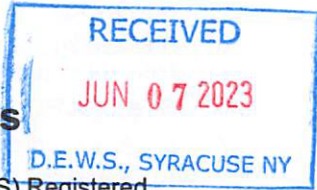




NYSDOL Use Only: Sponsor No. 52278
[] New Program [] Reactivation [] Revision [] Recertification

New York State
Registered Apprenticeship Training Program
Sponsor Information Sheet and Instructions



Form AT 9 is used to collect data regarding sponsors and signatories for the New York State (NYS) Registered Apprenticeship Training Program. Please read the instructions on pages 3 and 4 before completing this form.

Section I

A. Sponsor name: Cayuga Milk Ingredients, LLC

B. Trade(s): Dairy Processor

C. Type of Apprenticeship Training Program (check one):

- 1. [x] Individual Non-Joint 2. [] Individual Joint 3. [] Group Non-Joint* 4. [] Group Joint (JAC/JATC)*

*For sponsors of group programs only (3 and 4) - See instructions for signatory list submission information.

D. Name of entity completing this form: Cayuga Milk Ingredients, LLC

E. Entity completing this form (check one):

- [x] Individual Employer/Sponsor [] Union [] JAC/JATC [] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body

F. Mailing address: Street: 15 Eagle Drive

City/Town: Auburn State: NY Zip Code: 13021

G. Email: [redacted] H. Phone: (315) 364-0070 I. Fax: [redacted]

J. Federal Employer Identification Number (FEIN): [redacted]

K. NYS Unemployment Insurance Employer Registration (ER) Number: [redacted]

L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [x] Yes [] No

M. Type of Entity (check one and provide attachments as noted in the instructions):

- [] Corporation [] Partnership [] Sole-Proprietor [x] LLC [] LLP [] Other

N. How many years has your organization been in business? 10

O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No

P. If this is part of a new program application or if your entity is new to an existing program, within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been a sponsor of, or signatory to, a NYS Registered Apprenticeship Program? [x] Yes [] No

Section II

Complete all questions, (1 - 10), in this section and provide attachments as noted in the instructions.

Within the past five (5) years, has your organization, any substantially owned-affiliated entity, any predecessor company or entity, any owner of 10% or more of the entity's shares, any director, any officer, any partner, or any proprietor been the subject of:

- 1. Any conviction for a crime under state or federal law? [] Yes [x] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?... [] Yes [x] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [] Yes [x] No

** For the definitions of a 'substantially owned-affiliated entity' see the end of Section I in the instructions.

4. Any suspension, bid rejection, or disapproval by any governmental entity of any proposed contract or subcontract for lack of responsibility, or denial or revocation of pre-qualification for any bid in any state or municipality, or a voluntary exclusion agreement?..... Yes No
5. Any federal, state, or municipal debarments, including Workers' Compensation or Public Work?..... Yes No
6. Any pending or open investigation of a possible violation, or determination of a violation of any federal law or regulation including, but not limited to, investigations by the National Labor Relations Board (NLRB) or the United States Department of Labor (USDOL) Wage and Hour Division?..... Yes No
7. a. Any pending or open Occupational Safety and Health Administration (OSHA) investigation?..... Yes No
 b. Any OSHA citation that resulted in a final determination classified as serious, willful, or repeat? Yes No
8. a. Any pending or open investigation of a possible violation, or determination of a violation of New York State law or regulation, any other state law or regulation, or any municipal law or regulation including, but not limited to, investigations by the Bureau of Public Work, the Division of Safety and Health, or the Division of Labor Standards?..... Yes No
 b. If 'Yes', was the violation determined to be willful?..... Yes No
9. Any investigations, claims, or lawsuits before the US Equal Employment Opportunity Commission (EEOC), USDOL Office of Federal Contract Compliance Program (OFCCP), NYS Division of Human Rights, federal or state courts, or local Civil Rights Commissions?..... Yes No
10. Any stipulations, settlement, consent order, or like agreement involving any state, municipal, or federal enforcement action (judicial or regulatory) other than those covered above?..... Yes No

After completing Sections I and II, you must sign Section III, and have it notarized.

Section III

Certification – I, the undersigned, recognize that I submit this questionnaire to permit the New York State Department of Labor to review the background of the applicant, sponsor, union, or signatory employers and association(s) serving as a member of the JAC/JATC or other governing body at the time of new program application, during program probation, at recertification, or as otherwise deemed appropriate by the Department.

I certify:

- That the Department may use its sole discretion to choose the means to determine the truth and accuracy of all statements made herein.
- That intentional submission of false or misleading information may constitute a Class A misdemeanor under Penal Law (PL § 210.35), and may be punishable by a fine of up to \$1,000 (PL § 80.05(1)) and/or imprisonment of up to one year (PL § 70.15(1)).
- That the information submitted in this questionnaire and any attachments is true, accurate, and complete.

