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## Equal Employment Opportunity Staffing Plan

**Submit the completed form to the address above with bid or proposal or if requested by NYSDOL. This form must be submitted before the Contract Award.**

Solicitation/Contract No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes Contractor's <input type="checkbox"/> Contractor's work force to be utilized on this contract <input type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force
Contractor/Subcontractor's Name:		
Contractor/Subcontractor's Address:		
FEIN:	Phone No.:	

**Enter the total number of employees for each classification.**

EEO Job Category	Total Work Force	Work Force by Gender		Work Force by Race/Ethnic Identification								Work Force by Other				
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		American Indian or Alaskan Native (M) (F)		Disabled (M) (F)	Veteran (M) (F)	
Executive/Senior level Officials & Managers																
First/Mid level officials & Managers																
Professionals																
Technicians																
Sales Workers																
Administrative Support Workers																
Craft Workers																
Operatives																
Laborers and Helpers																
Service Workers																
Totals																

Prepared By (signature): \_\_\_\_\_ Phone No.: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name and Title of Preparer (Print): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

## General Instructions

**All Offerors** must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offeror shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of NYSDOL. Contact the Designated Contact(s) for the solicitation if you have any questions.

### Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror.
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification." Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

### Race/Ethnic Identification

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **White:** (Not of Hispanic origin) all persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **Black:** A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **Hispanic:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **Asian & Pacific Islander:** A person having origins in any of the Far East countries, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- **Native Indian (Native American/Alaskan Native):** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

### Other Categories

- **Disabled Individual** any person who:
  - Has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - Has a record of such an impairment; or
  - Is regarded as having such an impairment.
- **Veteran:** An individual who served in the military during time of war.
- **Gender:** Indicate whether male or female.