

# EEO Utilization Report

## Organization Information

Name: Barbour County Commission

City: Philippi

State: WV

Zip: 26416

Type: County/Municipal Government (not law enforcement)

**Introductory Information:**

**Grant Title:** Victim Assistance  
**Grantee Name:** Barbour County Commission  
**Grantee Type:** Local Government  
**Address:** 26 N Main  
Philippi, WV 26416

**Grant Number:** 15-VA-043  
**Award Amount:** \$38,936

**Contact Person:** Tim McDaniel  
**Contact Address:** 26 N Main  
Philippi, WV 26416

**Telephone #:** 304-457-4339

**State Granting Agency:** WVDJCS  
**Contact Name:** Sara E. Pennington  
**Contact Address:** 1124 Smith St. Ste 3100  
Charleston, WV 25301-1323  
**Telephone #:** 304-558-8814

**Grant Title:** Court Security  
**Grantee Name:** Barbour County Commission  
**Grantee Type:** Local Government  
**Address:** 26 N Main  
Philippi, WV 26416

**Grant Number:** 16-CS-01  
**Award Amount:** \$54,850.00

**Contact Person:** Tim McDaniel  
**Contact Address:** 26 N Main  
Philippi, WV 26416

**Telephone #:** 304-457-4339

**State Granting Agency:** WVDJCS  
**Contact Name:** Sara E. Price  
**Contact Address:** 1124 Smith St. Ste 3100  
Charleston, WV 25301-1323  
**Telephone #:** 304-558-8814

**Grant Title:** Prevention Resource Officer  
**Grantee Name:** Barbour County Commission  
**Grantee Type:** Local Government  
**Address:** 26 N Main  
Philippi, WV 26416

**Grant Number:** 15-JJP-009  
**Award Amount:** \$20,000.00

**Contact Person:** Tim McDaniel  
**Contact Address:** 26 N Main  
Philippi, WV 26416

**Telephone #:** 304-457-4339

**State Granting Agency:** WVDJCS  
**Contact Name:** Tanisha Travis  
**Contact Address:** 1204 Kanawha Boulevard, East  
Charleston, WV 25301-1323  
**Telephone #:** 304-558-8814

## **Step 1: Introductory Information**

### **Policy Statement:**

Barbour County is an Equal Opportunity Employer. It is the policy of the County to provide equal opportunities to employees and applicants for employment without regard to race, color, religion, sex, national origin, age, disability, status as a Vietnam-era or special disabled veteran, or any other classification protected under applicable law.

Equal employment opportunities apply to all terms, conditions and privileges of employment, including hiring, training, promotion, transfer, compensation, benefits, employee facilities, discharge, and retirement.

County policy prohibits any employee acts of discrimination. The use of racial or ethnic jokes or derogatory remarks will not be tolerated, will be investigated, and disciplinary action will be taken, if warranted.

Furthermore, any type of retaliation for reporting discrimination is prohibited and will be investigated; and disciplinary action will be taken, if warranted.

Following File has been uploaded:BARBOUR COUNTY\_approved 8-1-16.docx

#### **Step 4b: Narrative of Interpretation**

1. White females were under-represented in the following job categories: Officials/Administrators (-17%), Protective Services Sworn (-29%), and Administrative Support -9%.

These statistics are determined from a voluntary demographic survey which was completed by 85% of the workforce. Even though there was good participation, these statistics may not accurately reflect the County's demographics.

Some of the statistics may also be unreliable due to the limited positions that are available in various job categories.

#### **Step 5: Objectives and Steps**

1. 1.1 Encourage more female caucasians to apply for vacancy announcements in the following categories: Officials/Administrators, Protective Services, Administrative Support.

- a. The Administration office will vary the location of job postings, including our website, online services, news papers, and our local college campus in an attempt to attract a larger and more diverse group of applicants.

#### **Step 6: Internal Dissemination**

The County Payroll Clerk will disseminate a notice through county email that informs employees that the EEOP Utilization Report is complete and available for review in the County Commission office or by requesting a copy from the County Administrator or County Coordinator.

