

## CERTIFICATION FORM

### Compliance with the Equal Employment Opportunity Plan (Equal Employment Opportunity Program) Requirements

Recipient's Name:	Sarpy County		
Address:	1210 Golden Gate Drive, Papillion, NE, 68046		
Recipient Type:	Subrecipient	Law Enforcement Agency:	No
DUNS Number:	078008018	Vendor Number (only if direct recipient):	
Name of Contact Person:	Mary Davis	Title of Contact Person:	HR Director
Telephone Number:	402-593-4478	E-Mail Address:	mdavis@sarpy.com
Subrecipients:	No		

### Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Mary Davis** (*authorized official*), acknowledge that **Sarpy County** (*recipient organization*) has an obligation to develop and submit an EEOP Utilization Report to the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice (OCR) for **2019** (*fiscal year*). I understand the regulatory obligations under 28 C.F.R. Section 42.301-.308 to collect and maintain extensive employment data by race, national origin, and sex, even though our organization may not use all of this data in completing the EEOP Utilization Report.

By accepting financial assistance subject to the civil rights provisions of the Safe Streets Act, **Sarpy County** (*organization*) is on notice that at some future date, during the active award period, the OCR may request any of the employment data noted in the EEOP regulations. I understand that in the context of an administrative investigation of an employment discrimination complaint, failure to produce employment data required for a comprehensive EEOP may allow the OCR to draw an adverse inference based on the data's absence.

Mary Davis, HR Director

*Mary Davis*

12/17/2019

---

Print or Type Name and Title

Signature

Date