

M/WBE Compliance Checklist

M/WBE Documents Package (original signatures required)			
☐ Full Participation	☐ Request Partial Waiver	☐ Request Total Waiver	
Type of Form	Full Participation	Request Partial Waiver	Request Total Waiver
Calculation of M/WBE Goal Amount	☐	☐	☐
M/WBE Cover Letter	☐	☐	☐
M/WBE 100 Utilization Plan	☐	☐	N/A
M/WBE 102 Notice of Intent to Participate	☐	☐	N/A
M/WBE 105 Contractor's Good Faith Efforts	N/A	☐	☐
M/WBE 101 Request for Waiver Form and Instructions	N/A	☐	☐
EE0 100 Staffing Plan and Instructions	☐	☐	☐

Commented [MA1]: Welcome to MWBE review! These comments will guide you through reviewing an MWBE package. Once you have a program's complete, signed, and regional-approved FS-10, MWBE review can proceed. Review is not necessary for EPE projects, only ALE and WIOA projects and ALE and WIOA amendments. Our review is preliminary; we do not make final determinations on whether a package is acceptable, but we can (and should) request appropriate revisions from the providers to make the MWBE office's review easier.

Commented [MA2]: When reviewing MWBE packages, hard copies are *never* required – this can all be done over email. While programs are free to send us hard copies for recordkeeping, things will move much more quickly if it's done electronically. If a program wants to send a hard copy MWBE package, ensure that it matches the final version before filing it in the program's folder.

Commented [MA3]: The compliance checklist outlines which kinds of documents are required for each type of MWBE package.

Note that the Goal Calculation Worksheet, the Cover Letter, and the EEO Staffing Plan are *always* required for any project no matter what level of participation a program is engaging in.

WIOA and ALE amendments are special cases; if the FS-10A makes no changes whatsoever to the project's discretionary spending, then the only necessary documents for a "full" MWBE package are an updated Goal Calculation Worksheet and an updated Cover Letter. If any changes to the program's discretionary spending are made, the provider will need to submit a fully updated MWBE package.

M/WBE Documents

M/WBE Goal Calculation Worksheet

(This form should reflect the current year's budgeted costs)

RFP # and Title: _____

Applicant Name: _____

The M/WBE participation for this grant is 30% of each applicant's total discretionary non-personal service budget over the entire term of the grant. Discretionary non-personal service budget is defined as the total budget, excluding the sum of funds budgeted for direct personal services (i.e., professional and support staff salaries) and fringe benefits, as well as rent, lease, utilities, and indirect costs, if these are allowable expenditures.

Please complete the following table to determine the dollar amount of the M/WBE goal for this project year.

	Budget Category	Amount budgeted for items excluded from M/WBE calculation	Totals (Current FS-10)
1.	Total Budget		
2.	Professional Salaries		
3.	Support Staff Salaries		
4.	Fringe Benefits		
5.	Indirect Costs		
6.	Rent/Lease/Utilities*		
7.	Sum of lines 2, 3, 4, 5, and 6		
8.	Line 1 minus Line 7		
9.	M/WBE Goal percentage (30%)		0.30
10.	Line 8 multiplied by Line 9 = MWBE goal amount		

*If not included in #5

Commented [MA4]: This line needs to reflect the funding source, such as "WIOA Title II Funding" or "Adult Literacy Education."

Commented [MA5]: This line must indicate the name of the provider and the name of the specific project. Something like "Capital Region BOCES" on its own is not acceptable if the provider has multiple projects; we need enough information to tell which package applies to which project and we need to know which fiscal year the package applies to.

"Capital Region BOCES WIOA 1 ABE 22-23" is acceptable, for example. "Capital Region BOCES" followed by the project number is also acceptable since AEPP project numbers are structured to indicate both the funding source and the fiscal year.

Commented [MA6]: Budget categories 1-5 are relatively straightforward; simply make sure that each one matches the total amount on the project's FS-10.

If there are any discrepancies, the Goal Calculation Worksheet must be revised to suit the FS-10, not the other way around.

Commented [MA7]: This is the trickiest part of the Goal Calculation Worksheet because the definition of "Rent/Lease/Utilities" is not often clear to providers. Items that qualify as rent, lease, or utilities are found under Purchased Services on the FS-10; however, many providers will simply include all their Purchased Services (or BOCES Purchased Services, which are rare) under this category. The purpose of this category is to exclude only Purchased Services that cannot realistically be purchased from an MWBE.

