

**Annual FEORP Plan Certification**  
For the Fiscal Year 2022

A. Name and Address of Agency:

B. Name and Title of Designated FEORP Official (*Include e-mail address, telephone and fax numbers. In addition, please include address*):

C. Name and Title of Contact Person (*Include e-mail address, telephone and fax number. In addition, please include address*):

**Certification**

I certify the above agency: 1) Has a current Federal Equal Opportunity Recruitment Program (FEORP) plan and the program is being implemented as required by Public Law 95-454 and subsequent regulations and guidance issued by the U.S. Office of Personnel Management; 2) All field offices or installations with fewer than 500 employees are covered by a FEORP plan; 3) All field offices or installations with 500 or more employees are covered either by this plan or by a local plan; and 4) Such plans are available on request from field offices or installations.

*Chief Human Capital Officer or Head of Human Resources:*

Print Name

Signature

Date

Title:

Email Address:

Telephone:

*Director, Equal Employment Opportunity:*

Print Name

Signature

Date

Title:

Email Address:

Telephone:

*Chief Diversity/Inclusion Officer:*

Print Name

Signature

Date

Title:

Email Address:

Telephone: