

JACKSON COUNTY, MISSOURI COMPLIANCE REVIEW FORM

Report Date: 9-26-16 (All reports expire annually on December 31st)

DIRECTIONS FOR COMPLETION:

Please fill out form completely. If a question refers to "past report" and this is the first one, place "1st Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place, "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3302.

Mail reports to:
 Jessica Johnson
 Senior Buyer
 415 East 12th Street - 2nd Floor
 Kansas City, Missouri 64106
 Phone: 816-881-3465
 EMAIL jmjohnson@jacksongov.org
 FAX: (816) 881-1223

1. COMPANY DESCRIPTION:

Name of Company Lou Fusz Ford Inc.
 Street Address # 2 Capric Dr.
 City Chesterfield State MO Zip 63005
 Email Address: tom.biehle@fusz.com
 Website Address: www.fusz.com
 Area Code 636 Telephone Number 532-9955
 Representative Name Tom Biehle

2. COMPANY STATISTICS:

Total number of Employees 59

Total number of Employees who are:

- | | |
|----------------------|-----------------------------|
| 1. Women <u>59</u> | 4. Asian <u>0</u> |
| 2. Hispanic <u>0</u> | 5. American Indian <u>0</u> |
| 3. Black <u>1</u> | 6. Other <u>0</u> |

- | | YES | NO | N/A |
|--|---------------|--------------|---------------|
| 3. Has your company advertised for applicants since your report?
<u>If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement.</u> | <u> </u> | <u> ✓ </u> | <u> </u> |
| 4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program?
<u>If so, please attach a detailed report of such changes.</u> | <u> </u> | <u> ✓ </u> | <u> </u> |

- 5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures?
If so, please attach a narrative of such efforts. _____ _____
YES NO N/A
- 6. Has any effort been made since your last report in disseminating your policy to all employees or in encouraging them to refer to minority or female applicants?
If so, please attach a narrative of such efforts. _____ _____
- 7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs? _____ _____

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE/Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

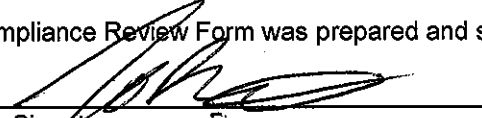
NAME OF COMPANY _____
 STREET ADDRESS _____
 REPRESENTATIVE NAME _____
 TELEPHONE NUMBER _____
 EMAIL ADDRESS _____
 WEBSITE ADDRESS _____
 PRODUCTS, SERVICE, AREA OF SCOPE OF WORK:

DURATION OF CONTRACT _____
 AMOUNT OF CONTRACT _____

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR MBE/WBE FIRM WITH WHOM YOU HAVE CONTRACTED.

- Figures of employment analysis section of this report were obtained from:
- | | YES | NO |
|--------------------------|-------------------------------------|-------|
| 1. Available employment | _____ | _____ |
| 2. Visual check | <input checked="" type="checkbox"/> | _____ |
| 3. Other (specify) _____ | _____ | _____ |

This Compliance Review Form was prepared and submitted by:



 Signature
 Tom Brehle

 Name and Title
 9-20-16

 Date

I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any misstatement of fact may subject this company to noncompliance procedures.