



OWNERSHIP, ETHNICITY AND GENDER QUESTIONNAIRE

For use by all city agencies and departments for procurement, and professional services contracts (including CFARs)

To be completed by the prime and subconsultants (including CFARs)

Part I: OWNERSHIP & ETHNICITY of PRIME:

Firm Name _____ Contact Person _____ Phone (____) _____
 Street Address _____ City _____ State _____ Zip _____ Federal ID # _____
 City of Oakland Business License Number _____

(Please check one and explain below)

- Self Employed, Name of Owner _____ Corporation, State of Incorporation _____
 Partnership, General or Limited _____ Names of Partners _____
 Joint Venture, Names of Participants _____

Ownership Interests

All owners must be listed in this information

Ethnicity	African American	American Indian/ Alaskan Native	Asian or Pacific Islander	Caucasian	Filipino	Hispanic	Other
Number of Owners							
% Of Total Ownership							
Women							
Joint Venture Ownership							

Part II: CERTIFICATIONS

Please attach a copy of the certification letter or provide the certification number and expiration date.

- Minority-owned Business Enterprise (MBE)? Cert # _____ Expiration Date: _____
 Woman-Owned Business Enterprise (WBE) Cert # _____ Expiration Date _____
 Disadvantaged Business Enterprise (DBE) Cert # _____ Expiration Date _____
 Oakland Certified Local Business Enterprise Cert # _____ Expiration Date _____
 Other _____ Cert # _____ Expiration Date _____

Part III: Ethnicity and Gender of Employees

Employment Category	Total Employees	Oakland Residents	Male					Female					
			African American	American Indian/Alaskan Native	Asian/ Pacific Islander	Caucasian	Hispanic	Other	African American	American Indian/Alaskan Native	Asian/ Pacific Islander	Caucasian	Hispanic
Project Management													
Professional													
Technical													
Clerical													
Trades													

AFFIRMATIVE ACTION INFORMATION I certify that I/we shall not discriminate against any employee or applicant for employment because of race, color, creed, sex, sexual orientation, national origin, age, disability, Acquired Immune Deficiency Syndrome (AIDS) AIDS related complex, or any other arbitrary basis and shall insure compliance with all provisions of Executive Order No. 11246 (as amended by Executive Order No. 11375). I certify that I/we shall not discriminate against any employee or applicant for employment because they are disabled veteran of the Viet Nam era and shall insure compliance with all provisions of 41CFR60-250.4 where applicable.

I declare under penalty of perjury that the foregoing is true and correct. Signature _____

Title _____ Date _____

Please be advised that the ethnicity and gender information contained in this Schedule D will be used for reporting and tracking purposes ONLY.