



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

NYS Department of Labor
Apprentice Training

New York State

NYS Department of Labor
Apprentice Training

NOV 14 2022

Registered Apprenticeship Training Program

Sponsor Information Sheet and Instructions FEB 03 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: New York State Turfgrass Association
B. Trade(s): Groundskeeper (BCI)
C. Type of Apprenticeship Training Program (check one):
1. [] Individual Non-Joint 2. [] Individual Joint 3. [x] 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: New York Turfgrass Association
E. Entity completing this form (check one):
[] Individual Employer/Sponsor [] Union [] JAC/JATC [x] Association
[] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: Street: PO Box 612
City/Town: Latham State: NY Zip Code: 12110
G. Email: [redacted] H. Phone: [redacted] I. Fax: [redacted]
J. Federal Employer Identification Number (FEIN): [redacted]
K. NYS Unemployment Insurance Employer Register: [redacted]
L. Is this entity required to report any employee wages under this FEIN to the NYS Department of Tax and Finance? [] Yes [x] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[x] Corporation [] Partnership [] Sole-Proprietor [] LLC [] LLP [] Other
N. How many years has your organization been in business? 72
O. Within the past five (5) years, have you done business under a different name? [] Yes [x] No
If 'Yes', provide attachments as noted in the instructions.
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? [] Yes [x] No
If 'Yes', provide attachments as noted in the instructions.

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.

[Signature] _____ 10/31/22
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

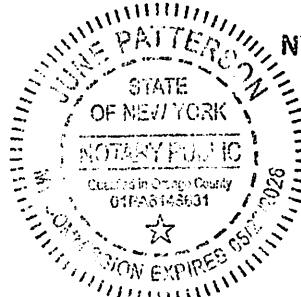
Print name and title: Steve Whipple - President NYSTA

Sworn to me this: 31 day of Oct 22 [Signature]
 Signature of Notary Public or Commissioner of Deeds

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Field - Receipt Date Stamp

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Apprentice Training Program Registration Agreement

Revision []

Nature of Change: New Program

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

- 1. Name of Sponsor: New York State Turfgrass Association
2. Mailing Address: PO Box 612 Latham New York 12110
3. Actual Address:
4. Telephone No.: 610.844.3009
5. E-mail Address:
6. Trade/Occupation: GROUNDSKEEPER (BCA)
7. No. Employees: No. Apprentices: No. Journeyworkers: 8. Ratio:
9. DOT Code: 10. Length of Program: 24 months
11. Apprentices Probationary Period: 6 12. Work process: Standard [] or Revised []
13. Minimum Journeyworker Rate: \$ 18.00 per hour 14. Effective Date of Wages: 11/19/21

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

Table with 10 columns (1-10) and 3 rows (M/H checkboxes, M/H checkboxes with handwritten '6', and wage rates: 15.00, 16.00, 16.50, 17.00)

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: Steve Whipple, President Date: 11/19/21
18. Signature of Union Representative Date

19. Signature New York State Department of Labor Date

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WE ARE YOUR DOL



Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code _____

Related Instruction Availability

Trad: GROUNDS KEEPER (P)

Sponsor Name: New York State Turfgrass Association

Sponsor Representative: Steven Whipple

Sponsor Address: _____

No. & Street: PO Box 612 City: Latham

County: Albany State: NY Zip Code: 12110

Sponsor Telephone No.: 518.783.1229

Proposed Number of Apprentices: >5

AT Office

Name: NYS Department of Labor

No. & Street: Harriman State Office Campus Bldg 12 Room 459

City: Albany State: NY Zip Code: 12240

Apprentice Training Representative: [REDACTED] Date Prepared: 11/1/22

Related instruction is not available.

Related instruction is available at:

School

Name: SUNY-DELHI

No. & Street: 454 Delhi Dr

City: Delhi State: NY Zip Code: 13753

School Representative Contact Information:

Name: Ben Czyzewski

Telephone No.: 607-746-4650 Email: [REDACTED]

School

Name: SFMA

No. & Street: PO Box 1673

City: Lawrence State: KS Zip Code: 66044

School Representative Contact Information:

Name: Kristen Althouse

Telephone No.: 785.843.2549 Email: [REDACTED]

DLEA

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

Signature of DLEA _____ Date Prepared: _____

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: New York State Turfgrass Association

Located at: (Address) PO Box 612 Latham, New York 12110

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

In the occupation of: (List Trade) Grounds Keeper, (BCO)

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

Minimum Qualifications

Minimum Age: 18 Minimum Education: High school diploma or GED required

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

(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: Driver's license required because applicants will be required to operate company vehicles

