

STATE OF NEW JERSEY  
DEPARTMENT OF HUMAN SERVICES

**TO:** Manual Holders

**DATE:** November 21, 2007

**SUBJECT:** Affirmative Action Requirements

**SUPERCEDES:** Information Memorandum P91-2, dated December 6, 1991

The purpose of this information memorandum is to inform Provider Agency, Individual Providers and Departmental Component staff of Affirmative Action legislation requirements that must be met by organizations that contract with the Department of Human Services. In accordance with N.J.S.A. 10:5-31 et seq., N.J.A.C. 17:27, the Department of Human Services, as a public agency that awards social service and training contracts and Individual Provider agreements, must ensure that all contracting entities comply with the Affirmative Action requirements of P.L. 1975, C. 127. The Department, as directed by the State of New Jersey Department of the Treasury, Division of Contract Compliance and Equal Employment Opportunities in Public Contracts will include specific Affirmative Action language in the Standard Language Document (SLD) for social services and training and Individual Provider's Contracts and provide Affirmative Action forms to Provider Agencies and Individual Provider's to obtain the necessary State certification. The Departmental Components shall be responsible for distributing the required State Affirmative Action initial certification application (Attachment 3) to eligible Providers.

After the initial application process, the Division of Contract Compliance will forward the renewal application to the Provider Agency and/or Individual Provider. It is the Provider's responsibility to submit the forms to the Division of Contract Compliance and forward a copy to the contracting Departmental Component. Upon receiving the Certification of Employee Information Report the Provider Agency/Individual Provider shall issue the Certificate to the contracting Departmental Component.

The Department upon awarding any social services or training Contract and Individual Provider Agreements must determine if either of the following documents is on file at the Provider Agency:

1. A FEDERAL AFFIRMATIVE ACTION PLAN APPROVAL which is a valid letter from the Office of Federal Contract Compliance Programs (see Attachment 1). A photocopy of the Letter of Approval shall be submitted to the Departmental Component with the completed contract proposal package, but no later than seven Days after the

actual signing and dating of the Contract by the Provider Agency and/or Individual Provider.

OR

2. A CERTIFICATE OF EMPLOYEE INFORMATION REPORT which is a certificate from the State Treasurer's Office (see Attachment 2). A photocopy of a current certificate shall be submitted to the Departmental Component with the completed contract proposal package, but no later than seven Days after the actual signing and dating of the Contract by the Provider Agency and/or Individual Provider. If neither of the above documents is available, then:

An AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT (Form AA-302) (see Attachment 3) enclosed with the contract proposal package shall be completed. The AA-302 is a carbonized form consisting of four copies which shall only be given to Providers that have been or will be awarded a Contract.

The Provider Agency shall forward the completed copies as follows:

- 1) The white and canary copies shall be submitted to the State Department of the Treasury's Division of Contract Compliance address shown below.

State of New Jersey  
Department of the Treasury  
Division of Contract Compliance & Equal Employment  
Opportunities in Public Contracts  
P.O. Box 209  
Trenton, NJ 08625-0209

- 2) The pink copy shall be sent to the contracting Departmental Component as part of the completed contract proposal package.
- 3) The gold copy shall be retained and filed by the Provider Agency in the Contract file.

If the Provider Agency does not submit either the Federal Affirmative Action Plan Approval letter or a current Certificate of Employee Information Report within the required time frame, the Departmental Component may extend the compliance time period to fourteen total Days after the actual signing and dating of the Contract by the Provider Agency. If the appropriate documentation cannot be produced within the seven Day extension, the Departmental Component must declare the Provider Agency as being non-responsive and stop all Contract proceedings.

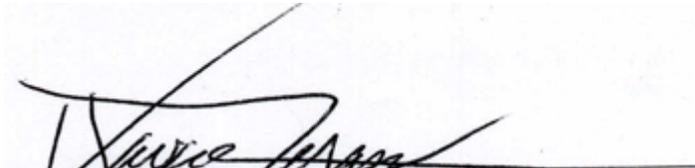
The Departmental Component may award a Contract in an emergency situation without following the Affirmative Action procedures outlined above. This may occur only if the Departmental Component documents that an actual or imminent emergency exists which requires the

Departmental Component to immediately award a Contract for service(s) because a delay would endanger the health, safety or welfare of the Department's clients.

