

**M/WBE SUBCONTRACTORS AND SUPPLIERS  
NOTICE OF INTENT TO PARTICIPATE**

**INSTRUCTIONS:** Part A of this form must be completed and signed by the Bidder/Applicant unless requesting a total waiver. Parts B & C of this form must be completed by MBE and/or WBE subcontractors/suppliers. The Bidder/Applicant must submit a separate M/WBE Notice of Intent to Participate form for each MBE or WBE as part of the proposal/application.

Bidder/Applicant Name: Yonkers City School District  
 Address: One Larkin Center  
 City Yonkers State NY Zip Code 10701  
 Federal ID No.: 136007340  
 Phone No.: 914-376-8086  
 E-mail: equezada@yonkerspublicschools.org  
 Signature of Authorized Representative of Bidder/Applicant's Firm  
 Dr. Edwin M. Guzzada, Superintendent of Schools  
 Print or Type Name and Title of Authorized Representative of Bidder/Applicant's Firm  
 Date: 6.15.23

**PART B - THE UNDERSIGNED INTENDS TO PROVIDE SERVICES OR SUPPLIES IN CONNECTION WITH THE ABOVE PROCUREMENT/APPLICATION:**  
 Name of M/WBE: Corporate Computer Solutions, Inc.  
 Address: 55 Halstead Avenue  
 City, State, Zip Code Harrison, NY 10528  
 Federal ID No.: 13-3352744  
 Phone No.: 914-998-8568  
 E-mail: amarino@corporatecomputersol.com

**BRIEF DESCRIPTION OF SERVICES OR SUPPLIES TO BE PERFORMED BY MBE OR WBE:**

Computers and related supplies  
 DESIGNATION:  MBE Subcontractor  WBE Subcontractor  MBE Supplier  WBE Supplier

**PART C - CERTIFICATION STATUS (CHECK ONE):**  
 The undersigned is a certified M/WBE by the New York State Division of Minority and Women-Owned Business Development (MWBD).  
 The undersigned has applied to New York State's Division of Minority and Women-Owned Business Development (MWBD) for M/WBE certification.

**THE UNDERSIGNED IS PREPARED TO PROVIDE SERVICES OR SUPPLIES AS DESCRIBED ABOVE AND WILL ENTER INTO A FORMAL AGREEMENT WITH THE BIDDER/APPLICANT CONDITIONED UPON THE BIDDER/APPLICANT'S EXECUTION OF A CONTRACT WITH THE NYS EDUCATION DEPARTMENT.**

The estimated dollar amount of the agreement \$ 2,813  
 Date 6/15/23  
 Signature of Authorized Representative of M/WBE Firm  
 Printed or Typed Name and Title of Authorized Representative  
 Ann Martine - President

**EQUAL EMPLOYMENT OPPORTUNITY - STAFFING PLAN (Instructions on Page 2)**

Applicant Name: Yonkers City School District Telephone: 914-376-8000  
 Address: One Larkin Center Federal ID No.: 136007340  
 City, State, ZIP: Yonkers, NY 10701 Project No: RFP #GC18-016

Report includes:  
 Work force to be utilized on this contract OR   
 Applicant's total work force

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

EEO - Job Categories	Hispanic or Latino		Not-Hispanic or Latino						Total Work Force										
	Male	Female	Male			Female													
			African-American or Black	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled		Veteran	White	African-American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or More Races	Disabled	Veteran	
Executive/Senior Level Officials and Managers	2	1	3						1										
First/Mid-Level Officials and Managers	1	1	3							1									
Professionals		1			2														1
Technicians																			
Sales Workers																			
Administrative Support Workers		2																	
Craft Workers																			
Operatives																			
Laborers and Helpers		2																	
Service Workers	4	1																	
<b>TOTAL</b>	<b>26</b>	<b>4</b>	<b>7</b>	<b>6</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>1</b>

PREPARED BY (Signature): *Sanah Naber* DATE: 6-13-10  
 NAME AND TITLE OF PREPARER: Sanah Naber, Principal CTE / Adult Education TELEPHONE/EMAIL: 914-376-8600 / snaber10@yonkerspublicschools.org  
 (Print or type)