DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT

Jeanne B. Mullgrav
Commissioner

Janice Molnar
Deputy Commissioner
For Operations

TECHNICAL ASSISTANCE

REQUEST FOR PROPOSALS (RFP)

PIN: 26006TARFP

RFP RELEASE DATE:	**February 1, 2005**
DEADLINE FOR PROPOSALS:	**February 24, 2005 at 2:00 p.m.**
RETURN TO:	**Office of Contract Procurement** **Department of Youth and Community Development** **156 William Street, 2nd Floor** **New York, NY 10038**
ATTENTION:	**Patricia Chabla** **Agency Chief Contracting Officer**
PRE-PROPOSAL CONFERENCE:	**February 11, 2005** **10:00 a.m. to 12:00 noon** **Department of Youth and Community Development** **Junius A. Kellogg Auditorium** **156 William Street, 2nd Floor** **New York, NY 10038**

Please be advised that this Request for Proposals must be obtained directly from DYCD in person or by downloading it from DYCD's Web site. If you obtained a copy of this RFP from any other source, you are not registered as a potential proposer. You will not receive addenda DYCD may issue after release of this RFP and which may affect the requirements and/or terms of the RFP.

THE CITY OF NEW YORK
DEPARTMENT OF YOUTH AND COMMUNITY DEVELOPMENT

REQUEST FOR PROPOSALS

TECHNICAL ASSISTANCE
PIN: 26006TARFP

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AUTHORIZED AGENCY CONTACT PERSONS

Proposers are advised that the authorized agency contact persons for specific matters concerning this Request for Proposal are:

Procurement Questions

Rosa Elsevyf-Conrad
Office of Procurement
Dept. of Youth & Community Development
156 William Street, 2nd Floor
New York, New York 10038
Tel. (212) 676-8128
Fax (212) 676-8129

RFP Content Questions

Nancy Russell
Planning, Research, and Program Development
Dept. of Youth & Community Development
156 William Street, 2nd Floor
New York, New York 10038
Tel. (212) 442-5914
Fax (212) 676-8160

Questions regarding this RFP will be accepted until 5:00 PM on February 17, 2005.

SECTION I - TIMETABLE

A. Release Date of this Request for Proposals: **February 1, 2005**

B. Pre-proposal Conference:

Date: **February 11, 2005**
Time: **10:00 am to 12:00 noon**
Location: 156 William Street, 2nd Floor, New York, NY 10038

Attendance by proposers is optional but recommended by the Department of Youth and Community Development (DYCD).

C. Proposal Due Date and Time and Location:

Date: **February 24, 2005**
Time: **2 p.m.**
Location: Hand deliver proposals to: Office of Contract Procurement
Attention: Patricia Chabla
Agency Chief Contracting Officer
156 William Street, 2nd Floor
New York, NY 10038

DYCD will not accept E-mailed or faxed proposals.

Proposals received at this location after the Proposal Due Date and Time are late and will not be accepted by DYCD, except as provided under New York City's Procurement Policy Board Rules, Section 3-03(f)(5).

In accordance with Section 3-03(f)(5), DYCD will consider requests made to the Agency Chief Contracting Officer to extend the Proposal Due Date and Time prescribed above, but under no circumstances will an extension beyond three hours be permitted, nor will one be permitted if any competing proposal has been opened. In the event that any proposal is afforded an extension, all proposals similarly filed within the period of extension will be considered timely filed. Unless DYCD issues a written addendum to this RFP that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.

D. Anticipated Contract Start Date: **September 1, 2005**

SECTION II - SUMMARY OF THE REQUEST FOR PROPOSALS

A. Purpose of the RFP

The Department of Youth and Community Development (DYCD) is seeking appropriately qualified organizations to provide technical assistance (TA) in the areas of programmatic development, organizational infrastructure development, and fiscal management to the following customers: DYCD-funded nonprofit organizations, DYCD advisory groups, local advisory boards, and DYCD staff. TA services will be provided in the form of workshops, seminars, and organizational consultations (Events).

DYCD recognizes that nonprofit organizations play an important role in the social and economic growth of their respective communities and that their viability is essential for youth, family, and community development and stability. Building the capacity of nonprofit organizations is essential for them to effectively carry out their missions to deliver social services. Through its newly created Capacity Building Division, DYCD demonstrates its commitment to assist in the ongoing development of emerging and experienced nonprofit organizations by strengthening their organizational infrastructures, which will in turn strengthen and support the youth, families, and communities they serve.

B. Anticipated Contract Term

It is anticipated that the term of the contracts awarded from this RFP will be for three years, from September 1, 2005 to August 31, 2008, and will include an option to renew for three additional years.

C. TA Component and Specialization Areas

Proposals are being solicited for the following TA components and specialization areas:

1. Component #1 - Programmatic Development
   a. Specialization Area A: Programs for Youth, Families, and Communities
   b. Specialization Area B: Workforce Development Programs for Youth
   c. Specialization Area C: Programs Concerning Federal Regulations Affecting Immigrants

2. Component #2 - Organizational Infrastructure Development
   a. Specialization Area D: Building Capacity of Emerging and Established Organizations
   b. Specialization Area E: Building Capacity to Serve People with Disabilities

3. Component #3 - Fiscal Management

Proposers may propose to provide TA in more than one component and in more than one specialization area. However, a complete and separate proposal must be submitted for each component and, if applicable, each specialization area proposed within a component. In the case that a proposer is eligible for award to provide TA in more than one component and, if applicable, in more than one specialization area, DYCD reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interests of the City, respectively, for how many and which component(s) and specialization area(s) the proposer will be awarded contracts.

See Scope of Services, Section III of the RFP, for a detailed description of each component and specialization area.

C. Minimum Annual Levels of Service

The contractor would provide a minimum of 12 full-day equivalent workshops and 95 organizational consultations (a minimum of three hours of service each) annually. In addition, the contractor would provide eight full-day equivalent seminars annually. (One full-day equivalent is equal to two half-day or one full-day Event.)

D. Anticipated Maximum Available Annual Funding

The anticipated maximum available annual funding for the contracts awarded from this RFP is outlined in the chart below.

TA Component	Annual Allocation Amount	Anticipated Number of Contracts
Component #1 Programmatic Development	$475,000	
Specialization Area A	$200,000	1-2
Specialization Area B	$150,000	1
Specialization Area C	$125,000	1
Component #2 Organizational Infrastructure Development	$275,000	
Specialization Area D	$175,000	1-2
Specialization Area E	$100,000	1
Component #3 Fiscal Management	$150,000	1
TOTAL	$900,000	

E. Anticipated Payment Structure and Maximum Acceptable Unit Rates

It is anticipated that the payment structure for the contracts awarded from this RFP will be based on a fixed unit rate per workshop, seminar, and organizational consultation. Each unit rate will be calculated to include all costs under each type of service provided, including but not limited to the following: staff salaries; other personnel expenses; consumable supplies; space and equipment costs/leases; telephone and utilities; travel; liability insurance; and other related expenses. DYCD will consider proposals that structure payments in a different manner and reserves the right to select any payment structure that is in the City's best interest.

The maximum acceptable unit rate per Full-Day Equivalent (FDE) by TA component is as follows:

- Component #1 - Programmatic Development $1,200
- Component #2 - Organizational Infrastructure Development $1,300
- Component #3 - Fiscal Management $ 900

Proposers should include in their price the following: outreach/registration, Event preparation, research/materials, Event length/running time, and post-Event follow-up.

Greater consideration will be given to proposers that propose more competitive pricing.

SECTION III - SCOPE OF SERVICES

A. Agency Goals and Objectives

DYCD's goals and objectives for TA are to:

- Increase the capacity of nonprofit organizations to achieve positive outcomes for youth, families, and communities.

- Enhance the skills and knowledge of TA customers to improve the quality of services to youth, families, and communities.

- Provide Events which meet the needs of TA customers.

B. Agency Assumptions Regarding Contractor Approach

DYCD's assumptions regarding which approach will best achieve the goals and objectives set out above are:

1. Contractor/Staff Qualifications

- The contractor would be fiscally sound and capable of providing TA in the component and, if applicable, specialization area.

- The contractor would have as its primary mission the delivery of TA in the component and, if applicable, specialization area to which it is applying **OR** have an existing training TA unit in its organizational structure which provides the services in the component and specialization area.

- The contractor's key staff would have demonstrated expertise and training in delivering TA in the component and, if applicable, specialization area.

- The contractor would have successful experience within the past three years in providing TA to nonprofit organizations in the component and, if applicable, specialization area.

2. Training Facility and Equipment

- The contractor would provide a training facility that would be adequate in size and design to adequately accommodate the contractor's staff, participants, and TA activities.

- The contractor would have adequate and appropriate equipment to conduct presentations (e.g., computers, overhead projectors, televisions, videocassette recorders, computer graphic slide imaging system) and disseminate information.

- The training facility would be easily accessible to public transportation and people with disabilities. The facility would meet all Americans with Disabilities Act (ADA) requirements.

3. TA Design

a) Target Customers

Contractors would provide TA to:

- DYCD-funded nonprofit organizations;
- DYCD advisory groups;
- Local advisory boards; and
- DYCD staff.

b) Annual Levels of Service

The contractor would provide a minimum of 12 full-day equivalent workshops and 95 organizational consultations (a minimum of three hours of service each) annually. The contractor would also provide eight full-day equivalent seminars annually. (One full-day equivalent is equal to two half-day or one full-day Event.)

The operative definition of each Event is as follows:

- **Workshops**

A workshop is an interactive, single-session, half-day or full-day presentation that addresses one or more topics. DYCD anticipates an average attendance of 25 participants. Knowledge and skills attained through workshops will be assessed at the conclusion of each workshop.

- **Seminars**

A seminar includes half-day or full-day presentations and/or panel discussions in which participants share their experiences, such as best practices in programmatic or organizational development.

- **Organizational Consultations**

An organizational consultation is TA delivered to a single organization, designed in response to the assessed needs of that organization. Consultations are generally a series of events, including but not limited to, workshops and individual or small group meetings with managers, staff, and/or the Board of Directors.

Before each organizational consultation, the contractor would conduct a general organizational assessment and a more detailed assessment in its TA component/specialization area, and create a work plan that specifies the TA needs, the scope of services to be provided, the timetable, the cost, and anticipated measurable outcomes to be achieved. Organizational consultations will vary in duration and scope of service, depending upon the needs of the organization receiving TA and available resources. Organizational consultations encompass meetings, telephone contacts, training, and all direct services provided to the organization. Organizational consultations may result from referrals by DYCD staff or the organization's self-referral.

c) TA Components

The following are the three TA components and the related training topics for each component:

1. Programmatic Development

For programs that serve community-based programs, workforce development programs for youth, and programs concerning services and federal regulations affecting immigrants

- Needs assessment
- Program performance evaluation
- Outcome measurements including youth development outcomes and Results Oriented Management and Accountability (ROMA) goals
- Case management
- Best practices in specific program areas and activities (See Appendix A: DYCD-funded Program Areas.)
- Performance-based contracting
- Supervision of staff

2. Organizational Infrastructure Development

For programs that serve emerging and established nonprofit organizations

- Fundraising
- Strategic planning
- Marketing
- Board development
- Volunteer recruitment and management
- Successor planning for executive staff and Board of Directors

For programs that assist nonprofit organizations that serve people with disabilities

- Outreach and recruitment
- Personnel policy and procedures
- Reasonable accommodations
- Program redesign

3. Fiscal Management

- Program budgeting
- Payroll administration
- Automated accounting
- Fiscal management
- Fiduciary responsibilities for nonprofit organization board members
- Development implementation and maintenance

d) Administrative Elements

For Events

1. **Quarterly Training Calendar:** The contractor would develop a training calendar each quarter consisting of Events to be held in the upcoming quarter. The quarterly calendar would include the titles and descriptions of the Events. In addition, it would include locations; times; and registration information, including contact persons, telephone numbers, and registration deadlines.

2. **Outreach and Marketing:** The contractor would conduct outreach and marketing events to the target customers; create and mail calendar and promotional materials; and perform registration activities including confirmation and follow-up.

3. **Work Plan:** After DYCD approval of the quarterly calendar, the contractor would complete a work plan for each Event describing the scope and related activities.

   a) Administrative Activities: The contractor would perform all administrative activities, including copying and assembling materials for Events; telephone calls; and record- keeping.

   b) Preparation: The contractor would research, plan, and prepare Event presentations.

   c) Presentation: The contractor would be responsible for the presentation and management of the Event, including selecting and securing the training facility(s).

   d) Follow-up: The contractor would provide follow-up services to participants for two weeks after completion of the Event. The follow-up would consist of answering questions from participants and providing additional TA.

4. **Assessment:** The contractor would conduct a skills/knowledge assessment of each participant at the end of each Event.

5. **Customer Satisfaction Survey:** A DYCD customer survey would be administered at the beginning and end of each Event to determine customer expectations and satisfaction.

6. **Final Report:** After the follow-up period, the contractor would submit to DYCD a final report which would include registration, attendance sheets, assessments, completed customer satisfaction surveys, curricula, and handouts.

Additional Administrative Elements for Organizational Consultations *Only*

1. The contractor would accept referrals from DYCD for organizations seeking TA services in the form of organizational consultations.

2. The contractor would conduct a general organizational assessment and a more detailed assessment in the TA component/specialization area.

3. The contractor would complete a work plan which would include:
   - Assessed needs of the organization
   - Anticipated start and end dates
   - Projected number and length (i.e., full or half day) of organizational consultations
   - Scope of the organizational consultations and anticipated short and long term outcome(s)

4. The contractor would submit to DYCD a final report and the completed customer satisfaction surveys. DYCD would conduct a separate evaluation after each consultation.

e) Linkages

The contractor would establish linkages with appropriate organizations to support the proposed TA services. These may include, but are not limited to, other TA providers, consortia, foundations, corporations, community groups/organizations, and government agencies.

The contractor would, when necessary and as authorized by DYCD, collaborate with other TA contractors to more effectively provide services to the target customers.

SECTION IV - FORMAT AND CONTENT OF THE PROPOSAL

Instructions: Proposers should provide all information requested in the format below:

- The proposal should be typed on 8 1/2" x 11" white paper.
- Lines should be **double-spaced** with 1" margins, using 12-point font size.
- Pages should be numbered and include a header or footer identifying the proposer.
- Proposals should preferably **not exceed 11 pages** (excluding requested attachments).
- The proposal should include a **Table of Contents**.

