

# CERTIFICATION FORM

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

Recipient's Name:	Tippecanoe County Government		
Address:	20 North 3rd Street, Lafayette, IN, 47901		
Recipient Type:	Direct Recipient & Subrecipient	Law Enforcement Agency:	No
DUNS Number:	040314148	Vendor Number (only if direct recipient):	000064853
Name of Contact Person:	Shirley Mennen	Title of Contact Person:	Human Resource Director
Telephone Number:	(765)-423-9376	E-Mail Address:	smennen@tippecanoe.in.gov
Subrecipients:	Yes		

### Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Shirley Mennen** (*authorized official*), acknowledge that **Tippecanoe County Government** (*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 **2020** (*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, **Tippecanoe County Government** (*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.

Shirley Mennen, Human Resource Director

*Shirley Mennen*

2/8/2021

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Print or Type Name and Title

Signature

Date

**Declaration Stating that Recipient Subawards a Single Award Over \$500,000**

*If a recipient agency, subawards a single award of \$500,000 or more then the granting agency should provide a list; including, name, address and DUNS # of each such sub-recipient.*

Sub-Recipient Agency Name/Address	Sub-Recipient DUNS Number
Community Corrections 2800 North 9th Street Road, Lafayette, IN, 47901	040314148
Prosecutor's Office 111 North 4th Street, Lafayette, IN, 47901	040314148