

\*\*\*\*\* TO BE COMPLETED BY CONTRACTOR

FILE# \_\_\_\_\_  
(To be assigned)

Transmittal Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Division of Economic Opportunity & Regulatory Compliance

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PRE-AWARD CONFERENCE ATTENDANCE DATE :  
\_\_\_\_/\_\_\_\_/\_\_\_\_

**Contractor Name:**

(a) Project Name: \_\_\_\_\_

(b) Project Address: \_\_\_\_\_ Borough: \_\_\_\_\_



## **HPD CONTRACTOR AFFIRMATION STATEMENT**

## SECTION I – ENTITY INFORMATION

Entity Name: \_\_\_\_\_

Employer Identification Number or Federal Tax I.D.: \_\_\_\_\_ DUNS Number: \_\_\_\_\_

List the names and addresses of all individuals holding an ownership interest in the entity. If the individual is also an officer, director or member of the entity, insert the individual's position in the entity in the "Position/Title" column:

Name	Home Address	Interest Owned (%)	Position/Title

List the names and addresses of all persons who have duties, responsibilities or authority as officers, members or directors of the entity. These persons have no ownership interest in the entity:

Name	Home Address	Position/Title

Do any owners, officers, members or directors listed above currently own, manage, control, or have any interest in any subsidiaries, corporations, partnerships, limited liability companies, limited liability partnerships, firms, non-profit organizations, or other entities?

Yes No

If the answer is Yes, complete the table below:

Name	Entity Name	EIN

SECTION 2: ENTITY PROFILE

. Please identify the ethnicity of the majority ownership of the firm:

White Black Hispanic Asian  
Native American Hasidic Jew

Please identify the gender of the majority ownership of the firm: Male Female

SECTION 3: YOUR PROJECT

The City of New York  
Department of Housing Preservation & Development  
(Pursuant to delegation from Small Business Services/Division of Labor Services)

# CONSTRUCTION EMPLOYMENT REPORT

## GENERAL INFORMATION

1. Your contractual relationship in this contract is: Prime Contractor Subcontractor
- 1a. Are M/WBE goals attached to this project? Yes No
2. Please check one of the following if your firm would like information on how to certify with the City of New York as a:
- |                                    |                                   |
|------------------------------------|-----------------------------------|
| Minority Owned Business Enterprise | Locally Based Business Enterprise |
| Women Owned Business Enterprise    | Emerging Business Enterprise      |
| Disadvantaged Business Enterprise  |                                   |
- 2a. If you are certified as a **MBE, WBE, LBE, EBE** or **DBE**, what city/state agency are you certified with?
3. Please indicate if you would like assistance from SBS in identifying certified M/WBEs for contracting opportunities: Yes No
4. Is this project subject to a project labor agreement? Yes No
5. Are you a Union contractor? Yes No
- If yes, please list which local(s) you are affiliated with:
6. Are you a Veteran owned company? Yes No

## PART I: CONTRACTOR/SUBCONTRACTOR INFORMATION

### Section A - Entity for which this report is filed:

7. Employer Identification No. or Federal Tax I.D. Email Address
8. Company Name
9. Company Address and Zip Code
10. Chief Operating Officer Telephone Number

11.

Designated Equal Opportunity Compliance Officer  
(If same as Item #10, write "same")

Email Address

12.

Name of Prime Contractor and Contact Person  
(If same as Item #8, write "same")

13.

Number of Full Time employees in your company:

14.

Contract information:

(a)

Contract Number

(b)

Contract Amount

(c)

Projected Commencement Date

(d)

Projected Completion Date

(e) Location of proposed contract:

(f) Description of trade work of proposed contract:

15.

Has your firm been reviewed by the Department of Small Business Services/Division of Labor Services (DLS) within the past 36 months?      Yes      No

If yes, attach a copy of certificate.

16.

Has DLS within the past month reviewed an Employment Report submission for your company and issued a Conditional Certificate of Approval?      Yes      No

If yes, attach a copy of certificate.

**NOTE: HPD and/or DLS WILL NOT ISSUE A CONTINUED CERTIFICATE OF APPROVAL IN CONNECTION WITH THIS CONTRACT UNLESS THE REQUIRED CORRECTIVE ACTIONS IN PRIOR CONDITIONAL CERTIFICATES OF APPROVAL HAVE BEEN TAKEN.**

17.

Has an Employment Report already been submitted for a different contract (not covered by this Employment Report) for which you have not yet received compliance certificate?

Yes      No      If yes,

Date submitted:

Agency to which submitted:

Name of Agency Person:

Contract No:

Telephone:

Ext:

18. Has your company in the past 36 months been audited by the United States Department of Labor, Office of Federal Contract Compliance Programs (OFCCP)? Yes No  
If yes:

a) Name and address of OFCCP office.

