

4.2.6 Equal Pay for Montana Women

Executive Order No. 12-2016 promoting equal pay for Montana women directs the Department of Administration to include incentives in the RFP process for contractors who engage in best practices to promote wage transparency. These best practices include the following:

- (a) posting salary ranges in employment listings;*
- (b) certifying that the contractor will not ask about wage history in employee interviews; and*
- (c) certifying that the contractor will not retaliate or discriminate against employees who discuss or disclose their wages in the workplace.*

☐ *No, I do not agree.*

Company Name (Clearly Printed):

Authorized Signature:

Date:

Statement of Compliance with Equal Pay for Montana Women. *Offeror indicating it will comply with Executive Order No. 12-2016 will receive 5% of the total points available. Offerors who do not comply will not receive the available points. Offerors are required to sign and upload a PDF copy of this certification with their proposal to certify compliance.*

☐ *Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.*

Company Name (Clearly Printed):

Authorized Signature:

Date:

Team CNSI prime, CNSI, and team member, Noridian, have provided the signed and completed certificate, attesting to our compliance with Executive Order No. 12-2016. The signed and completed forms have been provided as an attachment to this file.

DEPARTMENT OF ADMINISTRATION
STATE FINANCIAL SERVICES DIVISION
STATE PROCUREMENT BUREAU

sfsd.mt.gov



STEVE BULLOCK
GOVERNOR

STATE OF MONTANA

MITCHELL BUILDING, ROOM 165
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(406) 444-2575
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HELENA, MONTANA 59620-0135

Certificate of Compliance

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☒ Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

Company Name (Clearly Printed): Client Network Services, Inc. (dba CNSI)

Authorized Signature: *Thomas A. Sp...*

Date: October 30, 2017

☐ No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____

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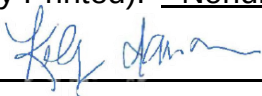
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- ☒ Yes, I agree and will comply with the best practices to promote wage transparency outlined in Executive Order No. 12-2016.

Company Name (Clearly Printed): Noridian Healthcare Solutions, LLC

Authorized Signature: 

Date: 10/18/17

- ☐ No, I do not agree.

Company Name (Clearly Printed): _____

Authorized Signature: _____

Date: _____