Internet, phone, and electricity are the most common utilities you'll see on an FS-10. Rent and lease are typically only allowed if they are for classroom space or real estate.

Technology leases, such as copiers and scanners, do not count towards this total even though "lease" is in the phrase; there are MWBEs that can provide that technology via lease, so programs cannot count those leases towards their total.

Commented [MA8]: Make sure to check the math with a calculator when reviewing lines 7-10. All categories on this sheet must be accurate to the nearest cent; some providers will round to the nearest dollar, which is not allowed.

Commented [MA9]: The Line 8 amount is a provider's total discretionary spending and is the base that their MWBE goal amount is calculated from.

This total will usually consist of just three things:

- Purchased Services that are not Rent, Lease or Utilities;
- Supplies and Materials;
- and Travel Expenses.

BOCES Services, Minor Remodeling, and Equipment will also count towards this total, but those categories are rarely seen on our FS-10s.

M/WBE COVER LETTER Minority & Woman-Owned Business Enterprise Requirements

NAME OF GRANT PROGRAM

NAME OF APPLICANT

In accordance with the provisions of Article 15-A of the NYS Executive Law, 5 NYCRR Parts 140-145, Section 163 (6) of the NYS Finance Law and Executive Order #8 and in fulfillment of the New York State Education Department (NYSED) policies governing Equal Employment Opportunity and Minority and Women-Owned Business Enterprise (M/WBE) participation, it is the intention of the New York State Education Department to provide real and substantial opportunities for certified Minority and Women-Owned Business Enterprises on all State contracts. It is with this intention the NYSED has assigned M/WBE participation goals to this contract.

In an effort to promote and assist in the participation of certified M/WBEs as subcontractors and suppliers on this project for the provision of services and materials, the bidder is required to comply with NYSED's participation goals through one of the three methods below. Please indicate which one of the following is included with the M/WBE Documents Submission:

- ☐ Full Participation – No Request for Waiver (PREFERRED)
- ☐ Partial Participation – Partial Request for Waiver
- ☐ No Participation – Request for Complete Waiver

By my signature on this Cover Letter, I certify that I am authorized to bind the Bidder's firm contractually.

Typed or Printed Name of Authorized Representative of the Firm

Typed or Printed Title/Position of Authorized Representative of the Firm

Signature/Date

Commented [MA10]: The Cover Letter is required no matter what level of participation the provider is engaging in.

The Cover Letter must be completed by a representative of the provider, *not* by the MWBE(s) that they are doing business with! The signature section uses the phrasing "representative of the firm," which some providers will interpret as the firm that they are doing business with. If the signature, name, and position of the signer are unfamiliar to you, email the program manager and confirm whether they are an employee of the provider or not.

Commented [MA11]: These must match the categories on the previous page. Top line is for the funding source, bottom line is for the name of the provider. Some providers will incorrectly list the program manager's name or the superintendent's name under "Name of Applicant."

Commented [MA12]: Make sure that one of these is checked off and that the item that is checked off reflects whether the provider is requesting full, partial, or no participation.

M/WBE UTILIZATION PLAN

INSTRUCTIONS: All bidders/applicants submitting responses to this procurement/project must complete this M/WBE Utilization Plan unless requesting a total waiver and submit it as part of their proposal/application. The plan must contain detailed description of the services to be provided by each Minority and/or Women-Owned Business Enterprise (M/WBE) identified by the bidder/applicant.

Bidder/Applicant's Name _____ Telephone/E-mail: _____/_____
Address _____ Federal ID No.: _____
City, State, Zip _____ RFP No.: _____

Certified M/WBE	Classification (check all applicable)	Description of Work (Subcontracts/Supplies/Services)	Annual Dollar Value of Subcontracts/Supplies/Services
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE WBE		\$
NAME ADDRESS CITY, ST, ZIP PHONE/E-MAIL FEDERAL ID No.	NYS ESD Certified MBE WBE		\$

PREPARED BY (Signature) _____ DATE _____
SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-1, 5 NYCRR PART 143 AND THE ABOVE REFERENCE SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL/APPLICATION DISQUALIFICATION.

