WORK FORCE EMPLOYMENT UTILIZATION
FOR CONTRACTORS OF THE NEW YORK STATE OFFICE FOR THE AGING

Contract No.: □ Contractor □ Subcontractor

Reporting Period:
□ January 1, 20___ - March 31, 20___
□ April 1, 20___ - June 30, 20___
□ July 1, 20___ - September 30, 20___
□ October 1, 20___ - December 31, 20___

Contractor's Name: □ Work force to be utilized on this contract
□ Contractor/Subcontractor’s total work force

Contractor's Address:

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

<table>
<thead>
<tr>
<th>EEO-Job Category</th>
<th>Total Work force</th>
<th>Work force by Gender</th>
<th>Work force by Race/Ethnic Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Male (M) Female (F)</td>
<td>White (M) (F) Black (M) (F) Hispanic (M) (F) Asian (M) (F) Native American (M)</td>
</tr>
<tr>
<td>Officials/Administrators</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Professionals</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Technicians</td>
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<td></td>
<td></td>
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<tr>
<td>Sales Workers</td>
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<tr>
<td>Office/Clerical</td>
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<td></td>
<td></td>
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<tr>
<td>Craft Workers</td>
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<tr>
<td>Laborers</td>
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<td></td>
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<tr>
<td>Service Workers</td>
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<td></td>
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<tr>
<td>Temporary /Apprentices</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Totals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PREPARED BY (Signature): ____________________________
TELEPHONE NO.: ________________________________
EMAIL ADDRESS: ________________________________
DATE: ________________________________

NAME AND TITLE OF PREPARER (Print or Type): ________________________________
Submit completed form to:
NYS Office for the Aging, 2 ESP, Albany, NY  12223-1251

MWBE 102 (Revised 9/12)
General Instructions: The work force utilization (MWBE 102) is to be submitted on a quarterly basis during the life of the contract to report the actual work force utilized in the performance of the contract broken down by the specified categories. When the work force utilized in the performance of the contract can be separated out from the contractor’s and/or subcontractor’s total work force, the contractor and/or subcontractor shall submit a Utilization Report of the work force utilized on the contract. When the work force to be utilized on the contract cannot be separated out from the contractor’s and/or subcontractor’s total work force, information on the total work force shall be included in the Utilization Report. Utilization reports are to be completed for the quarters ended 3/31, 6/30, 9/30 and 12/31 and submitted to the MWBE Program Management Unit within 15 days of the end of each quarter. If there are no changes to the work force utilized on the contract during the reporting period, the contractor can submit a copy of the previously submitted report indicating no change with the date and reporting period updated.

Instructions for completing:
1. Enter the number of the contract that this report applies to along with the name and address of the Contractor preparing the report.
2. Check off the appropriate box to indicate if the entity completing the report is the contractor or a subcontractor.
3. Check off the box that corresponds to the reporting period for this report.
4. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Contractor’s total work force.
5. Enter the total work force by EEO job category.
6. Break down the total work force by gender and enter under the heading ‘Work force by Gender’
7. Break down the total work force by race/ethnic background and enter under the heading ‘Work force by Race/Ethnic Identification’. Contact the MWBE Program Management Unit at (518) 474-5513 if you have any questions.
8. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
9. Enter the name, title, phone number and email address for 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 & PACIFIC a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.
- NATIVE INDIAN (NATIVE AMERICAN/ALASKAN) a person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.
- ISLANDER
- 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 or Female