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: Community Health Center of Buffalo, Inc.
B. Trade(s): Community Health worker, Hospital (Medical) coder, Dental aid, Computer support tech, Data analyst
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: Community Health Center of Buffalo, Inc.
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: 34 Benwood Avenue

City/Town: Buffalo  State: NY  Zip Code: 14214
G. Email: [Redacted]  H. Phone: (716) 986-9199  I. Fax: (716) 835-9357
J. Federal Employer Identification Number (FEIN): [Redacted]
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? [ ] Yes  [ ] 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? 22

O. Within the past five (5) years, have you done business under a different name? [ ] Yes  [ ] 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  [ ] 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  [ ] No
2. Any indictment or pending indictment for conduct constituting a crime under state or federal law? [ ] Yes  [ ] No
3. Any grant of immunity for conduct constituting a crime under state or federal law? [ ] Yes  [ ] 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 and Date]

Signature of CEO, Chair, or representative granted legal authority to bind the Entity

Print name and title: LaVonne Ansary

Sworn to me this: 25 day of July, 2022

[Signature of Notary Public or Commissioner of Deeds]

NY Cust. Off. Use Only

Received Apprenticeship Unit

JUL 28 2022
BUFFALO

Field - Receipt Date Stamp
Apprentice Training Program Registration Agreement

1. Name of Sponsor: Community Health Center of Buffalo, Inc.

2. Mailing Address: 34 Benwood Avenue Buffalo NY 14214 Erie
   (number & street) (city) (state) (zip code) (county)

3. Actual Address: 34 Benwood Avenue Buffalo NY 14214 Erie
   (number & street) (city) (state) (zip code) (county)

4. Telephone No.: 716-986-9199 Ext. Fax No.: 

5. E-mail Address: 

6. Trade/Occupation: Community Health Worker hybrid based 

   Ratio: 1:1:1:1

8. DOT Code: 195.170-030

9. Apprentice Probationary Period: 90 days

10. Length of Program: 12 months

11. Work process: Standard or Revised

12. Minimum Journeyworker Rate: $17.25 per hour

13. Effective Date of Wages: 

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

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$16/hour $16.50/hour

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

16. 

17. Signature of Official Sponsor Representative Date

18. Signature of Union Representative Date

19. Signature New York State Department of Labor

Print Name and Title

Print Name, Title, and Union Name

NYS Department of Labor
Apprentice Training

AUG 09 2022

Central Office
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Apprenticeship Training Program

Related Instruction Availability

Trade: Computer Support Technician, Community Health worker, Data analyst, Hospital (Medical) coder, Dental aid

Sponsor Name: Community Health Center of Buffalo, Inc.

Sponsor Representative: Dr. Arvela Heider

Sponsor Address:
No. & Street: 34 Benwood Avenue
County: Erie
City: Buffalo
State: NY
Zip Code: 14214

Sponsor Telephone No.: 716-523-6087

Proposed Number of Apprentices: 10

AT Office

Name: Western Region-NYS Dept. of Labor

No. & Street: 290 Main St.
City: Buffalo
State: NY
Zip Code: 14202

Apprentice Training Representative: [Redacted]

Date Prepared: 7/22/22

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

School

Name: Erie Community College

No. & Street: 6205 Main St.
City: Williamsville
State: NY
Zip Code: 14221

School Representative Contact Information:

Name: Mark Hoeber

Telephone No.: 716-851-1413
Email: [Redacted]

School

Name: Trocaire College

No. & Street: 6681 Transit Road
City: Williamsville
State: NY
Zip Code: 14221

School Representative Contact Information:

Name: Danielle Binda

Telephone No.: 716-827-2428
Email: [Redacted]

DLEA

Name: Marcia Johnson

No. & Street: BPS, Adult Education, 389 Virginia St.
City: Buffalo
State: NY
Zip Code: 14201

Signature of DLEA

Date Prepared: 7/25/22

AT 8 (4/19)
Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: Community Health Center of Buffalo, Inc.

Located at: (Address) 34 Benwood Avenue Buffalo NY 14214

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

In the occupation of: (List Trade) Community Health Worker (Hybrid Based)

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

Minimum Qualifications
High School Diploma (or Equivalent) such as TASC or GED

Minimum Age: 18
Minimum Education:

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:

Other:

Other:

Application forms may be obtained: From: To:

Name: Community Health Center of Buffalo, Inc.