Other: Ability to read, write and comprehend English language for training and safety purposes

Other: Must currently be a grounds employee at a NYSTA signatory golf course

Must follow Signatory Human Resource Policies

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

Name: _____

Address: _____

Days: _____ Times: _____

Phone: _____ Email: _____

Special Instructions:

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

Sponsor Code _____
 Trade Code(s) _____

Selection Standards and Evaluations

Name of Candidate	Trade Groundskeeper H-Golf Turf <i>nr per ATK</i>		
Address	City	State	Zip

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 <u>12</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Related Technical Education Past Grade <u>10</u> or Equivalent as Recognized by Local Educational Authorities <input checked="" type="checkbox"/> <u>1</u> Points for Each Trade Related Adult or Continuing Education Course Completed <input type="checkbox"/> _____ Other _____	Total	25	/		Total
		5			
		10			
		10			
Work Experience <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Trade Related Work Experience <input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Active Military Experience <input checked="" type="checkbox"/> <u>1</u> Points for Each Year of General Work Experience <input type="checkbox"/> _____ Other _____	Total	25	/		Total
		10			
		10			
		5			
Seniority <input type="checkbox"/> _____ Points for Each Year of Employment With The Sponsoring Firm <input type="checkbox"/> _____ Other _____	Total		/		Total
Job Aptitude <input type="checkbox"/> _____ SATB (Specific Aptitude Test Battery) # _____ Points for High _____ Medium _____ Low _____ <input type="checkbox"/> _____ Name of Alternative Aptitude Test _____ Administered by _____ <input type="checkbox"/> _____ Other _____	Total		/		Total
Oral Interview: Not to Exceed 40% of Total Score <input checked="" type="checkbox"/> <u>0-5</u> Ability to Communicate <input checked="" type="checkbox"/> <u>0-5</u> Willingness to Accept Obligation of Apprenticeship <input checked="" type="checkbox"/> <u>0-5</u> Ability to Reason and Comprehend <input checked="" type="checkbox"/> <u>0-5</u> Interest and Motivation <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> _____ Other _____	Total	20	/		Total
		5			
		5			
		5			
		5			

Total Allowable Points → 70 Total Score →

Rank _____

Evaluated by Steve Whipple, President Date 11/19/21
Name

Sponsor Name New York State Turfgrass Association

Sponsor Address PO Box 612 Latham, New York 12110

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New York State Department of Labor
Apprentice Training Program Affirmative Action Plan

New Program Amended Renewal

To be Administered by (Sponsor's Name): New York State Turfgrass Association

Address: PO Box 612, Latham State: NY Zip: 12110

Plan is effective: From: 7/1/22 To: 6/30/27

**On behalf of the above-named sponsor,
I certify that it is our intent to fulfill this Affirmative Action Plan.**

Signature of Sponsor: [Signature] Date: 11/15/21

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: Steven Whipple

Title: President - New York State Turfgrass Association

Do not write below this line.

Approved by: _____ Date: 3/6/23

Title: Workforce Programs Specialist I

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Part II – Labor Force Analysis/Utilization Study

A. The total labor force is ~~11,163,600~~ in the following county(counties):

10,047,315

All of NYS

_____	_____	_____
_____	_____	_____
_____	_____	_____

The labor force includes:*

Minorities	1,377,728	13.71
African American	1,445,060	12.94%
Hispanic	1,851,045 / 1,795,634	16.59% / 17.87%
Other Minorities**	1,117,702 / 1,072,614	10.04% / 10.68%
Total Minorities	4,414,707 / 4,245,968	39.55% / 42.26%
	4862,076	48.39
Women	5,402,959	48.40%

B. The total minority and women staffing goals of this program are the percentage of these groups in the labor force in the county (counties) of recruitment.

42.26

Goal for Total Minorities: 39.55% %

Goal for Women: 6.9% %

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* Data on labor force is supplied by the New York State Department of Labor Research and Statistics Division, Bureau of Labor Market Information, State Office Bldg. Campus, Bldg. #12, Room 402, Albany, NY 12240, telephone: (518) 457-6657.

** Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.

Part III – Current and Projected Staffing and Annual Goals

Groundskeeper

Title of Trade _____

A. Current Staffing in the Above Trade

	Total	African American		Hispanic		Other Minority		Women	
		No.	%	No.	%	No.	%	No.	%
Active Journeyworkers									
Registered Apprentices									

B. Projected Number of Apprentice Indentures*

Year	20 23	2024	2025	2026	2027	Totals
New Positions						
Vacancies from Turnover**						
Total Indentures						

C. Annual Goals

Based on the data and projections above, the sponsor’s annual goals are to indenture minorities and women in apprentice programs as follows:*

Year	20 2023	2024	2025	2026	2027	Totals
African American						
Hispanic						
Other Minority						
Women						
Total Indentures						

The sponsor’s good faith efforts to meet these annual goals will be evaluated based on whether the sponsor is following the Affirmative Action Plan. The sponsor understands that if the annual goals are not being met, it may be necessary to re-evaluate and change the Affirmative Action Plan in order to increase its effectiveness.

