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. 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):
   1. Individual Employer/Sponsor
   2. Union
   3. JAC/JATC
   4. Association
   5. Employer/Signtary 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: [Redacted]
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):
   1. Corporation
   2. Partnership
   3. Sole-Proprietor
   4. LLC
   5. LLP
   6. Other
   7. How many years has your organization been in business? 22
N. Within the past five (5) years, have you done business under a different name? Yes □ No □
O. 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 □
Q. 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
   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
7. Any investigation, 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
8. 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]

[Print name and title: LaVonne Ansari, CEO]

[Date: 7/25/22]

Sworn to me this: 25 day of July 2022

[Signature of Notary Public or Commissioner of Deeds]

[Receivd Official Use Only]

[Apprenticeship Unit]

[JUL 28 2022]

[BUFFALO]

[Received - Receipt Date Stamp]

[My Comm. Expires Nov. 6, 2023]
Apprentice Training Program Registration Agreement

Revision □
Nature of Change: New Program

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<th>State Use Only</th>
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<tr>
<td>AT Sponsor No.</td>
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<tr>
<td>ATP Code 80-611C</td>
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<tr>
<td>Effective Date of AT Program</td>
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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: [Redacted]

6. Trade/Occupation: Nursing Assistant competency based


8. DOT Code: 355.674-014

9. Length of Program: 90 days

10. Work process: Standard □ or Revised □

11. Minimum Journeyworker Rate: $18 per hour

12. Effective Date of Wages: August 22, 2022

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

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

15. Signature of Official Sponsor Representative: Dr. LaVonne Ansari
   Signature of Union Representative: 
   Date: 08/22/2022
   Date: 

16. Print Name and Title: 

17. Print Name, Title, and Union Name: 

18. Signature New York State Department of Labor: 
   Date: 

Received Apprenticeship Unit
AUG 25 2022
Buffalo

AT 10 (11/20)
WE ARE YOUR DOL
Department of Labor
Apprenticeship Training Program

Related Instruction Availability

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

Sponsor Name: Community Health Center of Buffalo, Inc.

Sponsor Representative: Dr. Arvola Heider

Sponsor Address:
No. & Street: 34 Benwood Avenue
City: Buffalo
County: Erie
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

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

School
Name: Trocaire College
No. & Street: 6661 Transit Road
City: Williamsville
State: NY
Zip Code: 14221

School Representative Contact Information:
Name: Danielle Binda
Telephone No.: 716-827-2428

DLEA
Name: Marcia Johnson
No. & Street: BPX 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) Nursing Assistant (competency)

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: ____________________________

AT 505 (05/21) See Instructions on Reverse Side
## Selection Standards and Evaluations

**Name of Candidate:**

**Address:**

**Trade:** Nursing Assistant

**City:**

**State:**

**Zip:**

### Educational Achievement

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<th>Points for Each Year of Education Past Grade 9 or Equivalent as Recognized by Local Educational Authorities</th>
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<th>Points for Each Year of Related Technical Education Past Grade or Equivalent as Recognized by Local Educational Authorities</th>
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<th>Points for Each Trade Related Adult or Continuing Education Course Completed</th>
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### Work Experience

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<th>Points for Each Year of Active Military Experience</th>
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### Seniority

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<th>Points for Each Year of Employment with The Sponsoring Firm</th>
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### Job Aptitude

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<th>Administered by:</th>
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### Oral Interview: Not to Exceed 40% of Total Score

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<th>Ability to Communicate</th>
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### Total Allowable Points

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<th>Total Score</th>
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**Evaluated by:**

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

**Sponsor Address:** 34 Benwood Avenue Buffalo NY 14214

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**Date:** SEP 20 2022

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**Rank:** NYS Department of Labor Apprentice Training

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**Central Office Page 1 of 2**
Instructions

Use this form to demonstrate the proposed selection factors for apprentice recruitment. After approval, individual forms are used to document the scores given to apprentice applicants.

Name of candidate, Address and Trade – Self-explanatory.

Selection Factors
Check the box for each selection factor used.

Educational Achievement
If used as a selection factor, enter the number of points to be awarded for completion of each year of general education beyond the minimum qualification. For example, 2 points for each year completed beyond the 12th grade (if completion of high school or GED was a minimum qualification).

Points for related technical education such as technical college or trade school attendance or vocational high school may be awarded beyond the selected grade level.

Points for completion of trade related continuing education or adult education courses such as BOCES or school district night school may be awarded. For example: Blueprint Reading, Shop Math, Power Tool Safety, etc.

Credit for education completed in the military service should be given as appropriate.

Work Experience
Points may be awarded for trade related work experience including appropriate military service work experience.
Points may be awarded for recognition of military service.
Points may be awarded for general work experience, i.e., non-trade related experience.

Seniority
Points may be awarded for length of service for an in-house recruitment or an open recruitment which includes the sponsor’s employees.

Job Aptitude
If used, aptitude test results must be significantly related to job performance. Insert the name of the aptitude test and who will administer it.
Selected test must meet New York State Department of Labor approval.

Oral Interview
Limited to objective questions that determine the fitness of applicants to enter the apprenticeship program. Questions relating to qualifications previously determined in gaining entrance to the eligibility pool shall not be included. Interviewers should keep a record of questions asked, the general nature of the applicant’s responses and a summary of any conclusions. Interview points cannot exceed 40% of the total score.

Determining Scores
First, assign the total maximum number of points allowable for each chosen selection factor. For example, 25 total points for Educational Achievement, 20 total points for Work Experience, etc. The proportion of allowable points for each selection factor should be directly related to job performance and performance in the apprenticeship program. Next, determine the maximum number of points for each checked factor of the selection criteria. For example, under work experience 12 points for the maximum allowable credit for Trade Related Work Experience and 8 points for Active Military Experience credit. It is permitted for the total of allowable points for two or more checked selection factors to exceed the assigned Total Allowable Points for the category. For example, under Work Experience the total allowable points may be 20, for Trade Related Work Experience, 15, and for Active Military Experience, 10. The maximum number of points a candidate could be credited remains at 20 regardless of the combined allowable points earned.

To score individual candidates, multiply the number of years credited times the points assigned for each year completed for Educational Achievement, Work Experience, and Seniority. Enter the total in the score column and total the points for each category. Enter the amount in the ‘Total’ box for each category. That amount may not exceed the total maximum points allowable for each category.

For determining allowable points for other than the SATB (Specific Aptitude Test Battery) Job Aptitude, use the following formula:

\[
\text{Applicant's Points} = \frac{\text{Applicant's test score} \times \text{maximum points allowable}}{\text{Maximum test score}}
\]

For example, if an applicant scored 70 out of a possible 80 on an aptitude test and the maximum allowable points for the test was set at 24, then:

\[
\frac{70 \times 24}{80} = 21 \text{ points}
\]

For oral interviews, total the points awarded in each checked standard and indicate the amount in the ‘Total Score’ box. Points awarded for the oral interview cannot exceed 40% of the Total Score.

To determine the applicant’s Total Score, add all the bolded ‘Total Score Box’ scores.
WE ARE YOUR DOL

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 workplace 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 (www.newyork.us.jobs/) 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 (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: 06/28/2022

Sponsor Name: Community Health Center  Sponsor Code: 80-566C 89 561H 90-559C 90-565C
Trade(s): Community Health Worker  Dat Analyst  Trade Code(s): Dental Aid
Hospital Medical Coder  Computer Support Technician
AT 602 (11/20)