# EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)

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| Applicant Name: |   | Telephone: |   |
| Address: |   | Federal ID No.: |   |
| City, State, ZIP: |   | Project No: |   |

Report includes:

Work force to be utilized on this contract OR

Applicant’s total work force

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

|  |  |  |
| --- | --- | --- |
| EEO - Job Categories | Total Work Force | Race/Ethnicity - report employees in only one category |
| Hispanic or Latino | Not-Hispanic or Latino |
| Male | Female |
| Male | Female | White | African-American or Black | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races | Disabled | Veteran | White | African-American | Native Hawaiian or Other Pacific Islander | Asian | American Indian or Alaska Native | Two or More Races | Disabled | Veteran |
| Executive/Senior Level Officials and Managers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| First/Mid-Level Officials and Managers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Professionals |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Technicians |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Sales Workers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Administrative Support Workers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Craft Workers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Operatives |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Laborers and Helpers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service Workers |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| PREPARED BY (*Signature*): |   | DATE:  |
| NAME AND TITLE OF PREPARER: |   | TELEPHONE/EMAIL:  |
|  | (Print or type) |  |
| **EEO 100** |  |  |

# EEO 100

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|  | **STAFFING PLAN INSTRUCTIONS** |
| General Instructions: All Bidders/Applicants in the proposal/application must complete an EEO Staffing Plan (EEO 100) and submit it as part of the package. Where the work force to be utilized in the performance of the State contract/project can be separated out, the Bidder/Applicant shall complete this form only for the anticipated work force to be utilized on the State contract/project. Where the work force to be utilized in the performance of the State contract/project cannot be separated out, the Bidder/Applicant shall complete this form for Bidder/Applicant's total work force. |
| **Instructions for Completing:** |
| 1. | Enter the Project number that this report applies to, along with the name, address, and federal ID number of the Bidder. |
| 2. | Check the appropriate box to indicate if the work force being reported is just for the contract/project or the Bidder/Applicant’s total work force. |
| 3. | Check off the appropriate box to indicate if the Bidder completing the report is the contractor or subcontractor. |
| 4. | Enter the total work force by EEO job category. |
| 5. | Break down the total work force by gender and race/ethnic background and enter under the heading Race/Ethnicity. Contact the M/WBECoordinator, mwbe@nysed.gov, if you have any questions. |
| 6. | Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in designated areas. |
| **RACE/ETHNIC IDENTIFICATION** |
| For purposes of this form NYSED will accept the definitions of race/ethnic designations used by the federal Equal Employment Opportunity Commission (EEOC), as those definitions are described below or amended hereafter. (Be advised these terms may be defined differently for other purposes under NYS statutory, regulatory, or case law). Race/ethnic designations as used by the EEOC do not denote scientific definitions of anthropological origins. For the purposes of this report, 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. The race/ethnic categories for this survey are: |
| • | **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race. |
| • | **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. |
| • | **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa. |
| • | **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, orother Pacific Islands. |
| • | **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. |
| • | **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment. |
| • | **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races. |
| • | **Disabled** - Any person who has a physical or mental impairment that substantially limits one or more major life activity; 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. |