



OFFICIAL USE ONLY

Agreement N°:

Labour Program
Federal Contractors Program

Agreement to Implement Employment Equity

(All sections must be completed)

SECTION 1: AGREEMENT TYPE

- ☐ New Agreement
- ☐ Revised Agreement

SECTION 2: ORGANIZATION INFORMATION

Legal Name of Organization	Parent Company is Located Outside Canada ☐ Yes ☐ No
Operating Name (if different from Legal Name of Organization)	Business Number (999999999) Total number of employees in Canada (permanent full-time and/or part-time)
Organization's North American Industry Classification System (NAICS) Canada 2017 code number. To find your organization's four-digit NAICS code please visit: North American Industry Classification System (NAICS) Canada 2017 (statcan.gc.ca)	Organization is: ☐ Federally Regulated ☐ Provincially Regulated

SECTION 3: HEAD OFFICE

Address (building number, street, suite, etc.)	City	Province
	Postal Code (A1A 1A1)	Telephone Number (999) 999-9999

SECTION 4: PRIMARY CONTACT

The person responsible for employment equity in the organization. This is typically the person who is responsible for human resources or equity, diversity and inclusion.

Name (print)	Title
Telephone Number (999) 999-9999	E-mail Address
	Preferred Language of Correspondence ☐ English ☐ French

COMMITMENT TO IMPLEMENT EMPLOYMENT EQUITY

In the event that the above-named organization is awarded the contract and deemed subject to the [Federal Contractors Program \(FCP\)](#), it hereby certifies its commitment to implement and maintain employment equity on an on-going basis, beyond the contract period, in compliance with the [FCP requirements](#). For more information on how to implement employment equity, please contact the Labour Program at: ee-eme@servicecanada.gc.ca.

Important note: Completion of this form is mandatory. Refusal to provide personal information will result in the rejection of the organization's bid. If an audit of the Agreement to Implement Employment Equity uncovers misrepresentation on the part of the organization, the contract with the Government of Canada may be terminated.

SECTION 5: CERTIFICATION

A representative of the organization must sign this form to certify the organization's commitment to implement employment equity. This person must be a senior official in the organization.

Name (print)		Title	
Telephone Number (999) 999-9999	E-mail Address		Preferred Language of Correspondence ☐ English ☐ French
Signature		Date (YYYY-MM-DD)	

Privacy Notice:

The information you provide on this form is collected under the authority of section 42 of the *Employment Equity Act* to determine whether or not your organization is subject to the Federal Contractors Program (FCP).

The information you provide may be used and/or disclosed for policy analysis, research and/or evaluation purposes. However, these additional uses and/or disclosures of your personal information will never result in an administrative decision being made about you.

Your personal information is administered in accordance with the *Department of Employment and Social Development Act* and the *Privacy Act*. You have the right to the protection of, and access to, your personal information. This personal information can be found in Personal Information Bank ESDC PPU 739 – Workplace Equity. For instructions on how to access this information, read Info Source on this website: Info Source - Canada.ca. You can also access the Info Source website at your Service Canada Office.

You have the right to file a complaint with the Office of the Privacy Commissioner of Canada regarding the institution's handling of your personal information.

RETURN INSTRUCTIONS**Important**

The signed Agreement to Implement Employment Equity form must be sent to the contracting authority, as part of your bid package.