Project Title: _____ Work Order No: _____ Contact Name: _____
Contractor: _____ Address: _____

City of San Diego
EQUAL OPPORTUNITY CONTRACTING PROGRAM
1200 Third Ave., Suite 200 – San Diego, CA 92101
(619) 236-6000, FAX: (619) 235-5209

FINAL SUMMARY REPORT

The objective of the *Equal Employment Opportunity Contracting Program*, San Diego Municipal Code Sections 22.3501 through 22.3517, is to ensure that contractors doing business with the City, or receiving funds from the City, do not engage in unlawful discriminatory employment practices prohibited by State and Federal law.

Additionally, San Diego Municipal Code Sections 22.2701 through 22.2707, requires all prime contractors doing business with the City, and their subcontractors, to comply with the City's Equal Employment Opportunity Outreach Programs. Contractor's must maintain records of all subcontracts entered into with all firms, all project invoices received from subcontractors, vendors/suppliers, all purchases of materials and services from vendors/suppliers, and all joint venture participation. Records must show name, telephone number including area code, and business address of each subcontractor, vendor/supplier, and joint venture partner, and the total amount actually paid to each firm.

These records maintained must be consolidated into a ***Final Summary Report,*** certified as correct by an authorized representative of the prime contractor, and submitted to the Resident Engineer with a copy to the EOC Program Manager at 1200 Third Ave., Suite 200, San Diego, CA 92101, thirty (30) days prior to completion. A Notice of Completion and Acceptance will not be filed by the City until after its review of the ***Final Summary Report***.

Form to be returned to: _____
(Field Engineer)

Subcontractor/Supplier/Trucker Name, Address and Telephone #	Certification Type*	Description of Work	Contractor(C) Vendor (V) Supplier (S) Trucker (T)	Joint Venture Partner Y/N	Original $ Amount	Final $ Amount	Reason for Discrepancy (Change Order Nos. and $)

*DBE, DVBE, MBE, WBE, OBE
The above-listed Final Summary Report is complete and certified as correct by:

_____ _____ _____ _____
Signature- (authorized representative of the prime contractor) **Title** **Telephone Number** **Date**