

LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

IMPORTANT: A LOCAL ASSISTANCE MWBE EEO STAFFING PLAN (DCJS-3300) MUST BE SUBMITTED WITH BID OR PROPOSAL. A REVISED DCJS-3300 MUST BE SUBMITTED WITH ALL BUDGET MODIFICATION REQUESTS. A DCJS-3300 IS REQUIRED FOR ALL APPLICANTS AND EACH SUBCONTRACTOR IDENTIFIED AS A PARTICIPATING MWBE IN THE CONTRACT, BID OR PROPOSAL.

1. Bidder/Applicant Name: Cohoes Police Department	2. Solicitation/Contract Number: T494028	3. DUNS Number: 627299100
Bidder/Applicant Address: 97 Mohawk Street, Cohoes, NY 12047	4. Report includes Contractor's/Subcontractor's: <input type="checkbox"/> Work force to be utilized on this contract <input checked="" type="checkbox"/> Total work force	
5. <input checked="" type="checkbox"/> Bidder/Applicant <input type="checkbox"/> Subcontractor	6. Subcontractor's name: N/A	
7. EEO Goal (Applicant or Subcontractor): MBE (Minority) 20.1% WBE (Women) 49.1%		

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

EEO- Job Category	8. Total Work Force	9. Work Force by Gender		10. Work Force by Race/Ethnic Identification										11. Work Force by Disabled/Veteran Identification						
		Total Male (M)	Total Female (F)	American Indian or Alaska Native		Asian		Black or African American		Hispanic or Latino	Native Hawaiian or Other Pacific Islander		Two or More Races		White		Disabled		Veteran	
				(M)	(F)	(M)	(F)	(M)	(F)		(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)
Craft Workers	2	2													2					
Laborers	9	1	8												1	8				
Office/Clerical	3		3													3				
Officials/Administrators	2	2													2					
Professionals																				
Sales Workers																				
Service Workers	32	32													32				8	
Technicians																				
Temporary/Apprentices																				
12. Subtotals:		37	11												37	11				
13. Totals:	48	48		48										8						

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

14. CERTIFIED BY: William Heslin	EMAIL ADDRESS: wheslin@ci.cohoes.ny.us	PHONE NO.: 518-233-2143
15. <input checked="" type="checkbox"/> I certify, that to the best of my knowledge, the information provided herein is complete and accurate.		DATE: 4-2-14

FOR DCJS USE ONLY

<input checked="" type="checkbox"/> MWBE EEO Staffing Plan Approved <input type="checkbox"/> MWBE EEO Staffing Plan Denied	
OPDF Contract Manager: Maura J Gagan	Review Date: 4/16/14

Reviewer's Comments:

DCJS 3300 – LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN
Instructions for Completion

1. Bidder/Applicant Name and Address	Provide the grantee bidder/applicant name and address.
2. Solicitation/Contract Number	Input the DCJS solicitation or 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. Bidder/Applicant or Subcontractor	Indicate if this MWBE EEO Staffing Plan is for the bidder/applicant or a subcontractor.
6. Subcontractor's Name	Supply the name of the subcontractor reporting workforce utilization on this document.
7. EEO Goal	Report the applicant/bidder'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. Certified By	Enter the name, title, email address, and phone number for the person completing the form. Certify 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:

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, Samoa, 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.