

**SET-ASIDE PLAN FORMAT**

Effective 08/15/2010

**COVER PAGE**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

AAP Prepared By: \_\_\_\_\_

(Please Print)

\_\_\_\_\_  
(Please Print)

Name of AA/EOE Officer

\_\_\_\_\_  
(Please Print)

Name and Title of the Head of the Company

This Set-Aside Plan is submitted for: \_\_\_\_\_

(Name of Project)

State Contract Number: \_\_\_\_\_

Awarding Agency: \_\_\_\_\_

Contract Value: \_\_\_\_\_

M/W/DisBE Value as Assigned by the Awarding Agency: \_\_\_\_\_

SBE Value as Assigned by the Awarding Agency: \_\_\_\_\_

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***Note:*** Set-Aside Plan that meets all the requirements of the following sections, must be filed for each state project.

**ANY SUBMISSION THAT DOES NOT STRICTLY ADHERE TO THIS PLAN'S FORMATTING WILL NOT BE REVIEWED.**

**ANY SECTION THAT DOES NOT INCLUDE A RESPONSE TO SAID SECTION AND/OR ITS SUBSECTIONS HEREIN WILL BE DISAPPROVED.**

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## SECTION 1

### Affirmative Action/Equal Opportunity Employment (AA/EOE) Policy Statement

Point of Statutory and/or Regulatory Reference: Conn. Gen. Stat. Sections 4a-60(a)(1), 4a-60a(a)(1); 46a-68c, 46a-68d, P.A. 07-142, Contract Compliance Regulations Section 46a-68j-27(1)

Contractors shall create a policy statement that includes, but is not limited to, the following information:

- A. Identify the individual assigned affirmative action responsibilities;
  - B. Affirm the Contractor's commitment to achieve Equal Opportunity Employment through affirmative action for certain defined protected classes of persons;
  - C. Pledge the Contractor's best good faith efforts to attain the objectives of the plan [Sec 46a-68j-27(1)].
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#### INSTRUCTIONS:

On the next page is an EXAMPLE of an *Affirmative Action/Equal Opportunity Employment (AA/EOE) Policy Statement* that illustrates what may be included in your company's *AA/EOE Policy Statement*.

**NOTE:** If your company's *AA/EOE Policy Statement* lists the protected classes or if it lists each basis (that under Connecticut Law) an employer cannot discriminate then your lists must be inclusive (for an up to date listing of prohibited forms of employment discrimination, please refer to the *Discrimination Is Illegal* notice.)

This policy statement must be signed and dated by the head of the company. The signature must be original.

SAMPLE

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYMENT POLICY STATEMENT**

It is the policy and practice of XYZ Company to assure that no person will be discriminated against, or be denied the benefit of any activity, program or employment process, in areas including but not limited to recruiting, advertising, hiring, upgrading, promotion, transfer, demotion, lay off, termination, rehiring, employment, rates of pay and/or other compensation.

XYZ Company is an Affirmative Action/Equal Opportunity Employer and is strongly committed to all policies which will afford equal opportunity employment to all qualified persons without regard to age, ancestry, color, marital status (including civil union status), national origin, race, religious creed, sex, sexual orientation, mental retardation, learning disability, present or past history of mental disorder, mental disability or physical disability including, but not limited to, blindness, unless it is shown that such disability prevents performance of the work involved.

This policy and practice applies to all persons, particularly those who are members of the protected classes identified as being Black, Hispanic and others such as Asian, Native American, etc., and Women and Persons with Disabilities. XYZ Company will implement, monitor and enforce this *Affirmative Action/Equal Opportunity Employment Policy Statement* and program in conjunction with all applicable Federal and State laws, regulations and executive orders.

In order to implement our Affirmative Action/Equal Opportunity Employment Program, XYZ Company will develop written strategies and plans designated to correct any deficiencies identified. Furthermore, this policy statement, as well as the Labor and Antidiscrimination Poster, shall be posted and otherwise made known to all workers in the company's home office, each satellite office, and at each job site. Managers and supervisory staff will be advised of their responsibilities to ensure the success of this program.

Ultimate responsibility for this Affirmative Action/Equal Opportunity Employment Program will be with the (Insert Head of Company's Official). The day-to-day duties for the plan will be coordinated by (Insert the name of the company's Affirmative Action/Equal Title Opportunity Employment Officer), who is hereby designated the Affirmative Action/Equal Opportunity Employment Officer for XYZ Company.

I have expressly advised (Insert the name of the company's Affirmative Action/Equal Opportunity Employment Officer) of his/her legal responsibilities as XYZ Company's Affirmative Action/Equal Opportunity Employment Officer pursuant to the Contract Compliance Regulations Section 46a-68j-27(4).

This Set-Aside Plan has my total support and XYZ Company pledges its best good faith efforts to achieve the objectives of this Set-Aside Plan. I expect each manager, supervisor and employee of this Company to aid in the implementation of this program and be accountable for complying with the objectives of this Set-Aside Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Printed Name and Printed Title of Person Signing

**SECTION 2**  
**INTERNAL COMMUNICATIONS**  
**Information Provided to Employees/Work Force**

Point of Statutory and/or Regulatory Reference: Conn. Gen. Stat. Section 4a-60(a)(3); Contract Compliance Regulations Section 46a-68j-27(2)

The policy statement and a summary of the objectives of the plan shall be posted and otherwise made known to all workers. The plan shall indicate what steps the contractor undertook to make information on the plan available to its workforce [Sec. 46a-68j-27(2)].

An employer, employment agency or labor organization is required to post notices regarding statutory provisions, as the commission shall provide [C.G.S. Sec. 46a54(13)]

An employer with three or more employees is required to post in a prominent and accessible location a notice concerning the illegality of sexual harassment and the remedies available to victims of sexual harassment [C.G.S. § 46a- 54(15)]

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**INSTRUCTIONS:**

1. Describe in your Set-Aside Plan the specific actions your company takes to communicate its Affirmative Action/Equal Opportunity Employment (AA/EOE) Policy Statement (see Section 1) and its AA/EOE hiring commitment to its workers. For example, do you distribute your AA/EOE Policy Statement (found in Section 1) to your new hires during orientation? Do you include a copy of your AA/EOE Policy Statement to all your employees with their paycheck every month? Do you post your AA/EOE Policy Statement in prominent and accessible locations? Please describe the locations.
2. Demonstrate in your AAP, that your company complies with posting requirements prohibiting discrimination by describing in detail where in your business office, and on project sites your company posts the *Discrimination Is Illegal* notice. Please attach a copy of the notice your company posts.
3. Demonstrate in your AAP, that your company complies with posting requirements prohibiting sexual harassment by describing in detail where in your business office, and on project sites your company posts the *Sexual Harassment Is Illegal* notice. Please attach a copy of the notice your company.

**NOTE:** Please be sure the notices that your company posts are current. You may obtain updated notices on CHRO's website at [www.ct.gov/chro](http://www.ct.gov/chro) and clicking on *Publications* at the top of the site page.

**SECTION 3**  
**EXTERNAL COMMUNICATIONS**  
**Information Provided to the Public**

Point of Statutory and/or Regulatory Reference: Conn. Gen. Stat. Section 4a-60(a)(2), (3), 4a-60a(a)(2); Contract Compliance Regulations Sections 46a-68j-23(9), 46a-68j27(3)

The contractor shall, in all advertisements and business with the public, indicate that it is an affirmative action/equal opportunity employer. The plan shall include information on what steps the contractor undertook to advise the public concerning its affirmative action requirements; [Sec. 46a-68j-27(3)].

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**INSTRUCTIONS:**

1. In this section of the AAP, contractors should include a statement indicating that in all advertisements and business with the public, it will hold itself out as an

“Affirmative Action/Equal Opportunity Employer or AA/EOE.”

2. To demonstrate your company’s commitment to its statement, please attach examples of three different forms of external communication (e.g. letterhead, letters of transmittal, bid notification, purchase order, fax cover sheet, etc.) sent out by your company indicating that you are an AA/EOE.

**NOTE:** If your company’s forms of external communication do not currently indicate your company is an AA/EOE, and your company’s forms of external communication are not created in-house, please include a statement ensuring that upon reordering such forms; your company’s external communication will indicate it is an AA/EOE. Please include samples of how your revised forms of external communication will appear. **Statements that have been made to such for more than one (1) year are unacceptable.**

**SECTION 4**  
**Project Description, Timeline, and Trades Involved**

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**INSTRUCTIONS:**

This section of the AAP should list the trade categories that will be needed to perform the work of this specific project (include those to be employed by your Company and all subcontractors).

1. Briefly describe the work involved in this project.
2. Estimate (mm/dd/yyyy) when construction will commence. If the project has already begun, please provide the actual project mobilization date (mm/dd/yyyy).
3. Estimate (mm/dd/yyyy) when construction will be completed. If the project is complete, then please provide the project end date (mm/dd/yyyy).
4. List all of the types of "trades"-related work to be performed on this project that your company will be hiring a subcontractor(s) to perform (do not provide the name of the subcontractor(s), just identify the trade). Attach a copy of the applicable section of the agency bid document (i.e., Project Manual, ITB, etc.), that specifies all trades required to be performed on this project.
5. List all specific types of materials to be used for this project that your company will be hiring a Vendor(s) to supply (do not provide the name of the vendor(s) just identify the type of supplies/materials to be provided). Attach a copy of the applicable section of the agency bid document (i.e., Project Manual, ITB, etc.), that specifies all materials required to be utilized for the completion of this project.
6. List all specific types of non trades-related services to be used for this project that your company will hire a service company to provide (do not provide the name of the company just identify the type of services to be provided). Attach a copy of the applicable section of the agency bid document (i.e., Project Manual, ITB, etc.), that specifies all non-trades-related services to be utilized for the completion of this project.  
    Ex:   Port-a-lets  
        Trucking Driver Only – No Labor Involved
7. List the any circumstance for which you will be hiring a broker. Do not list the name of the brokerage firm.
8. List all trades that will be performed by your company's employees.
9. List all supplies that will be manufactured by your company for use on this project.

