

**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

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

Federal ID No.: 136007340

Phone No.: 914-376-8086

E-mail: equezada@yonkerspublicschools.org

Dr. Edwin M. Guezzda, 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.

Federal ID No.: 13-3352744

Address: 55 Halsted 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  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 \$2,475

*6/15/23*

Date

Signature of Authorized Representative of M/WBE Firm

*[Signature]*  
Ann Martino - President

Printed or Typed Name and Title of Authorized Representative

**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		Race / Ethnicity - report employees in only one category																
	Total Work Force		Male					Female					Not-Hispanic or Latino						
	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	4																
Professionals		1				1													
Technicians																			
Sales Workers																			
Administrative Support Workers		2																	
Craft Workers																			
Operatives																			
Laborers and Helpers		3																	
Service Workers	3	1		2															
TOTAL																			

PREPARED BY (Signature): *Sanah Naber* DATE: 6-13-2020  
 NAME AND TITLE OF PREPARER: Sanah Naber, Principal CTE / Adult Education TELEPHONE/EMAIL: 914-376-8600 / snaber1@yonkerspublicschools.org

(Print or type)