

\*For Office Use Only:  
Profile No: \_\_\_\_\_

**Contract Compliance Form**  
**Reporting Compliance with D.C. Law 14-24, Mayor’s Order 83-265, and D.C. Law 5-93**  
**First Source Employment Agreement**

**Instructions:**

To be completed by the employer and submitted on the 10th day of each month until completion of the project. Forward to:

**Department of Employment Services (DOES)**  
**609 H Street, N.E., Room 416**  
**Washington, D.C. 20002**  
**Telephone: (202) 698-5772/6001 Fax: (202) 698-5717 TTD: (202) 698-4817**  
**Toll Free Number: 1-877-319-7346 Website: [www.does.dc.gov](http://www.does.dc.gov)**

Reporting Period: \_\_\_\_\_, 20\_\_\_\_\_

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-mail: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Employer Federal Identification Number: \_\_\_\_\_

Contract/Loan Number: \_\_\_\_\_

Contracting District Agency: \_\_\_\_\_ Contracting Officer: \_\_\_\_\_

Project Location: \_\_\_\_\_

Contractor Start Date: \_\_\_\_\_ Projected End Date: \_\_\_\_\_

Prime Contractor/Subcontractor: \_\_\_\_\_

**I. Vacancies, Referrals and Hires**

Please provide monthly and cumulative statistics for the number of jobs created, referrals made, and hires.

	Reporting Month	Cumulative
<b>Total Number of Vacancies Currently Available</b>		
<b>Total Number of Vacancies Listed with DOES</b>		
<b>Total Number of DOES Referrals Hired</b>		
<b>Total Number of District Residents Hired</b>		
<b>Total Number of New Hires</b>		
<b>Total Number of Current Employees Transferred to Work on Project</b>		
<b>Total Number of Current Employees (District Residents) Transferred to Work on Project</b>		
<b>Total Number of Employees Currently Working on the Site</b>		



**III. Current Workforce**

List the name, social security number, address, job title and hire date of all current employees working on the project this month. Attach additional sheets as needed

NAME	SSN	ADDRESS	JOB TITLE	HIRE DATE

**IV. Transferred Employees**

List the name, social security number, address, job title, and hire date for all of your employees who were transferred from other projects/contracts to work on this project. Attach additional sheets as needed.

NAME	SSN	ADDRESS	JOB TITLE	HIRE DATE

**V. Terminations/Laid Off Employees**

List the names of all employees employed on the project that were terminated, laid off and/or resigned during this reporting period. Attach additional sheets as needed.

NAME	SSN	JOB TITLE	TERMINATION DATE	PLACE OF RESIDENCE

**VI.** Indicate whether your firm is a subcontractor on this project:  YES  NO  
If yes, name of your prime contractor: \_\_\_\_\_

**VII. Comments:**  
Describe any problems you have experienced in meeting your job creation projections in implementing the First Source Employment Agreement.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*By submitting this monthly report to the Department of Employment Services (DOES), I certify that, to the best of my knowledge, the data contained in this report is true and accurate and that all information herein is supported by documented deliverables on file at the Prime Contractor's office.*