A. Proposal Summary Form

The Proposal Summary Form (Attachment 1) transmits the proposal package to DYCD. It should be completed, signed, and dated by an authorized representative of the proposer.

B. Program Proposal

The program proposal is a clear, concise narrative that addresses the following:

1. **Experience** (Preferable page limit: 2 pages, excluding requested attachments)

Describe the successful relevant experience of the proposer, each proposed subcontractor, if any, and the proposed key staff in providing the program described in Section III – Scope of Services of the RFP. Specifically address the following:

- Describe and demonstrate the relevant experience of the proposer within the past three years providing services to nonprofit organizations in the proposed TA component and, if applicable, specialization area.

- Describe and demonstrate the relevant experience of the key staff within the past three years providing services in the proposed TA component and, if applicable, specialization area.

- Describe the proposer's mission as related to the delivery of TA in the proposed component and, if applicable, specialization area. Indicate whether it is the organization's primary mission or the mission of a unit within the organization.

- Attach a job description for each key staff position, including required qualifications, and resumes for key staff members who have been identified.

- Attach a listing of at least two relevant references, including the name of the reference entity, a brief statement describing the relationship between the proposer and the reference entity, and the name, title, and telephone number of a contact person at the reference entity.

2. **Organizational Capability** (Preferable page limit: 2 pages, excluding requested attachments)

Demonstrate the proposer's organizational, programmatic, managerial, and financial capability to carry out the program described in Section III – Scope of Services of the RFP. Specifically address the following:

- Identify the members of the proposer's Board of Directors and/or other governing body and demonstrate how the members of the governing body(ies) will be involved in the proposed administration of TA.

- Demonstrate successful joint efforts with other organizations and agencies in providing TA services and other related services.

- Demonstrate the proposer's capacity to integrate the proposed TA into its existing operation. Attach an organizational chart indicating how the staff who will deliver the proposed TA service relate to the overall organization.

- Describe the proposing organization's internal monitoring system and demonstrate its effectiveness in identifying program, personnel, and fiscal issues.

- State that a copy of the most recent overall organizational audit, completed by a Certified Public Accountant, is attached and indicate the period covered. If the organization is required to file a financial audit report conducted in accordance with the Office of Management and Budget's Circular A-133, also submit it. If the above audits are not available, explain the reason and attach a copy of the organization's most recent Financial Annual Report.

- State whether the proposer has submitted more than one proposal in response to this RFP and, if so, demonstrate the proposer's organizational capability to successfully provide simultaneously all the components, and, if applicable, specialization areas proposed.

3. **Proposed Approach** (Preferable page limit: 7 pages, excluding requested attachments)

Describe in detail how the proposer will provide the proposed TA and demonstrate that the proposed service approach will fulfill DYCD's program goals and objectives in Section III – Scope of Services of the RFP. Specifically address the following:

Training Facility

- Describe the proposed training facility, including conference and/or workshop rooms, and demonstrate that it will be adequate in size and design to accommodate contractor's staff, TA participants, and TA activities. Describe the equipment that will be used to implement the proposed program.

- Attach a lease or other document that demonstrates availability of the facility for use by the proposer by the contract start date and for the duration of the contract term.

- Demonstrate that the facility will be easily accessible to public transportation and people with disabilities, and that the facility meets all Americans with Disabilities Act (ADA) requirements.

TA Design

a) Target Customers

- Demonstrate that the TA to be provided will be designed to meet the needs of each target customer group cited on pages 6-7 of the RFP.

b) Levels of Service and Training Content

- Identify the proposed levels of services to be provided, using a chart similar to the sample below. List the type of service; the name of the training topic; the number of Events proposed per year; and the length (full or half day) of each Event. For example:

Type of Service	**Length**		**Training Topic(s)**	**Number of Full-Day Equivalent Sessions To Be Conducted Per Year**
	Full Day	**Half Day**		
Workshops	5	2	Designing Program Outcomes	6

- Justify the levels of service proposed for each Event.

c) Administrative Elements

- Describe in detail how the proposer organization will provide Events. Describe how the administrative elements would be provided and include the mode of presentation and technology to be used. Include sample curricula and handouts for each Event.

- Describe the proposer organization's quality assurance measures.

- Describe how the proposing organization will collaborate with other DYCD-funded TA contractors to more effectively provide services to target customers.

d) Staffing

- Describe the salaried and non-salaried, if any, staff positions that will be utilized to provide the proposed TA services and demonstrate that such staffing is sufficient to provide the services outlined in Section III – Scope of Services.

- Demonstrate that all individuals who will be part of the program will provide the services in a manner that is sensitive to the characteristics of the targeted customers.

e) Linkages

- Demonstrate how the proposer's linkages with businesses, foundations, community groups, government agencies, and other service providers will enhance TA outcomes.

- Complete and attach a Linkage Agreement (Attachment 2) for each linkage described.

DYCD's assumptions regarding approach represent what DYCD believes to be the best approach. Proposers, however, are encouraged to propose an approach that they believe will best achieve DYCD's goals and objectives. Proposers may also propose more than one approach. If an alternative approach affects other areas of the proposal such as experience, organizational capability, or price, that alternative approach should be submitted as a complete and separate proposal providing all the information specified in Section IV of this RFP

4. <u>Price Proposal</u>

For the purposes of comparison, proposers should submit a Price Proposal that meets the standards prescribed below.

a. The **Price Proposal Form** (Attachment 3) for the proposed TA component and, if applicable, specialization area.

b. **Budget Justification Narrative:** Demonstrate that the proposed unit rate per half-day and full-day service is comparable to half-day and full-day rates which the proposer previously charged other public entities for comparable services. If the rate being proposed is not comparable to previously charged half-day and full-day rates, justify the proposed difference. In addition, provide the following information on organizations for which the proposer provided comparable services: name of the organization(s), contact person name(s), and telephone number(s).

5. <u>Acknowledgement of Addenda</u>

The Acknowledgement of Addenda (Attachment 4) serves as the proposer's acknowledgement of the receipt of addenda to this RFP which may have been issued by DYCD prior to the Proposal Due Date and Time. The proposer should complete this acknowledgement as instructed on the form.

6. <u>Other Documents</u>

Supply and Service Employment Report (Attachment 5)

B. Proposal Package Contents ("Checklist")

The Proposal Package should contain the following materials. Proposers should utilize this section as a "checklist" to assure completeness prior to submitting their proposals to DYCD.

1. The proposal package should include one original set and four duplicate sets of the documents listed below in the following order:

   - Proposal Summary Form (Attachment 1)
   - Program Proposal
     - Narrative
     - References for the proposer.
     - Job descriptions/qualifications/organizational chart for staff positions and resumes, as appropriate.
     - Linkage Agreement(s) (Attachment 2)
     - Audit Report or Certified Financial Statement or a statement as to why no report or statement is available
     - Lease or other document demonstrating contractor's access to training facility
   - Price Proposal
     - Price Proposal Form (Attachment 3)
     - Budget Justification Narrative
   - Acknowledgment of Addenda (Attachment 4)
   - Supply and Service Employment Report (Attachment 5)

2. For each proposal submitted, enclose the documents listed above in a sealed envelope and hand deliver to Patricia Chabla, Agency Chief Contracting Officer, Office of Procurement. Label the envelope with the proposer's name and address, "TA," "PIN 26006TARFP," the Service Component/Specialization Area being proposed, and the name and telephone number of the proposer's contact person.

SECTION V - PROPOSAL EVALUATION AND CONTRACT AWARD PROCEDURES

A. Evaluation Procedures

All proposals accepted by DYCD will be reviewed to determine whether they are responsive to the requisites of this RFP. Proposals that are determined to be nonresponsive will be disqualified. DYCD's Evaluation Committee will evaluate and rate all remaining proposals based on the evaluation criteria prescribed below. The Agency reserves the right to conduct site visits and/or interviews and/or to request that proposers make presentations and/or demonstrations, as the Agency deems applicable and appropriate. Although discussions may be conducted with proposers submitting acceptable proposals, DYCD reserves the right to award contracts on the basis of initial proposals received, without discussions; therefore, the proposer's initial proposal should contain its best programmatic and price terms.

B. Evaluation Criteria

- Demonstrated quantity and quality of successful relevant experience 30%
- Demonstrated level of organizational capability 20%
- Quality of proposed approach 50%

C. Basis for Contract Award

DYCD will award contracts to the responsible proposers whose proposals are determined to be the most advantageous to the City in each component and, if applicable, specialization area, taking into consideration the price and other factors or criteria set forth in this RFP. In the case that a proposer is eligible for award to provide TA in more than one component and, if applicable, in more than one specialization area, DYCD reserves the right to determine, based on the proposer's demonstrated organizational capability and the best interests of the City, respectively, for how many and which component(s) and specialization area(s) the proposer will be awarded a contract(s).

Contract award shall be subject to timely completion of contract negotiations between DYCD and the selected proposer(s).

SECTION VI - GENERAL INFORMATION TO PROPOSERS

A. **Complaints.** The New York City Comptroller is charged with the audit of contracts in New York City. Any proposer who believes that there has been unfairness, favoritism, or impropriety in the proposal process should inform the Comptroller, Office of Contract Administration, I Centre Street, Room 835, New York, NY 10007; the telephone number is (212) 669-2797. In addition, the New York City Department of Investigation should be informed of such complaints at its Investigations Division, 80 Maiden Lane, New York, NY 10038; the telephone number is (212) 825-5959.

B. **Overall Provisions**. This Request for Proposals and the resulting contract award(s), if any, unless otherwise stated, are subject to all applicable provisions of New York State Law, the New York City Administrative Code, New York City Charter, and New York City Procurement Policy Board (PPB) Rules. A copy of the PPB Rules may be obtained by contacting the PPB at (212) 788-0010.

C. **General Contract Provisions**. Contracts shall be subject to New York City's General Contract Provisions, a copy of which is available through the Authorized Agency Contact Person.

D. **Contract Award**. Contract award is subject to each of the following, applicable conditions: New York City Fair Share Criteria, New York City MacBride Principles Law; submission by the proposer of the New York City Department of Small Business Services/Division of Labor Services Employment Report and certification by that office; submission by the proposer of the requisite VENDEX Questionnaires/Certificates of No Change and review of the information contained therein by the New York City Department of Investigation; all other required oversight approvals; applicable provisions of federal, state and local laws and executive orders requiring affirmative action and equal employment opportunity; and Section 6-108.1 of the New York City Administrative Code relating to the Local Based Enterprises program and its implementation rules.

E. **Proposer Appeal Rights.** Pursuant to New York City's Procurement Policy Board Rules, proposers have the right to appeal agency non-responsiveness determinations and agency non-responsibility determinations and to protest an agency's determination regarding the solicitation or award of a contract.

F. **Multi-Year Contracts**. Multi-year contracts are subject to modification or cancellation if adequate funds are not appropriated to DYCD to support continuation of performance in any City fiscal year succeeding the first fiscal year and/or if the contractor's performance is not satisfactory. DYCD will notify the contractor as soon as is practicable that the funds are, or are not, available for the continuation of the multi-year contract for each succeeding City fiscal year. In the event of cancellation, the contractor will be reimbursed for those costs, if any, which are so provided for in the contract.

G. **Prompt Payment Policy**. Pursuant to the New York City's Procurement Policy Board Rules, it is the policy of the City to process contract payments efficiently and expeditiously.

H. **Prices Irrevocable**. Prices proposed by the proposer shall be irrevocable until contract award unless the proposal is withdrawn. Proposals may only be withdrawn by submitting a written request to DYCD prior to contract award but after the expiration of 90 days after the opening of proposals. This shall not limit the discretion of DYCD to request proposers to revise proposed prices through the submission of best and final offers and/or the conduct of negotiations.

I. **Confidential, Proprietary Information or Trade Secrets.** Proposers should give specific attention to the identification of those portions of their proposals that they deem to be confidential, proprietary information, or trade secrets and provide any justification why such materials, upon request, should not be disclosed by the City. Such information must be easily separable from the non-confidential sections of the proposal.

J. **RFP Postponement/Cancellation**. The agency reserves the right to postpone or cancel this RFP, in whole or in part, and to reject all proposals.

K. **Proposer Costs**. Proposers will not be reimbursed for any costs incurred to prepare proposals.

L. **Charter Section 312(a) Certification**. The Department of Youth and Community Development has determined that the contract(s) to be awarded from this Request for Proposals (PIN: 26006TARFP) for TA will not directly result in the displacement of any New York City employee

_____ _____

Agency Chief Contracting Officer
Department of Youth and Community Development

Date

DYCD-FUNDED PROGRAM AREAS

Community Development

- Youth Educational Support
- Youth Leadership and Community Service
- Youth Employment
- Young Parent Education and Family Support
- Youth Violence Intervention and Prevention
- Domestic Violence Program
- Adult Health Awareness and Prevention
- Substance Abuse Education and Prevention
- HIV/AIDS Support Services
- Parent Education and Family Support
- Older Adult Program
- Adult Literacy
- Adult Employment
- Immigrant/Refugee Assistance
- Housing Assistance and Advocacy
- Economic Development

Youth Development

- Creative Arts
- Education
- Employment
- Sports and Recreation
- Substance/Alcohol Abuse Prevention
- Young Parent Education and Family Support
- Youth Leadership
- Youth with Disabilities
- Health-Related Services
- Runaway and Homeless Youth

Youth Workforce Development Programs

- In-school Youth Programs
- Out-of-school Youth Programs
- Summer Youth Employment

Immigration

- Immigrant Women Services
- Immigrant Youth Services
- Immigration Training and Resources
- Immigration/Refugee Assistance

PROPOSAL SUMMARY FORM
PIN: 26006TARFP

Proposer Name: _____

Address: _____

_____
City State Zip Code

Tax Identification #: _____ Annual Funding Request: _____

Proposer's Contact Person: _____

Title: _____ Telephone #: ( ) _____

Fax No.:_____ E-Mail Address:_____

Training Facility Address:_____

Proposed TA Component (check one ONLY) and, if applicable, Specialization Area (check one ONLY).

