

CERTIFICATION FORM

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

Recipient's Name:	Yakima County Prosecuting Attorney Office		
Address:	128 N. 2nd Street, Yakima, WA, 98901		
Recipient Type:	Subrecipient	Law Enforcement Agency:	No
DUNS Number:	010203644	Vendor Number (only if direct recipient):	000049206
Name of Contact Person:	Terri Jackson	Title of Contact Person:	Senior Operations Manager
Telephone Number:	509-574-1327	E-Mail Address:	terri.jackson@co.yakima.wa.us
Subrecipients:	No		

Declaration Claiming Exemption from the EEOP Utilization Report Submission Requirement

The following exemptions apply:

Filed Utilization Report in previous year		
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I, **Judith Kendall** (*authorized official*), certify that **Yakima County Prosecuting Attorney Office** (*recipient organization*), is not required to prepare an EEOP Utilization Report during **2018** (*fiscal year*) for the reason(s) checked above, pursuant to 28 C.F.R. Section 42.302. I further certify that **Yakima County Prosecuting Attorney Office** (*recipient organization*), will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of services.

Judith Kendall, HR Senior Manager

Judith Kendall

9/4/2018

Print or Type Name and Title

Signature

Date