The EEOP Utilization Report will be disseminated to Elected Officials and Supervisors.

The County will post a copy of the EEOP Utilization Report under the Employee login on the county's website.

#### **Step 7: External Dissemination**

The County Will post a copy of the EEOP Utilization Report on the County's public website.

The EEOP Utilization Report will be included on the Commission's agenda on 9-11-17.

Contractors and vendors will be provided with a copy of the EEOP Utilization Report upon request.



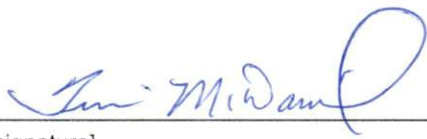
**Utilization Analysis Chart**  
**Relevant Labor Market: Barbour County, West Virginia**

Job Categories	Male								Female							
	White	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or More Races	Other	White	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or More Races	Other
<b>Officials/Administrators</b>																
Workforce #/%	6/75%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	2/25%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
CLS #/%	175/58%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	125/42%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
Utilization #/%	17%	0%	0%	0%	0%	0%	0%	0%	-17%	0%	0%	0%	0%	0%	0%	0%
<b>Professionals</b>																
Workforce #/%	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/
CLS #/%	195/42%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	265/57%	0/0%	0/0%	0/0%	4/1%	0/0%	0/0%	0/0%
Utilization #/%																
<b>Technicians</b>																
Workforce #/%	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/
CLS #/%	15/33%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	30/67%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
Utilization #/%																
<b>Protective Services: Sworn</b>																
Workforce #/%	7/100%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
CLS #/%	10/71%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	4/29%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
Utilization #/%	29%	0%	0%	0%	0%	0%	0%	0%	-29%	0%	0%	0%	0%	0%	0%	0%
<b>Protective Services: Non-sworn</b>																
Workforce #/%	2/67%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	1/33%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
Civilian Labor Force #/%	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/
Utilization #/%																
<b>Administrative Support</b>																
Workforce #/%	13/33%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	25/64%	0/0%	0/0%	0/0%	0/0%	0/0%	1/3%	0/0%
CLS #/%	295/24%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	905/74%	0/0%	0/0%	0/0%	0/0%	0/0%	20/2%	10/1%
Utilization #/%	9%	0%	0%	0%	0%	0%	0%	0%	-9%	0%	0%	0%	0%	0%	1%	-1%
<b>Skilled Craft</b>																
Workforce #/%	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/	0/

Job Categories	Male								Female							
	White	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or More Races	Other	White	Hispanic or Latino	Black or African American	American Indian or Alaska Native	Asian	Native Hawaiian or Other Pacific Islander	Two or More Races	Other
CLS #/%	570/97%	4/1%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	10/2%	4/1%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
Utilization #/%																
<b>Service/Maintenance</b>																
Workforce #/%	4/80%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	1/20%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%	0/0%
CLS #/%	715/53%	8/1%	20/1%	30/2%	0/0%	0/0%	20/1%	0/0%	495/37%	0/0%	0/0%	30/2%	15/1%	0/0%	0/0%	10/1%
Utilization #/%	27%	-1%	-1%	-2%	0%	0%	-1%	0%	-17%	0%	0%	-2%	-1%	0%	0%	-1%

I understand the regulatory obligation under 28 C.F.R. ~ 42.301-.308 to collect and maintain extensive employment data by race, national origin, and sex, even though our organization may not use all of this data in completing the EEO Utilization Report.

I have reviewed the foregoing EEO Utilization Report and certify the accuracy of the reported workforce data and our organization's employment policies.



[signature]

[title]

9-11-17

[date]



# CERTIFICATION FORM

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

Please read carefully the Instructions (see below) and then complete Section A or Section B or Section C, not all three.

