

CERTIFICATION FORM

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

Recipient's Name:	Yakima County Sheriff's Office		
Address:	PO Box 1388, Yakima, WA, 98907		
Recipient Type:	Subrecipient	Law Enforcement Agency:	Yes
DUNS Number:	010203644	Vendor Number (only if direct recipient):	
Name of Contact Person:	Marsha Graf	Title of Contact Person:	Senior Accountant
Telephone Number:	509-574-2606	E-Mail Address:	Marsha.Graf@co.yakima.wa.us
Subrecipients:	No		

Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Judith Kendall** (*authorized official*), acknowledge that **Yakima County Sheriff's Office** (*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, **Yakima County Sheriff's Office** (*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.

Judith Kendall, HR Senior Manager

Judith Kendall

8/15/2019

Print or Type Name and Title

Signature

Date