



NYS DOL Use Only: Sponsor No. [ ] New Program [ ] Reactivation [ ] Revision [ ] Recertification

New York State Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions

NYS Department of Labor Apprenticeship Training

NOV 30 2023

Central Office

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: The Inspired Community Project, Inc
B. Trade(s): Behavior Technician
C. Type of Apprenticeship Training Program (check one):
D. Name of entity completing this form: The Inspired Community Project, Inc
E. Entity completing this form (check one):
F. Mailing address: Street: 1864 7th Ave
G. Email:
H. Phone:
I. Fax:
J. Federal Employer Identification Number (FEIN):
K. NYS Unemployment Insurance Employer Registration (ER) Number:
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance?
M. Type of Entity (check one and provide attachments as noted in the instructions):
N. How many years has your organization been in business? 2
O. Within the past five (5) years, have you done business under a different name?
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?

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?
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law?
3. Any grant of immunity for conduct constituting a crime under state or federal law?

\*\* 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.**

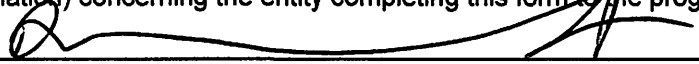
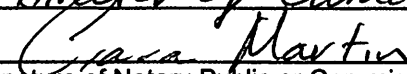
**Section III**

**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.

  
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity \_\_\_\_\_ Date 11/16/2023  
 Print name and title: Donna McDermott, Director of Clinical Operations.  
 Sworn to me this: 16<sup>th</sup> day of November 2023   
 Signature of Notary Public or Commissioner of Deeds \_\_\_\_\_

NYS DOL Official Use Only

Field - Receipt Date Stamp



**WE ARE YOUR DOL**



Department of Labor

www.labor.ny.gov

NYS Department of Labor  
Apprentice Training

NOV 30 2023

Central Office

**Apprentice Training Program Registration Agreement**

Revision

Nature of Change: New Program  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State Use Only
AT Sponsor No.
ATP Code
Effective Date of AT Program

- Name of Sponsor: The Inspired Community Project, Inc
- Mailing Address: 1864 7th Ave New York NY 10026 New York  
(number & street) (city) (state) (zip code) (county)
- Actual Address: 1864 7th Ave New York NY 10026 New York  
(number & street) (city) (state) (zip code) (county)
- Telephone No.: (212) 470-0581 Ext. \_\_\_\_\_ Fax No.: N/A
- E-mail Address: \_\_\_\_\_
- Trade/Occupation: Behavior Technician
- No. Employees: 2 No. Apprentices: 0 No. Journeyworkers: 2 8. Ratio: 1:1, 1:1
- DOT Code: \_\_\_\_\_ 10. Length of Program: 12 months
- Apprentice Probationary Period: 3 months 12. Work process: Standard  or Revised
- Minimum Journeyworker Rate: \$22.60 per hour 14. Effective Date of Wages: 11/02/2023

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

1	2	3	4	5	6	7	8	9	10
M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>	M <input type="checkbox"/>
H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input checked="" type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
0-500	501-100	1001-200							
17	18	19							

- The sponsor agrees to comply with the provisions on this side and on the reverse of this agreement.
- DMcDermott 11/15/23 18. \_\_\_\_\_  
Signature of Official Sponsor Representative Date Signature of Union Representative Date  
Donna McDermott, Director Clinical Operations \_\_\_\_\_  
Print Name and Title Print Name, Title, and Union Name

19. \_\_\_\_\_  
Signature New York State Department of Labor Date

**WE ARE YOUR DOL**



Sponsor Code \_\_\_\_\_

Trade Code \_\_\_\_\_

**Related Instruction Availability**

Trade: Behavior Technician

Sponsor Name: The Inspired Community Project, Inc

Sponsor Representative: Donna McDermott

Sponsor Address:

No. & Street: 1864 7th Ave, City: New York

County: New York State: NY Zip Code: 10026

Sponsor Telephone No.: 212-470-0581

Proposed Number of Apprentices: 8

**AT Office**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Apprentice Training Representative: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

NYS Department of Labor  
Apprentice Training

NOV 30 2023

Related instruction is not available.