**SECTION 5**  
**Subcontractor Availability Analysis**

Point of Statutory and/or Regulatory Reference: Connecticut General Statutes section 4a-60 and 4a-60g as amended by Public Act 09-158; and Regulations of Connecticut State Agencies Section 46a-68j-28(2):

Applicable portions of the general statutes subsections of Section 4a-60(a) as amended state:

(a) Every contract to which the state or any political subdivision of the state other than a municipality is a party shall contain the following provisions:

(4) The contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f; and

(5) The contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the contractor as relate to the provisions of this section and section 46a-56.

(b) If the contract is a public works contract, the contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

(f) Determination of the contractor's good faith efforts shall include but shall not be limited to the following factors: The contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

(g) The contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.

Regulations of Connecticut State Agencies §46a-68j-28(2) states the following:

**Sec. 46a-68j-28. Elements of plans required by Section 46a-68d of the Connecticut General Statutes as amended by Section 4 of Public Act 89-253.**

In addition to the elements in Section 46a-68j-27, plans subject to the requirements of Section 46a-68d of the Connecticut General Statutes as amended shall contain the following elements as described below:

2. *Subcontractor Availability Analysis.* When a contractor intends to subcontract all or part of the work to be performed under a State contract to one or more subcontractors, the contractor shall consult the listing of minority business enterprises maintained by the Department of Administrative Services, the practical experience of other contractors, contacts developed by the contractor itself, trade publications and similar sources to develop a base from which the contractor might reasonably be expected to draw minority business enterprises from. The plan shall indicate what sources were consulted and whether the enterprise was ready and able to perform the required work or supply necessary materials;

Also see Conn. Gen. Stat. sections 4a-60g, 46a-68b, §46a-68c, §46a-68d and §46a-68e.

When a contractor intends to subcontract all or part of the work to be performed under a state contract to one or more subcontractors, the contractor shall consult the listing of minority business enterprises maintained by the Department of Administrative Services, the practical experience of other contractors, contacts developed by the contractor itself, trade publications and similar sources to develop a base from which the contractor might reasonably be expected to draw minority business enterprises. The plan shall indicate what sources were consulted and whether the enterprise was ready and able to perform the required work or supply necessary materials [Sec. 46a-68j-28(2)].

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**INSTRUCTIONS:** Use WBE for a woman owned business, MBE for an ethnic minority owned business, DisBE for a business owned by a person(s) with a disability, and SBE for a small business that is not one of the aforementioned.

**Design/Build Projects:** When projects are design/build (or similar as in multi-phase contracts) where subcontractors/vendors are solicited for bids at different stages of the project, Contractors must continuously file this section at each stage of the bidding process, until the Contractor has provided evidence of its good faith efforts to achieve the set-aside goals at each stage.

**PART A:**

List all the sources used by the company to find S/M/W/DisBE subcontractors and/or vendors for this project only.

Ex: DAS Supplier Diversity Website [www.webaddress.com](http://www.webaddress.com)

Minority Contractor Weekly 1234 Diversity Lane, Hartford, CT 06010  
(See attached ad as it appeared in the weekly)

Women In Construction Lisa Doe,  
Business Construction Recruiter  
5678 Diversity Lane, Hartford, CT 06010

Ready and Able Ron Doe  
Disabled Construction Recruiter  
9101 Diversity Lane, Hartford, CT 06010

**PART B:**

List every SBE/MBE/WBE/DisBE subcontractor and/or vendor that your company solicited to bid on this contract, as shown in the example below. Indicate each subcontractor's trade(s). Indicate why you solicited each of the listed DAS certified companies, as shown in the example below (i.e. to perform what trade or to supply what materials/services).

Ex: ABC Construction	SBE	Carpentry
Carpenter's LLC	DisBE	Carpentry
Hard Knocks Woodwork	MBE	Carpentry
Rumor Mill	MBE	Mill Work
The Mill Worm	MBE	Mill Work
Piece Mill	WBE	Mill Work
XYZ Material Suppliers	WBE	Hardwood Supplier
Best Floor Co.	DisBE	Hardwood Supplier
Got 2 Go	MBE	Port a lets
Number 1	SBE	Port a lets
When Nature Call	SBE	Port a lets

**PART C:**

Indicate what became of each DAS certified subcontractor/vendor you listed in Part B during the bidding process. You must be able to explain and document to CHRO the reason(s) why your company did not award a subcontract to the companies you solicited in Part B, as shown in the example below, thus a vague response such as "Bid Received", "Called/Left Message", "Said Will Bid", etc. are insufficient. Use "Awarded" as the only bid result for those companies that you will utilize for this project.

Ex: ABC Construction	Bid Incomplete
Carpenter's LLC	Bid Too High
Hard Knocks Woodwork	Bid Too High
Rumor Mill	Awarded

The Mill Worm	Bid Too High
Piece Mill	Bid Not Accepted – Received Late
XYZ Material Suppliers	Bid Too High
Best Floor Co.	Bid Too High
Got 2 Go	Bid Too High
Number One	Refused To Bid
When Nature Calls	Scheduling Conflict

**PART D:** List all non-DAS certified companies (including brokers) that you expect to perform on this project or to supply material/services (i.e. companies not already accounted for in Part B & Part C). This list must inform CHRO what trades, materials, or services the companies listed will provide. Any company performing a specialized trade or supplying specialized materials/services must be indicated and accompanied by a letter attesting to such from (i.e. signed) by the awarding agency. See the example below.

Ex: Color Coded Painting, LLC	Carpentry
Pristine Port a lets	Port a lets
Boltz, Inc.	High and Low Voltage Installation*

\* The electrical portion of this project is specialized and can only be performed by Boltz, Inc. Please see the attached letter verifying such, in detail, from the project manager at the awarding agency.

**\*\*\*\* RECORDS RETENTION NOTICE \*\*\*\***

***PLEASE BE ADVISED THAT CHRO IS AUTHORIZED TO AUDIT YOUR COMPANY RECORDS REGARDING CONTRACT COMPLIANCE AT ANY TIME DURING OR AFTER THE PERFORMANCE OF YOUR PROJECT. IT IS RECOMMENDED THAT YOU DEVELOP AND MAINTAIN DETAILED RECORDS OF YOUR SOLICITATION OF AND RESPONSES FROM EACH COMPANY LISTED IN THIS SECTION (E.G.: A DETAILED RECORD OF YOU GOOD FAITH EFFORTS), IN THE EVENT CHRO REQUESTS DOCUMENTATION OF THE SAME. CONN. GEN. STAT. §4A-60(A)(5), §4A-60G(G).***

***ONLY THE STANDARD SERVICE FEE(S) CHARGE BY A BROKER WILL BE CALCULATED TOWARD YOUR ACTUAL SET-ASIDE GOAL ACHIEVEMENT. CHRO MAY REQUIRE A COPY OF THE BROKER'S INVOICE AND OTHER DOCUMENTATION, AS NEEDED BY CHRO, TO DETERMINE THE ACTUAL PERCENTAGE OF PERFORMANCE BY THE BROKER ON THE CONTRACT AMOUNT INDICATED ON THE ATTACHMENT III.***

**SECTION 6**  
**Minority Business Enterprise Goals and Timetables.**

Point of Statutory and/or Regulatory Reference: Contract Compliance Regulations Section 46a-68j-28(3)

Based upon the availability of minority business enterprises calculated in Sec 46a-68j-28(2), the contractor shall set goals for awarding all or a reasonable portion of the contract to qualified minority business enterprises. The Plan shall detail what steps it took to make such opportunities available (Sec. 46a-68j28(3)).

Design/Build Projects: When projects are design/build (or similar as in multi-phase contracts) where subcontractors are solicited for bids at different stages of the project, Contractors must file Attachment IIIa see Section 12) by week, month, or quarter (as determined by CHRO) listing all SBE/MBE/WBE/DisBEs subcontractors/vendors with whom contracts have been signed during that period.

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**INSTRUCTIONS:**

On Attachment III :

- Provide all the information requested in the Attachment III.
- List all the MBE's, WBE's, and DisBE's you designated in Section 11, Part C as "Awarded" in the top portion ("A") of Attachment III.
- List all the SBE's you designated in Section 11, Part C as "Awarded" in the bottom portion ("B") of Attachment III.
- Input all percentages requested in the Attachment III.

Once your Plan is approved, you may not add or delete any of the companies nor alter any of the contract values as listed on the Attachment III of your approved plan, except as follows. Attachment III may be altered after your Plan is approved only if you submit:

I. A Cover Letter:

- A) requesting acknowledgement of the change;
- B) detailing why CHRO should grant the change; and
- C) documentation to support your request in the follow forms:
  - 1) if requesting acknowledgement of a removal: out of business verification, Change Order eliminating a subcontractor's portion of the project from the awarding agency, etc.);
  - 2) if requesting acknowledgement of an addition: a copy of the current DAS certification; and

II. A Revised Attachment III bearing the MM/DD/YYYY of the revision and incorporating the requested change.

**NOTE: Upon a project's completion, only those companies that are listed on the latest approved Attachment III, and who have maintained a current DAS certification throughout the duration of the project, will be utilized in CHRO's final calculations of actual goal achievement upon the project's completion.**

Attachment III

Small Contractor and Minority Business Enterprise Goals and/or "Good Faith Effort"

Total Project Value is \$ \_\_\_\_\_. Project has SBE requirement of \_\_\_\_\_ %, which include MBE requirement of \_\_\_\_\_ %; OR, Project requires only "good faith effort" for MBE contractors \_\_\_\_\_.

