NEW YORK STATE – DEPARTMENT OF STATE (DOS)

STAFFING PLAN - FORM B

Instructions on page 2

|  |  |  |
| --- | --- | --- |
| **Solicitation/Contract No.:** | **Reporting Entity:** | **Report includes Contractor’s/Subcontractor’s:**  Work force to be utilized on this contract  Total work force |
| **Offeror/Grantee’s Name:** | | Offeror/Grantee  Subcontractor  **Subcontractor’s name** |
| **Offeror/Grantee’s Address:** | |

Enter the total number of employees for each classification in each of the EEO-Job Categories identified

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EEO-Job Category | Total Work force | Work force by Gender | | Work force by  Race/Ethnic Identification | | | | | | | | | |  | | | |
| Total  Male  (M) | Total  Female  (F) | White(M) (F) | | Black  (M) (F) | | Hispanic  (M) (F) | | Asian  (M) (F) | | Native American  (M) (F) | | Disabled  (M) (F) | | Veteran  (M) (F) | |
| Officials/Administrators | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Professionals | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Technicians | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sales Workers | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Office/Clerical | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Craft Workers | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laborers | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service Workers | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Temporary/Apprentices | 0 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Totals | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **PREPARED BY (Signature):** | **TELEPHONE NO.:**  **EMAIL ADDRESS:** | | **DATE:** |
| **NAME AND TITLE OF PREPARER (Print or Type):** | | **Submit completed form along with Forms A and D/D-1, as instructed, prior to contract execution.** | |

**General instructions: FORM B IS REQUIRED ONLY FOR CONTRACTS OVER $250,000 AND EVEN IF CONTRACT HAS AN APPROVED WAIVER/PRE-CONTRACT WAIVER**

All Offerors/Grantees and each subcontractor must complete an EEO Staffing Plan (FORM B). Where the work force to be utilized in the performance of the State contract can be separated out from the contractor’s and/or subcontractor’s total work force, the Offeror/Grantee shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor’s and/or subcontractor’s total work force, the Offeror/Grantee shall complete this form for the contractor’s and/or subcontractor’s total work force.

**Instructions for completing:**

1. Enter the Solicitation or Contract number that this report applies to along with the name and address of the Offeror or the Grantee.
2. Check off the appropriate box to indicate if the Offeror/Grantee completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Offeror/Grantee’s total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading ‘Work force by Gender’
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading ‘Work force by Race/Ethnic Identification’. Contact your DOS Program/Project Analyst or the DOS MWBE Program at [dos.sm.mwbe@dos.ny.gov](mailto:dos.sm.mwbe@dos.ny.gov) if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

**RACE/ETHNIC IDENTIFICATION**

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

* **WHITE:** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
* **BLACK**: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
* **HISPANIC:** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
* **ASIAN & PACIFIC** **ISLANDER**: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
* **NATIVE INDIAN (NATIVE AMERICAN/ ALASKAN NATIVE):** A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

**OTHER CATEGORIES**

* **DISABLED INDIVIDUAL** any person who: - has a physical or mental impairment that substantially limits one or more major life activity(ies)

- has a record of such an impairment; or

- is regarded as having such an impairment.

* **VIETNAM ERA VETERAN** a veteran who served at any time between and including January 1, 1963 and May 7, 1975.
* **GENDER Male or Female**