

## CERTIFICATION FORM

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

Recipient's Name:	Yakima County Sheriffs Office		
Address:	PO Box 1388, Yakima, WA, 98907		
Recipient Type:	Subrecipient	Law Enforcement Agency:	Yes
DUNS Number:	010203644	Vendor Number (only if direct recipient):	000049207
Name of Contact Person:	Marsha Graf	Title of Contact Person:	Senior Accountant
Telephone Number:	509-574-2606	E-Mail Address:	marsha.graf@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 Sheriffs 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 Sheriffs 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