

CERTIFICATION FORM

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

Recipient's Name:	City Of Helena Police Department		
Address:	316 N Park, Helena, MT, 59623		
Recipient Type:	Subrecipient	Law Enforcement Agency:	Yes
DUNS Number:	060278447	Vendor Number (only if direct recipient):	
Name of Contact Person:	Farah Lane	Title of Contact Person:	Administrative Coordinator
Telephone Number:	(406)-447-8476	E-Mail Address:	flane@helenamt.gov
Subrecipients:	No		

Acknowledgement of EEOP Data Collection, Maintenance and Submission Requirements

I, **Farah Lane** (*authorized official*), acknowledge that **City Of Helena Police Department** (*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 **2022** (*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, **City Of Helena Police Department** (*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.

Farah Lane, Admin Coordinator

Farah Lane

5/3/2023

Print or Type Name and Title

Signature

Date