

<p align="center">CITY OF URBANA HUMAN RELATIONS DIVISION 400 SOUTH VINE ST. URBANA, ILLINOIS 61801 (217) 384-2455 (phone); 328-8288 (fax) hro@urbanaillinois.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: FIRE APPARATUS & SUPPLY TEAM INC

d/b/a:

Address: 1712 TREMONT STREET

City/State/Zip: LINCOLN IL 62656

Telephone Number(s) include area code:

Check one of the following

Corporation	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	Individual Proprietorship	<input type="checkbox"/>	Limited Liability Corp.	<input type="checkbox"/>
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FEI Number: 20-8021410

Social Security Number:

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):

4. Project on which your company is bidding:

5. City of Urbana contact staff assigned to contract:



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?	✓	
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>Jodi O'Hara</u> Title: <u>Secretary Treasurer</u> Telephone: <u>217-735-3278</u> Email: <u>office@fastlane.com</u>	✓	
C.	Does the company have a written Equal Employment Opportunity plan or statement? Note: If no, a copy of an EEO 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.	✓	
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.	✓	
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?	✓	
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?	✓	
H.	Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.		✓
I.	Does the company have collective bargaining agreements with labor organizations?		✓
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?		✓
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.)	✓	

SECTION III. Employment Information

IMPORTANT: Please complete the company workforce analysis on the bottom of this page. Use the number of employees as of the most recent payroll period. You must complete this form in its entirety, 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 under-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

Job Categories	Overall Totals		White (Not of Hispanic Origin)		Black or African-American (Not of Hispanic Origin)		Hispanic or Latino		Asian or Pacific Islander		American Indian or Alaskan Native	
	M	F	M	F	M	F	M	F	M	F	M	F
Officials & Mgrs	1		1									
Professionals												
Technicians	2		2									
Sales Workers	1		1									
Office & Clerical		1		1								
Craft Workers (Skilled)												
Operatives (Semi-Skilled)												
Laborers (Unskilled)												
Service Workers												
TOTAL	4	1	4	1								
M = MALE, Column B is sum of Rows D, F, H, J and L.												
F = FEMALE, Column C is sum of Rows E, G, I, K and M.												
Date of above Data: <u>2/16/18</u>												

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	1							
Professionals								
Technicians	2							
Sales Workers	1							
Office & Clerical								
Craft Workers (Skilled)								
Operatives (Semi-Skilled)								
Laborers (Unskilled)								
Service Workers								
TOTAL	4							

*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)								
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).


Signature

Rick Offera
Printed Name and Title

President

trucks@fastfireteam.com
E-mail Address

2/16/18
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 ✓ ND

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

YES ✓ NO

FIRE APPARATUS & SUPPLY TEAM, INC.

EEO STATEMENT

Fire Apparatus & Supply Team, we are committed to the principle of equal employment opportunity for all employees and to providing employees an environment of mutual respect, free of discrimination and harassment. All employment decisions are based on business needs, job requirements and individual qualifications, without regard to race, color, religion or belief, national, social or ethnic origin, sex (including pregnancy), age, physical and mental disability, marital status, sexual orientation, gender identity and/or expression, past or present military service, family medical history or genetic information, or any other status protected by the laws or regulations in the locations where we operate. Fire Apparatus & Supply Team will not tolerate discrimination or harassment based on any of these characteristics.

FIRE APPARATUS & SUPPLY TEAM, INC.

SEXUAL HARASSMENT POLICY

Fire Apparatus & Supply Team is committed to providing a safe environment for all its employees free from harassment at work including sexual harassment and discrimination on any ground. Fire Apparatus & Supply Team will operate on a zero tolerance policy for any form of sexual harassment in the work place. Any person found to have sexually harassed another will face disciplinary action, up to and including dismissal from employment. All complaints of sexual harassment will be taken seriously and treated with respect and confidence. No one will be victimized for making such a complaint. Allegations will be promptly investigated.

**Request for Taxpayer
Identification Number and Certification**

**Give Form to the
requester. Do not
send to the IRS.**

Name (as shown on your income tax return)
Free Apparatus & Supply Team INC.

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☒ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
☐ Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
1712 TREMONT STREET

City, state, and ZIP code
Lincoln IL 62656

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
[] [] [] - [] [] - [] [] [] []

Employer identification number
20-8627410

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here
Signature of U.S. person [Signature] **Date** 2/16/18

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**CITY OF URBANA, ILLINOIS
PURCHASING CERTIFICATION FORM (Rev. 4/06)**

The City of Urbana requires all vendors doing business at the above levels with the City to comply with certain local, state and federal requirements. By signing below, the vendor certifies, that they are familiar with and are in compliance with all of the legislative acts summarized below. False certification on this form, or the failure to fully comply with all of the requirements of these acts, may result in the termination of any contract, debarment from future contacts from either the City of Urbana, State of Illinois or any other governmental agency, and may subject the vendor to other legal actions.

DRUG FREE WORKPLACE ACT: An act to create a drug free workplace and prevent the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance by anyone while involved in the performance of a contract for the City of Urbana. (30 ILCS 580/1 et. seq.)

CERTIFICATION OF COMPLIANCE: An act to insure that all contracts for goods, services or construction are obtained only through an independent noncollusive submission of offers, the vendor must certify that it is not barred from contracting with any unit of the State of Illinois or any Illinois local governmental agency as a result of any bid-rigging or bid-rotating. (720 ILCS 5/33E 1 et. seq.)

DELINQUENT TAXPAYERS: An act to certify that any vendors doing business with the City of Urbana are not delinquent in the payment of any tax administered by the Illinois Department of Revenue. (65 ILCS 5/11-42.1-1)

SIGNATURES (COMPLETE APPROPRIATE SECTION)

INDIVIDUAL ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ (check one)

Name of the Business FIRE APPARATUS & SUPPLY TEAM INC.

Signed By: 

Printed Name: Richard D'Hera

Business Address: 112 TREMONT STREET LINCOLN IL 62166

Business Phone Number: 217.735.3278

Date 2/16/18