* Where no apprentice indentures are planned for a particular group or year, enter “0”.

** Includes program graduates and non-graduates, (e.g. voluntary quits, dismissals prior to completion).

Part IV – Action Plans and Requirements (continued)

B. Recruitment

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

1. Requesting the NYS Department of Labor's approval to conduct an area-wide public recruitment in accordance with the Department Regulations on Equal Employment Opportunity in Apprenticeship Training (Part 600).
- An area-wide public recruitment will publicize the following information:
- a. Estimated number of apprentice job openings to be filled.
 - b. Eligibility requirements.
 - c. Where and when applications may be obtained.
 - d. When applications are to be submitted.
 - e. Affirmative Action policy of the sponsor.
2. Listing all apprentice openings including minimum qualifications and selection standards with the NYS Job Bank (www.newyork.us.jobs/) for a minimum of five full working days before any selections are made.
3. Limiting recruitment to present employees of the sponsor and/or present members of the union sponsoring the apprenticeship program. Employees must have been hired and/or union members have been admitted without discrimination based on race, creed, color, religion, national origin, age, sex, disability, veteran status, marital status or arrest record. Sponsors are encouraged to list all resulting vacancies with the NYS Job Bank (www.newyork.us.jobs/).
4. Recruiting apprentices by methods other than those in B 1, 2, or 3 above. A detailed statement of the recruitment method to be used **must be attached to be submitted to the Commissioner of Labor** for review and approval prior to being used.*

C. Methods for Selection of Apprentices

Selection of apprentices will be made under one of the following four methods. (Check One):

1. Selection on basis of rank from a candidate list (only available for area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
- a. When this method is used; (1) the qualifications of each eligible applicant will be evaluated and scored on each of the selection standards used; (2) the scores will be added to obtain a total score for each applicant; (3) each applicant who completes the evaluation process will be placed on a list of candidates for apprenticeship in order of rank based on the total score. Seniority of employment and/or seniority of union membership may be one of the selection standards.
 - b. The list of candidates will remain valid for a minimum period of two years, or until the list is exhausted.
 - c. At least 10 days prior to the time when each eligible applicant is first required to demonstrate his/her qualifications, each eligible applicant will be notified in writing of the qualifications on which he/she will be evaluated, the time and place for submitting evidence of qualifications, and the time and place for testing and/or interview.

* A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.

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Part IV – Action Plans and Requirements (continued)

C. Methods for Selection of Apprentices (continued)

- 2. Selection on basis of rank from a candidate list (available for non area-wide public recruitments). Composed of those eligible applicants who meet the minimum qualifications and complete the selection process.
 - a. When this method is used, the applicants will be evaluated and ranked on the basis of predetermined minimum qualifications and selection standards. These qualifications and standards are to be included in all notices regarding apprentice openings.
 - b. The list of candidates will remain valid for a minimum period of two months or until the list is exhausted, unless otherwise specified by the collective bargaining agreement.*

- 3. Selection on a random basis. From a candidate list composed of applicants who meet the minimum qualifications and complete the selection process.
 - a. The method of random selection shall be subject to approval by the Commissioner of Labor.
 - b. Supervision of the random selection process shall be by an impartial person or persons, selected by the sponsor, not associated with the administration of the apprenticeship program.
 - c. The expected time and place of the selection shall be indicated in the recruitment notice.
 - d. The place of the selection shall be open for all applicants and the public.
 - e. The names of candidates drawn by this method shall be placed on a list of candidates for apprenticeship in the order drawn.
 - f. The list of candidates will remain valid for a minimum period of two (2) years, or until it is exhausted.

- 4. Alternative selection methods.**

If apprentices are to be selected by other methods than in C 1, 2 or 3 above, a detailed statement of the selection method to be used **must be attached and submitted to the Commissioner of Labor** for review and approval prior to being used.

D. Minimum Selection Standards and Evaluation.

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/or on Form AT 508, Selection Standards and Evaluations, attached.

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* Sponsors are advised to keep all applications for a minimum of one year.

** A sponsor using this method of selection should contact their Apprentice Training Representative for technical assistance.