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

**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: WindShare LLC

d/b/a: WindShare LLC

Address: 109 5th St E

City/State/Zip: Tierra Verde, FL

Telephone Number(s) include area code: 727-437-6040

Check one of the following

Corporation 
 Partnership 
 Individual Proprietorship 
 Limited Liability Corp.

FEI Number: 81-4718579      Social Security Number: 256-65-1034

**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):** Marketing & Finance

**4. Project on which your company is bidding:** RFQ #1718-09

**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.<br>Name: <u>Daniel Lemberg</u><br>Title: <u>Founder / CEO</u><br>Telephone: <u>727-437-6040</u><br>Email: <u>Dan.Lemberg@WindShareLLC.com</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. <b>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.</b>  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| D.  | Has the company developed a written policy statement prohibiting Sexual Harassment? <b>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.</b>  | <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 type="checkbox"/>            | <input checked="" type="checkbox"/> |

## 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          | 7              | 1        | 6                              |          |  |   |                    |   | 1                         | 1        |                                   |   |
| Professionals             | 18             |          | 16                             |          | 1  |   |                    |   | 1                         |          |                                   |   |
| Technicians               |                |          |                                |          |  |   |                    |   |                           |          |                                   |   |
| Sales Workers             | 1              |          | 1                              |          |  |   |                    |   |                           |          |                                   |   |
| Office & Clerical         | 2              | 3        | 2                              | 2        |  |   |                    |   |                           | 1        |                                   |   |
| Craft Workers (Skilled)   | 2              |          | 1                              |          |  |   |                    |   | 1                         |          |                                   |   |
| Operatives (Semi-Skilled) |                |          |                                |          |  |   |                    |   |                           |          |                                   |   |
| Laborers (Unskilled)      |                |          |                                |          |  |   |                    |   |                           |          |                                   |   |
| Service Workers           |                |          |                                |          |  |   |                    |   |                           |          |                                   |   |
| <b>TOTAL</b>              | <b>30</b>      | <b>4</b> | <b>26</b>                      | <b>2</b> | <b>1</b>   |   |                    |   | <b>3</b>                  | <b>2</b> |                                   |   |

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:** 9/6/2017



## 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

Daniel Lemberg, CEO

Printed Name and Title

Dan.Lemberg@WindShareLLC.com

E-mail Address

9/6/2017

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