- ☐ **Component #1: Programmatic Development**
  - ☐ **Specialization Area A: Programs for Youth, Families, and Communities**
  - ☐ **Specialization Area B: Workforce Development Programs for Youth**
  - ☐ **Specialization Area C: Programs Concerning Federal Regulations Affecting Immigrants**

- ☐ **Component #2: Organizational Infrastructure Development**
  - ☐ **Specialization Area D: Building Capacity of Emerging and Established Organizations**
  - ☐ **Specialization Area E: Building Capacity to Serve People with Disabilities**

- ☐ **Component #3: Fiscal Management**

Proposer has submitted additional proposals in response to this TA RFP. NO ☐ YES ☐ If yes, check all that apply below.

- ☐ **Component #1: Programmatic Development**
  - ☐ **Specialization Area A: Programs for Youth, Families, and Communities**
  - ☐ **Specialization Area B: Workforce Development Programs for Youth**
  - ☐ **Specialization Area C: Programs Concerning Federal Regulations Affecting Immigrants**

- ☐ **Component #2: Organizational Infrastructure Development**
  - ☐ **Specialization Area D: Building Capacity of Emerging and Established Organizations**
  - ☐ **Specialization Area E: Building Capacity to Serve People with Disabilities**

- ☐ **Component #3: Fiscal Management**

<u>Proposer's Authorized Representative</u>

Name: _____Title: _____

_____ _____
Signature Date

ATTACHMENT 2

LINKAGE AGREEMENT

Proposer: _____ PIN: 26006TARFP

INSTRUCTIONS: This agreement is a demonstration of a commitment to integrate service delivery through working relationships with other organizations. It is not a consultant agreement. Provide one Linkage Agreement for each organization with which you will be working. Duplicate this form as needed.

Pursuant to the proposal submitted by _____ in response to the TA Request
(Proposing Organization)
for Proposals from the Department of Youth and Community Development, the proposer, if funded, will establish programmatic linkage with _____ in the form and manner described below.
(Linked Organization)

Describe the proposed programmatic linkage, including how referrals and follow-up services for individuals will be maintained.

Proposing Organization:

_____
Authorized Representative

_____
Title

_____
Signature

_____
Date

Linked Organization:

_____
Authorized Representative

_____
Title

_____
Work Address

_____
Work Telephone Number

_____
Signature

_____
Date

PRICE PROPOSAL FORM

Proposer: _____ PIN:26006TARFP

TA Component and, if applicable, Specialization Area: _____

It is anticipated that the payment structure of the contracts awarded from this RFP will be reimbursement of the unit cost per workshop, seminar, and organizational consultation (on a cost reimbursement basis) to be negotiated between DYCD and the selected providers.

Complete the chart below for each type of service listed. (See page 2 of Attachment 3 for instructions.)

(A) Event	(B) Minimum Annual Levels of Service	(1) Total Number Offered of Each Event	(2) Number of Sessions by Length		(3) Number of Full Day Equivalent (FDE) Sessions of Each Event	(4) Total Loaded Cost for Each Type of Event	(5) FDE Cost (Total Cost/FDE Session)
			Half-Day	Full-Day			
Workshops	12 FDE Sessions						
Seminars	8 FDE Sessions						
Organizational Consultations	95 Half Days						
COLUMN TOTALS						*	

Overall FDE Cost of the Proposed TA Component: **$_____**
(Column 4 total/Column 3 total)

$1,200 = Maximum Price per FDE for Programmatic Development
$1,300 = Maximum Price per FDE for Organizational Infrastructure Development
$ 900 = Maximum Price per FDE for Fiscal Management

*This cost should be equal to the total DYCD funding request.

Instructions for Completing the Table

Column (A) **Event**
Workshops, seminars, and organizational consultations.

Column (B) **Minimum Annual Levels of Service**
The minimum number of full-day or half-day equivalents for each type of Event.

Column (1) **Total Number Offered of Each Event**
Indicate the annual total number of all workshops, seminars, and organizational consultations being proposed.

Column (2) **Number of Sessions by Length**
Indicate how many full-day (7 hours) or half-day (3 hours) sessions will be offered for each Event annually.

Column (3) **Number of Full Day Equivalent (FDE) Sessions of Each Event**
Indicate the annual total of FDE (Full-Day Equivalent) sessions for each Event. Two half-day sessions or one full-day session equal one full-day equivalent session.

Number of FDE sessions = (half-day sessions x .5) + (full-day sessions x 1)

Column (4) **Total Loaded Cost for Each Type of Event**
Indicate the annual total cost for each type of Event. This cost figure should consist of a "loaded" rate, which includes all personnel services; other than personnel services; indirect costs; operating costs; and any other costs.

For workshops and seminars: Include all costs related to the quarterly training calendar, outreach/marketing, work plan, administrative activities, preparation, presentation, follow-up, assessment, customer satisfaction survey, and final report.

For organizational consultations: Include all costs related to work plan development, including both the general organizational and detailed assessments in the TA component/specialization area; meetings; telephone contacts; training and/or all other direct services provided to the nonprofit organization; anticipated start and end dates; projected numbers of consultations; scope of the consultations and anticipated short and long term outcome(s); customer satisfaction survey; and final report.

Column (5) **FDE Cost**
FDE cost for each Event = Column (4) divided by Column (3)

.

ATTACHMENT 4

ACKNOWLEDGEMENT OF ADDENDA

Proposer: _____ PIN: 26006TARFP

COMPLETE PART I OR PART II, WHICHEVER IS APPLICABLE.

PART I: Listed below are the dates of issuance for **each addendum received** in connection with this RFP:

ADDENDUM #1 DATED: _____, 2005

ADDENDUM #2 DATED: _____, 2005

ADDENDUM #3 DATED: _____, 2005

ADDENDUM #4 DATED: _____, 2005

ADDENDUM #5 DATED: _____, 2005

ADDENDUM #6 DATED: _____, 2005

ADDENDUM #7 DATED: _____, 2005

ADDENDUM #8 DATED: _____, 2005

PART II: _____ NO ADDENDUM WAS RECEIVED IN CONNECTION WITH THIS RFP.

DATE _____/____/____

PROPOSER (NAME): _____

PROPOSER (SIGNATURE): _____

ATTACHMENT 5

SUPPLY AND SERVICE \ EMPLOYMENT REPORT

(BEGINS ON NEXT PAGE)

THE CITY OF NEW YORK
DEPARTMENT OF BUSINESS SERVICES
DIVISION OF LABOR SERVICES
CONTRACT COMPLIANCE UNIT
110 WILLIAM STREET – 2ND FLOOR
NEW YORK, NY 10038

INSTRUCTIONS FOR THE SUPPLY AND SERVICE CONTRACTOR'S EMPLOYMENT REPORT

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III.	For which facility must an Employment Report be filed	1
IV.	Who must file the "Less Than 150 Employees Certificate". L.T. 150	2
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I. WHO MUST FILE A COMPLETE EMPLOYMENT REPORT (ER)

In accordance with Chapter 56 of the New York City Charter (Chapter 56), Executive Order No. 50 (1980) (E.O. 50), as amended, its implementing Rules (1982), the filing of a completed ER is a requirement for doing business with the City of New York if you meet all of the following conditions:

1. you have been identified as the lowest bidder for a supply or service contract, or your proposal for supplies or services has been accepted;

2. the contract value exceeds $50,000; and

3. your firm employs a total of 50 or more people.

NOTE: IF YOU ARE A SUBCONTRACTOR (SUPPLIER OR MANUFACTURER) PERFORMING ON A SUPPLY AND SERVICE CONTRACT AND YOU MEET CONDITIONS 2 AND 3 ABOVE, YOU MUST ALSO FILE A COMPLETE ER. THE CONTRACTOR IS RESPONSIBLE FOR THE SUBMISSION OF THE ER(S) BY EACH SUBCONTRACTOR MEETING CONDITIONS 2 AND 3. THE ER FOR THE PREAWARD PRIME CONTRACTOR WILL NOT BE CONSIDERED COMPLETE UNTIL DLS RECEIVES A COMPLETE AND DETAILED LISTING OF EACH SUBCONTRACTOR INVOLVED IN THE CONTRACT. COMPLETED ERS FROM EACH APPROPRIATE SUBCONTRACTOR MUST BE SUBMITTED 10 BUSINESS DAYS FOLLOWING THE AWARD OF THE CONTRACT. THE ER FOR THE POST AWARD PRIME CONTRACTOR WILL NOT BE CONSIDERED COMPLETE UNTIL DLS RECEIVES COMPLETED ERS FROM EACH APPROPRIATE SUBCONTRACTOR.

II. WHO MUST FILE A "LESS THAN 50 EMPLOYEES CERTIFICATE" (see ER, page 12)

1. If your contract value exceeds $50,000 and your company at all of its facilities employs fewer than 50 employees, you need only submit a "Less Than 50 Employees Certificate" found on page 12 of the Employment Report.

2. If you are a subcontractor to the prime contractor, the value of your subcontract exceeds $50,000 and your company at all of its facilities employs fewer than a total of 50 employees, you need only submit the "Less Than 50 Employees Certificate" found on page 12 of the Employment Report.

III. FOR WHICH FACILITY MUST AN ER BE FILED

1. A separate ER will be forwarded for each facility involved in the performance of the contract. This may be headquarters or any "independently operating facility".

2. An "independently operating facility" is headquarters or a site separate from headquarters that makes its own personnel decisions including hires, transfers, promotions and terminations. If staff employed by a facility are simply sent to a separate location to perform their work, they are still considered part of that facility and are included in one ER.

3. Example for which ERs must be filed from separate facilities: If your firm is supplying data processing equipment that is manufactured at your Chicago, Illinois plant, sold by your sales office in East Orange, New Jersey and serviced by your maintenance center in New York City, then an ER is necessary for each of the three sites. DLS retains the right to request the submission of an ER from headquarters, if deemed appropriate.

NOTE: IF YOU HAVE ANY QUESTIONS RELATING TO WHICH FACILITY(IES) YOUR ORGANIZATION MUST COMPLETE AND SUBMIT INFORMATION, PLEASE CONTACT THE APPROPRIATE CITY AGENCY AS IDENTIFIED IN SECTION V BELOW.

IV. WHO MUST FILE A "LESS THAN 150 EMPLOYEES CERTIFICATE" (see ER, page 13)

1. If your contract value exceeds $50,000 and your company employs between 50 and 149 employees, only Parts I and II and the "Less Than 150 Employees Certificate" (see page 15 of the Employment Report) need be completed and submitted for each independently operating facility. DO NOT COMPLETE PART III (Pages 9-11) of the ER.

2. If your company is a subcontractor, the value of your subcontract exceeds $50,000 and your company employs between 50 and 149 employees, only Parts I and II and the "Less Than 150 Employees Certificate" (see page 15 of the Employment Report) need be completed and submitted for each independently operating facility. DO NOT COMPLETE PART III (Pages 9-11) of the ER.

V. WHERE TO FILE

1. The ER(s) or the "Less Than 50 Employees Certificate(s)" must be returned to the city agency with which you are contracting (contracting agency), and all inquiries regarding the Instructions and/or the ER must be directed to the contracting agency, as well.

2. DEPARTMENT OF GENERAL SERVICES/DIVISION OF MUNICIPAL SUPPLIES CONTRACTORS ONLY. If you are contracting through the Department of General Services/Division of Municipal Supplies, you will submit the ER or "Less Than 50 Employees Certificate" directly to Division of Labor Services, 110 William Street, 2nd Floor, New York, NY 10038. All inquiries regarding the Employment Report Instructions and/or the ER must be directed to DLS.

NOTE: THE ORIGINAL EMPLOYMENT REPORT MUST BE SUBMITTED FOR DLS' REVIEW. HOWEVER, YOU SHOULD KEEP COPIES OF ALL MATERIALS AND DOCUMENTS SUBMITTED FOR EASY REFERENCE DURING AND AFTER THE REVIEW.

VI. WHO REVIEWS THE EMPLOYMENT REPORT

The contracting agency and/or DLS reviews the ER for completeness. If any portion is incomplete you will be notified.

Upon receipt of a completed ER, it is reviewed by DLS to ensure that your firm or organization is in compliance with the City's equal employment opportunity requirements.

VII. WHAT COMPRISES THE DIVISION OF LABOR SERVICE'S REVIEW PROCESS

In accordance with E.O. 50, upon receipt by DLS of a completed ER, DLS conducts a review of the contractor's current employment policies, practices and procedures, as well as a statistical analysis of the workforce, if necessary. The process is as follows:

1. Within five (5) business days DLS will review the ER for completeness and accuracy. If any information is omitted or incorrect, or if necessary documents are not submitted, the submission shall be deemed incomplete and DLS will inform the contractor. The substantive compliance review does not commence until the submission is complete. **An incomplete submission will delay the review process and may preclude or interrupt the contract approval.**

2. If the ER submission is complete the compliance review will proceed, resulting in one of the following:

   a) A **Certificate of Compliance**, valid for 24 months;
   b) A **Conditional Certificate of Compliance**, valid for 3 months contingent upon conditions being satisfied;
   c) An **Administrative Certificate of Compliance**, valid for 24 months;

d) A Conditional Administrative Certificate of Compliance, valid for 3 months, if conditions are satisfied;

e) Continued Compliance Certificate, good for the instant contract if a Certificate of Compliance has been issued; or

f) A Compliance Review Analysis Report. (If the analysis yields a finding of underutilization of minorities and/or women resulting from policies or procedures that may have a discriminatory effect, or other employment policies or practices mitigating against equal employment opportunity, the contractor will be asked to attend a conference to present a legal and/or factual explanation, or to develop an Employment Program. Any firm or organization making good faith efforts to take necessary corrective actions to change policies found to have a disparate effect on women and minorities may be issued a Conditional Certificate of Compliance.)

VIII. WHO MUST SIGN THE EMPLOYMENT REPORT, THE "LESS THAN 150 EMPLOYEES CERTIFICATE" OR THE "LESS THAN 50 EMPLOYEES CERTIFICATE"

The signatory of these and all other documents submitted to DLS must be an official of the firm, authorized to enter into binding legal agreements.

NOTE: DLS WILL ONLY ACCEPT ORIGINAL SIGNATURES. COPIES WILL BE REJECTED.

IX. HOW TO COMPLETE THE EMPLOYMENT REPORT

A. General Information

1. Check the appropriate the contractual relationship (a or b) you will have with the City as a result of this contract. If you are a subcontractor, you must state the name of the contractor for whom you are providing the goods, services, etc.

2. Identify the facility represented by the information submitted in this Employment Report.

3. You must provide your Employer Identification or Tax Number.

4. You must indicate the number of employees at this facility.

5. You must check the entry corresponding with the description of your firm's ownership.

6. Identify your firm's industry code (see Appendix A)

NOTE: READ BEFORE COMPLETING B. PART I

You may complete and submit only Part I, if any of the three (3) following conditions apply to your organization.

1. You Have Prior Approval From DLS

   You have a valid Certificate of Compliance, Conditional Certificate of Compliance, Administrative Certificate of Approval or Conditional Administrative Certificate of Approval, issued by DLS within the past 24 months for the facility(ies) performing on this contract. If so, complete only Part I and the required attachments. (See Question 9a. of the ER).

2. You Have Previously Submitted a Complete ER for this Facility

   You have previously submitted an ER on this same facility for a different contract for which you have not yet received compliance approval. If so, complete only Part I and the required attachments. (See Question 9b. of the ER).

3. You Have Prior Approval From OFCCP

   The facility(ies) involved in the performance of this contract has within the past 12 months undergone an audit and received approval by the U.S. Department of Labor, Office of Federal Contract Compliance Programs ("OFCCP") and is in compliance with all other requirements of E.O. 50 and its implementing Rules. If so, complete only Part I and submit the required attachments. (See Question 10 of the ER).

B. Part I - Contractor/Subcontractor Information

1. State the name of your organization.

2. State the full address of the facility at which this ER was completed.

3. Identify the Chief Operating Officer of the organization (not necessarily the facility). Please provide a telephone number.

4. Please provide the name of the person who can explain the information submitted in this report, or respond to questions raised in connection with the review of this report. Provide the telephone number at which this person can be reached. If this person is located at an address different from the facility for which this report is being submitted, provide the address where they can receive correspondence directly. If available, include fax number.

5. Explain the nature of the good(s) and/or service(s) being provided under this contract. (see page 3 of the ER)

6a. Identify the Agency with which you have the contract to provide the good(s) and/or service(s). If the Department of General Services/Division of Municipal Supplies (DMS) is contracting with your organization on behalf of a user agency (e.g. Department of Sanitation), please indicate that DMS is the contracting agency.

b. Identify the contract value.

c. Identify the term or duration of the contract. If no terms or expiration date is indicated in the contract, please indicate your projected performance completion date.

7. List the names and addresses of all of your firm's facilities which are performing work on this contract. For example, a computer organization might have a sales office in Newark, New Jersey which negotiated and/or submitted a contract proposal, manufacturing facilities in Tetersboro, New Jersey and Schaumberg, Illinois which produced the equipment; and a facility in New York City providing systems analysts, programmers and technicians to develop, install and maintain the system. Since all four (4) facilities are involved in performing the contract, all four (4) are operating facilities, and they must be identified. If a facility's employment policies, procedures and employment action determinations are made at a different facility or headquarters, that facility must be identified as well. If you are uncertain whether a particular facility should be included, refer to Section III, page 1 of these instructions and/or call DLS at (212) 513-6433 or 513-6323.

IF YOU FAIL TO IDENTIFY ALL OF THE OPERATING FACILITIES, THE OMISSION WILL RENDER THE EMPLOYMENT REPORT SUBMISSION INCOMPLETE. INCOMPLETENESS WILL INTERRUPT AND DELAY THE COMPLIANCE REVIEW IN PROGRESS.

AN ER, COMPLETED PURSUANT TO THESE INSTRUCTIONS, MUST BE SUBMITTED FOR EACH OF THE FACILITIES LISTED ABOVE IN QUESTION 7.

8. IMPORTANT. All subcontractors with subcontracts in excess of $50,000 must be identified by name and address. As a selected proposed contractor you must ensure that each of your subcontractors obtain an Employment Report as soon as possible after your organization is selected to perform on the City contract.

9a. This question refers to your firm's particular facility locations which have been reviewed and certified within the past 24 months. If the operating facilities in the current proposed contract include any location(s) different from those reviewed and certified in the past 24 months, ERs must be submitted for these facilities. (See Instructions Sections III and IV).

9b. If all of the facilities involved in this proposed contract of the ER being reviewed by DLS, then you may complete and submit only Part I of the ER for each operating facility. Be certain to identify the date on which you submitted the completed ER(s), the name of the City contracting agency with which the contract was made, and the name and telephone number of the person to whom the ER was submitted.

10. Was an Approval issued in the last 24 months pursuant to an OFCCP Audit of the facility for which this ER is being submitted? When answering this question, be careful to consider only those locations which the OFCCP actually audited. DLS will not consider OFCCP approvals and certifications for facility locations which were not actually audited.

a. Identify the reviewing OFCCP office by its name and address;

b. Was an unconditional certificate of compliance issued within the past 24 months by the OFCCP? If yes, attach a copy of the certificate in lieu of completing Employment Report Parts II and III.

c. Provide a copy of all stated OFCCP findings. Include copies of all corrective actions and documentation of their performance.

IF YOU ARE SUBMITTING ONLY PART I OF THE ER, YOU MUST SUBMIT A COPY OF THE FIRM'S EEO STATEMENT AS IT IS PRESENTED IN THE COMPANY PUBLICATIONS/POSTED ON BULLETIN BOARDS.

If you are only required to complete Employment Report Part I, TURN TO PAGE 7 of the Employment Report and sign and notarize the Employment Report. Then submit it to the appropriate contracting agency. (See Section V, page 2)

C. Part II - DOCUMENTS REQUIRED

Questions 11a. - j.

You must respond to the questions as to whether or not your firm has documents reflecting written policies, benefits and procedures. If so, then you must identify by name each document in which the policy(ies), procedure(s) or benefit(s) is located and submit copies of each document.

If your firm follows unwritten practices or procedures, then you must explain in writing how they operate.

REMEMBER TO LABEL ALL DOCUMENTS WITH THE QUESTION NUMBER FOR WHICH THEY ARE SUBMITTED.

Questions 12a. and b.

There are two parts to this question. Part (a) concerns the manner/method by which you comply with the requirements of the Immigration Reform and Control Act of 1986 (IRCA). Part (b) inquires into where and how I-9 Forms are maintained and stored.

Questions 13a. and b.

There are two parts to this question. Part (a) concerns the firm's requirement that an applicant or employee be subjected to a medical examination at any given time. Part (b) requires the submission of medical information questionnaires used by the firm.

Question 14.

There are two parts to the question. Part (a) asks you to indicate the existence and location of all statements of your firm's Equal Employment Opportunity policy and to attach a copy of each statement. Part (b) asks you to submit your current Affirmative Action Plan(s).

Question 15.

If your firm or collective bargaining agreement has an internal grievance procedure indicate this and submit a copy of the policy and procedure. If unwritten, explain its nature and operation. Explain how your firm's procedure addresses EEO complaints.

Question 16. If your employees have used an internal grievance procedure in the last three (3) years, please submit an explanation in the format indicated below:

Number the Complaint(s) (e.g. 1, 2, 3 ..)	Nature of the Complaint(s)	Position(s) of Complainant(s)	Investigation Conducted Yes/No, Type	Current Status/ Disposition

Question 17. Indicate whether in the past three (3) years complaints have been filed with a court of law or administrative agency, naming your firm as a defendant (or respondent) in a complaint alleging violation of any anti-discrimination or affirmative action laws. If yes, develop and submit a log to show, for each administrative/and or judicial action filed, the following information:

Name(s) of Complainant(s)	Administrative agency or court in which action was filed	Nature of the Complaint(s)	Current Status	If not pending, the Complaint's Disposition

Question 18. Identify each job for which a physical qualification exists. Identify and explain the physical qualification(s) for each stated job. Submit job descriptions for each job and the reasons for the qualifications.

Question 19. Identify each job for which there exists any qualification related to age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status. Identify and explain the specific related qualification for each job stated. Submit job descriptions for each job and the reasons for the qualifications.

Question 20. If the conditions apply, check the appropriate boxes.

D. Part III: Employment Data Tables Include:

Form A. Job Classification and Incumbents Form (see ER, page 9)

Form B. New Hires Form/Tracking Employees Hired Over The Last Three Years (see ER, page 10)

Form C. Terminations Form: Employment Terminations Over The Last Three Years (see ER, page 11)

NOTE: IDENTIFY THE FIRM AND FACILITY LOCATION AT THE TOP RIGHT CORNER OF EACH WORKFORCE DATA TABLE PAGE. THESE SHEETS ARE SEPARATED FROM THE OTHER EMPLOYMENT REPORT MATERIALS FOR PURPOSES OF COMPUTER PROCESSING.

FORM A. JOB CLASSIFICATION AND INCUMBENTS REPORT

FILL OUT THIS FORM AS FOLLOWS: (See page 9 of the ER)

1. Occupational Category

(a) This form requires that you list and classify each company job title which exists in the reported facility.

(b) In selecting the appropriate occupational category for each job title please note that the occupational categories listed in abbreviated form at the upper right corner reflect the eleven (11) occupational categories utilized in the 1990 Census. These occupational categories are listed in Appendix B (page 22) and appear as italicized headings within the parenthesis above each group of occupational titles listed in Appendix B. Be sure you are using the correct occupational category when selecting the category in Appendix B that most closely corresponds to your company job titles.

(c) Before you fill out Form A, please circle the occupational category at the top of the page in order to identify the job titles being reported on the page. Remember, if you circle "professional" the page should reflect only those titles classified as professionals.

(d) You must use separate pages of Form A for each occupational category. You should photocopy as many forms as you need to report all of the titles.

(e) You must indicate the name and location of the reported facility in the upper right hand corner of Form A.

Column 1 - Company Job Title

1. List all job titles which fall within the category circled. (These are titles, not census codes, occupational categories or specific people)

NOTE: IF YOU HAVE AN UNUSUAL COMPANY JOB TITLE WHICH YOU ARE UNABLE TO PLACE WITHIN AN OCCUPATIONAL CATEGORY, PLEASE FILL OUT THE JOB DESCRIPTION FORM (EMPLOYMENT REPORT, PAGE 14) AND DLS WILL CLASSIFY THAT TITLE FOR YOU.

2. If two job titles have similar pay rate, opportunity and responsibility, they may be checked off in the same job group. But you may not skip a job group within an occupational category: THE RANKINGS IN EACH OCCUPATIONAL CATEGORY MUST BEGIN WITH JOB GROUP 1, THEN JOB GROUP 2, THEN JOB GROUP 3 AND SO ON. (It is not necessary to reach Job Group 5, and in fact most small and medium-sized organizations do not).

NOTE: UNDER LIMITED CIRCUMSTANCES, DLS WILL ALLOW MORE THAN FIVE JOB GROUPS TO BE ESTABLISHED IN AN OCCUPATIONAL CATEGORY, BUT IN NO INSTANCE WILL MORE THAN TEN JOB GROUPS BE ALLOWED. IF YOU BELIEVE THAT MORE THAN FIVE JOB GROUPS IN ANY OCCUPATIONAL CATEGORY IS ABSOLUTELY NECESSARY, YOU MAY CALL DLS AND ASK FOR THE TECHNICAL ASSISTANCE UNIT AT (212) 513-6433 or 513-6323.

COLUMNS 5 - 15: (INCUMBENTS)

1. In Column 5, record the total number of your current employees by job title.

2. In Columns 6-15, distribute by sex and minority status (see below), the total number of incumbents in each job title. Add the totals in column 5 for the entire occupational category (e.g., Managers) and place the resulting number in the box at the top left hand corner of the page. If there are no incumbents in an occupational category, you must report zero (0).

3. "Minority," "Minorities, " or "Minority Group" means: Black, Hispanic (non-European), Asian, and Native American (American Indian, Eskimo, Aleut)

   These groups are defined as follows:
   Black: descended from any of the Black African racial groups and not of Spanish origin;

   Hispanic: of Mexican, Puerto Rican, Cuban, Dominican, Central or South American Spanish origin or culture regardless of race;

   Asian or Pacific Islander: descended from any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands;

Native American, Alaskan Native: descended from any of the original peoples of North America or Alaska and maintaining identifiable tribal affiliation through membership and participation or community recognition.

4. The incumbents reported should reflect a snapshot of your workforce as of the date your Employment Report was completed.

FORM B. NEW HIRES FORM/TRACKING EMPLOYEES HIRED OVER THE LAST THREE YEARS

FILL OUT THIS FORM AS FOLLOWS: (See page 10 of ER)

1. The New Hires Form calls for information concerning only those employees hired over the last three years, *including those who are no longer with your firm.*

2. If any required information is unavailable, please contact the city agency with which you are contracting (contracting agency). If you are contracting through the Department of General Services/Division of Municipal Supplies, you must contact the Division of Labor Services directly.

Column 1 - Social Security No. or Employee ID No.

1. Write the social security number or employee ID number of all employees hired. Each permanent ID number must be employee specific.

Columns 2-3: Sex and Race/Ethnic Code

1. Using the codes at the bottom of the form, fill in the sex and race of each employee listed in column 1.

2. "Minority," "Minorities, " or "Minority Group" means: Black, Hispanic (non-European), Asian, and Native American (American Indian, Eskimo, Aleut). These groups are defined on page 11.

Column 4 - Year of Hire

1. Enter year of hire for each employee hired within the past three years.

2. If there are no "new hires" for one or more of the past three years, please indicate this at the certification box located below the legends.

Column 5 - Company Job Number at Hire

1. List the company job number (Form A, Column 2) for the title in which the employee was hired.

2. All company job numbers utilized on this form must be reported on Form A, even if the job title that the job number represents no longer exists.

NOTE: IF A COMPANY NUMBER IS LISTED AS A THREE DIGIT NUMBER ON THE JOB CLASSIFICATION AND INCUMBENTS FORM (i.e. 006), THAT PRECISE THREE DIGIT NUMBER MUST BE UTILIZED IN THIS COLUMN AND IN COLUMM 8. DO NOT SUBSTITUTE 6 FOR 006.

Column 6 - Matching Census Code

1. Refer to the census codes which were assigned to the job titles on Form A. List the census code assigned to the company job title into which the employee was hired.

2. When the same company job number is listed more than once in column 5, the same census code must be assigned each time that company job number is reported.

3. Where applicable, the same census code may be assigned to different company job numbers. For example, job titles senior accountant and junior accountant may both be assigned detailed census code 023 (accountants and auditors).

