation on Equal Employment Opportunity.

We request the cooperation of our subcontractors, vendors and suppliers in our equal opportunity and affirmative action efforts and expect them to put in place equal opportunity and affirmative action policies as required.

Tizabeth James

Betk-James, SPHR// Human Resources Director & EEO Manager

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APPLIED RESEARCH ASSOCIATES, INC. POLICY GUIDE

11. HARASSMENT-FREE WORKPLACE

Revision 5, 1 August 2014

Approved

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Abstract of Revision: Added gender identity to list of factors.

PURPOSE

To define ARA's policy requiring a workplace free of harassment in compliance with federal law.

POLICY

Harassment, including sexual harassment, is prohibited by federal and state laws. Applied Research Associates, Inc. will not tolerate harassment in any form and Company management will take appropriate action swiftly to address any violations of this policy.

ARA is committed to providing a workplace free of harassment, including sexual harassment, intimidation, threats, coercion, and discrimination based on such factors as race, color, religion, sex, sexual orientation, gender identity, pregnancy, childbirth or related medical conditions, national origin, ancestry, age, disability, family care leave status, veteran status, marital status, genetic information, or any other characteristic protected by law.

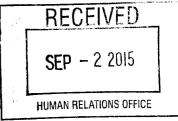
ARA will not tolerate harassment of employees by managers, supervisors, coworkers, or nonemployees with whom ARA has a business, service, or professional relationship.

Definition

Harassment includes verbal, physical, and visual conduct that creates an intimidating, offensive, or hostile working environment or that interferes with work performance. Such conduct constitutes harassment when: (1) submission to the conduct is made as either an explicit or implicit condition of employment; (2) submission to, or rejection of, the conduct is used as the basis for an employment decision; or (3) the conduct interferes with an employee's work performance or creates an intimidating, hostile, or offensive work environment.

Harassing conduct can take many forms and includes, but is not limited to, slurs, jokes, statements, gestures, pictures, or cartoons regarding an employee's sex, sexual orientation, gender identity, race, color, national origin, religion, age, physical ability, mental disability, medical condition, ancestry, marital status, family care leave status, or veteran status.

Sexually harassing conduct includes all of these prohibited actions as well as other unwelcome conduct such as requests for sexual favors, conversation containing sexual comments, and unwelcome sexual advances.



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Complaint Procedure

Employees should report any incident of harassment, including work-related harassment by any ARA personnel or any other person, promptly to your supervisor, the Division Manager, and/or to the Director of Human Resources, who is responsible for investigating the matter. Supervisors who receive complaints or who are aware of harassing conduct should inform the Director of Human Resources immediately. ARA emphasizes that employees are not required to complain first to their supervisor if the supervisor is the individual committing the harassment or if the employee is not comfortable in complaining to the supervisor for any reason.

Confidentiality

Every reported complaint of harassment will be investigated thoroughly, promptly, and in as confidential a manner as possible. Because of the sensitivity of harassment complaints, each case will be expeditiously and confidentially investigated on a fair and impartial basis. All such investigations are to be conducted in a manner that will protect the privacy of, and minimize accusation and suspicion of, all parties concerned.

ARA will not tolerate retaliation against any employee for cooperating in an investigation or making a complaint of harassment.

In the case of ARA employees, if a violation of this policy is established, ARA will discipline the offender. Disciplinary action for violation of this policy can range from verbal or written warnings up to and including immediate termination, depending upon the circumstances.