VOCA  
15-VA-043  
\$38,936.00

Recipient's Name: <u>Barbour County Commission</u>		DUNS Number: <u>026010478</u>
Address: <u>26 N. Main Philippi, WV 26416</u>		
Grant Title:	Grant Number: <u>15-VA-043</u>	Award Amount: <u>\$38,936.00</u>
Name and Title of Contact Person: <u>Shana Frey, County Administrator</u>		
Telephone Number: <u>304-457-0035</u>	E-Mail Address: <u>sfrey@barbour-county.wv.org</u>	

### Section A—Declaration Claiming Complete Exemption from the EEOP Requirement

Please check all the following boxes that apply:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Recipient has less than fifty employees. | <input type="checkbox"/> Recipient is an Indian tribe.            | <input type="checkbox"/> Recipient is a medical institution.                 |
| <input type="checkbox"/> Recipient is a nonprofit organization.   | <input type="checkbox"/> Recipient is an educational institution. | <input type="checkbox"/> Recipient is receiving an award less than \$25,000. |

I, \_\_\_\_\_ [responsible official],  
certify that \_\_\_\_\_ [recipient] is  
not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R. § 42.302.  
I further certify that \_\_\_\_\_ [recipient]  
will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of  
services.

Print or Type Name and Title

Signature

Date

### Section B—Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying That an EEOP Is on File for Review

If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to the OCR for review as long as it certifies the following (42 C.F.R. § 42.305):

I, John Schola [responsible official],  
certify that Barbour County Commission [recipient],  
which has fifty or more employees and is receiving a single award or subaward for \$25,000 or more, but less than  
\$500,000, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E. I further certify that within the last  
twenty-four months, the proper authority has formulated and signed into effect the EEOP and, as required by applicable  
federal law, it is available for review by the public, employees, the appropriate state planning agency, and the Office for  
Civil Rights, Office of Justice Programs, U.S. Department of Justice. The EEOP is on file at the following office:

Barbour County Commission [organization],  
26 N. Main Philippi, WV 26416 [address].

John Schola, President

Signature

Date

### Section C—Declaration Stating that an EEOP Utilization Report Has Been Submitted to the Office for Civil Rights for Review

If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$500,000 or more, then the recipient agency must send an EEOP Utilization Report to the OCR for review.

I, \_\_\_\_\_ [responsible official],  
certify that \_\_\_\_\_ [recipient],  
which has fifty or more employees and is receiving a single award of \$500,000 or more, has formulated an EEOP in  
accordance with 28 CFR pt. 42, subpt. E, and sent it for review on \_\_\_\_\_ [date] to the  
Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

Print or Type Name and Title

Signature

Date



# CERTIFICATION FORM

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

Please read carefully the Instructions (see below) and then complete Section A or Section B or Section C, not all three.

Recipient's Name: Barbour County Commission DUNS Number: 026010678  
Address: Gen. Man Philippi, WV 26416  
Grant Title: Barbour County Court Security Grant Number: 16-CS-01 Award Amount: \$54,850.00  
Name and Title of Contact Person: Shana Frey, Administrator  
Telephone Number: 304-457-0025 E-Mail Address: Sfrey@barbourcountywv.org

### Section A—Declaration Claiming Complete Exemption from the EEOP Requirement

Please check all the following boxes that apply:

- ☐ Recipient has less than fifty employees. ☐ Recipient is an Indian tribe. ☐ Recipient is a medical institution.  
☐ Recipient is a nonprofit organization. ☐ Recipient is an educational institution. ☐ Recipient is receiving an award less than \$25,000.

I, \_\_\_\_\_ [responsible official],  
certify that \_\_\_\_\_ [recipient],  
not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R. § 42.302.  
I further certify that \_\_\_\_\_ [recipient]  
will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of  
services.

Print or Type Name and Title

Signature

Date

### Section B—Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying That an EEOP Is on File for Review

If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to the OCR for review as long as it certifies the following (42 C.F.R. § 42.305):

I, John J. Schola [responsible official],  
certify that Barbour County Commission [recipient],  
which has fifty or more employees and is receiving a single award or subaward for \$25,000 or more, but less than  
\$500,000, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E. I further certify that within the last  
twenty-four months, the proper authority has formulated and signed into effect the EEOP and, as required by applicable  
federal law, it is available for review by the public, employees, the appropriate state planning agency, and the Office for  
Civil Rights, Office of Justice Programs, U.S. Department of Justice. The EEOP is on file at the following office:  
Barbour County Commission [organization],  
Gen. Man Philippi, WV 26416 [address].

