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## DGA Contract Administration – East Update Reference Sheet

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NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

DAY PHONE: (\_\_\_\_) \_\_\_\_\_

CELL PHONE: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY #: XXX – XX –

\_\_\_\_\_  
DATE

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## DGA Contract Administration - East Additional Data Form

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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 \_\_\_\_\_