A. Please identify MBE/WBE/DisBE subcontractors who will participate on the project.

Company Name	Address	DAS Certification Type (MBE/WBE/DisBE)	DAS Certification Expiration Date	Contract Value
			Total amount of MBE, WBE, & DisBE contract values: \$ _____	(Total amount of MBE, WBE, & DisBE contract values ÷ project value x 100) = _____ %

B. Please identify SBE contractors who will participate on the project.

Company Name	Address	DAS Certification Type (SBE)	DAS Certification Expiration Date	Contract Value
			Total amount of SBE contract values: \$ _____	Total amount of SBE contract values ÷ project value x 100 = _____ %
Total amount of all contract values listed in A & B =				Total amount of all contract values listed in A & B ÷ project value x 100 = _____ %

Please use additional sheets if necessary

\*\*\*\* CHRO encourages your company to not just meet its set-aside goals, but to surpass them in order to ensure project circumstances (i.e. delays, change orders, decrease between estimate amount and contract amount, etc.) does not cause your company to fall below its set-aside goals achieved in its approved Set-Aside Plan. \*\*\*\*

A current copy of the DAS certificate must be attached to this section for each subcontractor/vendor listed on Attachment III. Without a current copy of each company's current DAS certification, the value of the contract will not be taken into account for the determination of whether your company has met its set-aside goals.

For projects with the Connecticut Department of Public Works (DPW), the general contractor cannot utilize its DAS Certification for the purpose of achieving the set-aside goals.

**SECTION 7**  
**Project Reporting and Monitoring Procedures**

Point of Statutory and/or Regulatory Reference: Contract Compliance Regulations Section 46a-68j-23(6), 46a-68j-23(8), Conn. Gen. Stat. Section 4a-60(a)(5), 46a-68e

Each contractor shall file, and shall cause each of his subcontractors to file, with the commission such compliance reports at such times as the commission may direct. Compliance reports shall contain such information as to the practices, policies, programs, and employment policies, employment programs, and employment statistics of the contractor and each subcontractor and be in such form as the commission may prescribe (C.G.S. Sec. 46a-68e).

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**INSTRUCTIONS:**

Please provide a statement that your company will file all monthly and quarterly reports as directed by CHRO, and will require its subcontractors and/or vendors to do likewise. This statement should also indicate that your company will forward the original reports to CHRO, and copies will be sent to the awarding agency.

- Forms are due each month of the project's duration with filing to commence thirty (30) days after the project's start date.
- Forms must contain original signatures, printed names & titles of persons signing.
- A copy must be kept at the General Contractor, Subcontractor, Supplier or Service Provider's office for reference when filing Form 257b.
- A copy of all reports must be sent to the awarding agency.

**I. General Contractor:**

- Form 257 (Monthly Employment Utilization Report)
  - Fill out every month from the date that the project started.
  - For the months employee(s) did not work on the project site, fill out one form for each month & check the box marked "Did not perform work on this project for this month" which is located at the bottom of the form.
  - If employee(s) then returned to the project site and began working after the months they were not working at the project site, fill out a Form 257, one for each month.

Ex: If employee(s) did not work in Jan. fill out a Form 257 for the month of Jan. & check the "Did not perform work on this project for this month" box.

If employee(s) worked Feb & Mar fill out a Form 257, one for each month, indicating the hours these employees worked during those months.

- The last month any of the employee(s) worked on the job (i.e. the month the company walked off the project site) fill out a Form 257 & write at the bottom of the form in BIG BOLD letters **“FINAL”**.
- Form 257a (Monthly Employment Utilization Report)
  - Fill out every month from the date that the project started only if “On Site Personnel (Other than Trade Workers)” worked on the job.
  - Follow instructions above for Form 257 when a non-trade worker employee is on the site.
  - If no non-trade worker employee(s) are on the site, do not submit Form 257a.
- Form 257b (Cumulative Employment Utilization Report)
  - The last month any of the employee(s) worked at the project site, the fill out a Form 257b (as well as the FINAL Form 257 mentioned above) & write at the bottom of the form in BIG BOLD letters **“FINAL”**.
  - Form 257b is a total of all the work hours the employees have worked on the project. Therefore, if you add up all of the hours from each of the Form 257’s that have been filed for this project, that number should correspond with the number of total work hours reported on the Form 257b.
- Punch List Items or Other Events
  - If an employee returns to the job to do punch list items or other events after filling out **FINAL** filings a Revised FINAL Form 257 for the months that they worked on the punch list items, as well as a Revised FINAL Form 257b must be filed.
  - These revised reports should be marked in BIG BOLD letters “REVISED MM/DD/YYYY.”
- Form 258a (Monthly Payment Status Reports)
  - If the project’s anticipated duration is 12 months or less, fill out Form 258a every month from the date that the project started except for the project’s quarter months.  
    - Ex: If the project began in Jan., fill out Form 258a for Jan., Feb., but not for March (e.g. third month of the project, thus the project’s quarter month).
  - If you are filing out a Form 258a for the last month of the project write at the bottom of the form in BIG BOLD letters **“FINAL”**.
  - If the project’s anticipated duration is in excess of 12 months, do not fill out Form 258a.

- Form 258 (Quarterly Payment Status Report)
  - If the project's anticipated duration is in excess of 12 month, fill out Form 258 every project quarter month from the date the project started.
  - The Form 258 filed for the last quarter of the project's duration must indicate "FINAL" in BIG BOLD letters.

**The General Contractor sends the following reports to CHRO:**

- Form 2528a (Monthly Small Contractor and Minority Business Enterprise Payment Status Report).
- Form 258 (Quarterly Small Contractor and Minority Business Enterprise Payment Status Report).
- Form 257 & Form 257a (Monthly Employment Utilization Report) from subcontractors.
- Form 257 & Form 257a (Monthly Employment Utilization Report) from the General Contractor .
- Form 257b (Cumulative Employment Utilization Report) from subcontractors & the General Contractor.
- Form 259 (Monthly Materials Consumption Report) from Material Suppliers & Service Providers.

**II. Material Suppliers/Service Providers:**

- Form 259 (Monthly Materials Consumption Report)
  - Material Supplier/Service Supplier submits every month from the date that the project started. The officer of the company signs in the box that corresponds as to whether they "Did Supply Materials" that month or they "Did Not Supply Materials" that month.
  - At the end of the last month in which the material/servicer provider provided material or service for this project, the officer of the company must write at the bottom of the form in BIG BOLD letters FINAL.

**III. Subcontractors (Sub):**

- Form 257 (Monthly Employment Utilization Report)
  - Sub submits every month from the date that the project started and not from the date that specific sub began.
  - For the months in which the sub did not work on the project site, the sub still fills out one Form 257 for each month & checks the box marked "Did not perform work on this project for this month" which is located at the bottom of the form.

- For whatever months the sub does work on the project site, the sub fills out a Form 257, one for each month indicated the hours its employee(s) worked on the project for the month specified on the Form 257.  
     EX: If the sub did not work in Jan. they fill out Form 257 & check the “Did not perform work on this project for this month” box.  
     If the sub worked Feb. & March they fill out the hours on Form 257, one for each month.  
     If the sub finishes its work in April they fill out Form 257 & write at the bottom of the form in BIG BOLD letters **“FINAL”**.
- Form 257a (Monthly Employment Utilization Report)
  - Sub submits every month from the date that the project started only if “On Site Personnel (Other than Trade Workers)” worked on the job.
  - Follow instructions above for Form 257 when a non-trade worker employee is on site.
  - If no non-trade worker employees are on the site, then the sub need not submit Form 257a.
- Form 257b (Cumulative Employment Utilization Report)
  - The last month the sub finishes its work on the project site, that sub must fill out Form 257b (as well as a **FINAL** Form 257 mentioned above) & write at the bottom of the form in BIG BOLD letters **“FINAL”**.
  - Form 257b is a total of all the work hours the trade personnel have worked on the project. Therefore, if you add up all of the hours for each of the Form 257s that have been filed for this project, that number should correspond with the number of total work hours reported on the Form 257b.
- Punch List Items or Other Events
  - If a sub returns to the job to do punch list items or other events after filling out **FINAL** filings, a Revised Final Form 257 for the months that they worked on the punch list items, as well as a Revised Form 257b must be filed.
  - These revised reports should be marked in BIG BOLD letters “REVISED MM/DD/YYYY.”

Additional copies of CHRO forms and further instructions can be obtained by logging onto [www.ct.gov/chro](http://www.ct.gov/chro) and clicking on “Forms” and then selecting the required from under the second heading “Form and Reports for Construction Workers.”

Commission on Human Rights and Opportunities  
 Contract Compliance Unit  
 21 Grand Street  
 Hartford, CT 06106

1. MONTHLY EMPLOYMENT UTILIZATION REPORT  
 (FORM chro cc-257)

PROJECT AREA (MSA):  
 2. EMPLOYERS FEIN NO. \_\_\_\_\_

3. PROJECT AAP GOALS  
 MINORITY: \_\_\_\_\_  
 FEMALE: \_\_\_\_\_

4. REPORTING PERIOD  
 FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_

GENERAL CONTRACTOR:  
 PROJECT NAME:  
 CONTRACT NUMBER:

NAME AND LOCATION OF CONTRACTOR (submitting report):

STATE AWARDING AGENCY:

5. CONSTRUCTION TRADE (please identify)	6. WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT										9.		10.		
	6a. TOTAL HOURS BY TRADE	6b. BLACK (Not of Hispanic Origin)	6c. HISPANIC	6d. ASIAN OR PACIFIC ISLANDERS	6e. AMERICAN INDIAN OR ALASKAN NATIVE	7. MINORITY PERCENT	8. FEMALE PERCENT	M	F	M	F	M	F	M	F
Journey Worker Apprentice Trainee SUB-TOTAL															
Journey Worker Apprentice Trainee SUB-TOTAL															
Journey Worker Apprentice Trainee SUB-TOTAL															
Journey Worker Apprentice Trainee SUB-TOTAL															
Journey Worker Apprentice Trainee SUB-TOTAL															
TOTAL JOURNEY WORKERS															
TOTAL APPRENTICES															
TOTAL TRAINEES															
GRAND TOTAL															

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE

12. TELEPHONE NUMBER (including area code)

13. DATE SIGNED

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Did not perform work on this project for this month (Please place an "X" in the box if your company did not perform work on this project for this month only.)

Commission on Human Rights and Opportunities  
 Contract Compliance Unit  
 21 Grand Street  
 Hartford, CT 06106

1. MONTHLY EMPLOYMENT UTILIZATION REPORT (FORM chro cc-257A)

PROJECT AREA (MSA):  
 2. EMPLOYER'S FEIN NO.