Print or Type Name and Title

Signature

Date

### Section C—Declaration Stating that an EEOP Utilization Report Has Been Submitted to the Office for Civil Rights for Review

If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$500,000 or more, then the recipient agency must send an EEOP Utilization Report to the OCR for review.

I, \_\_\_\_\_ [responsible official],  
certify that \_\_\_\_\_ [recipient],  
which has fifty or more employees and is receiving a single award of \$500,000 or more, has formulated an EEOP in  
accordance with 28 CFR pt. 42, subpt. E, and sent it for review on \_\_\_\_\_ [date] to the  
Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

Print or Type Name and Title

Signature

Date



PRO 15-UP-009  
20,000  
SEP 28 2016

**Division of Justice & nC, not all three.**

**Division of Justice & n C, not all three.** Services

<b>Recipient's Name:</b> Barbour County Commission			<b>DUNS Number:</b> 026010678		
<b>Address:</b> 201 Main Philippi, WV 26416					
<b>Grant Title:</b>			<b>Grant Number:</b> 16-JSP-010		
<b>Name and Title of Contact Person:</b> Sheri Frey, Admin. Strator			<b>Award Amount:</b> \$20,000		
<b>Telephone Number:</b> 304-457-0035			<b>E-Mail Address:</b> SFrey@barbourcounty.wv.org		
<b>Section A—Declaration Claiming Complete Exemption from</b>					

**Section A—Declaration Claiming Complete Exemption from the EEOP Requirement**  
Please check all the following boxes that apply:

**Please check all the following boxes that apply:**

- ☐ Recipient has less than fifty employees.  
☐ Recipient is a nonprofit organization.
- ☐ Recipient is an Indian tribe.  
☐ Recipient is an educational institution.
- ☐ Recipient is a medical institution.  
☐ Recipient is receiving an award less than \$25,000.

I, \_\_\_\_\_ [responsible official],  
not required to prepare an EEOP for the reason(s) checked above, pursuant to 28 C.F.R. § 42.302. [recipient] is  
I further certify that \_\_\_\_\_ [recipient]  
will comply with applicable federal civil rights laws that prohibit discrimination in employment and in the delivery of  
services.

Print or Type Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Section B—Declaration Claiming Exemption from the EEOP Submission Requirement and Certifying That an EEOP Is on File for Review**

If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$25,000 or more, but less than \$500,000, then the recipient agency does not have to submit an EEOP to the OCR for review as long as it certifies the following (42 C.F.R. § 42.305):

I, John Schola,  
certify that Barbour County Commission [responsible official],  
which has fifty or more employees and is receiving a single award or subaward for \$25,000 or more, but less than \$500,000, has formulated an EEOP in accordance with 28 CFR pt. 42, subpt. E. I further certify that within the last twenty-four months, the proper authority has formulated and signed into effect the EEOP and, as required by applicable federal law, it is available for review by the public, employees, the appropriate state planning agency, and the Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice. The EEOP is on file at the following office:  
Barbour County Commission  
212 N. Main, Philippi, WV 26416 [organization],  
John Schola, President [address].

Print or Type Name and Title John Shile Signature John Shile Date 9-22-16

**Section C—Declaration Stating that an EEOC Utilization Report Has Been Submitted to the Office for Civil Rights for Review**

*If a recipient agency has fifty or more employees and is receiving a single award or subaward of \$500,000 or more, then the recipient agency must send an EEOP Utilization Report to the OCR for review.*

I, \_\_\_\_\_, [responsible official],  
certify that \_\_\_\_\_ [recipient],  
which has fifty or more employees and is receiving a single award of \$500,000 or more, has formulated an EEOP in  
accordance with 28 CFR pt. 42, subpt. E, and sent it for review on \_\_\_\_\_ [date] to the  
Office for Civil Rights, Office of Justice Programs, U.S. Department of Justice.

Print or Type Name and Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_