4. If you are unable to find a suitable census code match for one or more of your company job titles, fill in the Job Description Form Employment Report, page 14) and DLS will match it to a census code.

Column 7 - Weekly Salary at Hire

1. Report the weekly salary of each employee listed at hire. If not weekly, salaries must still be listed in a uniform manner (i.e., monthly salaries instead of weekly).

Column 8 - Current Company Job Number

1. Enter the current company job number of each employee listed. This may or may not be a change from column 5, depending on whether there was a change in job title (promotion, transfer, demotion) for the employee.

2. If any employee listed as a new hire is no longer with your firm, place an "I" in this column if the employee was discharged or laid off, a "V" if the employee resigned, an "R" if the employee retired and a "D" if the employee is deceased.

NOTE: REMEMBER THAT ALL COMPANY JOB NUMBERS UTILIZED ON THIS FORM MUST HAVE BEEN REPORTED ON FORM A.

Column 9 - Weekly Current Salary

1. Enter the current salary of each employee listed. This may or may not be a change from column 7. This salary must be reported in the same uniform manner (i.e. weekly, monthly) as column 7.

2. If any employee listed is no longer with your firm, place an "I", "V", "R", or a "D" in this column as appropriate.

FORM C. TERMINATIONS FORM/EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

FILL OUT THIS FORM AS FOLLOWS: (See page 11 of the ER)

1. The Terminations Form calls for information concerning only those employees whose employment terminated over the last three years. If no termination occurred in any of the past three years, indicate this fact in the certification box.

2. If any required information is unavailable, please contact the city agency with which you are contracting (contracting agency). If you are contracting through the Department of General Services/Division of Municipal Supplies, you must contact the Division of Labor Services directly.

Column 1: Social Security No. or Employee ID No.

1. Write the social security number or other permanent employee ID number for each employee listed. Each permanent ID number utilized must be employee specific. Please be sure that all employees listed on the "New Hires Form" as terminated (with a "V", "R", "I" or "D" in columns 8 and 9) are consistently reported on this Form.

Columns 2-3: Sex and Race/Ethnic Code

1. Using the codes at the bottom of the form fill in the sex and race of each employee listed in column 1.

2. "Minority," "Minorities, " or "Minority Group" means: Black, Hispanic (non-European), Asian, and Native American (American Indian, Eskimo, Aleut). These groups are defined on page 11.

Column 4: Age at Termination

1. Indicate the age of each employee listed. PLEASE DO NOT GIVE BIRTHDATES.

Column 5: Year of Hire

1. If any employee listed on this form was rehired, enter the year of last hire.

Column 6: Last Company Job Number

1. Enter the last company job number assigned to terminees (this number must be from the job numbers assigned on Form A, column 2). Remember that all company job numbers utilized on this form must be reported on the Form A, even if the title and number no longer exist.

Column 7: Year of Termination

1. Indicate the year of employee's termination.

Column 8: Type of Termination

1. Indicate the type of termination by placing an "I" in this column if the employee was discharged or laid off, a "V" if the employee resigned, an "R" if the employees retired or a "D" if the employee is deceased.

NOTE: REMEMBER THAT ALL COMPANY JOB NUMBERS UTILIZED ON THIS FORM MUST HAVE BEEN REPORTED ON FORM A.

SIGNATURE PAGE (See page 7 of the ER)

The signatory of this Employment Report and all other documents submitted to DLS must be an official authorized to enter into a binding legal agreement.

THE SIGNATURE PAGE MUST BE COMPLETED IN ITS ENTIRETY AND NOTARIZED. ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.

CONTRACTOR NAME TOM JONES CONTRACTING CORP.

A: JOB CLASSIFICATION AND INCUMBENTS FORM

upational Category (CIRCLE ONE)* MGRS PROF TECH SAL CLER SERV FARM CRFT OPER LABR

l number of incumbents in this category 20

FACILITY LOCATION: LAS VEGAS FACTORY

(1) Company Job Title	(2) Company Job No.	(3) Census Code**	(4) Job Group Assignment for this occupational category 1	2	3	4	5	(5) Total in Title	(6) MALES W(non-Hisp)	(7) B(non-Hisp)	(8) Hisp	(9) Asian	(10) Nat Amer	(11) FEMALES W(non-Hisp)	(12) B(non-Hisp)	(13) Hisp	(14) Asian	(15) Nat Amer
RESIDENT	01901	004	X					1	1									
SR. PURCHASING	04412	009		X				1						1				
QUALITY CONTROL MANAGER	04560	022			X			4	2	1	1							
COMPUTER MANAGER	04570	022			X			2	2									
MANAGEMENT ANALYST	04890	026				X		2	1		1					1		
REGIONAL MANAGER	03352	022			X			3	1					1	1			
ACCOUNTANT	03751	023				X												
MANAGER INFORMATION	01939	022			X			2			1			1				
INVENTORY CONTROL MANAGER	02240	022			X			1	1									
CONSTRUCTION MANAGER	03351	022			X			1						1				
EXECUTIVE ASSISTANT	03750	037				X		1									1	
SALES MANAGER	01701	022				X		1	1									

*Please include on each sheet information concerning only 1 occupational category (see ER instructions Appendix B, page 24 for Occupational Categories)

*See ER Instructions Appendix B, for Census Codes

NOTE: Make as many copies of this form as you require for each occupational category.

CONTRACTOR NAME: TOM JONES CONTRACTING CORP.

FORM B: NEW HIRES FORM/TRACKING
EMPLOYEES HIRED OVER THE LAST THREE YEARS

FACILITY LOCATION: LAS VEGAS FACTORY

Employee Characteristics		At-Hire Information			Current Information			
(1) Social Security No. or Employee ID No.	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Year of Hire	(5) Company Job Number at Hire	(6) Matching Census Code (c)	(7) Weekly Salary at Hire	(8) Current Company Job Number (d)	(9) Weekly Current Salary
000-01-0001	F	W	93	00120	313	320	I	I
000-02-0002	F	A	94	00310	785	418	03720	520
000-03-0003	F	B	94	00310	785	398	03706	500
000-04-0004	M	A	94	00310	785	400	00310	498
000-05-0005	M	B	94	00310	785	418	00360	520
000-06-0006	F	W	93	00310	785	418	00310	515
000-07-0007	M	A	93	00310	785	398	00310	498
000-08-0008	M	B	93	00310	785	418	01680	520
000-09-0009	F	W	94	00310	785	398	00310	500
000-10-0010	F	B	93	00310	785	400	00310	510

(a)

M: Male
F: Female

(b)

W: White(non-Hisp).
B: Black(non-Hisp)
H: Hispanic
A: Asian
N: Native American

(c)
see Appendix B for a listing of the 1990 Census codes

(d)

V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated Employment (Discharged/Lay off)
R: Retired
D: Deceased

☐ I certify that there were no new hires in 199_/200_

NOTE: Make as many copies of this form as you require.

CONTRACTOR NAME: TOM JONES CONTRACTING CORP.

FORM C: TERMINATIONS FORM

EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

FACILITY LOCATION: LAS VEGAS FACTORY

(1) Social Security No. Employee ID No.	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Age at Termination	(5) Year of Hire	(6) Last Company Job Number	(7) Year of Termination	(8) Type of Termination(c)
01-00-0002	F	B	37	93	00310	94	I
02-00-0003	F	W	28	93	03720	94	R
03-00-0004	M	B	26	93	03720	93	I
04-00-0005	F	H	27	93	00310	94	R
05-00-0006	F	B	44	94	03720	94	R
06-00-0007	M	H	36	94	01520	94	I
08-00-0009	M	W	32	93	02361	94	R
10-00-0011	M	B	29	94	00310	94	I
11-00-0012	F	B	24	94	00310	94	R
12-00-0013	M	H	42	94	04950	94	R
14-00-0015	F	W	32	93	00310	93	I

(a)

M: Male
F: Female

(b)

W: White(non-Hisp)
B: Black(non-Hisp)
H: Hispanic
A: Asian
N: Native American

(c)
see Appendix B for a listing of the 1990 Census codes

(d)

V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated Employment (Discharged/Lay off)
R: Retired
D: Deceased

☐ I certify that there were no terminations in 199_/200_

NOTE: Make as many copies of this form as you require.

APPENDIX A: INDUSTRY CODES

INDUSTRY CATEGORY

AGRICULTURE, FORESTRY, AND FISHERIES

010 Agricultural production, crops
011 Agricultural production, livestock
012 Veterinary services
020 Landscape and horticultural services
030 Agricultural services, n.e.c.
031 Forestry
032 Fishing, hunting, and trapping

MINING

040 Metal mining
041 Coal mining
042 Oil and gas extraction
050 Nonmetallic mining and quarrying, except fuels

060 CONSTRUCTION

MANUFACTURING

Nondurable Goods

Food and kindred products
100 Meat products
101 Dairy products
102 Canned, frozen, and preserved fruits and vegetables
110 Grain Mill products
111 Bakery products
112 Sugar and confectionery products
120 Beverage industries
121 Miscellaneous food preparations and kindred products
122 Not specified food industries
130 Tobacco manufactures

Textile mill products
132 Knitting mills
140 Dyeing and finishing textiles, except wool and knit goods
141 Carpets and rugs
142 Yarn, thread, and fabric mills
150 Miscellaneous textile mill products
Apparel and other finished textile products
151 Apparel and accessories, except knit
152 Miscellaneous fabricated textile products

Paper and allied products
160 Pulp, paper, and paperboard mills
161 Miscellaneous paper and pulp products
162 Paperboard containers and boxes

Printing, publishing, and allied industries
171 Newspaper publishing and printing
172 Printing, publishing, and allied industries, except newspapers

Chemicals and allied products
180 Plastics, synthetics, and resins
181 Drugs
182 Soaps and cosmetics
190 Paints, varnishes, and related products
191 Agricultural chemicals
192 Industrial and miscellaneous chemicals

Petroleum and coal products
200 Petroleum refining
201 Miscellaneous petroleum and coal products

Rubber and miscellaneous plastic products
210 Tires and inner tubes
211 Other rubber products, and plastics footwear and belting
212 Miscellaneous plastics products

Leather and leather products
220 Leather tanning and finishing
221 Footwear, except rubber and plastic
222 Leather products, except footwear

DURABLE GOODS

Lumber and wood products, except furniture
230 Logging
231 Sawmills, planning mills, and millwork
232 Wood buildings and mobile homes
241 Miscellaneous wood products
242 Furniture and fixtures

Stone, clay, glass and concrete products
250 Glass and glass products
251 Cement, concrete, gypsum, and plaster products
252 Structural clay products
261 Pottery and related products
262 Miscellaneous nonmetallic mineral and stone products

Metal industries
270 Blast furnaces, steelworks, rolling and finishing mills
271 Iron and steel foundries
272 Primary aluminum industries
280 Other primary metal industries
281 Cutlery, hand tools, and general hardware
282 Fabricated structural metal products
290 Screw machine products
291 Metal forging and stampings
292 Ordnance
300 Miscellaneous fabricated metal products
301 Not specified metal industries

Machinery and computing equipment

310 Engines and turbines
311 Farm machinery and equipment
312 Construction and material handling machines
320 Metalworking machinery
321 Office and accounting machines
322 Computers and related equipment
331 Machinery, except electrical, n.e.c.
332 Not specified machinery

Electrical machinery, equipment and supplies

340 Household appliances
341 Radio, TV, and communication equipment
342 Electrical machinery, equipment and supplies, n.e.c.
350 Not specified electrical machinery, equipment and supplies

Transportation equipment

351 Motor vehicles and motor vehicle equipment
352 Aircraft and parts
360 Ship and boat building and repairing
361 Railroad locomotives and equipment
362 Guided missiles, space vehicles, and parts
370 Cycles and miscellaneous transportation equipment

Professional and photographic equipment, and watches

371 Scientific and controlling instruments
372 Medical, dental, and optical instruments and supplies
380 Photographic equipment and supplies
381 Watches, clock and clockwork operated devices
390 Toys, amusement and sporting goods
391 Miscellaneous manufacturing industries
392 Not specified manufacturing industries

TRANSPORTATION, COMMUNICATIONS AND OTHER PUBLIC UTILITIES

Transportation

400 Railroads
401 Bus service and urban transit
402 Taxicab service
410 Trucking service
411 Warehousing and storage
412 U.S. Postal Service
420 Water transportation
421 Air transportation
422 Pipe lines, except natural gas
432 Services incidental to transportation

Communications

440 Radio and television broadcasting and cable
441 Telephone communications
442 Telegraph and miscellaneous communication services

Utilities and sanitary services

450 Electric light and power
451 Gas and steam supply systems
452 Electric and gas, and other combinations
470 Water supply and irrigation

471	Sanitary services
472	Not specified utilities

WHOLESALE TRADE

Durable Goods

500	Motor vehicles and equipment
501	Furniture and home furnishings
502	Lumber and construction materials
510	Professional and commercial equipment and supplies
511	Metals and minerals, except petroleum
512	Electrical goods
521	Hardware, plumbing and heating supplies
530	Machinery, equipment and supplies
531	Scrap and waste materials
532	Miscellaneous wholesale, durable goods

Nondurable Goods

540	Paper and paper products
541	Drugs, chemicals and allied products
542	Apparel, fabrics and notions
550	Groceries and related products
551	Farm-product raw materials
552	Petroleum products
560	Alcoholic beverages
561	Farm supplies
562	Miscellaneous wholesales, nondurable goods
571	Not specified wholesale trade

RETAIL TRADE

580	Lumber and building material retailing
581	Hardware stores
582	Retail nurseries and garden stores
590	Mobile home dealers
591	Department stores
592	Variety stores
600	Miscellaneous general merchandise stores
601	Grocery stores
602	Dairy products stores
610	Retail bakeries
611	Food stores, n.e.c.
612	Motor vehicle dealers
620	Auto and home supply stores
621	Gasoline service stations
622	Miscellaneous vehicle dealers
623	Apparel and accessory stores, except shoe
630	Shoe stores
631	Furniture and home furnishings stores
632	Household appliance stores
633	Radio, TV, and computer stores
640	Music stores
641	Eating and drinking places
642	Drug stores