3. PROJECT AAP GOALS  
 MINORITY: \_\_\_\_\_  
 FEMALE: \_\_\_\_\_

4. REPORTING PERIOD  
 FROM: \_\_\_\_\_  
 TO: \_\_\_\_\_

GENERAL CONTRACTOR:  
 PROJECT NAME:  
 CONTRACT NUMBER:

NAME AND LOCATION OF CONTRACTOR (submitting report):

STATE AWARDING AGENCY:

5. ON SITE PERSONNEL (OTHER THAN TRADE WORKERS) (please identify specific job title)	6. WORK HOURS OF WORKERS (OTHER THAN TRADE WORKERS) EMPLOYED ON PROJECT								9. TOTAL NUMBER OF EMPLOYEES M F	10. TOTAL NUMBER OF MINORITY EMPLOYEES M F
	6a. TOTAL HOURS BY TRADE M F	6b. BLACK (Not of Hispanic Origin) M F	6c. HISPANIC M F	6d. ASIAN OR PACIFIC ISLANDERS M F	6e. AMERICAN INDIAN OR ALASKAN NATIVE M F	7. MINORITY PERCENT	8. FEMALE PERCENT			
GRAND TOTAL WORKERS										

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE

12. TELEPHONE NUMBER (including area code)

13. DATE SIGNED

PAGE \_\_\_\_\_ OF \_\_\_\_\_

Commission on Human Rights and Opportunities  
 Contract Compliance Unit  
 21 Grand Street  
 Hartford, CT 06106

1. CUMULATIVE EMPLOYMENT UTILIZATION REPORT (FORM chro cc-257b)

PROJECT AREA (MSA):  
 2. EMPLOYERS FEIN NO. \_\_\_\_\_

3. PROJECT PLAN GOALS  
 MINORITY: \_\_\_\_\_  
 FEMALE: \_\_\_\_\_

4. PROJECT DURATION  
 START DATE: \_\_\_\_\_  
 END DATE: \_\_\_\_\_

GENERAL CONTRACTOR:  
 PROJECT NAME:  
 CONTRACT NUMBER:

NAME AND LOCATION OF CONTRACTOR (submitting report):

STATE AWARDING AGENCY:

5. CONSTRUCTION TRADE (please identify)	6. CUMULATIVE WORK HOURS OF TRADE WORKERS EMPLOYED ON PROJECT										9. CUMULATIVE NUMBER OF EMPLOYEES		10. CUMULATIVE NUMBER OF MINORITY EMPLOYEES	
	6a. CUMULATIVE HOURS BY TRADE	6b. BLACK (Not of Hispanic Origin)	6c. HISPANIC	6d. ASIAN OR PACIFIC ISLANDERS	6e. AMERICAN INDIAN OR ALASKAN NATIVE	7. CUMULATIVE MINORITY PERCENT	8. CUMULATIVE FEMALE PERCENT	M	F	M	F	M	F	
Journey Worker Apprentice Trainee CUMULATIVE TOTAL														
Journey Worker Apprentice Trainee CUMULATIVE TOTAL														
Journey Worker Apprentice Trainee CUMULATIVE TOTAL														
Journey Worker Apprentice Trainee CUMULATIVE TOTAL														
CUMULATIVE TOTAL JOURNEY WORKERS														
CUMULATIVE TOTAL APPRENTICES														
CUMULATIVE TOTAL TRAINEES														
CUMULATIVE GRAND TOTAL														

11. COMPANY OFFICIALS SIGNATURE, PRINTED NAME AND PRINTED TITLE

12. TELEPHONE NUMBER (including area code)

13. DATE SIGNED

PAGE \_\_\_\_\_ OF \_\_\_\_\_

FORM CHRO 257b

**\*\* NOTE:** The purpose of this report is to be a CUMULATIVE Employment Utilization Report (257b); cumulative meaning the total sum of all the 257s filed by your company throughout the duration of this project. Please submit this Cumulative Employment Utilization Report (257b) with your FINAL 257 filing. If punch list items or other events require your company to return to the project after such filings, than please submit a Revised 257b with your Revised FINAL 257.

MONTHLY SMALL CONTRACTOR AND  
MINORITY BUSINESS ENTERPRISE  
PAYMENT STATUS REPORT

Month Ending \_\_\_\_\_

- 1) General Contractor Name
- 2) State Contract Number
- 3) State Contract Award Agency
- 4) Project Name                      5) Estimated Completion Date \_\_\_\_\_
- 6) Project Value                      7) Percent Completed to Date \_\_\_\_\_  
(Indicate & attach all Change Orders)
- 9) Actual Project Mobilization Date (MM/DD/YYYY)
- 10) Listing of all small contractors and minority business enterprise contractors on the project to comply with contractual small business set aside provisions:

Company Name	Total Contract Amount (Indicate & attach all Change Orders)	Total Payment this Month	Total Payment to Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Printed Name and Printed Title of Person Signing

Copy: 1) Contract Awarding Agency  
2) Commission on Human Rights & Opportunities, 21 Grand Street, Hartford, CT 06106

Form CHRO 258a (for projects less than 12 months or as directed by CHRO).

QUARTERLY SMALL CONTRACTOR AND  
MINORITY BUSINESS ENTERPRISE  
PAYMENT STATUS REPORT

Quarter Ending \_\_\_\_\_

- 1) General Contractor Name
- 2) State Contract Number
- 3) State Contract Award Agency
- 4) Project Name
- 5) Estimated Completion Date \_\_\_\_\_
- 6) Project Value
- 7) Percent Completed to Date \_\_\_\_\_  
(Indicate & attach all Change Orders)
- 9) Actual Project Mobilization Date (MM/DD/YYYY)
- 10) Listing of all small contractors and minority business enterprise contractors on the project to comply with contractual small business set aside provisions:

Company Name	Total Contract Amount (Indicate & attach all Change Orders)	Total Payment this Quarter	Total Payment to Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Signature of Company Official

\_\_\_\_\_  
Date of Report

\_\_\_\_\_  
Printed Name and Printed Title of Person Signing

Copy: 1) Contract Awarding Agency  
2) Commission on Human Rights & Opportunities:  
21 Grand Street, Hartford, CT 06106

MONTHLY MATERIALS CONSUMPTION REPORT

(CHRO FORM-259)

<p>Contract Compliance Unit Affirmative/Action Contract Compliance Division The Commission on Human Rights and Opportunities State of Connecticut Administrative Headquarters 21 Grand Street Hartford, CT 06106</p>	<p><u>MONTHLY MATERIALS CONSUMPTION REPORT</u> (CHRO FORM-259)*</p> <p>* TO BE FILLED OUT BY SBE/MBE/WBE/DIS CONTRACTORS/VENDORS WHOSE SOLE ROLE IN THE CONTRACT DESCRIBED BELOW IS THAT OF A "SUPPLIER OF MATERIALS."</p>
<p>NAME AND ADDRESS OF SBE/MBE/WBE/DIS CONTRACTOR/VENDOR (submitting report):</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>STATE CONTRACT NUMBER: _____</p> <p>PROJECT NAME: _____</p> <p>STATE AWARDING AGENCY _____</p> <p>REPORTING PERIOD FROM: _____ TO: _____</p>
<p>The SBE/MBE/WBE/DIS Contractor / Vendor, submitting this report, <u><b>DID SUPPLY MATERIALS</b></u> to the General Contractor, or its Subcontractors, for the monthly reporting period listed above and for use in the aforesaid contract.</p> <p>I Agree: _____ /Date: _____</p> <p>Signature of the Head of the Company</p> <p>_____</p> <p>Printed Name and Printed Title of Person Signing</p>	<p>The SBE/MBE/WBE/DIS Contractor / Vendor, submitting this report, <u><b>DID NOT SUPPLY MATERIALS</b></u> to the General Contractor or its Subcontractors, for the monthly reporting period listed above and for use in the aforesaid contract.</p> <p>I Agree: _____ /Date:-- _____</p> <p>Signature of the Head of the Company</p> <p>_____</p> <p>Printed Name and Printed Title of Person Signing</p>

**SECTION 8**  
**Concluding Statement**

Point of Statutory and/or Regulatory Reference: Contract Compliance Regulations Section 46a-68j-27(10)

Set-Aside Plans shall contain a concluding provision signed and dated by the contractor stating that the contractor:

- A) has read the plan and that the contents of the plan are true and correct to the best of his or her knowledge and belief;
  
  - B) pledges his or her best good faith efforts to achieve the objectives of the plan within established timetables.
- 

**INSTRUCTIONS:**

The *Concluding Statement* must be signed and dated by the head of the company and by the AA/EOE Officer. The signatures must be original.

SAMPLE

CONCLUDING STATEMENT

I have read and pledge my full support to all sections of this Set-Aside Plan, and the commitments therein, are true and correct to the best of my knowledge and I pledge my "best good faith efforts" to achieve the objectives of the Plan within the established time frames.