Address: 34 Benwood Avenue Buffalo NY 14214

Days: Times:

Phone: (716) 986-9199 Email:

Special Instructions:
Apply online: https://chcb.net/careers/

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

AUG 09 2022

Central Office

NYS Department of Labor
Apprentice Training

AT 505 (05/21)
## Selection Standards and Evaluations

### Name of Candidate: ___________________________  Trade: Community Health Worker

### Address: ___________________________  City: _____________  State: ______  Zip: ______

#### Educational Achievement

- **Points for Each Year of Education Past Grade 9**
  - 2
  - Equivalent as Recognized by Local Educational Authorities
- **Points for Each Year of Related Technical Education Past Grade**
  - 1
- **Points for Each Trade Related Adult or Continuing Education Course Completed**
  - Other: 

#### Work Experience

- **Points for Each Year of Trade Related Work Experience**
  - 2
- **Points for Each Year of Active Military Experience**
  - 2
- **Points for Each Year of General Work Experience**
  - 1
  - Other: 

#### Seniority

- **Points for Each Year of Employment with The Sponsoring Firm**
  - 3
  - Other: 

#### Job Aptitude

- **Name of Aptitude Test:**
  - Administered by 
  - Other: 

#### Oral Interview: Not to Exceed 40% of Total Score

- **Ability to Communicate**
  - 1
- **Willingness to Accept Obligation of Apprenticeship**
  - 1
- **Ability to Reason and Comprehend**
  - 1
- **Interest and Motivation**
  - 2
  - Other: 
  - Other: 

### Total Allowable Points

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<th>Max Points</th>
<th>Number of Years Credited</th>
<th>Total</th>
<th>Total</th>
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</thead>
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<tr>
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<td>75</td>
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</tbody>
</table>

### Total Score

- **Rank:** _____________  
- **Date:** _____________  

### Sponsor Information

- **Sponsor Name:** Community Health Center of Buffalo, Inc.  
- **Sponsor Address:** 34 Benwood Avenue Buffalo, NY 14214  

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**AT 508 (10/21)**  
**Page 1 of 2**
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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):

☐ 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 (www.newyork.us.jobs/).

☐ 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: ___________________________ Date: 06/28/2022

Dr. Lavonne Ansari
CEO/Executive Director

Print Name and Title

Approved by: ___________________________ Date: ___________________________

New York State Department of Labor

Sponsor Name: Community Health Center, Inc.
Sponsor Code: 80-546C
No. of Apprentices: 90-559C

Trade(s): Hospital Medical Coder, Computer Support Technician, Dental Aid

AT 602 (11/20)
Apprentice Training Program Affirmative Action Plan

To be Administered by: Community Health Center of Buffalo, Inc.
Address: 34 Benwood Avenue
          Buffalo, NY 14220

Plan is Effective From: 5/16/2022 To: 5/15/2026

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

Signature of Sponsor: [Signature]

Print Name: Dr. LaVonne Ansari
Title: CEO/Executive Director

Do not write below this line.

Approved by: [Signature]  NYS Department of Labor  Date
Title:

NYS Department of Labor
Apprentice Training

AUG 09 2022

Central Office
Part II – Labor Force Analysis/Utilization Study

A. The total labor force is 765,610 in the following county(ies):

<table>
<thead>
<tr>
<th>Allegany</th>
<th>Erie</th>
<th>Orleans</th>
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<tbody>
<tr>
<td>Cattaraugus</td>
<td>Genesee</td>
<td>Wyoming</td>
</tr>
<tr>
<td>Chautauqua</td>
<td>Niagara</td>
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</tbody>
</table>

The labor force includes: /1

<table>
<thead>
<tr>
<th>Minorities</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>African American</td>
<td>61,042</td>
</tr>
<tr>
<td>Hispanic</td>
<td>28,113</td>
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<tr>
<td>Other Minorities</td>
<td>29,960</td>
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<tr>
<td>Total Minorities</td>
<td>119,115</td>
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<table>
<thead>
<tr>
<th>Women</th>
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<td>372,809</td>
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</table>

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.

Goal for Total Minorities: 13.40 %
Goal for Women: 6.9 %

/1 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.

/2 Other Minorities: Native Americans; Alaskan Natives; Pacific Islanders; Asians.
Part III – Current and Projected Staffing and Annual Goals

Title of Trade

A. Current Staffing in the Above Trade

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>African American</th>
<th>Hispanic</th>
<th>Other Minority</th>
<th>Women</th>
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<td></td>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
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<td>Active Journeyworkers</td>
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<tr>
<td>Registered Apprentices</td>
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B. Projected Number of Apprentice Indentures /1

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<thead>
<tr>
<th>Year</th>
<th>New Positions</th>
<th>Vacancies from Turnover /2</th>
<th>Total Indentures</th>
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<td>23</td>
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<tr>
<td>Totals</td>
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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: /1

<table>
<thead>
<tr>
<th>Year</th>
<th>African American</th>
<th>Hispanic</th>
<th>Other Minority</th>
<th>Women</th>
<th>Total Indentures</th>
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<td>Totals</td>
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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.

/1 Where no apprentice indentures are planned for a particular group or year, enter "0".
/2 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. /1

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 recruitment). 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.

/1 A sponsor using this method of recruitment should contact their Apprentice Training Representative for technical assistance.