

**New York State Division of Homeland Security and Emergency Services  
LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN Form A - GRANTEE**

**IMPORTANT: A Local Assistance MWBE EEO Staffing Plan must be submitted during the performance period of this grant. Final payment will not be processed until this form has been reviewed and approved. An updated Local Assistance MWBE EEO Staffing Plan should be submitted with all budget modification requests. Grantees are also required to submit staffing plans for all vendors (subcontractors) which will be utilized for this grant. Please complete and submit a Local Assistance MWBE Equal Employment Opportunity Staffing Plan - Form B for each Vendor (Subcontractor) identified in your spending plan.**

<b>1. Grantee (Contractor) Name:</b>	<b>2. DHSES Contract Number:</b>	<b>3. Federal ID Number:</b>
<b>4. Grantee (Contractor) Address:</b>	<b>5. This form indicates the Grantee's (select one):</b> Work force to be utilized on this contract Total work force	
	<b>6. Date:</b>	<b>7. NYS SFS Number:</b>
<b>8. EEO Goal (Grantee): MBE (Minority)            %    WBE (Women)            %</b>		

Enter the total number of employees for each classification in each of the EEO - Job Categories identified: This portion of the form (fields 9-14), is a spreadsheet, Fields 13 and 14 will automatically calculate when using this feature.

EEO-Job Category	9. Total Work Force by Job Category	10. Work Force by Gender Identification		11. Work Force by Race/Ethnic Identification												12. 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 (M) (F)	Veteran (M) (F)
				(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)	(M)	(F)		
Craft Workers																			
Laborers																			
Office/Clerical																			
Officials/Administrators																			
Professionals																			
Sales Workers																			
Service Workers																			
Technicians																			
Temporary/Apprentices																			
<b>13. Subtotals:</b>																			
<b>14. Total Workforce:</b>																			

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

<b>15. PREPARED BY (Signature):</b>	<b>EMAIL ADDRESS:</b>	<b>PHONE NO.:</b>	<b>DATE:</b>
<b>NAME AND TITLE OF PREPARER (Print or Type):</b>		<b>16. MWBE Liaison:</b>	
<b>FOR DHSES USE ONLY</b>			
<b>MWBE EEO Staffing Plan Approved</b>		<b>MWBE EEO Staffing Plan Denied</b>	
<b>GPA Minority Business Officer:</b>			<b>Review Date:</b>
<b>Reviewer's Comments:</b>			

**New York State Division of Homeland Security and Emergency Services  
LOCAL ASSISTANCE MWBE EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN FORM A - GRANTEE  
Instructions for Completion**

<b>1. &amp; 4. Grantee Name and Address</b>	Provide the grantee's name and address.
<b>2. Contract Number</b>	Input the DHSES contract number for the project being supported by this grant.
<b>3. Federal Tax ID Number</b>	Provide the grantee's Federal Tax ID number
<b>5. Report of Grantee Work Force Utilization</b>	Indicate if the work force utilization reported on this form pertains to the grantee's/contractor's total workforce or the workforce to be utilized on this contract.
<b>6. Date</b>	Indicate the date the form was completed.
<b>7. SFS Number</b>	Enter grantee's NYS SFS number.
<b>8. EEO Goals</b>	Report the grantee's Equal Employment Opportunity MBE / WBE goal percentages. <b>If the grantee does not have goals in place leave this section blank</b>
<b>9. EEO Job Category</b>	Enter the total work force by EEO job category.
<b>10. Work Force by Gender</b>	Break down the grantee's work force indicated in question 5 by gender.
<b>11. Work Force by Race/Ethnic Identification</b>	Break down the grantee's work force indicated in question 5 by race/ethnic identification. <b>Note: Please refer to the race/ethnic identifiers detailed below, only identifying employees by one category.</b>
<b>12. Work Force by Disabled/Veteran Identification</b>	Enter the number of disabled individuals or veterans, included in the grantee's work force indicated in question 5, under the appropriate headings.
<b>13. Subtotals</b>	Calculate the subtotals for each column. <b>Note: The EEO Job Category Table is an imbedded fillable Excel worksheet. Subtotals will calculate automatically utilizing this feature.</b>
<b>14. Totals</b>	Calculate and enter the totals for 9, 10, 11, and 12. Total work force, work force by gender, and work force by race/ethnic identification totals should be equal. <b>Note: The EEO Job Category Table is an imbedded fillable Excel worksheet. Totals will calculate automatically utilizing this feature.</b>
<b>15. Prepared By</b>	Enter the name, title, phone number, and email address for the person completing the form. Sign and date the form in the designated boxes.
<b>16. MWBE Liaison</b>	Provide the name of the applicant/bidder'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, 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.