The implementation of the goals in this Plan will be evidence that XYZ Company is willing to cooperate with the Commission on Human Rights and Opportunities in its effort to promote Equal Opportunity Employment and affirmative action in the State of Connecticut. I will continue my commitment and total support to the principles of a strong Set-Aside Plan for this Company.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Head of Company's Signature

\_\_\_\_\_  
Printed Name and Printed Title

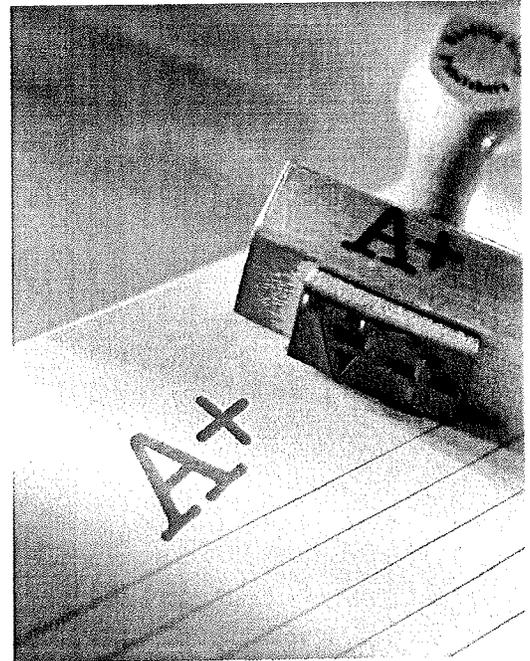
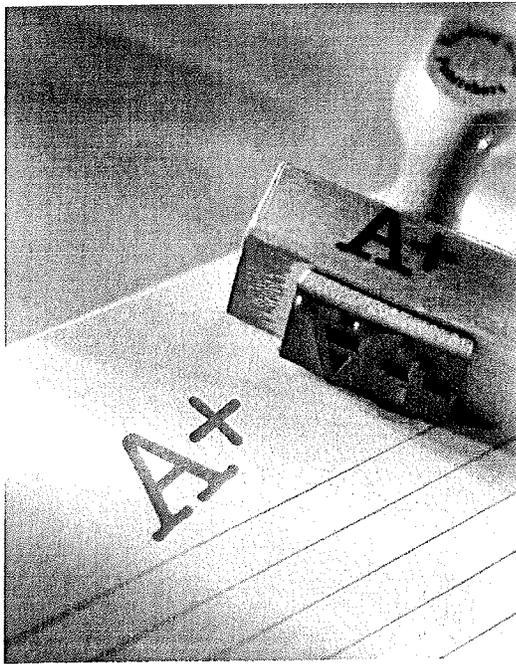
\_\_\_\_\_  
Date

\_\_\_\_\_  
AA/EOE Officer's Signature

\_\_\_\_\_  
Printed Name



# How to Get Your Supplier Diversity Plan (aka Set-Aside Plan) Approved the First Time



**PRESENTED BY**

**CONTRACT COMPLIANCE UNIT (CCU)**

**at the**

**THE COMMISSION ON HUMAN RIGHTS &  
OPPORTUNITIES**

**SET-ASIDE PLAN FORMAT**

Effective 08/15/2010

**COVER PAGE**

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

FAX No.: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_

AAP Prepared By: \_\_\_\_\_

(Please Print)

\_\_\_\_\_  
(Please Print)

Name of AA/EOE Officer

\_\_\_\_\_  
(Please Print)

Name and Title of the Head of the Company

This Set-Aside Plan is submitted for: \_\_\_\_\_

(Name of Project)

State Contract Number: \_\_\_\_\_

Awarding Agency: \_\_\_\_\_

Contract Value: \_\_\_\_\_

M/W/DisBE Value as Assigned by the Awarding Agency: \_\_\_\_\_

SBE Value as Assigned by the Awarding Agency: \_\_\_\_\_

## COVER PAGE

### Tips:

1. Complete in its entirety.
2. Do not leave out any information requested.
3. Legible type/printed responses.
4. Follow the format.
5. Provide the goal percentages and goal dollar amounts as prescribed by the awarding agency or CMR (if a project over \$20 million), do not provide the goals achieved in your plan.
6. If goals have been waived then the prescribed goal is “Good Faith Efforts.”

# TABLE OF CONTENTS

**Note**: Set-Aside Plan that meets all the requirements of the following sections, must be filed for each state project.

**ANY SUBMISSION THAT DOES NOT STRICTLY ADHERE TO THIS PLAN'S FORMATTING WILL NOT BE REVIEWED.**

**ANY SECTION THAT DOES NOT INCLUDE A RESPONSE TO SAID SECTION AND/OR ITS SUBSECTIONS HEREIN WILL BE DISAPPROVED.**

Section Number/Title:

Page Number:

1. Policy Statement .....	3
2. Internal Communications .....	5
3. External Communications .....	6
4. Project Description, Timeline and Trades Involved .....	7
5. Subcontractor Availability Analysis .....	8
6. Minority Business Enterprise Project Goals and Timetable..	12
7. Project Reporting and Monitoring Procedures .....	14
8. Concluding Statement .....	24

## Table of Contents

### Tips:

1. Do not change section or subsection titles.
2. Change the page numbers to correspond with the pages in the plan you have submitted.

# SECTION 1

## AFFIRMATIVE ACTION/ EQUAL OPPORTUNITY EMPLOYMENT POLICY STATEMENT



SAMPLE

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY EMPLOYMENT POLICY  
STATEMENT**

It is the policy and practice of XYZ Company to assure that no person will be discriminated against, or be denied the benefit of any activity, program or employment process, in areas including but not limited to recruiting, advertising, hiring, upgrading, promotion, transfer, demotion, lay off, termination, rehiring, employment, rates of pay and/or other compensation.

XYZ Company is an Affirmative Action/Equal Opportunity Employer and is strongly committed to all policies which will afford equal opportunity employment to all qualified persons without regard to age, ancestry, color, marital status (~~including civil union status~~), national origin, race, religious creed, sex, sexual orientation, mental retardation, learning disability, present or past history of mental disorder, mental disability or physical disability including, but not limited to, blindness, unless it is shown that such disability prevents performance of the work involved.

This policy and practice applies to all persons, particularly those who are members of the protected classes identified as being Black, Hispanic and others such as Asian, Native American, etc., and Women and Persons with Disabilities. XYZ Company will implement, monitor and enforce this *Affirmative Action/Equal Opportunity Employment Policy Statement* and program in conjunction with all applicable Federal and State laws, regulations and executive orders.

In order to implement our Affirmative Action/Equal Opportunity Employment Program, XYZ Company will develop written strategies and plans designated to correct any deficiencies identified. Furthermore, this policy statement, as well as the Labor and Antidiscrimination Poster, shall be posted and otherwise made known to all workers in the company's home office, each satellite office, and at each job site. Managers and supervisory staff will be advised of their responsibilities to ensure the success of this program.

Ultimate responsibility for this Affirmative Action/Equal Opportunity Employment Program will be with the (Insert Head of Company's Official). The day-to-day duties for the plan will be coordinated by (Insert the name of the company's Affirmative Action/Equal Title Opportunity Employment Officer), who is hereby designated the Affirmative Action/Equal Opportunity Employment Officer for XYZ Company.

I have expressly advised (Insert the name of the company's Affirmative Action/Equal Opportunity Employment Officer) of his/her legal responsibilities as XYZ Company's Affirmative Action/Equal Opportunity Employment Officer pursuant to the Contract Compliance Regulations Section 46a-68j-27(4).

This Affirmative Action Plan has my total support and XYZ Company pledges its best good faith efforts to achieve the objectives of this Affirmative Action Plan. I expect each manager, supervisor and employee of this Company to aid in the implementation of this program and be accountable for complying with the objectives of this Affirmative Action Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Printed Name and Printed Title of Person Signing

**Section 1. Affirmative Action/Equal Opportunity  
Policy Statement**

**TIPS: NOT A PROJECT SPECIFIC SECTION**

1. Use the Sample provided verbatim.
2. Replace “XYZ Company” with your company name.
3. Do not replace “XYZ Company” with “This Company.”
4. Do not add language such as “in receipt of public funds in whole or in part.”
5. Make sure that if you change the language in the Sample, you list all of the protected classes AND all of the areas of discrimination recognized by the State of Connecticut. Do not list one without the other.
6. Signature must be the original signature of the head of the company.

Section 1 Tips Cont'd

7. Print the name and the title of the person whose signature appears in this section.
8. The date must be current.
9. Blue ink is preferred for signatures.
10. Please note, recent legislation has eliminated “civil unions”. Thus, next time the AAP is revised civil unions will be eliminated as one of the protected classes. *See the second paragraph of the AA/EOE Policy Statement.*
11. Do not change the protected classes listed in the second paragraph of the AA/EOE Policy Statement (i.e. Asian to Asian American or Native American to Native American Indian).

## SECTION 2

### INTERNAL COMMUNICATIONS

#### Information Provided to Employees/Work Force



**Section 2. Internal Communication  
Information Provided to Employees/Work Force**

**TIPS: NOT A PROJECT SPECIFIC SECTION**

1. Provide a brief detailed explanation of how you make your company's AA/EOE Policy Statement, provided in Section 1, known to your employees.

Do not refer to any additional or a different AA/EOE Policy Statement, as CHRO is only concerned about the dissemination of the AA/EOE Policy Statement provided in Section 1.

The response to this subsection is usually 1-3 sentences.

2. Provide a brief detailed description of where your company posts the State required *Discrimination Is Illegal Notice* at the company's main and field offices.

## Section 2 Tips Cont'd

Provide a brief detailed description of where the company posts the State required *Discrimination Is Illegal Notice* at the company's job sites (i.e. on the bulletin board where all staff sign in or in the Supervisor's manual).

It is important the contractor uses the poster's proper title (i.e. *Discrimination Is Illegal*) within your response as opposed to "all required discrimination posters," as CHRO is only concerned about where you post the state required notice.

Provide a sentence referring the reviewer to the attached copy of the *Discrimination Is Illegal* notice that your company posts.

3. Provide a brief detailed description of where your company posts the State required *Sexual Harassment Is Illegal Notice* at the company's main and field offices.

## Section 2 Tips Cont'd

Provide a brief detailed description of where the company posts the State required *Sexual Harassment Is Illegal Notice* at the company's job site (i.e. on the bulletin board where all staff sign in or in the Supervisor's manual).

It is important to use the poster's proper title (i.e. *Sexual Harassment Is Illegal*) within your response, as opposed to "all required state and federal sexual harassment posters," as CHRO is only concerned about where you post the state required notice.

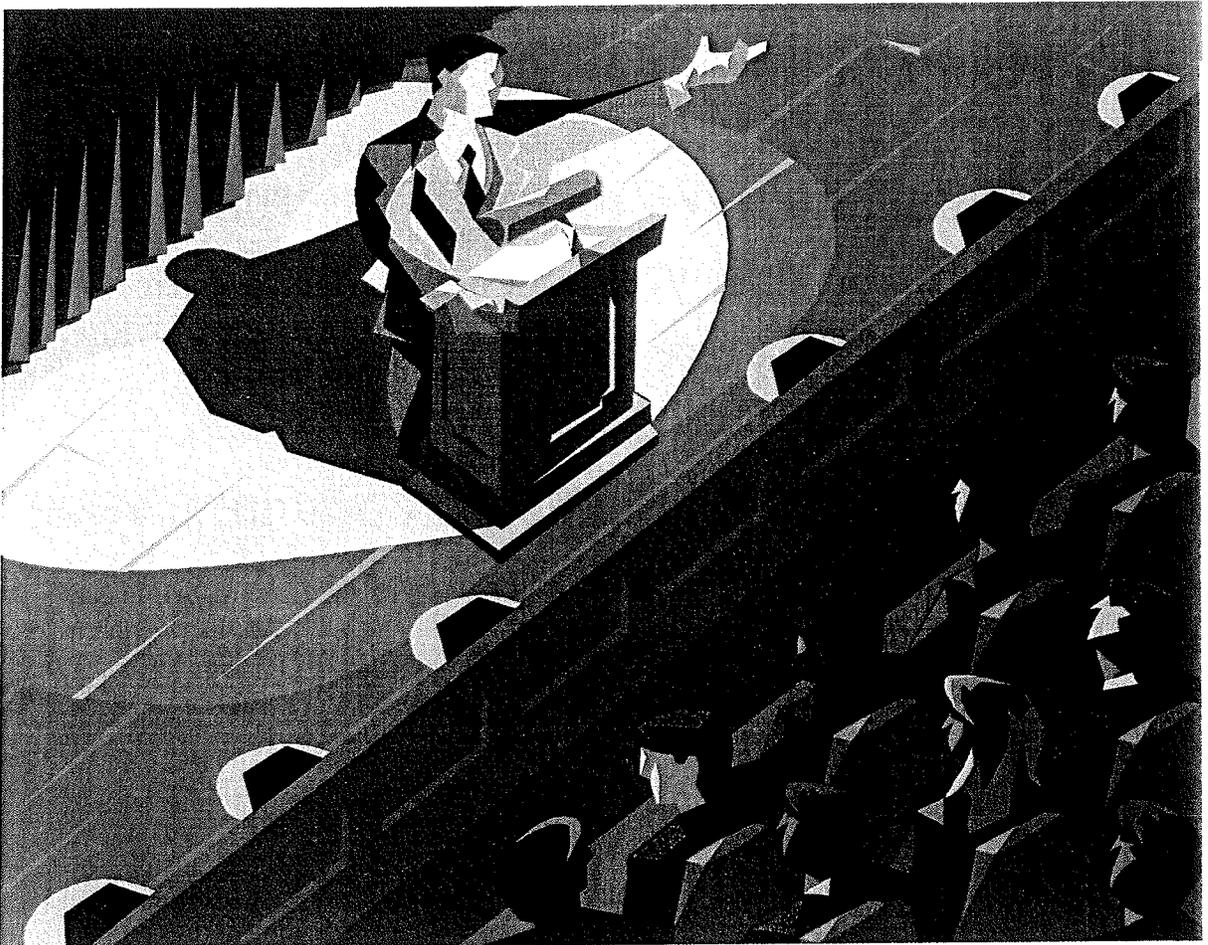
### Additionally:

Provide your responses according to the plan format.

Do not provide additional information or documents other than what this section specifically requests.

## SECTION 3

# EXTERNAL COMMUNICATIONS Information Provided to the Public



## Section 3. External Communication

### TIPS: NOT A PROJECT SPECIFIC SECTION

1. Simply provide the following statement:

“In all advertisement and business with the public,  
XYZ Company will hold itself out as an

‘Affirmative Action/Equal Opportunity Employer’.”

2. Simply name the three forms of external communication that you have attached and reference that they are attached.

3. Provide three forms of external communication that your company utilizes on a daily basis regardless of the audience (i.e. letterhead, fax cover sheet, email signature, letters of transmittal cover pages, etc.).

4. Forms of external communications that are only geared toward a specific audience are not acceptable (i.e. communications geared toward job applicants).

Section 3 Tips Cont'd

5. If you do not currently have any forms of external communication bearing the term “Affirmative Action/Equal Opportunity Employer”/“AA/EOE” and your company’s forms of external communication are not internally created, then you must provide a statement.

The statement must express your company’s intent to include the term “AA/EOE” on its external forms of communication when its time to reorder such forms.

This statement must be signed and dated by the head of the company and by the company’s AA/EOE Officer.

The signatures must be original and the dates must be current.

6. Attach examples of how your company’s forms of external communication will appear upon reordering. Please make reference that such examples are attached.

*Section 3 Tips Cont'd*

*Additionally:*

7. Statements that have been for more than one (1) year are unacceptable.
8. The term “Affirmative Action” is not interchangeable with the term “Equal Opportunity Employer.” Both terms must be used together.

**SAMPLE**  
**Response to Section 3, #2**

2. XYZ Company has attached copies of its *Fax Cover Sheet* and *Letter of Transmittal* as evidence that XYZ Company holds itself out to the public as an AA/EOE. XYZ Company's *Letterhead*, however, is externally produce. Therefore, when it is time for XYZ Company to reorder its letterhead, we will indicate we are an "AA/EOE" company on its new *Letterhead*. Please see the attached for an example of how our *Letterhead* will appear upon reordering.

X \_\_\_\_\_  
Head of the Company's Signature                      Date

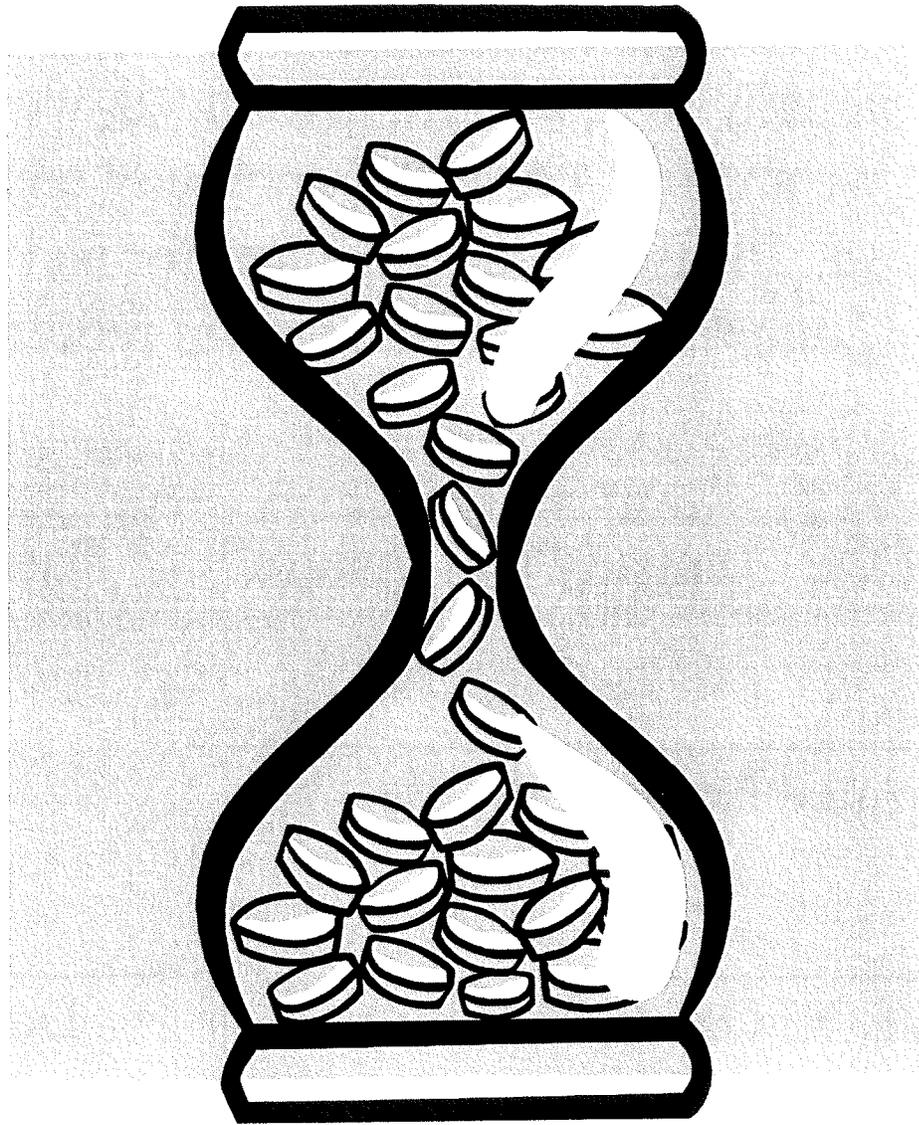
\_\_\_\_\_  
Printed Name and Title

X \_\_\_\_\_  
AA/EOE Officer's Signature                      Date

\_\_\_\_\_  
Printed Name of AA/EOE Officer

## SECTION 4

# PROJECT DESCRIPTION, TIMELINE, and TRADES INVOLVED



## Section 4. Project Description, Timeline and Trades Involved

### TIPS: PROJECT SPECIFIC SECTION

1. Provide a brief description of your company's scope of work for this project.
2. Please provide an estimated start date in "MM/DD/YYYY" format.

If the project has already begun before you have submitted your plan, provide the actual start date (i.e. the mobilization date) in "MM/DD/YYYY" format.

If you are providing the actual start date, please indicate such in your response, so the reviewer does not confuse the actual start date with an estimated start date.

The actual start date is the first day your company began work at the project site, thus the actual start date is **NOT** the *Contractual Start Date*, nor is it the *Notice To Proceed Date*.

Section 4 Tips Cont'd

3. Please provide an estimated end date for this project in “MM/DD/YYYY” format.

If the project ends before you submitted your plan, provide the actual end date (i.e. the date your company walked off the project site) in “MM/DD/YYYY” format.

If you are providing the actual end date, please indicate such in your response, so the reviewer does not mistake the actual end date for the estimated end date.

The actual end date is the last day your company performed work on the project site, thus the actual end date is NOT the date of substantial completion date.

Section 4 Tips Cont'd

4. List all of the trades your company will not be performing and will most likely have to hire a subcontractor to perform.

Your response to this subsection should omit the trades your company **will be** self-performing with its own workforce.

You must attach a copy of the document issued by the CMR or awarding agency that is a comprehensive list of what trades will be required to complete this project (i.e. the Invitation to Bid or the page from the Project Manual).

Do not list the names of the companies that will be performing the trades listed.

5. List all of the materials and/or supplies your company **will not** be self-manufacturing with its own workforce, and will most likely have to hire a vendor to provide.

#### Section 4 Tips Cont'd

Your response to this subsection should omit the materials and/or supplies your company **will be** self-manufacturing with its own workforce.

You must attach a copy of the document issued by the awarding agency that is a comprehensive list of what materials and/or supplies will be required to complete this project (i.e. the Invitation to Bid or the page from the Project Manual).

Do not list the names of the companies that will be providing the listed materials and/or supplies.

6. List all of the non trade-related services your company **will not** be self-performing with its own workforce, and will most likely have to hire a service provider to complete.

Your response to this subsection should omit the non trade-related services your company **will be** completing with its own workforce.

Section 4 Tips Cont'd

You must attach a copy of the document issued by the awarding agency that is a comprehensive list of what non trade-related services will be required to complete this project (i.e. the Invitation to Bid or the page from the Project Manual).

Do not list the names of the companies that will be providing the listed non trade-related services.

7. Provide a list of items for which you expect to contract with a broker.

Do not provide the name of the brokerage firm.

8. List all trades your company will self-perform with its own workforce.

This list should be any trade on the attached document, which you did not list in response to #4.

9. List all materials and/or supplies your company will self-manufacture with its own workforce.

*Section 4 Tips Cont'd*

This list should be any materials and/or supplies listed on the attachment that you did not list in response to #5.

# SECTION 5

## SUBCONTRACTOR AVAILABILITY ANALYSIS



## Section 5. Subcontractor Availability Analysis

### PART A:

Ex: DAS Supplier Diversity Website  
[www.das.state.ct.us.com](http://www.das.state.ct.us.com)

Minority Contractor Weekly  
1234 Diversity Lane  
Hartford, CT 06010  
(See attached ad as it appeared in the weekly)

Women In Construction  
Lisa Doe  
Business Construction Recruiter  
5678 Diversity Lane  
New Haven, CT 06050  
(203) 333-3333

Ready and Able  
Ron Doe  
Disabled Construction Recruiter  
9101 Diversity Lane  
Meriden, CT 06060  
(203) 444-4444

## SECTION 5. PART A

### TIPS: PROJECT SPECIFIC SECTION

1. List all of the resources you use to solicit and employ S/M/W/DisBEs for this project.
2. The DAS Supplier Diversity website must be on this list.
3. Provide each resource's full contact information (i.e. contact name, company name, address, telephone number, etc.).

If the resource is a website, provide the website address.

4. If an ad is one of the resources you utilized, then attach a copy of the ad as it appeared in the publication complete with the name of the publication and the date your ad appeared in the publication.

**PART B:**

ABC Construction	SBE	Carpentry
Carpenter's LLC	DisBE	Carpentry
Hard Knocks Wood	MBE	Carpentry
Rumor Mill (Sub to Milly's)	MBE	Mill Work
The Mill Worm	MBE	Mill Work
Piece Mill	WBE	Mill Work
XYZ Materials	WBE	Hardwood Supplier
Best Floor Co.	DisBE	Hardwood Supplier
Got 2 Go	MBE	Port a lets
Number 1	SBE	Port a lets
When Nature Calls	SBE	Port a lets

## SECTION 5. PART B

### TIPS:

1. List the name of each DAS SBE certified company that you solicited to submit a competitive bid on this project.

This list of DAS SBE certified companies should include those who you solicited indirectly (i.e. 2<sup>nd</sup> and 3<sup>rd</sup> tier subcontractors and vendors).

2. Indicate the type of DAS SBE certification for each company on your list (i.e. MBE, WBE, DisBE, or SBE).

Reserve MBE for ethnic minority owned companies, WBE for women owned companies, DisBE for disable owned companies, and SBE for companies that are none of the aforementioned.

If a company is certified as more than one type of SBE, please indicate both (i.e. MBE/DisBE for ethnic minority and disabled owned or MBE/WBE ethnic minority and woman owned).

Section 5, Part B Cont'd

3. Do not use MBE for a woman owned company.
4. There is no need to indicate that a WBE, MBE, or DisBE is an SBE on your list (i.e. WBE/SBE), as company does not receive a DAS SBE certificate unless it qualifies as an SBE first.
5. Your list must also indicate the trades, materials, and/or services for which you solicited those on your list.

All the trades, materials, and services listed in Section 4, #4 must be on your list.

6. The only reason a trade, material, and/or service listed in Section 4, #4 is not on your list in Section 5, Part B is because:
  - a. you have documentation from the CMR awarding agency of the trade being highly specialized, or
  - b. you must use companies designated by the CMR or awarding agency.

*Section 5, Part B Cont'd*

If the aforementioned is the case, please indicate such in Section 5, Part D.

## *PART C:*

Ex: ABC Construction	Bid Incomplete
Carpenter's LLC	Bid Too High
Hard Knocks Wood	Bid Too High
Rumor Mill (Sub to Milly's)	Awarded
The Mill Worm	Bid Too High
Piece Mill	Bid Not Accepted – Received Late
XYZ Material Suppliers	Bid Too High
Best Floor Co.	Bid Too High
Got 2 Go	Bid Too High
Number One	Refused To Bid
When Nature Calls	Scheduling Conflict

## SECTION 5. PART C

### TIPS:

1. Provide the exact same list of companies you provided in Part B.
2. You must include on this list what happened to those listed in Part B during the bidding process.

It is therefore important to instruct your project manager, estimator, or whomever is the employee charged with bidding out your project, to keep a detailed record (i.e. paper trail) of his/her communications with each company solicited for this project.

3. Vague responses to Part C, such as “Bid Received”, “Called/Left Message”, “Said Will Bid”, etc. are insufficient.
4. Use “Awarded” as the only bid result for those companies that you will utilize for this project.

*Section 5, Part C Cont'd*

5. Records of your company's good faith efforts to solicit S/M/W/DisBEs should be retained by your company for a period of four (4) years after the project has ended.

**PART D:**

Ex:

Color Coded Painting, LLC      Carpenter

Pristine Port a lets                      Port a lets

Boltz, Inc.      High and Low Voltage Installation\*

\*The electrical portion of this project is specialized and can only be performed by Boltz, Inc. Please see the attached letter verifying such, in detail, from the Project Manager for the awarding agency.

## SECTION 5. PART D

### TIPS:

1. The list in this part, Part D, should contain any non-DAS SBE certified companies you anticipate utilizing on the project.
2. This list should also contain what trades, services, and materials each company listed is providing.
3. This list should name any brokers as such and what you will use the broker to provide.
4. Any company performing a specialized trade or supplying specialized materials/services must be indicated on this list, and accompanied by a letter attesting to such from the CMR or awarding agency.

*Section 5, Part D Cont'd*

5. Indicate any companies for trades, services, or materials which the CMR or awarding agency specified you must use. Attach a copy of the documentation from the CMR or awarding agency requiring you to utilize a specific company.

## SECTION 6

# MINORITY BUSINESS ENTERPRISE GOALS and TIMETABLES



**Attachment III  
Small Contractor and Minority Business Enterprise Goals and/or "Good Faith Effort"**

Total Project Value is \$ \_\_\_\_\_. Project has SBE requirement of \_\_\_\_\_%, which include MBE requirement of \_\_\_\_\_%; OR, Project requires only "good faith effort" for MBE contractors \_\_\_\_\_.

A. Please identify MBE/WBE/DisBE subcontractors who will participate on the project.

Company Name	Address	DAS Certification Type (MBE/WBE/DisBE)	DAS Certification Expiration Date	Contract Value
			Total amount of MBE, WBE, & DisBE contract values: \$ _____	(Total amount of MBE, WBE, & DisBE contract values ÷ project value x 100) = _____%

B. Please identify SBE contractors who will participate on the project.

Company Name	Address	DAS Certification Type (SBE)	DAS Certification Expiration Date	Contract Value
			Total amount of SBE contract values: \$ _____	Total amount of SBE contract values ÷ project value x 100= _____%
Total amount of all contract values listed in A & B =				Total amount of all contract values listed in A & B ÷ project value x 100 = _____%

*Please use additional sheets if necessary*

\*\*\*\* CHRO encourages your company to not just meet its set-aside goals, but to surpass them in order to ensure project circumstances (i.e. delays, change orders, decrease between estimate amount and contract amount, etc.) does not cause your company to fall below its set-aside goals achieved in its approved Affirmative Action Plan. \*\*\*\*

A current copy of the DAS certificate must be attached to this section for each subcontractor/vendor listed on Attachment III. Without a current copy of each company's current DAS certification, the value of the contract will not be taken into account for the determination of whether your company has met its set-aside goals.

For projects with the Connecticut Department of Public Works (DPW), the general contractor cannot utilize its DAS Certification for the purpose of achieving the set-aside goals.

## **SECTION 6. Minority Enterprise Goals and Timetables**

### **TIPS: PROJECT SPECIFIC SECTION**

1. On Attachment III, list all of the DAS certified companies you genuinely plan to use on this project.
2. The first chart labeled “A” is where you list all of the M/W/DisBE companies and each companies’ contract value.
3. The second chart labeled “B” is where you list all of the SBE companies and each companies’ contract value.
4. Do not use the same company to satisfy your MBE and SBE goals, as doing such will put your company in a bind if that company is unable to perform its scope of the project as anticipated.
5. A current DAS SBE certification for each company listed on your Attachment III must be attached.

Section 6 Tips Cont'd

6. CHRO has 60 days to review a plan and only considers those listed on the Attachment III with current DAS SBE certifications, when calculating your supplier diversity goal achievement.
7. Documentation confirming DAS's receipt of a company's application for certification or for re-certification is not an acceptable substitute to an actual copy of a current DAS SBE certification.
8. A copy of a company's DAS Prequalification Certificate is not an acceptable substitution to an actual copy of a current DAS SBE certification.
9. Do not attach other DBE certification issued by other programs (i.e. DOT, New Haven, Hartford, Bridgeport, etc.).

*Section 6 Tips Cont'd*

10. Upon a project's completion, only those companies that are listed on the latest approved Attachment III, and who have maintained a current DAS certification throughout the duration of the project, will be utilized in CHRO's final calculations of your company's actual supplier diversity goal achievement.

**Attachment IIIa**  
***For Design/Build (multi-phase contract) Only***  
**Small Contractor and Minority Business Enterprise Goals and/or**  
**“Good Faith Effort” Contractor Participation**

Date Submitted: \_\_\_\_\_ Project Number: \_\_\_\_\_ Project Name: \_\_\_\_\_  
 Project Start Date: \_\_\_\_\_ Estimated Project Completion Date: \_\_\_\_\_  
 Total Project Value is \$ \_\_\_\_\_. Project has SBE requirement of \_\_\_\_\_%, which includes MBE  
 requirement of \_\_\_\_\_%; OR, Project requires only “good faith effort” for MBE contractors \_\_\_\_\_.

The head of the company has read this Attachment IIIa and confirms that its information is true and correct to the best of his or her knowledge and belief. The general contractor pledges its best good faith efforts to achieve the set-aside goals outlined in this Attachment IIIa. Furthermore, the general contractor is aware of its continuing obligation to remain vigilant in filing an Attachment IIIa on a **monthly bases, unless new developments require an additional filing of an amended Attachment IIIa prior to the monthly filing due date.**

\_\_\_\_\_  
 Signature of the Head of the Company/Title Date

\_\_\_\_\_  
 Signature of the AA/EOE Officer Date

A. Please identify MBE/WBE/DISBE subcontractors/vendors who will participate on the project.

Company Name	Address	DAS Certification Type (MBE/WBE/DisBE)	DAS Certification Expiration Date	Contract Value
				= _____% of Project Value

B. Please identify SBE contractors/vendors who will participate on the project.

Company Name	Address	DAS Certification Type (SBE)	DAS Certification Expiration Date	Contract Value
				= _____% of Project Value
Total SBE/DisBE/WBE/MBE contract value =				= _____% of Project Value

*Please use additional sheets if necessary*

## **ATTACHEMENT IIIa**

1. All the same instructions regarding the completion of Attachment III apply when completing Attachment IIIa.
2. Attachment IIIa is only to be utilized if your project is a designed/build project, in which case the awarding agency will inform CHRO of such.
3. This difference between Attachment III and Attachment IIIa is Attachment IIIa has a statement which must be signed and dated by the head of the company and the AA/EOE Officer.

This statement is a pledge that your company will notify CHRO a month before the project is put out to bid.

This statement is also a pledge that your company will submit updated Section 11 information and updated Attachment IIIa information every month once the bidding process has begun until the job is brought out.

## SECTION 7

# PROJECT MONITORING and REPORTING PROCEDURES



## **SECTION 7. Project Reporting and Monitoring Procedures**

### **TIPS:**

1. Simply provide the following statement:

“XYZ Company will file all monthly and quarterly reports as directed by CHRO and will require our subcontractors and/or vendors to do likewise. Original reports will be sent to CHRO and copies will be kept internally, as well as, forwarded to the awarding agency [or the CMR if applicable].”

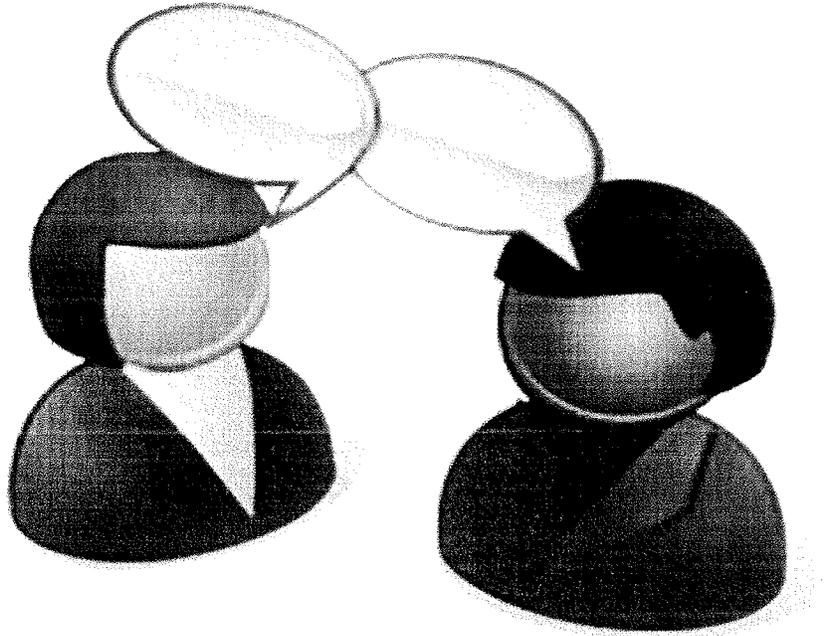
2. Check subcontractor's and vendor's reports for completeness and accuracy before mailing them to CHRO.
3. Any corrections (i.e. white-outs, write-overs, etc.) must be initialed by the person signing the reports.
4. Do not send Certified Payroll forms or other forms that are not CHRO's reporting forms.

*Section 7 Tips Cont'd*

5. Only send your reports and the reports of the companies listed on your latest approved Attachment III.
  
6. Reports for your and your subs/vendors are due the second month from the date you began working at the project site.

# SECTION 8

## CONCLUDING STATEMENT



SAMPLE

**CONCLUDING STATEMENT**

I have read and pledge my full support to all sections of this Plan, and the commitments therein, are true and correct to the best of my knowledge and I pledge my "best good faith efforts" to achieve the objectives of the Plan within the established time frames.

The implementation of the goals in this Plan will be evidence that XYZ Company is willing to cooperate with the Commission on Human Rights and Opportunities in its effort to promote Equal Opportunity Employment and affirmative action in the State of Connecticut. I will continue my commitment and total support to the principles of a strong Plan for this Company.

---

Date

---

Head of Company's Signature

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Printed Name and Printed Title

---

Date

---

AA/EOE Officer's Signature

---

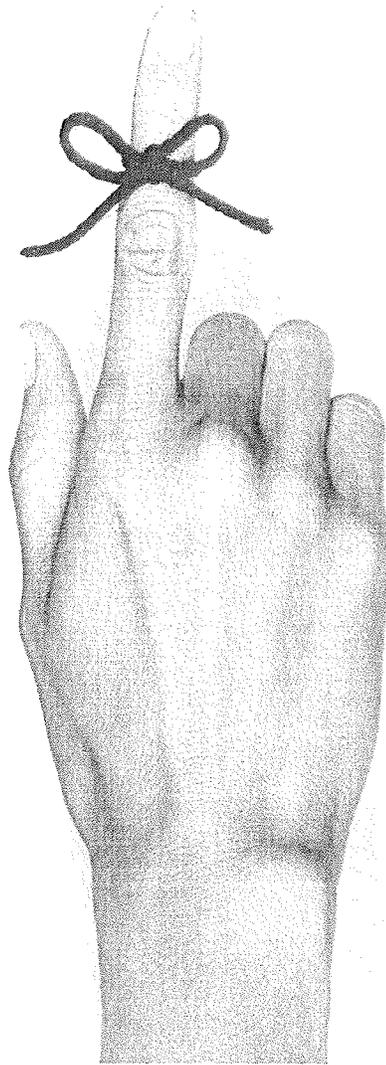
Printed Name

## Section 8. Concluding Statement

### TIPS: NOT A PROJECT SPECIFIC SECTION

1. Use the Sample provided verbatim.
2. Replace “XYZ Company” with your company name.
3. Do not replace “XYZ Company” with “this Company.”
4. Signatures must be original signatures of the head of the company and of the AA/EOE Officer.
5. Print the names and the titles of those whose signatures appear in this section.
6. The dates must be current.
7. Blue ink is preferred for signatures.

# THINGS to REMEMBER



## **REMEMBER!!**

Do not alter the plan or report formats. Plans and reports are available to be sent to you via email in a Word doc.

Do not provide more information than requested. Your responses to the plan's inquiries should be direct and to the point.

Do not provide more attachments than requested. If you are asked to attach 3 copies, provide three copies not 8 (i.e. samples of forms of external communication and samples of benefits from your employee handbook).

Make sure DAS certifications will remain current within sixty (60) business days from the date you submit the plan.

Do not provide a letter indicating what revisions you have made to your Amended plan, as all of your revisions must be contained within the plan itself.

Remember Cont'd

Please adhere to CHRO's AAP Format when providing your responses.

Your next submission must be a new submission, complete with each section of CHRO's AAP Format, requested attachments, cured deficiencies, original signatures, printed names of persons signing, titles of persons signing; and current dates.

When CHRO states that you cannot omit any section of the plan it means relevant sections where a response is required and requested attachments, thus you can leave out instructions, sample pages, description of job categories, etc.

Please omit any language that is not a direct response to the specific inquiries presented in CHRO's AAP Format.

It is unnecessary to bind your submission, as CHRO discards such bindings.

*Remember Cont'd*

It is necessary that any handmade (i.e. whited-out) corrections be initialed by the head of the company, as evidence of his/her knowledge of such changes to the corrected document.

Please utilize WBE for woman owned businesses, MBE for ethnic minority owned businesses, DisBE for disabled owned businesses, and SBE for all other small businesses that do not fall within the aforementioned DAS certifications.

Be sure the Cover Letter and/or the Letter of Transmittal you state your company uses as a form of external communication is identical to the same you provide in Section 3.

Through Supplier Diversity  
Connecticut Agencies and General Contractors:

- \* are ensuring Connecticut's small businesses are working;
- \* are ensuring Connecticut's taxpayers have access to employment opportunities created by their tax dollars;
- \* are ensuring Connecticut's economy grows through the growth of its small businesses;
- \* ensure Connecticut's working families can maintain a livelihood during these rough economic times.

