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| --- |
| (Instructions on Page 2) |
| Contractor's Name: |       |   | Telephone: |       |  |
| Address: |       |   | Federal ID No.: |       |  | SFS Vendor ID: |       |  |
| City, State, ZIP: |       |   | Contract No(s): |       |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Report includes -Please select one from the options below:  |   | Reporting Entity - Please select one from the options below: |   |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ☐ | Work force utilized on this contract  |   |   |  ☐ | Contractor |   |   |   |  |   |  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| ☐ | Contractor/Subcontractor's total work force  |   | ☐ | Subcontractor |   |   |   |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| Job Categories | Total Work Force | Race/Ethnicity - report employees in only one category |
|  |  | Hispanic or Latino | Not-Hispanic or Latino |
|  |  |  | Male | Female |
|  |  | Male | Female | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races | White | Black or African American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races |
| Executive/Senior Level Officials and Managers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| First/Mid-Level Officials and Managers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Professionals |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Technicians |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Sales Workers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Administrative Support Workers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Craft Workers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Operatives |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Laborers and Helpers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| Service Workers |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
| TOTAL |       |       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| PREPARED BY (*Signature*): |        |   | DATE: |        |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| NAME AND TITLE OF PREPARER: |        |   | TELEPHONE/EMAIL: |        |
|   |   |   |   | *(print or type)* |   |   |   |   |   |   |   |   |
| **INSTRUCTIONS** |
|  |
| General Instructions: All Offeror and each subcontractor identified in the bid or proposal 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 or subcontractor'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 or subcontractor’s total work force, the Offeror shall complete this form for the contractor's or subcontractor's total work force. |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **Instructions for Completing:** |
| 1. | Enter the Solicitation or Contract number that this report applies to, along with the name, address, and federal ID number of the Contractor preparing the report. |
| 2. | Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor's total work force. |
| 3. | Check off the appropriate box to indicate if the Contractor completing the report is the contractor or subcontractor. |
| 4. | Check off the box that corresponds to the reporting period for this report. |
| 5. | Enter the total work force by EEO job category. |
| 6. | Enter the name, title, phone number and/or email address for the person completing the form. Sign and date the form in designated areas. |
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|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| **RACE/ETHNIC IDENTIFICATION** |
| For purposes of this form CIO/OFT will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC 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. The race/ethnic categories for this survey are:  |
|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| • | **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| • | **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| • | **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa. |
| • | **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| • | **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| • | **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| • | **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races. |