NAME AND TITLE OF PREPARER: _____
(print or type)
TELEPHONE/E-MAIL _____
DATE _____

REVIEWED BY _____	DATE _____
UTILIZATION PLAN APPROVED YES/NO _____	DATE _____
NOTICE OF DEFICIENCY ISSUED YES/NO _____	DATE _____
NOTICE OF ACCEPTANCE ISSUED YES/NO _____	DATE _____

Commented [MA13]: This is the Utilization Plan, which summarizes each MWBE that the provider is doing business with. Most of the time, you will only need one Utilization Plan because providers typically only pick one or two MWBEs to do business with, but if a provider is doing business with three or more MWBEs, you'll need more Utilization Plans to fit the other MWBEs.

As with the Cover Letter, this document is to be prepared by the provider only!

Commented [MA14]: None of these fields can be blank.

Commented [MA15]: Each of these rows must correspond to a Notice of Intent to Participate that is included in the package submitted by the provider. Ensure that none of the fields are blank (except for Classification; having MBE or WBE checked off is acceptable). It's common for Description of Work sections to be blank; if they are, send the package back and request a description of the work that the MWBE is selling to the provider.

The information under each row is meant to describe an MWBE that the provider is doing business with. A common mistake is for providers to put their own information under Name, Address, City/State/ZIP, and so on; this is not acceptable.

Commented [MA16]: As with the section at the top, this section (signature, dates, name and title, telephone/email) must be completed by a representative of the provider, not a representative of the MWBE they're doing business with.

Commented [MA17]: This section must be left blank for the MWBE office to use.

M/WBE SUBCONTRACTORS AND SUPPLIERS

NOTICE OF INTENT TO PARTICIPATE

INSTRUCTIONS: Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Commented [MA18]: The Utilization Plan gives a summary of all MWBEs that the provider is doing business with; the Notice of Intent gives a summary of one, specific MWBE that the provider is doing business with. This means that if a provider is doing business with multiple MWBEs, they will need a Notice of Intent for each one.

Commented [MA19]: These instructions are often ignored; some providers will fill out all three parts on their own or ask the MWBE to fill out all three parts instead. Part A *must* be completed by the provider, while Parts B and C *must* be completed by the MWBE; this is a collaborative document.

Always check the names and contact information to ensure that the provider has filled out A and the MWBE has filled out B and C.

Commented [MA20]: This section is often left blank, which is not acceptable.

Commented [MA21]: This section is obsolete and is not present on newer MWBE packages; however, you'll still see it on some packages. It is not acceptable for a firm to have applied for certification; they must be certified at the time the package is filled out! Certification can take years, so if a firm's MWBE application is still pending, the provider will have to take their business elsewhere.

Commented [MA22]: Make sure that the dollar amount on each Notice matches the dollar amount on the Utilization Plan.

Bidder/Applicant Name: _____ Federal ID No.: _____
Address: _____ Phone No.: _____
City _____ State _____ Zip Code _____ E-mail: _____

Signature of Authorized Representative of Bidder/Applicant's Firm _____
Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm _____

DATE: _____
PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:

Name of M/WBE: _____ Federal ID No.: _____
Address: _____ Phone No.: _____
City, State, Zip Code _____ E-mail: _____

BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:

DESIGNATION: _____ MBE Subcontractor _____ WBE Subcontractor _____ MBE Supplier _____ WBE Supplier _____

PART C - CERTIFICATION STATUS (CHECK ONE):
_____ The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).

_____ The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.

The estimated dollar amount of the agreement \$ _____ Signature of Authorized Representative of M/WBE Firm _____
Date _____ Printed or Typed Name and Title of Authorized Representative _____

M/WBE CONTRACTOR GOOD FAITH EFFORTS CERTIFICATION (FORM 105)

PROJECT/CONTRACT # _____

I, _____
(Bidder/Applicant)

_____ of _____
(Title) (Company)

_____ (Address) (Telephone Number)

do hereby submit the following as evidence of our good faith efforts to retain certified minority- and women-owned business enterprises:

(1) Copies of its solicitations of certified minority- and women-owned business enterprises and any responses thereto;

(2) If responses to the contractor's solicitations were received, but a certified minority- or woman-owned business enterprise was not selected, the specific reasons that such enterprise was not selected;

