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New York State Division of Criminal Justice Services

**Local Assistance MWBE Workforce Employment Utilization Report**

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| **IMPORTANT: A LOCAL ASSISTANCE MWBE EE0 STAFFING PLAN MUST BE SUBMITTED WITH BID OR PROPOSAL. A REVISED LOCAL ASSISTANCE MWBE EEO STAFFING PLAN MUST BE SUBMITTED WITH ALL BUDGET MODIFICATION REQUESTS. LOCAL ASSISTANCE MBWE STAFFING PLANS ARE REQUIRED FOR ALL APPLICANTS AND EACH SUBCONTRACTOR IDENTIFIED IN THE CONTRACT, BID OR PROPOSAL.** | | |
| **1. Contractor Name:** | **2. Contract Number:** | **3. DUNS Number:** |
| **4. Report includes Contractor’s/Subcontractor’s:**  □ Work force to be utilized on this contract  □ Total work force | **5.** □ **Contractor** □ **Subcontractor** | |
| **6. Subcontractor’s name** | **7. EEO Goal (Applicant or Subcontractor): MBE (Minority)**       **% WBE (Women)**       **%** | |

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

**IMPORTANT: EMPLOYEES SHOULD ONLY BE LISTED IN ONE RACE/ETHNIC IDENTIFICATION CATEGORY.**

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| --- | --- | --- | --- | --- |
| **14. PREPARED BY (Signature):** | **EMAIL ADDRESS:** | | **TELEPHONE NO.:** | **DATE:** |
| **NAME AND TITLE OF PREPARER (Print or Type):** | | **15. MWBE Liaison:** | | |

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DCJS 3303 – Local Assistance MWBE Workforce Employment Utilization Report

Instructions for Completion

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| **1. Contractor Name** | Provide the grantee contractor name. |
| **2. Contract Number** | Input the DCJS contract number of the award being supported by this RFP or funding appropriation. |
| **3. DUNS Number** | Provide the grantee DUNS Number (a nine digit number assigned via Dun and Bradstreet’s Data Universal Numbering System). |
| **4. Report of Contractor/Subcontractors Work Force Utilization** | Indicate if the work force utilization reported on this form pertains to a contractor/subcontractor’s total workforce or solely for the workforce to be utilized on this program or award. |
| **5. Contractor or Subcontractor** | Indicate if this MWBE EEO Staffing Plan is for the contractor or a subcontractor. |
| **6. Subcontractor’s Name** | Supply the name of the subcontractor reporting workforce utilization on this document. |
| **7. EEO Goal** | Report the contractor’s or subcontractor’s EEO MBE and EEO WBE goal percentages**.** |
| **8. EEO Job Category** | Enter the total work force by EEO job category. |
| **9. Work Force by Gender** | Break down the anticipated total work force by gender. |
| **10. Work Force by Race/Ethnic Identification** | Break down the anticipated total work force by race/ethnic identification.  **Note: Please refer to the race/ethnic identifiers detailed below, only identifying employees by one category.** |
| **11. Work Force by Disabled/Veteran Identification** | Enter information for disabled individuals or veterans, included in the anticipated work force, under the appropriate headings. |
| **12. Subtotals** | Calculate the subtotals for each column.  **Note: The EEO Job Category Table is an imbedded fillable Excel worksheet. Subtotals will calculate automatically utilizing this feature.** |
| **13. Totals** | Calculate and enter the totals for 8, 9, 10, and 11. Total work force, work force by gender, and work force by race/ethnic identification totals should be equal.  **Note: The EEO Job Category Table is an imbedded fillable Excel worksheet. Totals will calculate automatically utilizing this feature.** |
| **14. Prepared By** | Enter the name, title, phone number, and email address for the person completing the form. Sign and date the form in the designated boxes. |
| **15. MWBE Liaison** | Provide the name of the contractor’s or subcontractor’s organizational MWBE Liaison. |

**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:

**AMERICAN INDIAN OR ALASKA 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.

**ASIAN** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.

**BLACK** **OR AFRICAN AMERICAN** - A person having origins in any of the black racial groups of the original peoples of Africa.

**HISPANIC** **OR LATINO -** A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

**NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER** - A person having origins in any of the original peoples of Hawaii, Guam, Somoa, or other Pacific Islands.

**TWO OR MORE RACES** (Not Hispanic or Latino) - All persons who identify with more than one of the identified races, excluding Hispanic or Latino.

**WHITE** (Not Hispanic or Latino) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**DISABLED/VETERAN IDENTIFICATION:**

**DISABLED INDIVIDUAL** - Any person who has a physical or mental impairment that substantially limits one or more major life activity; has a record of such 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.