STATE UNIVERSITY OF NEW YORK
CONTRACTOR'S EEO POLICY STATEMENT

Campus _____

Project Title _____

_____

Project Number _____

Prior to the award of a State contract, the Contractor shall submit an Equal Employment Opportunity ("EEO") Policy Statement to the contracting agency within the time frame established by that agency. The Contractor's EEO Policy Statement shall contain, but not necessarily be limited to, and the Contractor, as a precondition to entering into a valid and binding State contract, shall, during the performance of the State contract, agree to the following:

(a) The Contractor will not discriminate against any employee or applicant for employment because of race, creed, color, national origin, sex, age, disability or marital status, will undertake or continue existing programs of affirmative action to ensure that minority group members and women are afforded equal employment opportunities without discrimination, and shall make and document its conscientious and active efforts to employ and utilize minority group members and women in its work force on State contracts.

(b) The Contractor shall state in all solicitations or advertisements for employees that, in the performance of the State contract, all qualified applicants will be afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status.

(c) At the request of the contracting agency, the Contractor shall request each employment agency, labor union, or authorized representative of workers with which it has a collective bargaining or other agreement or understanding, to furnish a written statement that such employment agency, labor union, or representative will not discriminate on the basis of race, creed, color, national origin, sex, age, disability or marital status and that such union or representative will affirmatively cooperate in the implementation of the Contractor's obligations herein.

_____ _____

Company *Signature*

_____ _____

Date *Title*

STATE UNIVERSITY OF NEW YORK
MONTHLY WORK FORCE EMPLOYMENT UTILIZATION REPORT
CONSTRUCTION

1	AGENCY	AGENCY CODE	2	REPORTING PERIOD (month/year)	
3	CONTRACTOR/SUBCONTRACTORFIRMNAME	ADDRESS (Street, City, State, Zip)			
4	FEDERALID/PAYEEIDNUMBER	Check One: ☐ Prime Contractor ☐ Subcontractor	5	CONTRACTAMOUNT	6 CONTRACTNUMBER
7	LOCATION OFWORK(County, Zip)	8 CONTRACTSTARTDATE (month/day/year)	9	PERCENT OFJOBCOMPLETED	

* F = Foreman/ Supervisor; J = Journeyworker; A= Apprentice/ Trainee

Job orTrade Category	*	Total Hours Worked All Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native		Minority %	Female %	Total Number of Employees		Total Number of Minority Employees	
		Column 1 M	Column 2 F	Column 3 M	Column 4 F	Column 5 M	Column 6 F	Column 7 M	Column 8 F	Column 9 M	Column10 F			M	F	M	F
Field Office Staff:																	
Professionals																	
Office/Clerical																	
Laborers	F																
	J																
	A																
Equipment Operators	F																
	J																
	A																
Surveyors	F																
	J																
	A																
Truck Drivers	F																
	J																
	A																
Iron Workers	F																
	J																
	A																
Carpenters	F																
	J																
	A																
Cement Masons	F																
	J																
	A																
Painters	F																
	J																
	A																
Electricians	F																
	J																
	A																
Plumbers	F																
	J																
	A																
Other:	F																
	J																
	A																
Grand Totals																	

COMPANYOFFICIAL'SNAME	TITLE	
COMPANYOFFICIAL'SSIGNATURE	TELEPHONE NUMBER ( )	DATE

STATE UNIVERSITY OF NEW YORK
MONTHLY WORK FORCE EMPLOYMENT UTILIZATION REPORT
CONSTRUCTION
INSTRUCTIONS FOR COMPLETION

PURPOSE: The *Monthly Work Force Employment Utilization Report* is prepared by all construction contractors and subcontractors to document their actual employment of minority group members and women during the period covered by the report. The report has a format similar to forms used by the Federal government (e.g., U.S. Department of Labor) for reporting equal employment opportunity data. The report covers all hourly workers, including foremen, supervisors or crew chiefs, journeyworkers and apprentices or trainees working on the project. Professional and office clerical field office staff working on the contract shall also be reported. The completed reports are used by the contracting state agency to monitor the contractor's and subcontractor's compliance with the contract's equal employment opportunity requirements.