(3) Copies of any advertisements for participation by certified minority- and women-owned business enterprises timely published in appropriate general circulation, trade and minority- or women-oriented publications, together with the listing(s) and date(s) of the publication of such advertisements;

(4) Copies of any solicitations of certified minority- and/or women-owned business enterprises listed in the directory of certified businesses;

(5) The dates of attendance at any pre-bid, pre-award, or other meetings, if any, scheduled by the State agency awarding the State contract, with certified minority- and women-owned business enterprises which the State agency determined were capable of performing the State contract scope of work for the purpose of fulfilling the contract participation goals;

(6) Information describing the specific steps undertaken to reasonably structure the contract scope of work for the purpose of subcontracting with, or obtaining supplies from, certified minority- and women-owned business enterprises.

(7) Describe any other action undertaken by the bidder to document its good faith efforts to retain certified minority - and women- owned business enterprises for this procurement.

Submit additional pages as needed. _____

Authorized Representative Signature

Date

M/WBE 105

Commented [MA23]: This page and the following three pages are only required if the provider is requesting a waiver, whether it's partial or total. Full participation MWBE packages are not required to include waiver documentation.

Commented [MA24]: If a waiver is requested, additional evidence or explanation is required! The two most common waiver request reasons are the following:

- Some or all of the provider's Supplies and Materials can only be bought from a sole-source vendor, which is common for testing materials.
- Some or all of the provider's Travel Expenses include mileage reimbursement, which cannot be reasonably purchased from an MWBE.

Whatever the reason for a waiver is, the provider must indicate why they are requesting a waiver and include evidence of why it is necessary. AEPP does not make final determination on waiver requests, but if waiver documentation is absent from the package submitted *and* the provider is requesting a waiver, the provider must be contacted and instructed to include waiver documentation.

The documentation must be a document! Providers cannot simply provide a waiver explanation in the body of an email; it must be an attachment that can be forwarded to the MWBE office.

M/WBE CONTRACTOR UNAVAILABLE CERTIFICATION

Commented [MA25]: This page is typically not used unless the supporting explanation for a waiver request involves MWBEs being unavailable for the work.
Such an explanation is not common, but if it is the explanation given, this page must be filled out.

RFP# /PROJECT NAME _____

I, _____ (Authorized Representative) _____ (Title) _____ (Bidder/Applicant's Company)

_____ (Address) _____ () _____ (Phone)

I certify that the following New York State Certified Minority/Women Business Enterprises were contacted to obtain a quote for work to be performed on the abovementioned project/contract.

List of date, name of M/WBE firm, telephone/e-mail address of M/WBEs contacted, type of work requested, estimated budgeted amount for each quote requested.

DATE	M/WBE NAME	PHONE/EMAIL	TYPE OF WORK	ESTIMATED BUDGET	REASON
1.					
2.					
3.					
4.					
5.					

To the best of my knowledge and belief, said New York State Certified Minority/Women Business Enterprise contractor(s) was/were not selected, unavailable for work on this project, or unable to provide a quote for the following reasons: Please check appropriate reasons given by each MBE/WBE firm contacted above.

- _____ **A.** Did not have the capability to perform the work
- _____ **B.** Contract too small
- _____ **C.** Remote location
- _____ **D.** Received solicitation notices too late
- _____ **E.** Did not want to work with this contractor
- _____ **F.** Other (give reason) _____

Authorized Representative Signature _____ **Date** _____ **Print Name** _____

REQUEST FOR WAIVER FORM

Commented [MA26]: This page is required if a waiver is being requested and it must be filled out by the provider, not by an MWBE.

BIDDER/APPLICANT NAME:

TELEPHONE:

EMAIL:

FEDERAL ID NO.:

ADDRESS:

CITY, STATE, ZIPCODE:

RFP#/PROJECT NO.:

INSTRUCTIONS: By submitting this form and the required information, the bidder/applicant certifies that Good Faith Efforts have been taken to promote M/WBE participation pursuant to the M/WBE goals set forth under this RFP/Contract. Please see Page 2 for additional requirements and document submission instructions.