651	Sporting goods, bicycles and hobby stores
652	Book and stationery stores
660	Jewelry stores
661	Gift, novelty, and souvenir shops
662	Sewing, needlework and piece goods stores
663	Catalog and mail order houses
670	Vending machine operators
671	Direct selling establishments
672	Fuel dealers
681	Retail florists
682	Miscellaneous retail stores
691	Not specified retail trade

FINANCE, INSURANCE AND REAL ESTATE

700	Banking
701	Savings institutions, including credit unions
702	Credit agencies, n.e.c.
710	Security, commodity brokerage, and investment companies
711	Insurance
712	Real estate, including real estate-insurance offices

BUSINESS AND REPAIR SERVICES

721	Advertising
722	Services to dwellings and other buildings
731	Personnel supply services
732	Computer and data processing services
740	Detective and protective services
741	Business services, n.e.c.
742	Automotive rental and leasing, without divers
750	Automotive parking and carwashes
751	Automotive repair and related services
752	Electrical repair shops
760	Miscellaneous repair services

PERSONAL SERVICES

761	Private households
762	Hotel and motels
770	Lodging places, excepts hotels and motels
771	Laundry, cleaning and garment services
772	Beauty shops
780	Barber shops
781	Funeral service and crematories
782	Shoe repair shops
790	Dressmaking shops
791	Miscellaneous personal services

ENTERTAINMENT AND RECREATION SERVICES

800	Theaters and motion pictures
801	Video tape rental
802	Bowling centers
810	Miscellaneous entertainment and recreation services

PROFESSIONAL AND RELATED SERVICES

812	Offices and clinics of physicians
820	Offices and clinics of dentists
821	Offices and clinics of chiropractors
822	Offices and clinics of optometrists
830	Offices and clinics of health practitioners, n.e.c.
831	Hospitals
832	Nursing and personal care facilities
840	Health services, n.e.c.
841	Legal services
842	Elementary and secondary schools
850	Colleges and universities
851	Vocational schools
852	Libraries
860	Educational services, n.e.c.
861	Job training and vocational rehabilitation services
862	Child day care services
863	Family child care homes
870	Residential care facilities, without nursing
871	Social services, n.e.c.
872	Museums, art galleries, and zoos
873	Labor unions
880	Religious organizations
881	Membership organizations, n.e.c.
882	Engineering, architectural and surveying services
890	Accounting, auditing and bookkeeping services
891	Research, development, and testing services
892	Management and public relations services
893	Miscellaneous professional and related services

PUBLIC ADMINISTRATION

900	Executive and legislative offices
901	General government, n.e.c.
910	Justice, public order, safety
921	Public finance, taxation, and monetary policy
922	Administration of human resources programs
930	Administration of environmental quality and housing programs
931	Administration of economic programs
932	National security and international affairs

ACTIVE DUTY MILITARY

Armed Forces

940	Army
941	Air Forces
942	Navy
950	Marines
951	Coast Guard
952	Armed Forces, Branch not specified
960	Military Reserves or National Guard

EXPERIENCED UNEMPLOYED NOT CLASSIFIED BY INDUSTRY

992	Last worked 1984 or earlier

APPENDIX B: OCCUPATIONAL CATEGORIES AND CENSUS CODES

BROAD CENSUS OCCUPATIONAL CATEGORIES

1. Executive, Administrative and Managerial Occupations
   (Managerial) Codes 003 through 037

2. Profesional Specialty Occupations
   (Professional) Codes 043 through 199

3. Technician and Related Support Occupations
   (Technicians) Codes 203 through 235

4. Sales Occupations
   (Sales) Codes 243 through 285

5. Administrative Support Occupations, Including Clerical
   (Clerical) Codes 303 through 389

6. Service Occupations, Except Private Household
   (Service) Codes 403 through 469

7. Farming, Forestry & Fishing
   (Farm) Codes 473 through 499

8. Precision Production, Craft and Regular Occupations
   (Crafts) Codes 503 through 699

9. Operators, Fabricators & Laborers
   (Operators) Codes 703 through 889

10. Military Occupations
    (Military) Codes 903 through 905

11. Experienced Unemployed Not Classified by Occupation
    (Unemployed) Code 909

1990 CENSUS DETAILED LISTING OF OCCUPATIONAL TITLE CODES

1990 CENSUS CODE	
	1. EXECUTIVE, ADMINISTRATIVE, AND MANAGERIAL OCCUPATIONS (*"Managerial"*)
003	Legislators
004	Chief executives and general administrators, public administration
005	Administrators and officials, public administration
006	Administrators, protective services
007	Financial managers
008	Personnel and labor relations managers
009	Purchasing managers
013	Managers, marketing, advertising, and public relations
014	Administrators, education and related fields
015	Managers, medicine and health
016	Postmasters and mail superintendents
017	Managers, food serving and lodging establishments
018	Managers, properties and real estate
019	Funeral directors
021	Managers, service organizations, n.e.c
022	Managers and administrators, n.e.c.
	Management Related Occupations
023	Accountants and auditors
024	Underwriters
025	Other financial officers
026	Management analysts
027	Personnel, training, and labor relations specialists
028	Purchasing agents and buyers, farm products
029	Buyers, wholesale and retail trade except farm products
033	Purchasing agents and buyers, n.e.c.
034	Business and promotion agents
035	Construction inspectors
036	Inspectors and compliance officers, except construction
037	Management related occupations, n.e.c.
	2. PROFESSIONAL SPECIALTY OCCUPATIONS (*"Professional"*)
	Engineers, Architects, and Surveyors
043	Architects
	Engineers
044	Aerospace
045	Metallurgical and materials
046	Mining
047	Petroleum
048	Chemical
049	Nuclear
053	Civil

055	Electrical and electronic
056	Industrial
057	Mechanical
058	Marine and naval architects
059	Engineers, n.e.c.
063	Surveyors and mapping scientists
	Mathematical and Computer Scientists
064	Computer systems analysts and scientists
065	Operations and systems researchers and analysts
066	Actuaries
067	Statisticians
068	Mathematical scientists, n.e.c.
	Natural Scientists
069	Physicists and astronomers
073	Chemists, except biochemists
074	Atmospheric and space scientists
075	Geologists and geodesists
076	Physical scientists, n.e.c.
077	Agricultural and food scientists
078	Biological and life scientists
079	Forestry and conservation scientists
083	Medical scientists
	Health Diagnosing Occupations
084	Physicians
085	Dentists
086	Veterinarians
087	Optometrists
088	Podiatrists
089	Health diagnosing practitioners, n.e.c.
	Health Assessment and Treating Occupations
095	Registered nurses
096	Pharmacists
097	Dietitians
	Therapists
098	Respiratory therapists
099	Occupational therapists
103	Physical therapists
104	Speech therapists
105	Therapists, n.e.c.
106	Physicians' assistants
	Teachers, Postsecondary
113	Earth, environmental, and marine science teachers
114	Biological science teachers
115	Chemistry teachers
116	Physics teachers
117	Natural science teachers, n.e.c.
118	Psychology teachers
119	Economics teachers
123	History teachers
124	Political science teachers
125	Sociology teachers

127	Engineering teachers
128	Mathematical science teachers
129	Computer science teachers
133	Medical science teachers
134	Health specialties teachers
135	Business, commerce, and marketing teachers
136	Agriculture and forestry teachers
137	Art, drama, and music teachers
138	Physical education teachers
139	Education teachers
143	English teachers
144	Foreign language teachers
145	Law teachers
146	Social work teachers
147	Theology teachers
148	Trade and industrial teachers
149	Home economics teachers
153	Teachers, postsecondary, n.e.c.
154	Postsecondary teachers, subject not specified
	Teachers, Except Postsecondary
155	Teachers, prekindergarten and kindergarten
156	Teachers, elementary school
157	Teachers, secondary school
158	Teachers, special education
159	Teachers, n.e.c.
163	Counselors, educational, and vocational
	Librarians, Archivists, and Curators
164	Librarians
165	Archivists and curators
	Social Scientists and Urban Planners
166	Economists
167	Psychologists
168	Sociologists
169	Social scientists, n.e.c.
173	Urban planners
	Social, Recreation, and Religious Workers
174	Social workers
175	Recreation workers
176	Clergy
177	Religious workers, n.e.c.
	Lawyers and Judges
178	Lawyers
179	Judges
	Writers, Artists, Entertainers, and Athletes
183	Authors
184	Technical writers
185	Designers
186	Musicians and composers
187	Actors and directors
188	Painters, sculptors, craft-artists, and artist printmakers

193 Dancers
194 Artists, performers, and related workers, n.e.c.
195 Editors and reporters
197 Public relations specialists
198 Announcers
199 Athletes

3. TECHNICIANS AND RELATED SUPPORT OCCUPATIONS
("*Technicians*")

Health Technologists and Technicians
203 Clinical laboratory technologists and technicians
204 Dental hygienists
205 Health record technologists and technicians
206 Radiologic technicians
207 Licensed practical nurses
208 Health technologists and technicians, n.e.c.
Technologists and Technicians, Except Health
Engineering and Related Technologists and Technicians
213 Electrical and electronic technicians
214 Industrial engineering technicians
215 Mechanical engineering technicians
216 Engineering technicians, n.e.c.
217 Drafting occupations
218 Surveying and mapping technicians

Science Technicians
223 Biological technicians
224 Chemical technicians
225 Science technicians, n.e.c.

Technicians, Except Health, Engineering, and Science
226 Airplane pilots and navigators
227 Air traffic controllers
228 Broadcast equipment operators
229 Computer programmers
233 Tool programmers, numerical control
234 Legal assistants
235 Technicians, n.e.c.

4. SALES OCCUPATIONS
("*Sales*")

243 Supervisors and proprietors, sales occupations

Sales Representatives, Finance and Business Services
253 Insurance sales occupations
254 Real estate sales occupations
255 Securities and financial services sales occupations
256 Advertising and related sales occupations
257 Sales occupations, other business services

Sales Representatives, Commodities Except Retail
258 Sales engineers
259 Sales representatives, mining, manufacturing, and wholesale

Sales Workers, Retail and Personal Services

263 Sales workers, motor vehicles and boats
264 Sales workers, apparel
265 Sales workers, shoes
266 Sales workers, furniture and home furnishings
267 Sales workers; radio, TV, hi-fi, and appliances
268 Sales workers, hardware and building supplies
269 Sales workers, parts
274 Sales workers, other commodities
275 Sales counter clerks
276 Cashiers
277 Street and door-to-door sales workers
278 News vendors

Sales Related Occupations

283 Demonstrators, promoters and models, sales
284 Auctioneers
285 Sales support occupations, n.e.c.

5. ADMINISTRATIVE SUPPORT OCCUPATIONS, INCLUDING CLERICAL ("*Clerical*")

Supervisors, Administrative Support Occupations

303 Supervisors, general office
304 Supervisors, computer equipment operators
305 Supervisors, financial records processing
306 Chief communications operators
307 Supervisors, distribution, scheduling, and adjusting clerks

Computer equipment operators

308 Computer operators
309 Peripheral equipment operators

Secretaries, Stenographers and Typists

313 Secretaries
314 Stenographers
315 Typists

Information Clerks

316 Interviewers
317 Hotel clerks
318 Transportation ticket and reservation agents
319 Receptionists
323 Information clerks, n.e.c.

Records Processing Occupations, Except Financial

325 Classified-ad clerks
326 Correspondence clerks
327 Order clerks
328 Personnel clerks, except payroll and timekeeping
329 Library clerks
335 File clerks
336 Records clerks

Financial Records Processing Occupations

337 Bookkeepers, accounting, and auditing clerks

339 Billing clerks
343 Cost and rate clerks
344 Billing, posting, and calculating machine operators

Duplicating, Mail and Other Office Machine Operators
345 Duplicating machine operators
346 Mail preparing and paper handling machine operators
347 Office machine operators, n.e.c.

Communications Equipment Operators
348 Telephone operators
353 Communications equipment operators, n.e.c.

Mail and Message Distributing Occupations
354 Postal clerks, exc. mail carriers
355 Mail carriers, postal service
356 Mail clerks, exc. postal service
357 Messengers

Material Recording, Scheduling, and Distributing Clerks, n.e.c.
359 Dispatchers
363 Production coordinators
364 Traffic, shipping, and receiving clerks
365 Stock and inventory clerks
366 Meter readers
368 Weighers, measurers, checkers, and samplers
373 Expediters
374 Material recording, scheduling, and distributing clerks, n.e.c.

Adjusters and investigators
375 Insurance adjusters, examiners, and investigators
376 Investigators and adjustors, except insurance
377 Eligibility clerks, social welfare
378 Bill and account collectors

Miscellaneous Administrative Support Occupations
379 General office clerks
383 Bank tellers
384 Proofreaders
385 Data-entry keyers
386 Statistical clerks
387 Teachers' aides
389 Administrative support occupations, n.e.c.