GENERAL INFORMATION:

1. ***Name of Contracting State Agency*** and state agency code (five digit code).
2. ***Reporting Period*** covered by report (month/year)
3. ***Contractor or Subcontractor Firm Name*** (prime contractor on summary report submitted to agency) and ***address*** (including city name, state and zip code).
4. Contractor or Subcontractor ***Federal Employer Identification Number*** or payee identification number (prime contractor i.d. on summary report); **check** to indicate prime or subcontractor report.
5. ***Contract Amount*** is dollar amount based on terms of the contract.
6. ***Contract Number*** is the agency assigned number given to the contract (seven digits).
7. ***Location of Work*** including county and zip code where work is performed.
8. ***Contract Start Date*** is month/day/year work on contract actually began.
9. Contractor's ***Estimate of the Percentage of Work Completed*** at the end of this reporting period.

JOB OR TRADE CATEGORIES: A field office staff category plus ten job categories are printed on the form. These are trades commonly used in construction. The categories are intended to be general in nature, and may include several occupational job titles. *If trades other than those identified are required to perform work on the contract,* this work should be combined and reported in the *"Other"* category. Work level designations of foreman/supervisor (f), journeyworker (J), and apprentice/trainee (A) are included as separate entries for each standard job category; hours worked must be recorded opposite the appropriate work level for each.

TOTAL HOURS WORKED DURING REPORTING PERIOD: Report the total hours worked by **al**l employees during the reporting period, regardless of ethnicity, under each job category in column (1) for males (M) and column (2) for females (F). In columns (3) thru (10) report the total hours worked by male and female *minority group members* of one of 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.

MINORITY % = sum of all employment of minority group members (male and female) in the job category divided by the total hours worked by all employees in that job category (column 1 + column 2).

FEMALE % = total hours worked by all female employees in the job category (column 2) divided by the total hours worked by all employees in that job category (column 1 + column 2).

TOTAL NUMBER OF EMPLOYEES: Record the *total number of all persons employed* during the reporting period, regardless of ethnicity; report the numbers of male (M) and female (F) employees separately.

TOTAL NUMBER OF MINORITY EMPLOYEES: Record the *total number of minority persons employed* during the reporting period; report the numbers of minority male (M) and minority female (F) employees separately.

GRAND TOTALS: Column totals should be calculated for all job categories combined. Total minority and female percentages should be calculated as shown above, based on the column totals.

SUBMISSION: The monthly work force utilization report is to be completed by both prime and subcontractors and **signed and dated** by an *authorized representative* before submission. This **Company Official's name, official title** and **telephone number** should be printed or typed where indicated on the bottom of the form.

The *prime contractor* shall complete a report for its own work force, **collect** reports completed by each subcontractor, and **prepare a summary report for the entire combined contract work force.** The reports shall include the total work hours for all employees in each work category for all payrolls completed in the monthly reporting period. The prime contractor shall submit the summary report to the contracting agency as required by *Part 542 of Title 9, Subtitle N of the NYCRR* pursuant to *Article 15-A of the Executive Law.*

STATE UNIVERSITY OF NEW YORK
SUBCONTRACTING INFORMATION

CONTRACTOR'S NAME	DATE	SUNYPROJECTNUMBER
ADDRESS	DESCRIPTION	
	DATE OF NOTICE OF AWARD	
TELEPHONE NUMBER ( )	AMOUNTAWARDED	

1. Is the Contractor a certified minority/women-owned controlled firm? ☐ Yes ☐ No
   Specify: ☐ MBE ☐ WBE Federal ID No. _____
2. Are there any certified minority/women owned subcontractors or suppliers working on the projects? ☐ Yes ☐ No
   If yes, provide the following information:

Name Complete Address Telephone Number	**Federal ID Number**	**Value of Subcontract or Supply Order**	**Scope of Work**	**MBE/ WBE**

PLEASE RETURN COMPLETED FORM TO;	NAME OF COMPANYDESIGNEE (PRINT/TYPE)	
	SIGNATURE	
	DATE ( )	TELEPHONE NUMBER

Certified Business shall mean a business verified as a minority or women-owned business enterprise pursuant to Section 314 of the Executive Law. If you need additional space to provide information, please include attachments.