
DGA Contract Administration Additional Data Form

To enable the Parties to comply with Section 15-100 of the 2002 Basic Agreement, the DGA Contract Administration requests information on your sex and ethnicity.
(For administrative purposes only)

NAME: _____
(Please Print)

SOCIAL SECURITY NUMBER: _____



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