- (b) Was a Certificate of Equal Employment Compliance issued within the past 36 months?  
Yes No

If yes, attach a copy of such certificate.

- (c) Were any corrective actions required or agreed to? Yes No

If yes, attach a copy of such requirements or agreements.

- (d) Were any deficiencies found? Yes No

If yes, attach a copy of such findings.

19. Is your company or its affiliates a member or members of an employers' trade association which is responsible for negotiating collective bargaining agreements (CBA) which affect construction site hiring? Yes No

If yes, attach a list of such associations and all applicable CBA's.

### **Section B: Parent Entity**

Please complete below or attach a separate sheet if needed.

Name of Parent Company:

Employer Identification Number or Federal Tax I.D.:

Parent Company Address and Zip Code:

Company Telephone:

Email Address:

President or CEO:

Has your firm been reviewed by the HPD/Division of Economic Opportunity & Regulatory Compliance within the past 36 months? Yes No

If yes, attach a copy of certificate.

Has your firm been reviewed by the Department of Small Business Services/Division of Labor Services (DLS) within the past 36 months? Yes No

If yes, attach a copy of certificate.



## **PART II: EMPLOYMENT POLICIES AND PRACTICES**

20. Check whether your firm has the following written policies or practices; if yes, attach the relevant documents (e.g., printed booklets, brochures, manuals, memoranda, etc.). If the policy(ies) are unwritten, attach a full explanation of the practices. See instructions.

(a)	Yes	No	Health benefit coverage/description(s) for all management, nonunion and union employees (whether company or union administered)
(b)	Yes	No	Disability, life, other insurance coverage/description
(c)	Yes	No	Employee Policy/Handbook
(d)	Yes	No	Personnel Policy/Manual
(e)	Yes	No	Supervisor's Policy/Manual
(f)	Yes	No	Pension plan or 401k coverage/description for all management, nonunion and union employees, whether company or union administered
(g)	Yes	No	Collective bargaining agreement(s).
(h)	Yes	No	Employment Application(s)
(i)	Yes	No	Employee evaluation policy/form(s).
(j)	Yes	No	Does your firm have medical and/or non-medical (i.e. education, military, personal, pregnancy and/or childcare) leave policy?

21. To comply with the Immigration Reform and Control Act of 1986 when and of whom does your firm require the completion of an I-9 Form?

(a)	Prior to job offer	Yes	No
(b)	After a conditional job offer	Yes	No
(c)	After a job offer	Yes	No
(d)	Within the first three days on the job	Yes	No
(e)	To some applicants	Yes	No
(f)	To all applicants	Yes	No
(g)	To some employees	Yes	No
(h)	To all employees	Yes	No

22. Explain where and how completed I-9 Forms, with their supportive documentation, are maintained and made accessible.

23. Does your firm or any of its collective bargaining agreements require job applicants to take a medical examination? Yes No

If yes, is the medical examination given:

- |                                   |     |    |
|-----------------------------------|-----|----|
| (a) Prior to a job offer          | Yes | No |
| (b) After a conditional job offer | Yes | No |
| (c) After a job offer             | Yes | No |
| (d) To all applicants             | Yes | No |
| (e) Only to some applicants       | Yes | No |

If yes, list for which applicants below and attach copies of all medical examination or questionnaire forms and instructions utilized for these examinations:

24. Do you have a written equal employment opportunity (EEO) policy? Yes No

If yes, list the document(s) and page number(s) where these written policies are located.

25. Does the company have a current affirmative action plan(s) (AAP)? Yes No
- Minorities and Women  
Individuals with handicap  
Other: Please specify:

26. Does your firm or collective bargaining agreement(s) have an internal grievance procedure with respect to EEO complaints? Yes No
- If yes, please attach a copy of this policy.  
If no, attach a report detailing your firm's unwritten procedure for handling EEO complaints.

27. Has any employee, within the past three years, filed a complaint pursuant to an internal grievance procedure or with any official of your firm with respect to equal employment opportunity? Yes No

If yes, attach an internal complaint log. See instructions.

28. Has your firm, within the past three years, been named as a defendant (or respondent) in any administrative or judicial action where the complainant (plaintiff) alleged violation of any anti-discrimination or affirmative action laws? Yes No

If yes, attach a log. See instructions.

29. Are there any jobs for which there are physical qualifications? Yes No

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

30. Are there any jobs for which there are age, race, color, national origin, sex, creed, disability, marital status, sexual orientation, or citizenship qualifications? Yes No

If yes, list the job(s), submit a job description and state the reason(s) for the qualification(s).

**PART III - FORM A. CONTRACT BID INFORMATION: USE OF SUBCONTRACTORS/TRADES**

- Do you plan to subcontractor work on this contract? YES NO
- If yes, complete the chart below.

