NEW YORK STATE | Thruway Authority

EEO STAFFING PLAN

(REQUIRED ONLY FOR CONTRACTS VALUED AT $250,000 OR MORE)

Submit with Bid or Proposal – Instructions on page 4

Contract/Project No.:	**Contract/Project Title:**	**Report includes Contractor's/Subcontractor's:** □ Work force to be utilized on this contract □ Total work force □ Prime Contractor □ Subcontractor
Contractor/Grantee Name:		
Contractor/Grantee Address:		**Subcontractor's name** _____

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

				EEO-Job Category									Totals
				Officials/ Administrators	Professionals	Technicians	Sales Workers	Office/ Clerical	Craft Workers	Laborers	Service Workers	Temporary/ Apprentices	
Total Work Force													
Work force by Gender	Total Male (M)												
	Total Female (F)												
	Total X (X)												
Work Force by Race/Ethnic Identification	White		(M)										
			(F)										
			(X)										
	Black/ African American		(M)										
			(F)										
			(X)										
	Hispanic		(M)										
			(F)										
			(X)										
	Asian	Chinese	(M)										
			(F)										
			(X)										
		Japanese	(M)										
			(F)										
			(X)										
		Filipino	(M)										
			(F)										
			(X)										

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				EEO-Job Category									Totals
				Officials/ Administrators	Professionals	Technicians	Sales Workers	Office/ Clerical	Craft Workers	Laborers	Service Workers	Temporary/ Apprentices	
Work Force by Race/Ethnic Identification	Asian	Korean	(M)										
			(F)										
			(X)										
		Vietnamese	(M)										
			(F)										
			(X)										
		Asian Indian	(M)										
			(F)										
			(X)										
		Bangladeshi	(M)										
			(F)										
			(X)										
		Pakistani	(M)										
			(F)										
			(X)										
		Hmong	(M)										
			(F)										
			(X)										
		Cambodian	(M)										
			(F)										
			(X)										
		Thai	(M)										
			(F)										
			(X)										

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				EEO-Job Category									
				Officials/ Administrators	Professionals	Technicians	Sales Workers	Office/ Clerical	Craft Workers	Laborers	Service Workers	Temporary/ Apprentices	Totals
Work Force by Race/Ethnic Identification	Pacific Islander	Native Hawaiian	(M)										
			(F)										
			(X)										
		Guamanian & Chamorro	(M)										
			(F)										
			(X)										
		Samoan	(M)										
			(F)										
			(X)										
	Other Asian or Pacific Islander		(M)										
			(F)										
			(X)										
	Native American		(M)										
			(F)										
			(X)										
Other Categories	Disabled		(M)										
			(F)										
			(X)										
	Veteran		(M)										
			(F)										
			(X)										

PREPARED BY (Signature):	TELEPHONE NO.:	EMAIL ADDRESS:	DATE:
NAME AND TITLE OF PREPARER (Print or Type):			

NEW YORK STATE | Thruway Authority

EEO STAFFING PLAN

(REQUIRED ONLY FOR CONTRACTS VALUED AT $250,000 OR MORE)

General Instructions: All Contractors and each subcontractor identified in the bid or proposal must complete an EEO Staffing Plan (Form OCSD-2) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's and/or Subcontractor's total work force, the Contractor shall complete this form for the contractor's and/or Subcontractor's total work force.

Instructions:

1. Enter the Contract or Solicitation number that this report applies to along with the name and address of your company or organization.
2. Check off the appropriate box to indicate if the Contractor completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate work force to be utilized on the contract or the Contractor's total work force.
4. Enter the total work force by EEO job category.
5. Break down the anticipated total work force by gender and enter under the heading 'Work force by Gender'
6. Break down the anticipated total work force by race/ethnic identification and enter under the heading 'Work force by Race/Ethnic Identification'. Contact the M/WBE Permissible contact(s) for the solicitation if you have any questions.
7. Enter information on disabled or veterans included in the anticipated work force under the appropriate headings.
8. Enter the name and contact details of the person completing the form. Sign 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 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. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

- **WHITE** (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- **BLACK** a person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.
- **HISPANIC** a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- **ASIAN** a person of Chinese, Japanese, Filipino, Korean, Vietnamese, Asian Indian, Bangladeshi, Pakistani, Hmong, Cambodian, or Thai origin.
- **PACIFIC ISLANDER** a person of Native Hawaiian, Guamanian and Chamorro, or Samoan origin.
- **OTHER ASIAN OR PACIFIC ISLANDER** a person of Asian or Pacific islander origin who does not fit within any of the specific racial/ethnic groups above.
- **NATIVE INDIAN (NATIVE AMERICAN/ALASKAN 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.

OTHER CATEGORIES:

- **DISABLED INDIVIDUAL** any person who:
  - has a physical or mental impairment that substantially limits one or more major life activity(ies)
  - 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.
- **GENDER** Male, Female, or "X"