

**CONTRACTORS STAFFING PLAN**  
*Instructions for Completion*

**PURPOSE:**

The Contractors Staffing Plan is prepared by all contractors providing good, products and merchandise, or services (skilled and non-skilled) or professional consulting services (inclusive of professional construction consultant services) to a state agency. The plan is required prior to the award of a contract and contains the anticipated staff assignments during the contract. **In instances where that cannot be identified, the contractor may identify the total work force of the company.** The form will be reviewed by state agencies for the purposes of equal employment opportunity requirements.

**GENERAL INFORMATION:**

1. **Project/RFP Title:** describe the project for which you are competing as indicated on the RFP/RFB document.
2. **Location of Contract:** the company's location and postal zip code.
3. **Contractor/Firm Name:** the company that will be providing the workforce. Include *address* with city name, state and zip code.
4. **Check applicable categories:**  
(1) *Staff Estimated include:* **Contract/Project Staff** (check in cases where the workers to be assigned can be determined, **Total Work Force** (check in the event the contract work force cannot yet be determined, **Subcontractors** (check if the work force for the project is that of a subcontractor).  
(2) *Type of Contract:* **Construction Consultants, Commodities, Services/Consultants** (check appropriate box).

**TOTAL ANTICIPATED WORK FORCE:**

1. **Federal Occupational Category:** The contractor's work force is broken down and reported by the nine Federal Occupational Categories (FOC's) consistent with the Federal government's EEO-1 categories for the private sector labor force. The categories are general in nature, and include all related occupational job titles. The contracting agency can provide assistance in categorizing specific jobs.
2. **Total Number of Employees:** Record the total number of all persons employed in each FOC regardless of ethnicity (either to be assigned to the contract/project staff OR in the company's total work force, as indicated by the categories selected in number 4 (1) Staff Estimated, of the General Information. Report the number of male employees in column (1), and the total number of female employees in column (2) for each FOC. In columns (3) through (10), report the number of male and female *minority* group member, based on the following defined groups:

**Black (not of Hispanic origin):** all persons having origins in any of the Black African racial groups.

**Hispanic:** all persons of Mexican, Puerto Rican, Dominican, Cuban, Central or South American or either Indian or Hispanic origin, regardless of race.

**Asian or Pacific Islander:** all persons having origins in any of the Far East countries, South East Asia, the Indian subcontinent or the Pacific Islands.

**Native American or Alaskan Native:** all persons having origins in any of the original peoples of North America.

**TOTAL PERCENT MINORITY:**

Add all minority group members (male and female) columns (3) through (10), divide by the total numbers of all employees in that FOC (columns 1 + 2). Post the percentage result for that FOC. [Total number of minority employees (columns 3 through 10) / Total number of employees (columns 1 and 2)].

**TOTAL PERCENT FEMALE:**

Divide the number of female employees (column 2) in the FOC, by the total number of both Male and Female (column 1 + 2). Post the percentage result for that FOC. [Total female employees (column 2) / total number of employees (columns 1 and 2)].

**TOTALS:**

To compute the column totals, add vertically. *Total Percent Minority Employees and Total Percent Female Employees* should be calculated as shown above, using the summed column totals.

The Contractors Staffing Plan is to be completed by the prime contractor and signed and dated by an authorized representative before submission. The *Company Official's Name, Title, Telephone Number, Signature and Date* signed should be provided where indicated on the form.

SCHEDULE A-1

STAFFING PLAN

Project/RFP Title \_\_\_\_\_ Location of Contract \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
 Contractor/Firm Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Check applicable categories: (1) Staff Estimates include: Contract/Project Staff Total Workforce  
 (2) Type of Contract: Construction Consultants Commodities Subcontractors Services/Consultants

TOTAL ANTICIPATED WORK FORCE											Total Percent Minority Employees	Total Percent Female Employees	
Federal Occupational Category	Total Number of Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American Alaskan Native				
		Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Officials/Admin.													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craft Workers													
Operatives													
Laborers													
Service Workers													
<b>TOTALS</b>													

CERTIFICATION: I, \_\_\_\_\_ (Print Name), the \_\_\_\_\_ (Title), do certify that (i) I have read this Staffing Plan and (ii) to the best of my knowledge, information and belief the information herein is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number (\_\_\_\_)

Forward to:  
 Empire State Development  
 Affirmative Action Unit - Laverne Poole  
 633 Third Avenue  
 New York, NY 10017

Office: (212) 803-3224

Fax: (212) 803-3223

**SCHEDULE A-2**

**SCHEDULE OF MINORITY/WOMEN OWNED BUSINESS PARTICIPATION**

*(No substitutions may be made on this submission except by prior written approval from Empire State Development)*

\_\_\_\_\_  
Name of Respondent

Project: \_\_\_\_\_ Service:

\_\_\_\_\_  
Address

Respondent's Contract Amount:

\_\_\_\_\_

Telephone Number: ( )

Name/Address/Phone No. of Minority/Women-owned Business	MBE or WBE	Joint Venture, Subcontractor or Supplier	Scope of Work to be Performed	Proposed Contract Price or Purchase Amount & Percentage

**CERTIFICATION:**

I, \_\_\_\_\_ (Print Name), the \_\_\_\_\_ (Title), do certify that (i) I have read this Schedule of Minority/Women Owned Business Participation and (ii) to the best of my knowledge, information and belief the information herein is complete and accurate.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Forward to:**

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