

<p align="center"> CITY OF URBANA HUMAN RELATIONS DIVISION 400 SOUTH VINE ST. URBANA, ILLINOIS 61801 (217) 384-2455 (phone); 328-8288 (fax) hro@urbanaininois.us </p>	Office Use Only (09/15)	
	Requested by:	Date:
	Approved by:	Date:
	Certification	
	Date:	
Certificate Expiration Date:		

EQUAL EMPLOYMENT OPPORTUNITY (E.E.O.) WORKFORCE STATISTICS FORM

Please complete the sections below as instructed. Failure to properly complete this form may result in a delay or denial of eligibility to bid or do business with the City of Urbana.

Section I. Identification

1. Company Name and Address:

Name: Greenlane Environmental & Recycling Services Inc.

d/b/a:

Address: 1081 Scenic Dr.

City/State/Zip: Hamilton ON L9C1H8

Telephone Number(s) include area code: 905-318-3605

Check one of the following

Corporation Partnership Individual Proprietorship Limited Liability Corp.

FEI Number: **98-1167567** Social Security Number: **N/A**

2. Name and Address of the Company's Principal Office (answer only if not the same as above)

Name:

Address:

City/State/Zip

3. Major activity of your company (product or service): Internet Marketing

4. Project on which your company is bidding: Rain Barrel and Compost Bin Sale

5. City of Urbana contact staff assigned to contract: Scott Tess

SECTION II. Policies and Practices

Description of EEO Policies and Practices		YES	NO
A.	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 ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
B.	Has someone been assigned to develop procedures, which will assure that the EEO 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>Larry Pomerantz</u> Title: <u>President</u> Telephone: <u>905-516-1877</u> Email: <u>info@rainbarrel.ca</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
C.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no, a copy of an E.E.O statement is enclosed. You must attach an EEO Statement in order to be considered eligible to do business with the City of Urbana. Questions? (217) 384-2455 or hro@city.urbana.il.us.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
I.	Does the company have collective bargaining agreements with labor organizations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
J.	If you answered yes to Question "I", 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?	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
L.	Are you currently seeking to renew an existing or expired Urbana EEO certification? (If yes, you need to complete Table C.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>

TABLE B* – EMPLOYEES TO BE ASSIGNED TO CITY OF URBANA CONTRACT

Job Categories	TOTAL EMPLOYEES		BLACK EMPLOYEES		HISPANIC EMPLOYEES		OTHER MINORITY EMPLOYEES	
	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	0	0	0	0	0	0	0	0

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

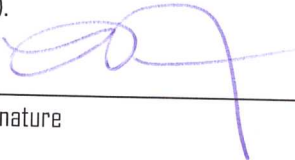
For Contractors: Data provided in Table B will be verified by worksite inspections.

TABLE C – WORKFORCE TURNOVER SINCE PREVIOUS EEO REPORT

Job Categories	TOTAL EMPLOYEES SEPARATED		MINORITY EMPLOYEES SEPARATED		TOTAL EMPLOYEES HIRED		MINORITY EMPLOYEES HIRED	
	M	F	M	F	M	F	M	F
Officials & Mgrs								
Professionals								
Technicians								
Sales Workers								
Office & Clerical								
Craft Workers (Skilled)								
Operatives (Semi-Skilled)								
Laborers (Unskilled)	4		1					
Service Workers								
TOTAL	4		1					

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).



Signature

Larry Pomerantz, President

Printed Name and Title

info@rainbarrel.ca

E-mail Address

April 2nd, 2018

Date

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

NO

2. Have you enclosed your company's EEO statement?

YES

NO

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

YES

NO