SUBCONTRACTOR'S NAME*	CERTIFICATION STATUS (ENTER APPROPRIATE CODE LETTERS BELOW)	OWNERSHIP (ENTER APPROPRIATE CODE LETTERS BELOW)	WORK TO BE PERFORMED BY SUBCONTRACTOR	PROJECTED DOLLAR VALUE OF SUBCONTRACT

**\*If subcontractor is presently unknown, please enter the trade (craft name).**

OWNERSHIP CODES:

W: White

B: Black

H: Hispanic

A: Asian

N: Native American

M: Male

F: Female

CERTIFICATION STATUS (BY NYC DEPT. OF SMALL BUSINESS SERVICES):

MBE

WBE

MWBE

LBE

EBE

## **PART III - FORM B: PROJECTED WORKFORCE**

### TRADE CLASSIFICATION CODES

(J) Journey level Workers  
(H) Helper  
(TOT) Total by Column

(A) Apprentice  
(TRN) Trainee

For each trade to be engaged by your company for this project, enter the projected workforce for Males and Females by trade classification on the charts below.

Trade:	MALES					FEMALES				
	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
Union Affiliation, if applicable:										
Total (Col. #1-10):										
Total Minority, Male & Female (Col. #2, 3, 4, 5, 7, 8, 9 & 10):										
Total Female (Col. #6-10):										

What are the recruitment sources for your projected hires (i.e. unions, local employment offices, NYC WorkForce 1 Centers, community based job training programs)?:

**PART III - FORM B: PROJECTED WORKFORCE**

Trade:

Union Affiliation, if applicable:

Total (Col. #1-10):

Total Minority, Male & Female  
(Col. #2, 3, 4, 5, 7, 8, 9 & 10):

Total Female  
(Col. #6-10):

MALES					FEMALES				
(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
J									
H									
A									
TRN									
TOT									

What are the recruitment sources for your projected hires (i.e. unions, local employment offices, NYC WorkForce 1 Centers, community based job training programs)?:

## **PART III - FORM C: CURRENT WORKFORCE**

### TRADE CLASSIFICATION CODES

(J) Journey level Workers      (A) Apprentice  
(H) Helper                      (TRN) Trainee  
(TOT) Total by Column

For each trade currently engaged by your company for all work performed in New York City, enter the current workforce for Males and Females by trade classification on the charts below.

Trade:	MALES					FEMALES				
	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
Union Affiliation, if applicable:										
Total (Col. #1-10):										
Total Minority, Male & Female (Col. #2, 3, 4, 5, 7, 8, 9 & 10):										
Total Female (Col. #6-10):										

What are the recruitment sources for your hires (i.e. unions, local employment offices, NYC WorkForce 1 Centers, community based job training programs)?:

**PART III - FORM C: CURRENT WORKFORCE**

	MALES					FEMALES				
	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.	(1) White Non Hisp.	(2) Black Non Hisp.	(3) Hisp.	(4) Asian	(5) Native Amer.
Trade:										
Union Affiliation, if applicable:										
Total (Col. #1-10):										
Total Minority, Male & Female (Col. #2, 3, 4, 5, 7, 8, 9 & 10):										
Total Female (Col. #6-10):										

What are the recruitment sources for your projected hires (i.e. unions, local employment offices, NYC WorkForce 1 Centers, community based job training programs)?:



**PART IV**  
**SIGNATURE PAGE**

I, (print name of authorized official signing): \_\_\_\_\_

hereby certify that the information submitted herewith is true and complete to the best of my knowledge and belief and submitted with the understanding that compliance with New York City's equal employment requirements, as contained in Chapter 56 of the City Charter, Executive Order No. 50 (1980), as amended, and the implementing Rules and Regulations, is a contractual obligation.

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Contractor's Name

Name of person who prepared this Employment Report

Title

Name of official authorized to sign on behalf of the contractor

Title

Telephone Number

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Signature of authorized official

Date

Contractors who fail to comply with the above mentioned requirements or are found to be in noncompliance may be subject to the withholding of final payment.

Willful or fraudulent falsifications of any data or information submitted herewith may result in the termination of the contract between the City and the bidder or contractor and in disapproval of future contracts for a period of up to five years. Further, such falsification may result in civil and/or criminal prosecution.

If contractors are found to be underutilizing minorities and females in any given trade, based on Chapter 56 Section 3H, the Department of Labor Services reserves the right to suspend the contractor from bidding for and to implement an employment program.

To the extent permitted by law and consistent with the proper discharge of the Department of Labor Services' responsibilities under Chapter 56 of the City Charter and the implementing Rules and Regulations, all information provided is confidential.