

EFFECTIVE FOR CONTRACTS AFTER APRIL 1, 2021

ALL New, Qualified, Contracts EO 162 EEO Reporting for Prime and Subcontractors will be completed electronically through the New York State Contract System.

The Gender Recognition Act Expansion (or GRA Expansion), passed in the New York State FY23 Enacted Budget as Article VII (TED Part R), requires all covered agencies to “make available to the person at the point of data collection an option to mark their gender or sex as ‘X.’”

To facilitate compliance with the GRA Expansion, DMWBD (Division of Minority and Women’s Business Development) has revised Workforce/EO162 forms.

PLEASE NOTE A CHANGE AS OF 7.1.2024 REGARDING EO 162 E 170 EEO REPORTING

Executive Order 162 has been expanded Under Exec Law 170-e demographic data as to the ancestry or ethnic origin of residents of the state of New York. DMWBD has revised the Workforce/EO162 forms accordingly.

Go to <https://ny.newnycontracts.com> to log in and complete EO 162 EEO reporting.

Reporting Entity	<input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor		Reporting Period - Select One					
FEIN			<input type="checkbox"/> January 1 - March 31		<input type="checkbox"/> April 1 - June 30			
Contractor Name			<input type="checkbox"/> July 1 - September 30		<input type="checkbox"/> October 1 - December 31			
Contractor Address			Reporting Month - Select One					
			<input type="checkbox"/> January		<input type="checkbox"/> February		<input type="checkbox"/> March	
			<input type="checkbox"/> April		<input type="checkbox"/> May		<input type="checkbox"/> June	
			<input type="checkbox"/> July		<input type="checkbox"/> August		<input type="checkbox"/> September	
			<input type="checkbox"/> October		<input type="checkbox"/> November		<input type="checkbox"/> December	
Project Name/Number			Workforce Identified in Report					
			<input type="checkbox"/> Workforce Utilized in Performance of Contract					
			<input type="checkbox"/> Contractor/Subcontractor's Total Workforce					
Preparer's Name			Date					
Preparer's Title								
			By checking this box, I certify that I personally completed this document and I adopt the					
			<input type="checkbox"/> name typed above as my electronic signature under the NYS Electronic Signatures and					
			Records Act, with like legal force and effect as if I had physically signed the document.					
			<input type="checkbox"/> Check this box to request that the material included herein be withheld from disclosure pursuant					
			to Article 6 of the Public Officers Law (Freedom of Information Law)					
Occupation Classifications (SOC Major Group)	SOC Job Title	EEO Job Title	SOC Job Code	Race/Ethnicity	Gender	No. of Employees	No. of Hours Worked	Gross Wages
		#N/A	#N/A	Select One:	Select One:			