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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 2008 Basic Agreement,  
The DGA Contract Administration – East 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.*

- |                                 |   |
|---------------------------------|---|
| <input type="checkbox"/> MALE   | <input type="checkbox"/> CAUCASIAN                |
| <input type="checkbox"/> FEMALE | <input type="checkbox"/> BLACK                    |
|                                 | <input type="checkbox"/> HISPANIC                 |
|                                 | <input type="checkbox"/> PACIFIC ISLANDER / ASIAN |
|                                 | <input type="checkbox"/> NATIVE AMERICAN          |
|                                 | <input type="checkbox"/> OTHER _____              |