6. SERVICE OCCUPATIONS
("*Service*")

Private Household Occupations

403 Launderers and ironers
404 Cooks, private household
405 Housekeepers and butlers
406 Child care workers, private household
407 Private household cleaners and servants

Protective Service Occupations

Supervisors, Protective Service Occupations

413 Supervisors, firefighting and fire prevention occupations
414 Supervisors, police and detectives
415 Supervisors, guards

Firefighting and Fire Prevention Occupations

416 Fire inspection and fire prevention occupations
417 Firefighting occupations

Police and Detectives

418 Police and detectives, public service
423 Sheriffs, bailiffs, and other law enforcement officers
424 Correctional institution officers

Guards

425 Crossing guards
426 Guards and police, exc. public service
427 Protective service occupations, n.e.c.

Service Occupations, Except Protective and Household

Food Preparation and Service Occupations

433 Supervisors, food preparation and service occupations
434 Bartenders
435 Waiters and waitresses
436 Cooks
438 Food counter, fountain and related occupations
439 Kitchen workers, food preparation
443 Waiters'/waitresses' assistants
444 Miscellaneous food preparation occupations

Health Service Occupations

445 Dental assistants
446 Health aides, except nursing
447 Nursing aides, orderlies, and attendants

Cleaning and Building Service Occupations, except Household

448 Supervisors, cleaning and building service workers
449 Maids and housemen
453 Janitors and cleaners
454 Elevator operators
455 Pest control occupations

Personal Service Occupations

456 Supervisors, personal service occupations
457 Barbers
458 Hairdressers and cosmetologists
459 Attendants, amusement and recreation facilities
461 Guides
462 Ushers
463 Public transportation attendants
464 Baggage porters and bellhops
465 Welfare service aides
466 Family child care providers
467 Early childhood teacher's assistants
468 Child care workers, n e c

7. FARMING, FORESTRY, AND FISHING OCCUPATIONS
("*Farm*")

Farm operators and managers

473 Farmers, except horticultural
474 Horticultural specialty farmers
475 Managers, farms, except horticultural
476 Managers, horticultural specialty farms

Farm Occupations, Except Managerial

477 Supervisors, farm workers
479 Farm workers
483 Marine life cultivation workers
484 Nursery workers

Related Agricultural Occupations

485 Supervisors, related agricultural occupations
486 Groundkeepers and gardeners, except farm
487 Animal caretakers, except farm
488 Graders and sorters, agricultural products
489 Inspectors, agricultural products

Forestry and Logging Occupations

494 Supervisors, forestry and logging workers
495 Forestry workers, except logging
496 Timber cutting and logging occupations

Fishers, Hunters, and Trappers

497 Captains and other officers, fishing vessels
498 Fishers
499 Hunters and trappers

8. PRECISION PRODUCTION, CRAFT, AND REPAIR OCCUPATIONS
("*Crafts*")

Mechanics and Repairers

503 Supervisors , mechanics and repairers

Mechanics and Repairers, Except Supervisors

Vehicle and Mobile Equipment Mechanics and Repairers

505 Automobile mechanics
506 Automobile mechanic apprentices
507 Bus, truck, and stationary engine mechanics
508 Aircraft engine mechanics
509 Small engine repairers
514 Automobile body and related repairers
515 Aircraft mechanics, exc. engine
516 Heavy equipment mechanics
517 Farm equipment mechanics
518 Industrial machinery repairers
519 Machinery maintenance occupations

Electrical and Electronic Equipment Repairers

523 Electronic repairers, communications and industrial equipment

526	Household appliance and power tool repairers
527	Telephone line installers and repairers
529	Telephone installers and repairers
533	Miscellaneous electrical and electronic equipment repairers
534	Heating, air conditioning, and refrigeration mechanics
	Miscellaneous Mechanics and Repairers
535	Camera, watch, and musical instrument repairers
536	Locksmiths and safe repairers
538	Office machine repairers
539	Mechanical controls and valve repairers
543	Elevator installers and repairers
544	Millwrights
547	Specified mechanics and repairers, n.e.c.
549	Not specified mechanics and repairers
	Construction Trades
	Supervisors, construction occupations
553	Supervisors, brickmasons, stonemasons, and tile setters
554	Supervisors, carpenters and related workers
555	Supervisors, electricians and power transmission installers
556	Supervisors, painters, paperhangers, and plasterers
557	Supervisors, plumbers, pipefitters, and steam fitters
558	Supervisors, construction n.e.c.
	Construction Trades, Except Supervisors
563	Brickmasons and stonemasons
564	Brickmason and stonemason apprentices
565	Tile setters, hard and soft
566	Carpet installers
567	Carpenters
569	Carpenter apprentices
573	Drywall installers
575	Electricians
576	Electrician apprentices
577	Electrical power installers and repairers
579	Painters, construction and maintenance
583	Paperhangers
584	Plasterers
585	Plumbers, pipefitters, and steamfitters
587	Plumber, pipefitter, and steamfitter apprentices
588	Concrete and terrazzo finishers
589	Glaziers
593	Insulation workers
594	Paving, surfacing, and tamping equipment operators
595	Roofers
596	Sheetmetal duct installers
597	Structural metal workers
598	Drillers, earth
599	Construction trades, n e.c.
	Extractive Occupations
613	Supervisors, extractive occupations
614	Drillers, oil well
615	Explosives workers
616	Mining machine operators

Precision Production Occupations

628 Supervisors, production occupations

Precision Metal Working Occupations

634 Tool and die makers
635 Tool and die makers apprentices
636 Precision assemblers, metal
637 Machinists
639 Machinist apprentices
643 Boilermakers
644 Precision grinders, fitters and tool sharpeners
645 Patternmakers and model makers, metal
646 Lay-out workers
647 Precious stones and metals workers (Jewelers)
649 Engravers, metal
653 Sheet metal workers
654 Sheet metal worker apprentices
655 Miscellaneous precision metal workers

Precision Woodworking Occupations

656 Patternmakers and model makers, wood
657 Cabinet makers and bench carpenters
658 Furniture and wood finishers
659 Miscellaneous precision woodworkers

Precision Textile, Apparel, and Furnishings Machine Workers

666 Dressmakers
667 Tailors
668 Upholsterers
669 Shoe repairers
674 Miscellaneous precision apparel and fabric workers

Precision Workers, Assorted Materials

675 Hand molders and shapers, except jewelers
676 Patternmakers, lay-out workers, and cutters
677 Optical goods workers
678 Dental laboratory and medical appliance technicians
679 Bookbinders
683 Electrical and electronic equipment assemblers
684 Miscellaneous precision workers, n.e.c.

Precision Food Production Occupations

686 Butchers and meat cutters
687 Bakers
688 Food batchmakers

Precision Inspectors, Testers, and Related Workers

689 Inspectors, testers, and graders
693 Adjusters and calibrators

Plant and System Operators

694 Water and sewage treatment plant operators
695 Power plant operators
696 Stationary engineers
699 Miscellaneous plant and system operators

9. OPERATORS, FABRICATORS, AND LABORERS
("*Operators*")

Machine Operators, Assemblers, and Inspectors

Machine Operators and Tenders, except Precision
Metalworking and Plastic Working Machine Operators
703 Lathe and turning machine set-up operators
704 Lathe and turning machine operators
705 Milling and planning machine operators
706 Punching and stamping press machine operators
707 Rolling machine operators
708 Drilling and boring machine operators
709 Grinding, abrading, buffing, and polishing machine operators
713 Forging machine operators
714 Numerical control machine operators
715 Miscellaneous metal, plastic, stone, and glass working machine operators
717 Fabricating machine operators, n.e.c.

Metal and Plastic Processing Machine Operators
719 Molding and casting machine operators
723 Metal plating machine operators
724 Heat treating equipment operators
725 Miscellaneous metal and plastic processing machine operators

Woodworking Machine Operators
726 Wood lathe, routing, and planing machine operators
727 Sawing machine operators
728 Shaping and joining machine operators
729 Nailing and tacking machine operators
733 Miscellaneous woodworking machine operators

Printing Machine Operators
734 Printing machine operators
735 Photoengravers and lithographers
736 Typesetters and compositors
737 Miscellaneous printing machine operators

Textile, Apparel, and Furnishings Machine Operators
738 Winding and twisting machine operators
739 Knitting, looping, taping, and weaving machine operators
743 Textile cutting machine operators
744 Textile sewing machine operators
745 Shoe machine operators
747 Pressing machine operators
748 Laundering and dry cleaning machine operators
749 Miscellaneous textile machine operators

Machine Operators, Assorted Materials
753 Cementing and gluing machine operators
754 Packaging and filling machine operators
755 Extruding and forming machine operators
756 Mixing and blending machine operators
757 Separating, filtering, and clarifying machine operators
758 Compressing and compacting machine operators
759 Painting and paint spraying machine operators

THE CITY OF NEW YORK
DEPARTMENT OF BUSINESS SERVICES
DIVISION OF LABOR SERVICES
110 William Street, 2nd Floor
New York, New York 10038

SUPPLY AND SERVICE EMPLOYMENT REPORT

DLS Contractor File No.

To Be Completed By Contracting Agency
Contracting Agency Name/ Division
Liaison/Telephone No.
Date Transmitted
Contracting Agency Contract No.

THE CITY OF NEW YORK
DEPARTMENT OF BUSINESS SERVICES
DIVISION OF LABOR SERVICES
110 William Street, 2nd Floor
New York, New York 10038
(212) 513-6344 or 513-6323

SUPPLY AND SERVICE EMPLOYMENT REPORT

A. GENERAL INFORMATION:

1. Your contractual relationship in this contract is:

   a. Contractor ___ (e.g. Vendor, Prime, Other)
   b. Subcontractor ___ (e.g. Supplier, Manufacturer, Other)

2. This ER is for Headquarter_____ Operating Facility _____

3. Employer/Identification Number: _____

4. Number of Employees at this facility (location): _____

5. This firm is a : _____ Minority Business Enterprise
   _____ Minority/Woman Business Enterprise
   _____ Woman-owned Business Enterprise
   _____ Other

6. Industry Code: _____

B. PART I. CONTRACTOR/SUBCONTRACTOR INFORMATION

1. _____
   Contractor/Subcontractor Name
   1a. If subcontractor, name of prime contractor is _____

2. _____
   Facility Address

   _____
   City State Zip Code County

3. _____
   Chief Operating Officer Telephone Number

4. _____
   Name or designated Equal Opportunity Compliance Officer (or Name of Person to Contact Concerning this Employment Report Telephone Number

   _____
   Address of Designated Equal Opportunity Compliance Officer Facsimile Number

5. _____
Nature of Contract to be Performed

6. (a)_____
Contracting Agency (City Agency)

(b)_____ (c) _____
Contract Amount Term of Contract

7. List each of the firm's facilities, with addresses and the number of employees, where this contract or parts of this contract will be performed. (A facility is the headquarters or an operating facility that makes its own personnel decisions. Please note that each separate location is not an independent operating facilities unless hiring and termination decisions are made there).

_____

_____

8. Is any part of this contract, in an amount exceeding $50,000, to be performed by a subcontractor?
Yes __ No __ Not Known At This Time __. If yes, please list the name(s) and address(es) of the subcontractor(s), and either attach a copy of their Employment Report(s) or have them submit directly to the contracting agency. If subcontractors are unknown at this time, see the Employment Report Instructions for subcontractor submission requirements.

_____

_____

9a. Has the Division of Labor Services (DLS) within the past twenty-four (24) months reviewed an ER submission for your organization and issued a Certificate of Compliance, Administrative Certificate of Compliance to your firm for the facility(ies) involved in the performance of this contract? Yes __ No __.

9b. Has DLS within the past three (3) months reviewed an ER submission for your organization and issued a Conditional Certificate of Compliance, or Conditional Administrative Certificate of Compliance. Yes ___ No ___
If yes to 9a or 9b, submit the following documents: ATTACH A COPY OF THE CERTIFICATE; a completed Part I of the ER; a copy of your equal employment opportunity (EEO) statement as it is presented in company publications and posted on bulletin boards and a signed and notarized ER signature page.

NOTE: DLS WILL NOT ISSUE A CONTINUED COMPLIANCE CERTIFICATE IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF COMPLIANCE HAVE BEEN TAKEN. WITHIN THREE MONTHS OF THE ISSUANCE OF SUCH DOCUMENTS

9c. Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received compliance certificate? Yes __ No __ If yes, for the facility(ies) covered by the Employment Report already submitted and not yet approved, complete only Part I of the Employment Report and provide DLS with the date the Employment Report was submitted, the name of the City agency with whom the contract is made and the name and telephone number of the person to whom the Employment Report was submitted.

Date submitted: _____

Agency to which submitted: _____

Name and Title of Agency Person: _____

Telephone: _____

10. Has your firm at the facility(ies) involved in the performance of this contract, in the past twenty-four (24) months been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes __ No __.

If yes,

a. Name and address of OFCCP office.

_____

_____

b. Was a Certificate of Equal Employment Compliance issued within the past twenty-four (24) months?

c. Yes __ No __ If yes, ATTACH A COPY OF SUCH CERTIFICATE. **NOTE:** You may submit a copy of such certificate in lieu of completing Parts II & III of this Employment Report. Please sign and notarize the signature page of the ER on page 9 or it will not be accepted by DLS.

ATTACH A COPY OF YOUR EEO STATEMENT AS IT IS PRESENTED IN COMPANY PUBLICATIONS AND/OR POSTED ON BULLETIN BOARDS.
NOTE: Your firm must comply with the requirements of NEW YORK CITY CHARTER CHAPTER 56 and EXECUTIVE ORDER NO. 50 (1980) as amended and the implementing Rules . This includes the promulgation and dissemination of an EEO Statement which the includes the protected groups race, color, age, sex, creed, national origin, disability, marital status, sexual orientation and citizenship status in Section 3(i) of E.O. 50.

c Were any corrective actions required or agreed to? Yes __ No __ If yes, ATTACH A COPY OF SUCH REQUIREMENTS OR AGREEMENTS. **NOTE:** If corrective action was agreed to or was taken, you may submit documentation (including the letters of deficiency and the conciliation agreement) regarding these corrective measures in lieu of completing Parts II & III of this Employment Report. DLS may require the submission of all future reports concerning implementation of corrective measures and/or a completed Employment Report.

C. PART II: DOCUMENTS REQUIRED

THE DOCUMENTS LISTED BELOW MUST BE SUBMITTED WITH THIS EMPLOYMENT REPORT. These documents may be in the form of printed booklets, brochures, manuals, memoranda, etc. Please make certain that you submit the MOST CURRENT DOCUMENT(S), including all applicable amendments to the plans or policies.

NOTE: IF EACH FACILITY PERFORMING ON THE CONTRACT USES EXACTLY THE SAME SET OF DOCUMENTS, PLEASE INDICATE AND SUBMIT ONE COMPLETE SET. HOWEVER, IF ANY FACILITY HAS ADDITIONAL (FACILITY SPECIFIC) POLICIES AND PROCEDURES, THEN COPIES OF THESE DOCUMENTS MUST BE SUBMITTED WITH EACH RESPECTIVE EMPLOYMENT REPORT. THE OMISSION OF SUCH FACILITY SPECIFIC DOCUMENTS WOULD RENDER THE EMPLOYMENT REPORT INCOMPLETE.

11. Please submit the following documents or policies. If the policy(ies) are unwritten, attach a full explanation of the practices. List and submit each document and/or unwritten practice explanation and label it according to the question to it which it corresponds (e.g. 11a, 11b, etc.)

