

### EQUAL EMPLOYMENT OPPORTUNITY POLICY STATEMENT

It is the policy of Electronic Data Collection Corporation (EDC) not to discriminate against any applicant for employment, or any employee because of age, race, creed, color, national origin, sexual orientation, gender, marital status, or disability.

EDC will take affirmative action to ensure that the EEO Policy is implemented, with particular regard to: advertising, application procedures, compensation, demotion, employment, fringe benefits, job assignment, job classification, layoff, leave, promotion, recruitment, rehire, social activities, training, termination, upgrade, and working conditions.

EDC will continue to make it understood by the employment entities with which it deals, and in employment opportunity announcements that the foregoing is company policy and all employment decisions are based on individual merit only.

It is the policy of EDC to ensure and maintain a working environment free of coercion, harassment, and intimidation at all job sites, and in all facilities at which employees are assigned to work. Any violation of the policy should be immediately reported to your supervisor or the company EEO Officer.

EEO Officer: Ellen Genung

Address: 13 Dwight Park Drive / Syracuse, NY 13209

Telephone: 800-886-6316

JANUAY 22, 12018

Signed and dated:







Proposal for the City of Urbana, Illinois RFP: Parking Citation Management System and Equipment

| CITY OF URBANA                       |     |
|--------------------------------------|-----|
| HUMAN RELATIONS DIVISION             |     |
| 400 SOUTH VINE ST.                   |     |
| URBANA, ILLINDIS 61801               |     |
| (217) 384-2466 (phone); 384-2426 (fa | (XI |
| terent@city.urbana.il.us             |     |

| Office Use Only (9/09) |                     |  |  |  |  |  |
|------------------------|---------------------|--|--|--|--|--|
| Requested by:          | Date:               |  |  |  |  |  |
| Approved by:           | Date:               |  |  |  |  |  |
| Vendor Number:         | Certification Date: |  |  |  |  |  |
| Certificate Expiration |                     |  |  |  |  |  |
| Number: Date:          |                     |  |  |  |  |  |

## EQUAL EMPLOYMENT OPPORTUNITY (E.E.D.) 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: Electronic Data Collection Corporation

d/b/a: EDC Corp.

Address: 13 Dwight Park Drive

City/State/Zip: Syracuse / New York / 13209

Telephone Number(s) include area code: 800-886-6316

Check one of the following

Corporation X Partnership Individual Proprietorship Limited Liability Corp.

FEI Number: 16-1488006 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): Software development, sales, support
- 4. Project on which your company is bidding (if known): Parking Citation Mgt. system



Proposal for the City of Urbana, Illinois RFP: Parking Citation Management System and Equipment

# **SECTION II. Policies and Practices**

|    | Description of EED Policies and Practices   | YES | ND |  |  |  |  |  |
|----|---|-----|----|--|--|--|--|--|
| Α. | 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?          |     |    |  |  |  |  |  |
| В. | 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: _Ellen Genung   |     |    |  |  |  |  |  |
|    | Title: Vice President   |     |    |  |  |  |  |  |
|    | Telephone: 800-886-6316   |     |    |  |  |  |  |  |
|    | Email: ellen@aimsparking.com  |     |    |  |  |  |  |  |
| 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) 384-2466 or terent@city.urbana.il.us.   | Х   |    |  |  |  |  |  |
| 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.  | Х   |    |  |  |  |  |  |
| 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 preference, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income?      | Х   |    |  |  |  |  |  |
| 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 preference, family responsibilities, matriculation, political affiliation, prior arrest, conviction record, or source of income? | x   |    |  |  |  |  |  |
| 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?   |     |    |  |  |  |  |  |
| Н. | Is the company a state certified minority/women owned business? If yes, please attach a copy of state certification.  |     | Χ  |  |  |  |  |  |
| l. | Does the company have collective bargaining agreements with labor organizations?  |     | X  |  |  |  |  |  |
| 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?   | n/a |    |  |  |  |  |  |

