

New York State Division of Criminal Justice Services

LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

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

1. Bidder/Applicant Name: Rockland County District Attorney's Office	2. Solicitation/Contract Number: C139951	3. DUNS Number: 075437848
Bidder/Applicant Address: 1 South Main Street, New City, NY 10958	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: _____	
7. EEO Goal (Applicant or Subcontractor): MBE (Minority) 36.6 % WBE (Women) 46.9 %		

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 (M) (F)	Asian (M) (F)	Black or African American (M) (F)	Hispanic or Latino (M) (F)	Native Hawaiian or Other Pacific Islander (M) (F)	Two or More Races (M) (F)	White (M) (F)	Disabled (M) (F)	Veteran (M) (F)					
Craft Workers																	
Laborers																	
Office/Clerical	13	0	13			2		3						8			
Officials/Administrators	1	1												1			
Professionals	52	42	10		1	4	1	1					37	8		3	
Sales Workers																	
Service Workers																	
Technicians																	
Temporary/Apprentices																	
12. Subtotals:	66	43	23		1	4	3	1	3				38	16		3	
13. Totals:	66	66		66										3			

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

14. CERTIFIED BY: Judy Rosenthal	EMAIL ADDRESS: rosenthj@co.rockland.ny.us	PHONE: (845) 638-5838
15. <input checked="" type="checkbox"/> I certify, that to the best of my knowledge, the information provided herein is complete and accurate.		DATE: 10/16/13

FOR DCJS USE ONLY

<input checked="" type="checkbox"/> MWBE EEO Staffing Plan Approved <input type="checkbox"/> MWBE EEO Staffing Plan Denied	
OPDF Contract Manager: Victoria Milonovich	Review Date: 10/16/13
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 embedded 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 embedded 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.