Yes or No

_____a) health benefit coverage/description(s) for all management, nonunion and union employees (whether company or union administered_____

_____b) disability, life, other insurance coverage/description. _____

_____c) employee policy/handbook _____

_____d) personnel policy/manual _____

_____e) supervisor's policy/manual _____

_____f) pension plan or 401k coverage/description for all management, nonunion and union employees (whether company or union administered)._____

_____g) collective bargaining agreement(s). _____

_____h) employment application(s) _____

_____i) employee evaluation policy/form(s). _____

_____j) Does your firm have medical and/or non-medical (i.e. education, military, personal, pregnancy, child care) leave policy? _____

12a. To comply with the Immigration Reform and Control Act of 1986 when <u>and of whom</u> does your firm require the completion of an I-9 Form?

a)	prior to job offer	Yes __ No __	e)	to some applicants	Yes __ No __
b)	after a conditional job offer	Yes __ No __	f)	to all applicants	Yes __ No __
c)	after a job offer	Yes __ No __	g)	to some employees	Yes __ No __
d)	within the first three days on the job	Yes __ No __	h)	to all employees	Yes __ No __

12b. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

_____

_____

13a. Does your firm or any of its collective bargaining agreements require job applicants to take a medical examination? Yes __ No __ If yes, is the medical examination given:

1) prior to a job offer	Yes _____	No _____
2) after a conditional job offer	Yes _____	No _____
3) after a job offer	Yes _____	No _____
4) to all applicants	Yes _____	No _____
5) only to some applicants	Yes _____	No _____

If yes, for which applicants

_____

13b. Attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

14a. Do you have a written equal employment opportunity (EEO) policy? Yes __ No __ If yes, list the document(s) and page number(s), etc. where these written policies are located. If the EEO Policy is contained in a document(s) other than that submitted in Part II of the Employment Report, ATTACH A COPY OF EACH DOCUMENT.

_____

14b. Does the operating facility(ies) have a current affirmative action plan(s) (AAP) developed pursuant to U.S. Executive Order No. 11246 or AAP(S) and check the appropriate box(es) indicating which protected groups(s) are covered by the AAP.

☐ Minorities and Women ☐ Individuals with Handicaps ☐ Other (specify) _____

15a. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? Yes __ No __ If yes, please attach a copy of this policy.

15b. If no, ATTACH a report detailing your firm's unwritten procedure for handling EEO complaints.

16. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure or with any official of your firm with respect to equal employment opportunity?
Yes __ No __

If the answer to question 16 is "Yes", attach an internal complaint log summarizing the nature of the complaints (e.g. allegation of failure to promote based on race, sexual harassment, etc.), positions of the complainants, whether investigations were made and dispositions, if any. You need not submit the names of the complainants (if deemed necessary, DLS may require submission of these names).

17. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or affirmative action laws? (i.e. Title VII of the 1964 Civil Rights Act; Age Discrimination in Employment Act; Rehabilitation Act of 1973; Americans with Disabilities Act of 1990; Executive Order No. 11246, Civil Rights Act of 1866 (42 U.S.C. §1981); state or local fair employment practices laws) Yes __ No __

If the answer to question 17 is "Yes" attach a log, including the name(s) of the complainant, the administrative agency or court in which the action was filed, the nature and current status or disposition. ATTACH A COPY(IES) OF ANY ORDER, CONSENT DECREE OR DECISION resulting from any action explained by this response.

18. Are there any jobs for which there are physical qualifications? Yes __ No __ If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

_____

19. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation or citizenship status qualifications? Yes __ No __ If yes, list the job(s), submit a job description(s), and state the reason(s) for the qualification.

_____

20. Please check below whether the following policies and practices apply to the job categories listed:

	JOB DESCRIPTION	PROMOTE FROM WITHIN	EXTERNAL HIRE	JOB POSTING	ON-THE JOB TRAINING
MANAGERS					
PROFESSIONALS					
TECHNICANS					
SALES WORKERS					
CLERICALS					
CRAFTWORKERS					
OPERATIVES/ LABORERS					
SERVICE WORKERS					

21. FOR CONTRACTORS EMPLOYING 150 OR MORE EMPLOYEES: Please indicate below the relevant geographic recruitment or labor market area(s) (i.e. nation, specific county or specific metropolitan, statistical area) for each job category employed at this facility.

	RELEVANT GEOGRAPHIC RECRUITEMENT OR LABOR MARKET AREA(S)
MANAGERS	
PROFESSIONALS	
TECHNICANS	
SALES WORKERS	
CLERICALS	
CRAFTWORKERS	
OPERATIVES/LABORERS	
SERVICE WORKERS	

SIGNATURE PAGE

I, (print name of authorized official signing)_____hereby certify that the information submitted herewith is true and complete to the best of my knowledge and belief and submitted with the understanding that compliance with New York City's equal employment requirements, as contained in Chapter 56 of the City Charter, Executive Order No. 50 (1980), as amended, and the implementing Rules and Regulations, is a contractual obligation.

_____
Contractor's Name

_____ _____
Name of person who prepared this Employment Report — Title

_____ _____
Name of official authorized to sign on behalf of the contractor — Title

_____
Telephone Number

I, (print name of authorized official signing) _____ UNDERSTAND THAT THE WILLFUL OR FRAUDULENT FALSIFICATION OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE CITY AND THE BIDDER OR CONTRACTOR AND BAR THE BIDDER OR CONTRACTOR FROM PARTICIPATION IN ANY CITY CONTRACT FOR A PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.

Sworn to before me
this _____ day of _____ 200 _____

_____ _____
Notary Public — Authorized Signature, Date

THIS PAGE MUST BE COMPLETED IN ITS ENTIRETY. IT MUST BE SIGNED AND NOTARIZED. ONLY ORIGINAL SIGNATURES WILL BE ACCEPTED.

CONFIDENTIALITY POLICY: TO THE EXTENT PERMITTED BY LAW AND CONSISTENT WITH THE PROPER DISCHARGE OF THE DIVISION OF LABOR SERVICES' RESPONSIBILITIES UNDER NYC CHARTER CHAPTER 56, EXECUTIVE ORDER NO. 50 (1980), AS AMENDED, AND THE IMPLEMENTING RULES AND REGULATIONS, ALL INFORMATION PROVIDED BY A CONTRACTOR TO DLS SHALL BE CONFIDENTIAL.

rev. 3/01

D. PART III: EMPLOYMENT DATA TABLES/SIGNATURE PAGE

PART III consists of the following:

A. JOB CLASSIFICATION AND INCUMBENTS FORM

B. NEW HIRES FORM/TRACKING OF EMPLOYEES HIRED OVER THE LAST THREE YEARS

C. TERMINATIONS FORM/EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

YOU ARE REQUIRED TO COMPLETE ALL INFORMATION - IF ANY INFORMATION IS NOT AVAILABLE YOU MUST CONTACT THE CITY AGENCY WITH WHOM YOU ARE CONTRACTING (CONTRACTING AGENCY) OR IF YOU ARE CONTRACTING THROUGH THE DEPARTMENT OF GENERAL SERVICES/DIVISION OF MUNICIPAL SUPPLIES, YOU MUST CONTACT THE DIVISION OF LABOR SERVICES DIRECTLY. SUBMIT AN EXPLANATION DETAILING WHY THIS INFORMATION IS NOT AVAILABLE.

PLEASE DO NOT ATTEMPT TO COMPLETE THIS SECTION WITHOUT CAREFULLY READING THE INSTRUCTIONS FOR EACH FORM. INCOMPLETE OR INACCURATE DATA TABLES WILL BE RETURNED.

EACH DATA TABLE IS EXPLAINED AND ILLUSTRATED BY A CAMPLE DATA TABLE IN THE EMPLOYMENT REPORT INSTRUCTIONS.

NOTE: MAKE AS MANY COPIES OF EACH FORM AS YOU REQUIRE.

FORM A: JOB CLASSIFICATION AND INCUMBENTS FORM CONTRACTOR NAME_____

Occupational Category (CIRCLE ONE)* MGRS PROF TECH SAL CLER SERV FARM CRFT OPER LABR

Total number of incumbents in this category

FACILITY LOCATION_____

(1) Company Job Title	(2) Company Job No.	(3) Census Code**	(4) Job Group Assignment for this occupational category 1	2	3	4	5	(5) Total in Title	(6) W(non-Hisp)	(7) B(non-Hisp)	(8) Hisp	(9) Asian	(10) Nat Amer	(11) W(non-Hisp)	(12) B(non-Hisp)	(13) Hisp	(14) Asian	(15) Nat Amer
									MALES					FEMALES				

*Please include on each sheet information concerning only 1 occupational category (see ER instructions Appendix B, page 25 for Occupational Categories)

**See ER Instructions Appendix B, for Census Codes

NOTE: Make as many copies of this form as you require for each occupational category.

CONTRACTOR NAME_____

FORM B: NEW HIRES FORM/TRACKING
EMPLOYEES HIRED OVER THE LAST THREE YEARS

FACILITY LOCATION:_____

Employee Characteristics		At-Hire Information					Current Information	
(1) Social Security No. or Employee ID No.	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Year Of Hire	(5) Company Job Number at Hire	(6) Matching Census Code (c)	(7) Weekly Salary at Hire	(8) Current Company Job Number (d)	(9) Weekly Current Salary

(a)

M: Male
F: Female

(b)

W: White(non-Hisp)
B: Black(non-Hisp)
H: Hispanic
A: Asian
N: Native American

(c)
see Appendix B for a listing of the 1990 Census codes

(d)

V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated Employment (Discharged/Lay off)
R: Retired
D: Deceased

☐ I certify that there were no new hires in 199___ /200___

NOTE: Make as many copies of this form as you require.

CONTRACTOR NAME_____

FORM C: TERMINATIONS FORM
EMPLOYMENT TERMINATIONS OVER THE LAST THREE YEARS

FACILITY LOCATION:_____

(1) Social Security No. or Employee ID No.	(2) Sex (a)	(3) Race Ethnic Code (b)	(4) Age at Termination	(5) Year of Hire	(6) Last Company Job Number	(7) Year of Termination	(8) Type of Termination(c)

(a)

M: Male
F: Female

(b)

W: White(non-Hisp)
B: Black(non-Hisp)
H: Hispanic
A: Asian
N: Native American

(c)
see Appendix B for a listing of the 1990 Census codes

(d)

V: Voluntarily terminated employment (Resigned)
I: Involuntarily terminated Employment (Discharged/Lay off)
R: Retired
D: Deceased

☐ I certify that there were no terminations in 199___ /200___

NOTE: Make as many copies of this form as you require.

DEPARTMENT OF BUSINESS SERVICES
DIVISION OF LABOR SERVICES

LESS THAN FIFTY (50) EMPLOYEES CERTIFICATE

Contractor/Subcontractor: _____

Address: _____

_____

Telephone Number: _____

Name and Title of Signatory: _____

If Subcontractor Identify Prime Contractor: _____

Contracting Agency: _____

Contract Amount: _____

Nature of Contract: _____

Names and contact information for all subcontractors, suppliers, manufacturers or vendors performing in excess of $50,000 on this contract (if not known at this time, so state):

_____

I, (print the name of the authorized official signing) _____, hereby affirm that I am authorized by the above-names contractor to certify that said contractor currently employs _____ people. This affirmation is made in accordance with NYC Charter Chapter 56, Executive Order No. 50 (1980), the implementing Rules.

I, (print the name of authorized official signing) _____, understand that the WILLFUL OR FRADUDULENT FALSIFICATION OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE CITY AND THE BIDDER OF CONTRACTOR AND BAR THE BIDDER OR CONTRACTOR FROM PARTICIPATION IN ANY CITY CONTRACT FOR A PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.

Sworn to before me

This day of , 200___

_____

_____

Authorized Signature, Title

Date _____

It is the responsibility of the contractor to promptly inform all proposed subcontractors that each subcontract, like the prime contractor, must comply with the equal employment opportunity requirements of Chapter 56, E.O. 50, and the implementing Rules Each covered subcontractor must submit to completed Employment Report for each of its operating facilities to the contracting agency before the fifth day following the award date (Comptroller's Office Registration Date) of the contract. DLS will review the subcontractor's Employment Report(s) for compliance.

SPECIAL NOTICE TO VENDORS/SUPPLIERS WITH LESS THAN 150 EMPLOYEES

Vendors or Suppliers with less than 150 employees at the facility(ies) performing on this contract need only complete Parts I and II (pages 1-6), the Signature Page (page 7) and the "Less Than 150 Employees Certificate below for each applicable facility. **DO NOT COMPLETE PART III** (Pages 9-12).

NOTE: A separate Employment Report must be completed for each facility performing on the contract.

LESS THAN 150 EMPLOYEES CERTIFICATE

I, (fill in name of person signing) _____, hereby

affirm that I am authorized by (contractor name) _____

to certify that said contractor employs fewer than 150 people at the following facility listed below:

Facility Address	Number of Employees
_____	
_____	_____

I, (print the name of authorized official signing) _____, understand that the WILLFUL OR FRADUDULENT FALSIFICATION OF ANY DATA OR INFORMATION SUBMITTED HEREWITH MAY RESULT IN THE TERMINATION OF ANY CONTRACT BETWEEN THE CITY AND THE BIDDER OF CONTRACTOR AND BAR THE BIDDER OR CONTRACTOR FROM PARTICIPATION IN ANY CITY CONTRACT FOR A PERIOD OF UP TO FIVE YEARS. FURTHER, SUCH FALSIFICATION MAY RESULT IN CRIMINAL PROSECUTION.

Sworn to before me

This day of , 200___

_____

_____

Authorized Signature, Title

Date _____

ATTENTION: THIS IS NOT A "LESS THAN 50 EMPLOYEES CERTIFICATE"

DO NOT COMPLETE THIS FORM UNLESS YOU ARE UNABLE TO ASSIGN A PARTICULAR JOB NUMBER/TITLE TO AN OCCUPATIONAL CATEOGRY OR TO ASSIGN A CENSUS CODE TO A PARTICULAR JOB NUMBER /TITLE

Job Title:

Entry Level: ____ YES ____ NO

Routine Duties:

Occasional Duties:

Requisite Skills and Experience:

Type(s) of Jobs From Which Promotions into this Job Occur:

_____Managerial
_____Professional
_____Clerical
_____Sales
_____Technical
_____Service
_____Operatives
_____Laborers

Jobs Titles From Which Promotions into this Job Occur:

Type(s) of Jobs To Which Promotions into this Job Occur:

_____Managerial
_____Professional
_____Clerical
_____Sales
_____Technical
_____Service
_____Operatives
_____Laborers

Jobs Titles To Which Promotions into this Job Occur: