



Division of Labor Services

INDUSTRIAL AND COMMERCIAL ABATEMENT PROGRAM (ICAP) EMPLOYMENT REPORT

GENERAL INFORMATION

- 1. Please identify yourself as one of the following:
1a. Are M/WBE goals attached to this project?
2. Please check one of the following if your firm would like information on how to certify with the City of New York as a:
3. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities:
3a. Is this project subject to a project labor agreement?

PART I: COMPANY/CONTRACT INFORMATION (PRINT OR TYPE ONLY)

- 4. ICAP application number / E-mail address
5. Employer Identification Number or Federal Tax I.D
6. Company Name
7. Company Address and Zip Code
8. Chief Operating Officer / Telephone Number / Fax Number
9. Designated Equal Opportunity Compliance Officer (If same as Item #8, write "same") Telephone Number
10. Developer or prime contractor (If same as Item #6, write "same") Contact Person

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11. Number of employees in your company: _____

12. Contract information:

(a) _____ (b) _____
Contract Amount *Borough* *Block Number* *Lot Number*

(c) _____ (d) _____
Projected Commencement Date *Projected Completion Date*

(e) *Description and location of proposed contract:*

13. Has your firm been reviewed by the Division of Labor Services (DLS) within the past 36 months and issued a Certificate of Approval? Yes___ No___

If yes, attach a copy of certificate.

14. Has DLS within the past month reviewed an Employment Report submission for your company and issued a Conditional Certificate of Approval? Yes___ No___

If yes, attach a copy of certificate.

NOTE: DLS WILL NOT ISSUE A CONTINUED CERTIFICATE OF APPROVAL IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF APPROVAL HAVE BEEN TAKEN.

15. 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,

Date submitted: _____ *Agency to which submitted:* _____

Name of agency person: _____
(First Name) *(Last Name)* *(Title)*

Contract No: _____ *Telephone:* _____

16. Has your company in the past 36 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.

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(b) Was a Certificate of Equal Employment Compliance issued within the past 24 months?
Yes___ No___

If yes, attach a copy of such certificate.

(c) Were any corrective actions required or agreed to? Yes___ No___

If yes, attach a copy of such requirements or agreements.

(d) Were any deficiencies found? Yes___ No___

If yes, attach a copy of such findings.

17. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring?
Yes___ No___

If yes, **ATTACH** a list of such associations and all applicable CBA's.

PART II: DOCUMENTS REQUIRED

18. For the following policies or practices, attach the relevant documents (e.g., printed booklets, brochures, manuals, memoranda, etc.). If the policy(ies) are unwritten, attach a full explanation of the practices. See instructions.

- ___ (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?

19. To comply with the Immigration Reform and Control Act of 1986 when and of whom does your firm require the completion of an I-9 Form?

- (a) Prior to job offer Yes___ No___
- (b) After a conditional job offer Yes___ No___
- (c) After a job offer Yes___ No___
- (d) Within the first three days on the job Yes___ No___
- (e) To some applicants Yes___ No___

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- (f) To all applicants Yes___ No___
- (g) To some employees Yes___ No___
- (h) To all employees Yes___ No___

20. Explain where and how completed I-9 Forms, with their supporting documentation, are maintained and made accessible.

21. 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:

- (a) Prior to a job offer Yes___ No___
- (b) After a conditional job offer Yes___ No___
- (c) After a job offer Yes___ No___
- (d) To all applicants Yes___ No___
- (e) Only to some applicants Yes___ No___

If yes, list for which applicants below and attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations.

22. Do you have a written equal employment opportunity (EEO) policy? Yes___ No___

If yes, list the document(s) and page number(s) where these written policies are located.

23. Does the company have a current affirmative action plan(s) (AAP)

- ___ Minorities and Women
- ___ Individuals with handicaps
- ___ Other. Please specify _____

24. 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.

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

25. 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 yes, attach an internal complaint log. See instructions.

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26. 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? Yes___ No___

If yes, attach a log. See instructions.

27. 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).

28. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation, or citizenship qualifications? Yes___ No___

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

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FORM A. CONTRACT BID INFORMATION: USE OF SUBCONTRACTORS/TRADES

1. Do you plan to subcontractor work on this contract? Yes___ No___
2. If yes, complete the chart below.

NOTE: All proposed subcontractors with a subcontract in excess of \$1,000,000 must complete an Employment Report for review and approval before the contract may be awarded and work commences.

SUBCONTRACTOR'S NAME*	OWNERSHIP (ENTER APPROPRIATE CODE LETTERS BELOW)	WORK TO BE PERFORMED BY SUBCONTRACTOR	TRADE PROJECTED FOR USE BY SUBCONTRACTOR	PROJECTED DOLLAR VALUE OF SUBCONTRACT

*If subcontractor is presently unknown, please enter the trade (craft name).

Ownership codes: **W:** White **A:** Asian **B:** Black **N:** Native American **H:** Hispanic **F:** Female

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FORM B: PROJECTED WORKFORCE TRADE CLASSIFICATION CODES

*For each trade to be engaged by your company for this project, enter the projected workforce for **Males** and **Females** by trade classification on the charts below.*

- (J)** Journey level Workers **(A)** Apprentice
- (H)** Helper **(TRN)** Trainee
- (TOT)** Total by Column

Trade: _____

		<u>Males</u>					<u>Females</u>				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Union Affiliation, if applicable:		White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.
Total (Col. #1-10):	J										
Total Minority, Male & Female (Col. #2, 3, 4, 5, 7, 8, 9 & 10)	H										
	A										
Total Female (Col. #6 – 10):	TRN										
	TOT										

projected

What are the recruitment sources for you hires (i.e., unions, government employment office, job tap center, community outreach)?

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FORM B: PROJECTED WORKFORCE TRADE CLASSIFICATION CODES

*For each trade to be engaged by your company for this project, enter the projected workforce for **Males** and **Females** by trade classification on the charts below.*

- (J)** Journey level Workers **(A)** Apprentice
- (H)** Helper **(TRN)** Trainee
- (TOT)** Total by Column

Trade: _____

		Males					Females				
		(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(6) White Non Hisp.	(7) Black Non Hisp.	(8) Hisp.	(9) Asian	(10) Native Amer.
Union Affiliation, if applicable:											
_____	J										
Total (Col. #1-10):											

Total Minority, Male & Female H (Col. #2, 3, 4, 5, 7, 8, 9 & 10)											

Total Female (Col. #6 – 10):	TRN										
_____	TOT										

A

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

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FORM C: CURRENT WORKFORCE TRADE CLASSIFICATION CODES

*For each trade to be engaged by your company for this project, enter the projected workforce for **Males** and **Females** by trade classification on the charts below.*

- (J)** Journey level Workers **(A)** Apprentice
- (H)** Helper **(TRN)** Trainee
- (TOT)** Total by Column

Trade: _____

		Males					Females				
		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
Union Affiliation, if applicable:		White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	Hisp.	Asian	Native Amer.
Total (Col. #1-10):	J										
Total Minority, Male & Female H (Col. #2, 3, 4, 5, 7, 8, 9 & 10)											
Total Female (Col. #6 – 10):	TRN										
	TOT										

A

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

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Division of Labor Services

FORM C: CURRENT WORKFORCE TRADE CLASSIFICATION CODES

*For each trade to be engaged by your company for this project, enter the projected workforce for **Males** and **Females** by trade classification on the charts below.*

- (J)** Journey level Workers **(A)** Apprentice
- (H)** Helper **(TRN)** Trainee
- (TOT)** Total by Column

Trade: _____

	Males					Females					
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
	White Non Hisp.	Black Non Hisp.	Hispanic	Asian	Native Amer.	White Non Hisp.	Black Non Hisp.	Hispanic	Asian	Native Amer.	
Union Affiliation, if applicable: _____ Total (Col. #1-10): _____											A
J											
Total Minority, Male & Female H (Col. #2, 3, 4, 5, 7, 8, 9 & 10) _____											
TRN											
Total Female (Col. #6 – 10): _____											
TOT											

What are the recruitment sources for you projected hires (i.e., unions, government employment office, job tap center, community outreach)?

