

Jackson County Missouri

**JACKSON COUNTY, MISSOURI
COMPLIANCE REVIEW FORM**

Report Date: 9-20-16 (All reports expire annually on December 31st)

DIRECTIONS FOR COMPLETION:

Please fill out form completely. If a question refers to "past report" and this is your first one, place "1st Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3467.

Mail/Fax or Email reports to:

Tom Wyrsh
Contract Compliance Review Director
415 East 12th Street - 2nd Floor
Kansas City, Missouri 64106
EMAIL: cro@jacksongov.org
FAX: (816) 881-1223

1. COMPANY DESCRIPTION:

Name of Company MHC (KANSAS) - OLATHE
Street Address 1301 S. HAMILTON
City OLATHE State KS Zip 64661
Email Address: JEFF.JANSEN@MHC.COM
Website Address: MHC.COM
Area Code 913 Telephone Number 971.1512
Representative Name JEFF JANSEN

2. COMPANY STATISTICS:

- A. Total number of Employees 67
- B. Total Number of Employees who are:
 - 1. Women 1
 - 2. Hispanic 3
 - 3. Black 0
 - 4. Asian 0
 - 5. American Indian 0
 - 6. Other 0

YES NO N/A

3. Has your company advertised for applicants since your report? NO
If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement

4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? NO
If so, please attach a detailed report of such efforts

5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures? NO
If so, please attach a narrative of such efforts.

YES NO N/A

6. Has any effort been made since your last report in disseminating your policy to all your employees or in encouraging them to refer Minority or Female applicants? If so, please attach a narrative of such efforts.

— X —

7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs?

— X —

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE or Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

NAME OF COMPANY _____

STREET ADDRESS _____

REPRESENTATIVE NAME _____

TELEPHONE NUMBER _____

EMAIL ADDRESS _____

WEBSITE ADDRESS _____

PRODUCTS, SERVICE, AREA OF SCOPE OF WORK:

DURATION OF CONTRACT _____

AMOUNT OF CONTRACT _____

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR ADDITIONAL MBE/WBE FIRMS WITH WHOM YOU HAVE CONTRACTED.

Figures of Employment Analysis section of this report was obtained from:

	YES	NO
1. Available employment	<u>X</u>	—
2. Visual check	—	—
3. Other (specify) _____	—	—

This Compliance Review Form was prepared and submitted by:



Signature

Kyle Hoffman CR

Name and Title

9/20/2010

Date

I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any mis-statement of fact may subject this company to non-compliance procedures.