The Departmental Component shall maintain a copy of the appropriate Affirmative Action document on file for review by the State Treasury Department's Division of Contract Compliance until expiration. The Federal Affirmative Action Plan Approval letter expires one year from the date on the letter. The Certificate of Employee Information Report has an expiration date on the certificate.

Any questions or comments concerning the Affirmative Action requirements should be referred to the State Treasury Department's Division of Contract Compliance at (609)-292-5475.

Issued by:



Howard Mass, Director  
Office of Administration

## Sample Federal Letter of Approval

U.S. Department of Labor

Employment Standards Administration  
Office of Federal Control Compliance Programs  
Newark Area Office  
124 Evergreen Place, Fourth Floor  
East Orange, NJ 07108



February 27, 20\_\_

SAMPLE

Dear \_\_\_\_\_

Our recent compliance review of your establishment's equal employment opportunity policies and practices was completed on February 27, 20\_\_.

We found no apparent deficiencies or violations of Executive Order 11266, as amended, Section 503 of the Rehabilitation Act of 1973 or 38 USC 2012 (the Vietnam Era Veterans Readjustment Assistance Act). Accordingly, your establishment is deemed to be in compliance with these laws based on the material reviewed.

The Office of Federal Contract Compliance Programs sincerely appreciates the cooperation and courtesies extended by you and your staff during the conduct of the compliance review.

Sincerely,

Area Office Director.

# SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT

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Certification \_\_\_\_\_  
**CERTIFICATE OF EMPLOYEE INFORMATION REPORT**

**VOID**

This is to certify that the contractor herein named has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-9.7 et seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of \_\_\_\_\_

**VOID**



State Treasurer

Form AA302  
Rev. 1/00

**STATE OF NEW JERSEY**  
**Division of Contract Compliance & Equal Employment Opportunity**  
**EMPLOYEE INFORMATION REPORT**

**IMPORTANT - READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALLPOINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11.**

**SECTION A — COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY
	STATE	ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)	CITY	STATE
	STATE	ZIP CODE
7. CHECK ONE: IS THIS COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT	CITY	COUNTY
	STATE	ZIP CODE

OFFICIAL USE ONLY	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

**SECTION B — EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1 TOTAL (COLS. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** FEMALE *****				
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Office Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-Skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment from previous Report (If any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED? MO   DAY   YEAR
13. DATES OF PAYROLL PERIOD USED FROM: _____ TO: _____		

**SECTION C — SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE	MO	DAY	YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	PHONE (Area Code, No., Extension)	

## INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

### IMPORTANT:

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM. SEND COPY OF CURRENT CERTIFICATE TO THE PUBLIC AGENCY. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.

**ITEM 1** - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has not been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

**ITEM 2** - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

**ITEM 3** - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

**ITEM 4** - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

**ITEM 5** - Enter the physical location of the company. Include City, County, State and Zip Code.

**ITEM 6** - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or "N/A".

**ITEM 7** - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

**ITEM 8** - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

**ITEM 9** - Enter the total number of employees at the establishment being awarded the contract.

**ITEM 10** - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code.

**ITEM 11** - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employees in more than one job category. DO NOT attach an EEO-1 Report.

### RACIAL/ETHNIC GROUPS WILL BE DEFINED:

**Black:** Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

**Hispanic:** Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

**American Indian or Alaska Native:** Persons having origins in any origins in any of the original people of North America, and who maintain cultural identification through tribal affiliations or community recognition.

**Asian or Pacific Islander:** Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands and Samoa.

**Non-Minority:** Any persons not identified in any of the aforementioned Racial/Ethnic Groups.

**ITEM 12** - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

**ITEM 13** - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

**ITEM 14** - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes"

**ITEM 15** - If the answer to Item 15 is "No", enter the date when the last Employee information Report was submitted by this company.

**ITEM 16** - Print or type the name of the person completing the form. Include the signature, title and date.

**ITEM 17** - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

### TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN THE GOLD COPY FOR THE VENDOR'S OWN FILES. THE VENDOR IS TO SUBMIT THE PINK COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT AND FORWARD THE REMAINING TWO (2) WHITE AND CANARY COPIES TO:

NJ Department of the Treasury  
Division of Contract Compliance & Equal Employment Opportunity  
P.O. Box 209

Trenton, New Jersey 08625-0209

Telephone No. (609) 292-5475