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Date _____

File Number _____

LESS THAN \$1,000,000 SUBCONTRACT CERTIFICATE (ICAP only)

Are you currently certified as one of the following? Please check yes or no:

M/WBE	Yes ___	No ___	MBE	Yes ___	No ___
WBE	Yes ___	No ___	LBE	Yes ___	No ___

If you are certified as an **M/WBE, MBE, WBE,** or **LBE**, what city/state agency are you certified with? _____

Please check one of the following if your firm would like information on how to certify with the City of New York as a:

___ **Minority Owned Business Enterprise**

___ **Locally based Business Enterprise**

___ **Women Owned Business Enterprise**

Company Name

Employer Identification Number or Federal Tax I.D

Company Address and Zip Code

Contact Person (First Name, Last Name)

Telephone Number

Fax Number

E-mail Address

Contracting Agency

Description and location of proposed subcontract:

_____ <i>Borough</i>	_____ <i>Block Number</i>	_____ <i>Lot Number</i>	_____ <i>ICAP Application Number</i>	_____ <i>Contract Amount</i>
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I, (print name of authorized official signing) _____ hereby certify that I am authorized by the above-named subcontractor to certify that said subcontractor's proposed contract with the above named owner or City agency is less than \$1,000,000.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/or criminal prosecution.

Signature of authorized official

Date

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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 requirement for the contractors and subcontractors working on this construction project. I also agree on behalf of the company to submit a certified copy of payroll records to the Division of Labor Services on a monthly basis.

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

Signature of authorized official *Date*

If contractors are found to be underutilizing minorities and females in any given trade based on Chapter 56 Section 3H, the Division of Labor Services reserves the right to request the contractor's workforce data and to implement an employment program.

Contractors who fail to comply with the above mentioned requirements or are found to be in noncompliance may be subject to the withholding of final payment.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/or criminal prosecution.

To the extent permitted by law and consistent with the proper discharge of DLS' responsibilities under Charter Chapter 56 of the City Charter and Executive Order No. 50 (1980) and the implementing Rules and Regulations, all information provided by a contractor to DLS shall be confidential.

Please attach your M/WBE Compliance Report.

Only original signatures accepted.

Sworn to before me this _____ day of _____ 20 _____

Authorized Signature

Notary Public

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Division of Labor Services

INDUSTRIAL AND COMMERCIAL ABATEMENT PROGRAM (ICAP)

WHO MUST FILE AN EMPLOYMENT REPORT

An Employment Report (ER) must be filed if you meet the following conditions:

CONTRACTOR	CONTRACT VALUE	Submission Requirement
Applicant	\$2,500,000 or greater	ICAP Employment Report
Tenant Construction Manager General Contractor Subcontractor	\$1,000,000 or greater	
Subcontractor	Less than \$1,000,000	

WHERE TO FILE

ERs must be filed directly with the Division of Labor Services (DLS).

DLS REVIEW PROCESS

In accordance with Executive Order 50 (EO 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 perform a statistical analysis of the contractor's 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.**
 - 1a. If the City is allocating funds to this project, you must provide the name of the contracting agency.
2. If the ER submission is complete, the compliance review will proceed, resulting in one of the following:

Certificate of Approval

The contractor is found to be in compliance with all applicable laws and regulations. The approval is valid for 36 months.

Continued Approval Certificate

The contractor has been issued a Certificate of Approval in the previous 36 months which is good for the applicable contract.

Conditional Certificate of Compliance

The contractor is required to take corrective actions in order to be in compliance with EO 50. The contractor must meet the conditions within three months of the issue of the Conditional Certificate.

Determination of Nonperformance

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The contractor has failed to take the required corrective actions stipulated in the Conditional Certificate. A determination of nonperformance may prevent a contractor from receiving an ICAP tax benefit.

3. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities.
- 3a. Please provide a copy of your project labor agreement which is negotiated through an employer trade association.

