
DGA Contract Administration – East
Update Reference Sheet

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

DAY PHONE: (____) _____

CELL PHONE: (____) _____

EMAIL ADDRESS: _____

SOCIAL SECURITY #: XXX – XX –

DATE

DGA Contract Administration - East Additional Data Form

To enable the Parties to comply with Section 15-100 of the 2014 Basic Agreement,
the DGA Contract Administration - East requests information on your gender and ethnicity.
(For administrative purposes only)

NAME: _____
(Please Print)

SOCIAL SECURITY NUMBER: XXX - XX -

Please check applicable categories below and return to our office as soon as possible.

Thank You.

MALE

CAUCASIAN

FEMALE

BLACK

HISPANIC

PACIFIC ISLANDER / ASIAN

NATIVE AMERICAN

OTHER _____