CERTIFICATION FORM

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

Recipient's Name:	[redacted]		
Address:	[redacted]		
Recipient Type:	Subrecipient	Law Enforcement Agency:	[redacted]
DUNS Number:	[redacted]	Vendor Number (only if direct recipient):	
Name of Contact Person:	[redacted]	Title of Contact Person:	[redacted]
Telephone Number:	(406)-265-6206	E-Mail Address:	[redacted]
Subrecipients:	[redacted]		

Declaration Claiming Exemption from the EEOP Utilization Report Submission Requirement

The following exemptions apply:

Nonprofit Organization		

I, [redacted] (*authorized official*), certify that [redacted] (*recipient organization*), is not required to prepare an EEOP Utilization Report during **2017** (*fiscal year*) for the reason(s) checked above, pursuant to 28 C.F.R. Section 42.302. I further certify that [redacted] (*recipient organization*), will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

[redacted] [redacted] [redacted]

Print or Type Name and Title | Signature | Date