BIDDER/APPLICANT IS REQUESTING (check all that apply):

☐ MBE Waiver - A waiver of the MBE goal for this procurement is requested.	☐ WBE Waiver - A waiver of the WBE goal for this procurement is requested.
☐ Total	☐ Total
☐ Partial _____ %	☐ Partial _____ %

☐ **Waiver Pending ESD Certification**
(check here if subcontractor or supplier is not certified M/WBE, but an application for certification has been filed with Empire State Development)

Subcontractor/Supplier Name: _____ Date of application filing: _____

PREPARED BY (Signature): _____ DATE: _____

SUBMISSION OF THIS FORM CONSTITUTES THE BIDDER/APPLICANT'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A, 5 NYCRR PART 143, AND THE ABOVE REFERENCED SOLICITATION. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.

NAME OF PREPARER:	FOR AUTHORIZED USE ONLY
TITLE OF PREPARER:	REVIEWED BY: _____
TELEPHONE:	DATE: _____
EMAIL:	WAIVER GRANTED ☐ YES ☐ NO ☐ TOTAL WAIVER ☐ PARTIAL WAIVER ☐ ESD CERTIFICATION WAIVER ☐ NOTICE OF DEFICIENCY ☐ CONDITIONAL WAIVER COMMENTS:

M/WBE 101

Commented [MA27]: This percentage represents how much discretionary spending the provider is requesting to waive. It's commonly incorrect because it is meant to be a percentage of the provider's total discretionary spending, *not* of their MWBE goal total, but this is not explained in the MWBE package.

To calculate how much the percentage should be:

1. Calculate the total sum that the provider is spending with an MWBE.
2. Subtract that amount from the provider's MWBE goal amount (line 10 on the Goal Calculation Worksheet).
3. Divide that number by the program's total discretionary spending (line 8 on the GCW).

For example, if a provider's total discretionary spending is \$100,000, their MWBE goal amount is \$30,000, and they are spending \$10,000 with an MWBE:

$$(\$30,000 - \$10,000) / \$100,000 = 20\%$$

It is acceptable for a partial waiver percentage to be split between "MBE Waiver" and "WBE waiver." If there are percentages listed under both, simply add them together.

A partial waiver request will never meet or exceed 30%.

REQUIREMENTS AND DOCUMENT SUBMISSION INSTRUCTIONS

When completing the Request for Waiver Form, please check all boxes that apply. To be considered, the Request for Waiver Form must be accompanied by documentation for items 1-11, as listed below. If a Waiver Pending ESD Certification is requested, please see Item 11 below. Copies of the following information and all relevant supporting documentation must be submitted along with the request.

1. A statement setting forth your basis for requesting a partial or total waiver.
2. The names of general circulation, trade association, and M/WBE-oriented publications in which you solicited certified M/WBEs for the purposes of complying with your participation goals.
3. A list identifying the date(s) that all solicitations for certified M/WBE participation were published in any of the above publications.
4. A list of all certified M/WBEs appearing in the NYS Directory of Certified Firms that were solicited for purposes of complying with your certified M/WBE participation levels.
5. Copies of notices, dates of contact, letters, and other correspondence as proof that solicitations were made in writing and copies of such solicitations, or a sample copy of the solicitation if an identical solicitation was made to all certified M/WBEs.
6. Provide copies of responses made by certified M/WBEs to your solicitations.
7. Provide a description of any contract documents, plans, or specifications made available to certified M/WBEs for purposes of soliciting their bids and the date and manner in which these documents were made available.
8. Provide documentation of any negotiations between you, the Bidder/Applicant and the M/WBEs undertaken for purposes of complying with the certified M/WBE participations goals.
9. Provide any other information you deem relevant which may help us in evaluating your request for a waiver.
10. Provide the name, title, address, telephone number and email address of the Bidder/Applicant's representative authorized to discuss and negotiate this waiver request.
11. Copy of notice of application receipt issued by Empire State Development (ESD).

NOTE: Unless a Total Waiver has been granted, Bidder/Applicant will be required to submit all reports and documents pursuant to the provisions set forth in the procurement and/or contract, as deemed appropriate by NYSED, to determine M/WBE compliance.

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

Commented [MA28]: As with the Cover Letter, the EEO Staffing Plan is required even if the provider is requesting a total waiver. The data in an EEO Staffing Plan must also pertain to the provider, not to the MWBE they are doing business with.

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	Race /Ethnicity - report employees in only one category																				
	Total Work Force		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)

STAFFING PLAN INSTRUCTIONS

EEO 100

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/WBE Coordinator, mwbe@mail.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, or other 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.