HOW TO COMPLETE THE EMPLOYMENT REPORT

Contents

General Information

Part I: Company/Contract Information

Part II: Employment Policies and Practices

Part III: Contract Bid Information and Projected and Current Workforce Forms

Signature Page

PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

- Question 4: The ICIP application number can be obtained from the developer or tenant.
- Questions 5 – 9: Please provide the requested company information. All contracts must have a designated Equal Employment Officer.
- Question 10: If you are a subcontractor, you must state the name of the contractor for whom you are providing the construction services.
- Question 11: Please indicate how many employees are in your company.
- Question 12: Provide a description of the trade work you will perform on this project and the address where the work will be performed. Subcontractors can obtain this information from the contract they have with their contractor.
- Questions 13 – 15: If your company has received a valid Certificate of Approval within the past 12 months, been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP), or if your company has submitted an ER for a different contract for which you have not yet received a compliance certificate, then you only need to complete and submit the following:
- General Information section
 - Part I - Contractor/Subcontractor Information
 - Form B - Projected Workforce
 - Signature Page
- If your company is currently waiting for an approval on another contract previously submitted, be certain to identify the date on which you submitted the completed Employment Report, 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 Employment Report was submitted.
- If your company was issued a Conditional Certificate of Approval, all required corrective actions must have been taken or DLS will not issue a Continued Certificate.
- Question 16: If the company was audited by the OFCCP, also provide the following:
- Identify the reviewing OFCCP office by its name and address
 - If an unconditional certificate of compliance was issued by the OFCCP, attach a copy of the certificate in lieu of completing Parts II and III;
 - Include copies of all corrective actions and documentation of OFCCP's performance; and
 - Provide a copy of all stated OFCCP findings.

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Question 17: Please provide a copy of any Collective Bargaining Agreement(s) which is negotiated through an employer trade association on behalf of your organization or any of its affiliates.

PART II: EMPLOYMENT POLICIES AND PRACTICES

Remember to label all documents with the question number for which they are submitted.

Questions 18a – 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) and benefit(s) is located and submit copies of all of the document(s). If your firm follows unwritten practices or procedures, include an explanation of how they operate. Please submit the most current document(s), including all applicable amendments. Label each document and/or unwritten practice according to the question to which it corresponds (e.g. 18a, 18b, etc.)

Questions 19a – h: Inquires about the manner/methods by which you comply with the requirements of the Immigration Reform and Control Act of 1986 (IRCA).

Question 20: Inquires into where and how I-9 forms are maintained and stored.

Questions 21a – e: Inquires into whether or not there is a requirement that an applicant or employee be subjected to a medical examination at any given time. Copies of the medical information questionnaire and instructions must be submitted with the Employment Report.

Question 22: Indicate the existence and location of all statements of your firm's Equal Employment Opportunity policy and attach a copy of each statement.

Question 23: Submit any current Affirmative Action Plan(s) created pursuant to Executive Order 11246.

Question 24: 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 25: If your employees have used the procedure in the last three (3) years, please submit an explanation in the format indicated below:

1. Number of complaint(s)	2. Nature of the complaint(s)	3. Position(s) of the complainant(s)	4. Was an investigation conducted? Y/N	5. Current status of the disposition
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Question 26: Indicate whether in the past three (3) years complaints have been filed with a court of law or administrative agency, naming your company 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:

1. Name(s) of complainant(s)	2. Administrative agency or court in which action was filed	3. Nature of the complaint(s)	4. Current status	5. If not pending, the complaint's disposition
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Question 27: 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.

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Question 28: 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.

PART III: CONTRACT BID INFORMATION AND PROJECTED AND CURRENT WORKFORCE FORMS

FORM A: CONTRACT BID INFORMATION – USE OF SUBCONTRACTORS/TRADES

Your projections for the utilization of subcontractors on the proposed contract are to be provided in this section. A chart has been provided for the identification of subcontractors. Information is to be provided to the extent known at the time the ER is filed for review by DLS. If the subcontractor's name is unknown, then write "unknown". Under "ownership", enter the appropriate race/ethnic and gender code. If the contract is federally funded or assisted and the subcontractor is being utilized in accordance with applicable federal requirements with respect to Minority Business Enterprise or Woman Business Enterprise requirements, enter the appropriate code. This will also apply to state funded contracts with similar requirements for minority and female owned businesses.

FORM B: PROJECTED WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT

For each trade to be engaged by your company for this project, enter the projected workforce for Males and Females by trade classification in the charts provided.

FORM C: CURRENT WORKFORCE FOR WORK TO BE PERFORMED ON THIS PROJECT

For each trade *currently* engaged by your company for all work performed in NYC, enter the current workforce for Males and Females by trade classification in the charts provided.

SIGNATURE PAGE

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.

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