STATE OF WISCONSIN DEPARTMENT OF ADMINISTRATION DIVISION OF FACILITIES DEVELOPMENT DOA-3024A (R03/2014) S. 16.765, WIS. STATS., ADM 50



Mailing Address: P. O. Box 7866, Madison, WI 53707-7866 Street Address: 101 E. Wilson Street, 7th Floor, Madison, WI 53703

PHONE: 608 / 266-2731; FAX: 608 / 267-2710

http://www.doa.state.wi.us/dfd

Request for Exemption from Submitting Affirmative Action Plan Contract Compliance Program

Instructions to Contractor: By satisfying one of the conditions below, the contractor may request an exemption from submitting an Affirmative Action Plan. An exempt contractor must complete this form and return it to the Division of Facilities Development within fifteen (15) working days of the award date of the contract. Unless the contractor is notified otherwise by the Division of Facilities Development, the contractor may assume that the exemption is approved.

*The State of Wisconsin may use the **Social Security Number (SS#)** or **Federal Employer Identification Number (FEIN#)** indicated on this form to identify your organization in the state's "*Contract Compliance Directory*". This directory is located on a website that is available to State of Wisconsin purchasing offices. We are requesting your approval to include your organization, with the FEIN or SS# on this site. Without this approval, each state agency contracting with you for more than \$50,000 must request contract compliance information from you.

Please indicate your approval for this listing:	☐ Yes	□ No		
Contractor Name		*Federal Employer Identification Number		
Address (Street)		*Social Security Number (use only if you have no employees)		
(P.O. Box)		Contact Name		Contact Phone (Voice)
(City - State - Zip)		Contact Title		Fax ()
Commodity		E-mail		
Total Contract Amount \$	Award Date	DFD		ject Number
II. Exemption Request: The basis for requesting an exemption is that, as of the award date of the contract, the contractor: (Check as appropriate) Has a total work force for the project site and administrative staff associated with the project of less than fifty (50) employees, and the contract can be completed without supplementing said work force beyond fifty (50) employees. Is a foreign company with a work force in the United States of less than fifty (50). Is an agency of the Federal Government or a Wisconsin municipality. Has achieved a balanced work force. If requesting an exemption based on this reason, contractor must submit 1) a completed Workforce Analysis Form (DOA-3022), 2) supporting labor market information, and 3) an Equal Employment Opportunity Policy Statement. Has undergone an audit of its Affirmative Action Program within the last year by the Office of Federal Contract Compliance (OFCC) and has received a letter of compliance. (Contractor must attach a copy of its OFCC letter and the contractor's Affirmative Action and Equal Employment Opportunity Policy Statement.) III. We have posted the notice(s) explaining Wisconsin's contract compliance law. Yes No				
Authorized Signature	D	Date (mm/dd/ccyy)		
Printed Name		Т	itle	
Witness Signature		D	Date (mm/dd/ccyy)	
Printed Name			Title	

This form can be made available in alternate formats to individuals with disabilities upon request. Please call the Contract Compliance Program (CCP) at (608) 266-5462 (voice) or (608) 267-9629 (TTY), or write to CCP at 101 East Wilson Street, 6th Floor, P. O. Box 7867, Madison, Wisconsin 53707-7867.