NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES

PROJECT STAFFING PLAN FORM

DATE:

Company/Grantee Information

Company/Agency Name:	**Contact Person:**	
Address:	**Title:**	**Telephone:**

Is Agency Not-For-Profit? ☐ Yes ☐ No

Federal ID#/NYS Payee ID#

Contract #:

Prime Contract ☐ **Sub-Contract** ☐

Reporting Period: From: **To:**

OCFS Program Area:

Staffing Plan Information

NOTE: Determination of ethnicity of staff can be made by observation – Use your professional judgment in terms of where staff fall into the below listed categories

TITLE CATEGORY	TOTAL WORK FORCE	TOTAL WORK FORCE BY:		BLACK		HISPANIC		ASIAN/PACIFIC ISLANDER		ALASKAN/NATIVE AMERICAN		WHITE (NOT OF HISPANIC ORIGIN)		DISABLED		VIETNAM ERA VETERAN	
		M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Officials/Administrators																	
Professionals																	
Technicians																	
Para-Professionals																	
Administrative Support (Clerical)																	
Skilled Craft workers																	
Service Maintenance																	
TOTAL																	
Total By Percentage	N/A	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%