

**I. AFFIRMATIVE ACTION PROGRAM**

The Illinois Human Rights Acts prohibits: discrimination on the basis of: "race, color, religion, sex, national origin, ancestry, age, order of protection status, marital status, physical or mental disability, military status, sexual orientation, or unfavorable discharge from military service in connection with employment, real estate transactions, access to financial credit, and the availability of public accommodations." It also prohibits sexual harassment and discrimination in employment on the basis of citizenship status.

**II. STATEMENT OF NON-DISCRIMINATION**

The undersigned, as part of our bid on a contract per the attached specifications, hereby certifies:

That the undersigned and all contractors or subcontractors will comply with all state and federal laws regarding nondiscrimination. Any person or firm who enters into a contract with the Board of Education of Champaign Community Unit School District No. 4 shall agree to refrain from unlawful discrimination in employment and shall undertake affirmative action when appropriate to assure equality of employment opportunity and eliminate the effects of past discrimination.

**III. CONTRACTOR'S CERTIFICATION**

The undersigned, as part of its bid to Champaign Community Unit School District No. 4 per attached specifications, hereby certifies that pursuant to Section 33E-11 of the Illinois Criminal Code of 1961 as amended, that neither (he, she, it) or any of (his, her, its) partners, officers, or owners of (his, her, its) business has been convicted in the past five (5) years of the offense of bid rigging under Section 33E-3 of the Illinois Criminal Code of 1961 as amended, and that neither (he, she, it) nor any of (his, her, its) partners and officers has ever been convicted of the offense of bid-rigging under Section 33E-4 of the Illinois Criminal Code of 1961 as amended.

**The undersigned hereby certifies full knowledge, understanding and compliance with Sections I, II and III above:**

\_\_\_\_\_  
(Company) (Address / P O Box) (City / State / Zip)

\_\_\_\_\_  
(Signature, Authorized Agent) (Phone Number) (Date)

STATE OF \_\_\_\_\_,

COUNTY OF \_\_\_\_\_

**Subscribed and sworn to before me this**

\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_, Notary Public