The undersigned recognizes that any adverse information uncovered regarding any applicant, sponsor, signatory, or union participating in a Joint Apprenticeship Committee, or other sponsoring association, may adversely affect the sponsor's application request or program. Signing this document constitutes permission to release this information (including UI information) concerning the entity completing this form to the program sponsor.

Dustin O'Hara 5/3/2023
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

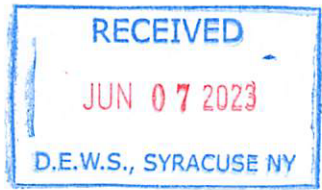
Print name and title: Dustin O'Hara, EHS & Training Manager

Sworn to me this: 3rd day of May [Signature]
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

Field - Receipt Date Stamp

CAROL L ATKINS
 Notary Public - State of New York
 NO. 01AT6350520
 Qualified in Cayuga County
 My Commission Expires Nov 14, 2024



Apprentice Training Program Registration Agreement

Revision []

Nature of Change: New Trade Application
New Program Application

Table with 3 rows: State Use Only, AT Sponsor No. 52278, ATP Code 70-622, Effective Date of AT Program

- 1. Name of Sponsor: Cayuga Milk Ingredients, LLC
2. Mailing Address: 15 Eagle Ave Auburn NY 13021 Cayuga
3. Actual Address: Same as Above
4. Telephone No.: 315-364-0070
5. E-mail Address: [Redacted]
6. Trade/Occupation: Dairy Processor
7. No. Employees: 94 No. Apprentices: 20 No. Journeyworkers: 2 8. Ratio: 1:11
9. DOT Code: Length of Program: 36 months
11. Apprentices Probationary Period: 9 months 12. Work process: Standard [X] or Revised []
13. Minimum Journeyworker Rate: \$22.00 per Hour 14. Effective Date of Wages: 06/02/2023

15. Apprentices wage progression for each period – in months (M) or hours (H)

Table with 10 columns (1-10) and 3 rows (M/H, H/12, Wage) for wage progression.

16. The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.

17. Signature of Official Sponsor Representative: Dustin O'Hara Date: 06/02/2023
18. Signature of Union Representative: [Redacted] Date: [Redacted]

19. Signature New York State Department of Labor Date

WE ARE YOUR DOL



Sponsor Code 52278
Trade Code 70-622

Related Instruction Availability

Trade: Dairy Processor
Sponsor Name: Cayuga Milk Ingredients, LLC
Sponsor Representative: Dustin O'Hara
Sponsor Address:
No. & Street: 15 Eagle Ave City: Auburn
County: Cayuga State: NY Zip Code: 13021
Sponsor Telephone No.: 315-364-0070
Proposed Number of Apprentices: 2

AT Office

Name: Apprenticeship Training - Central Region
No. & Street: 450 S. Salina Street, Room 203
City: Syracuse State: NY Zip Code: 13202
Apprentice Training Representative: [REDACTED] Date Prepared: 7/13/23

Related instruction is **not** available. Related instruction is available at:

School

Name: Cayuga Community College - Auburn Campus
No. & Street: 197 Franklin Street
City: Auburn State: NY Zip Code: 13021
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____

School

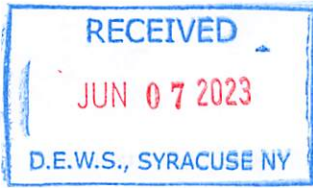
Name: Cornell University - College of Agriculture and Life Sciences
No. & Street: 164 Plant Science Building
City: Ithaca State: NY Zip Code: 14850
School Representative Contact Information:
Name: _____
Telephone No.: _____ Email: _____

NYS Department of Labor
Apprentice Training

JUL 14 2023

DLEA

Name: Doug Tomandl Central Office
No. & Street: 12 Allen Street Auburn
City: Auburn State: NY Zip Code: 13021
Signature of DLEA: [REDACTED] Date Prepared: 7/13/23



WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

Sponsor Code: 52278

Trade Code: 70-622

Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Cayuga Milk Ingredients, LLC

Located at: (Address) 15 Eagle Ave. Auburn, NY 13021

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 0

In the occupation of: (List Trade) Dairy Processor

If you are interested in taking advantage of this training opportunity and meet the following qualifications, you are eligible to apply.

High School Diploma/GED/TASC

Minimum Qualifications

Minimum Age: 18 Minimum Education: _____

Physical Condition: Be physically able to perform the work required as determined by:

Verbally attest to lifting up to 50 pounds.

(Note: Costs for medical examination, if required, are at the expense of the sponsor. Additionally, any testing fees and permitted application fees charged to an applicant may not result in a profit for the sponsor.)

Other: Must pass a drug screening after the offer of employment, paid for by sponsor.

