

CERTIFICATION FORM

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

Recipient's Name:	Unified Government Of Wyandotte County/Kansas City, KS		
Address:	701 N 7th Street, Kansas City, KS, 66101		
Recipient Type:	Direct Recipient & Subrecipient	Law Enforcement Agency:	No
DUNS Number:		Vendor Number (only if direct recipient):	481194075
Name of Contact Person:	Shawna Riley	Title of Contact Person:	Employee Relations Analyst
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Subrecipients:	No		

Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Shawna Riley** (*authorized official*), acknowledge that **Unified Government Of Wyandotte County/Kansas City, KS** (*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, **Unified Government Of Wyandotte County/Kansas City, KS** (*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.

Shawna Riley, Employee Relations Analyst
9/8/2020

Shawna Riley

Print or Type Name and Title

Signature

Date