

**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

Federal ID No.: 136007340

Address: One Larkin Center

Phone No.: 914-376-8086

City: Yonkers State NY Zip Code 10701

E-mail: equezada@yonkerspublicschools.org

Signature of Authorized Representative of Bidder/Applicant's Firm
[Signature]

Dr. Edwin M. Guezada, Superintendent of Schools
Print or Type Name and Title of Authorized Representative of Bidder/Applicant's

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.

Federal ID No.: 13-3352744

Address: 55 Halstead Avenue

Phone No.: 914-998-8568

City, State, Zip Code Harrison, NY 10528

E-mail: amartino@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 _____ X 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 \$2,367

Signature of Authorized Representative of M/WBE Firm

6/12/23

[Signature]
Ann Martino - President

Printed or Typed Name and Title of Authorized Representative

Date

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						Female										
	Total Work Force		Male			Female			Male			Female							
	Male	Female	White	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	2																
Professionals	2	1								1									
Technicians	1										1								
Sales Workers																			
Administrative Support Workers																			
Craft Workers																			
Operatives																			
Laborers and Helpers	2	2																	
Service Workers	2	2																	
TOTAL	18	5	5							2	1								

PREPARED BY (Signature): *Sanah Naber* DATE: 6-13-2023
 NAME AND TITLE OF PREPARER: Sanah Naber, Principal CTE / Adult Education TELEPHONE/EMAIL: 914-376-8600 / snaber1@yonkerspublicschools.org

(Print or type)