Other:

Other:

Application forms may be obtained: From: _____ To: _____

Name: Cayuga Milk Ingredients

Address: 15 Eagle Drive, Auburn, NY 13021

Days: Monday to Friday Times: 8:00am - 5:00pm

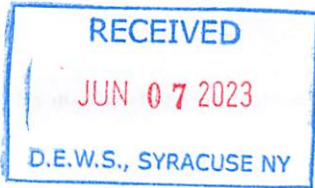
Phone: (315) 364-0070 Email: _____

Special Instructions:

NYS Department of Labor
Apprenticeship

JUL 14 2023

All Applications Must be (please check) Received Postmarked No Later Than: Central Office



WE ARE YOUR DOL



www.labor.ny.gov

Sponsor Code 52278

Trade Code(s) 70-622

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Dairy Processor

Address: 15 Eagle Drive City: Auburn State: NY Zip: 13021

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
Educational Achievement				
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	20		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	8		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed	2		
<input type="checkbox"/>	Other: _____	10		
Total				Total
Work Experience				
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Trade Related Work Experience	13		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	4		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of General Work Experience	4		
<input type="checkbox"/>	Other: _____	5		
Total				Total
Seniority				
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Employment with The Sponsoring Firm	5		
<input type="checkbox"/>	Other: _____	5		
Total				Total
Job Aptitude				
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
Total				Total
Oral Interview: Not to Exceed 40% of Total Score				
<input checked="" type="checkbox"/>	<u>1</u> Ability to Communicate	8		
<input checked="" type="checkbox"/>	<u>1</u> Willingness to Accept Obligation of Apprenticeship	2		
<input checked="" type="checkbox"/>	<u>1</u> Ability to Reason and Comprehend	2		
<input checked="" type="checkbox"/>	<u>1</u> Interest and Motivation	2		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			
Total				Total

Total Allowable Points →

46	Total Score →
----	---------------

Rank _____

Evaluated by: _____ (Name) Date: _____

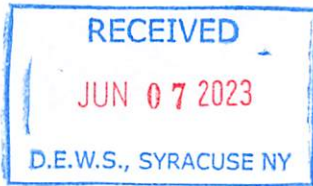
Sponsor Name: Cayuga Milk Ingredients, LLC

Sponsor Address: 15 Eagle Ave. Auburn, NY 13021

NYS Department of Labor
Apprentice Training

JUL 14 2023

Central Office



WE ARE YOUR DOL



Department of Labor

www.labor.ny.gov

Non-Discrimination Plan (Short Form)

A. Equal Opportunity Pledge: Our company recognizes that all persons shall have equal opportunity in employment and apprenticeship training, and agrees to adhere to the following:

The recruitment, selection, employment, and training of apprentices during the apprenticeship shall be without discrimination because of race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status, or arrest record. The sponsor will take affirmative action to provide equal opportunity in apprenticeship and will operate the apprenticeship program as required under Title 29 of the Code of Federal Regulations, Part 30; Title 12 of the Official Compilation of Codes, Rules and Regulations of the State of New York, Part 600; and the Americans with Disabilities Act of 1990.

B. Sexual Harassment Prevention Policy: Our policy is that sexual harassment is prohibited. This policy applies to internal activity towards employees, interaction between employees and actions and treatment directed towards employees, from any person or persons at the worksite whether or not they are employees of this organization.

Equal Employment Opportunity Commission (EEOC) guidelines provide that verbal or physical conduct of a sexual nature may constitute sexual harassment when:

- Submission to such contact is made either explicitly or implicitly a term or condition of an individual's employment;
• Submission to, or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; and/or
• Such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment.

When an employee has a complaint of sexual harassment, the complaint should be brought promptly to the attention of his/her immediate supervisor, or to the next level of supervision. These persons have the authority and responsibility to resolve the complaint. If the complaint is not satisfactorily resolved, the employee has the right to contact the NYS Division of Human Rights and the Federal Equal Employment Opportunity Commission. The complaint will be investigated; if substantiated, prompt action will be taken to stop the harassment immediately and prevent recurrence.

If an employee is an apprentice, the program's apprenticeship administrator and the NYS Apprenticeship Director must be notified of the complaint.

C. Minimum Qualifications and Selection Standards: It is agreed that the minimum qualifications and selection standards utilized will be those listed on form AT 505, Apprentice Training Recruitment Notification and Minimum Qualifications, and form AT 508, Selection Standards and Evaluations, on file with the Department.

D. Recruitment: It is agreed that the sponsor will recruit applicants for apprenticeship by (Check One):

- [] Listing all apprentice openings with the NYS Job Bank (https://newyork.usnlx.com) for a minimum of five full working days before selections are made.
[x] Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (https://newyork.usnlx.com).
[] Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor: [Signature] 4/27/2023
The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative. Date

Dustin O'Hara EHS & Training Manager
Print Name and Title

Approved by: _____ Date _____
New York State Department of Labor

Sponsor Name Cayuga Milk Ingredients, LLC Sponsor Code 52278 No. of Apprentices 1
Trade(s) Dairy Processor Trade Code(s) 70-622