Related instruction is available at:

**School**

Name: The Inspired Community Project, Inc

Central Office

No. & Street: 1864 7th Ave

City: New York State: NY Zip Code: 10026

School Representative Contact Information:

Name: Donna McDermott

Telephone No.: 212-470-0581

Email:

**School**

Name: \_\_\_\_\_

No. & Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School Representative Contact Information:

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Email: \_\_\_\_\_

**DLEA**

Name: Carolyn Detweiler

No. & Street: 319 Broadway

City: Port Jervis State: NY Zip Code: 12466

Signature of DLEA Date Prepared: 11/14/23



Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Inspired Community Project, Inc

Located at: (Address) 1864 7th Avenue, #44 NY NY 10026

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

In the occupation of: (List Trade) \_\_\_\_\_

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

Minimum Qualifications

Highschool Diploma or equivalency

Minimum Age: 18 Minimum Education: Such as TASC or GED

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

Lifting and Carrying: You may need to lift and carry children, including infants, and support them while they walk or move around. This can require strength and coordination.

Bending and Stooping: You'll likely spend a significant portion of your day at the child's level, which means bending down to help, comfort, or engage with them.

(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: Sitting and Standing for Extended Periods: Daycare workers often need to sit with children for activities, meals, or rest time, as well as stand to supervise and engage in play.

Other: Moving Quickly and Reacting Promptly: Working with children involves being agile and responsive. You might need to move quickly to prevent accidents or address immediate needs.

Other:

Physical Endurance: The job can be physically demanding, requiring stamina to keep up with the energy levels of young children throughout the day.

NYS Department of Labor
Apprentice Training

NOV 30 2023

Application forms may be obtained: From: \_\_\_\_\_ To: \_\_\_\_\_ Central Office

Name: The Inspired Community Project, Inc

Address: 1864 7th Avenue, #44 NY NY 10026

Days: Monday - Friday Times: 9:00 am - 5:00 pm

Phone: (212) 470-0581 Email: [Redacted]

Special Instructions:

All Applications Must be (please check) [ ] Received [ ] Postmarked No Later Than: \_\_\_\_\_

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: Behavior Technician

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score	Total
<b>Educational Achievement</b>					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities	30			Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Related Technical Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	10			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Trade Related Adult or Continuing Education Course Completed	10			
<input type="checkbox"/>	Other: _____				
<b>Work Experience</b>					
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Trade Related Work Experience	30			Total
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of Active Military Experience	10			
<input checked="" type="checkbox"/>	<u>5</u> Points for Each Year of General Work Experience	10			
<input type="checkbox"/>	Other: _____	10			
<b>Seniority</b>					
<input type="checkbox"/>	Points for Each Year of Employment with The Sponsoring Firm				Total
<input type="checkbox"/>	Other: _____				
<b>Job Aptitude</b>					
<input type="checkbox"/>	Name of Aptitude Test: _____				Total
	Administered by _____				
<input type="checkbox"/>	Other: _____				
<b>Oral Interview: Not to Exceed 40% of Total Score</b>					
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Communicate	40			Total
<input checked="" type="checkbox"/>	<u>0-10</u> Willingness to Accept Obligation of Apprenticeship	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Ability to Reason and Comprehend	10			
<input checked="" type="checkbox"/>	<u>0-10</u> Interest and Motivation	10			
<input type="checkbox"/>	Other: _____				
<input type="checkbox"/>	Other: _____				

Total Allowable Points →

	Total Score →	
--	---------------	--

Rank NYS Department of Labor  
Apprentice Training

Evaluated by: \_\_\_\_\_ (Name) Date: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_

Sponsor Address: \_\_\_\_\_ Central Office

NOV 30 2023



WE ARE YOUR DOL



www.labor.ny.gov

NYS Department of Labor  
Apprentice Training

NOV 30 2023

Central Office

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.
- 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: *D McDerott* 11/15/23  
Date

The above signature must be the employer's Chief Executive Officer or the Chair of the Joint Apprenticeship Committee or their authorized representative.

\_\_\_\_\_  
Print Name and Title

Approved by: \_\_\_\_\_  
New York State Department of Labor Date

Sponsor Name The Inspired Community Project, Inc Sponsor Code \_\_\_\_\_ No. of Apprentices \_\_\_\_\_

Trade(s) Behavior Technician Trade Code(s) \_\_\_\_\_