### **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 comple 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 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

| Job Categories  | Overall Totals |            | <b>White (</b> Not of<br>Hispanic Origin) |    | Black or<br>African-<br>American (Not of<br>Hispanic Origin) |   | Hispanic or<br>Latino |   | Asian or Pacific<br>Islander |   | American Indian<br>or Alaskan<br>Native |   |
|---|----------------|------------|---|----|--|---|-----------------------|---|------------------------------|---|---|---|
|   | М              | F          | М   | F  | M  | F | М                     | F | М                            | F | М                                       | F |
| Officials & Mgrs  | 2              | 2          |   |    |  |   |                       |   |                              |   |   |   |
| Professionals   | 6              | 1          |   |    |  |   |                       |   |                              |   |   |   |
| Technicians   |                |            |   |    |  | + |                       |   |                              |   |   |   |
| Sales Workers   | 2              |            |   |    |  |   |                       |   |                              |   |   |   |
| Office & Clerical   |                | 1          |   |    |  |   |                       |   |                              |   |   |   |
| Craft Workers<br>(Skilled)                                    |                |            |   |    |  |   |                       |   |                              |   |   |   |
| Operatives<br>(Semi-Skilled)                                  |                |            |   |    |  |   |                       |   |                              |   |   |   |
| Laborers<br>(Unskilled)                                       |                |            |   |    |  |   |                       |   |                              |   |   |   |
| Service Workers   |                |            |   |    |  |   |                       |   |                              |   |   |   |
| TOTAL   | 10             | 4          |   |    |  |   |                       |   |                              |   |   |   |
| M = MALE, Column B<br>F = FEMALE, Colum<br>Date of above Data | n C is sum o   | if Rows E, | G, I, K and                               | M. | 2  |   |                       |   |                              |   |   |   |

TABLE B\* - EMPLOYEES TO BE ASSIGNED TO CONTRACT

| Job Categories               | TOTAL<br>Employees |   | BLACK<br>EMPLOYEES |   | HISPANIC<br>EMPLOYEES |   | OTHER MINORITY<br>EMPLOYEES |   |
|------------------------------|--------------------|---|--------------------|---|-----------------------|---|-----------------------------|---|
|                              | М                  | F | М                  | F | М                     | F | М                           | F |
| Officials & Mgrs             |                    |   |                    |   |                       |   |                             |   |
| Professionals                | 3                  | 1 |                    |   |                       |   |                             |   |
| Technicians                  |                    |   |                    |   |                       |   |                             |   |
| Sales Workers                | 1                  |   |                    |   |                       |   |                             |   |
| Office & Clerical            |                    |   |                    |   |                       |   |                             |   |
| Craft Workers<br>(Skilled)   |                    |   |                    |   |                       |   |                             |   |
| Operatives<br>(Semi-Skilled) |                    |   |                    |   |                       |   |                             |   |
| Laborers<br>(Unskilled)      |                    |   |                    |   |                       |   |                             |   |
| Service Workers              |                    |   |                    |   |                       |   |                             |   |
| TOTAL                        | 4                  | 1 |                    |   | ,                     |   |                             |   |

\*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.

### **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).    |                                   |   |   |
|----------|-----------------------------------|---|---|
| M.       |                                   | Ellen Genung, VP                        | 800-886-6316                                    |
| Signatu  | re                                | Typed Name and Title                    | Tel. Number                                     |
| Date 1   | TE   7018                         |   |   |
|          |                                   | SECTION V. Verification                 |   |
| Prior to | o submitting this form, please cl | heck the answers to the following qu    | estions to verify your completion of this form: |
| 1.       | Did you fill in all of the approp | riate boxes in the table in Section III | , including the "TOTAL" row?                    |
|          | AEZ X                             | NO                                      |   |
| 2.       | Have you enclosed your comp       | any's EEO statement.                    |   |
|          | YES X                             | ND                                      |   |
| 3.       | Have you enclosed your comp       | any's Sexual Harassment policy.         |   |
|          | YES X                             | NO                                      |   |