



NYS DOL Use Only:
Sponsor No.
[checked] 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 4-6 before completing this form.

Section I

- A. Sponsor name: ANEW
B. Trade(s): STUDENT SUCCESS COACH
C. Type of Apprenticeship Training Program (check one):
1. [ ] Individual Non-Joint 2. [ ] Individual Joint 3. [checked] 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: EDHUBNY, INC.
E. Entity completing this form (check one):
[ ] Individual Employer/Sponsor [ ] Union [ ] JAC/JATC [checked] Association
[ ] Employer/Signatory company serving on the JAC/JATC, Board of Directors, or other governing body
F. Mailing address: 99 DARWIN RD
City/Town: CAMBRIDGE State: NY Zip Code: 12816
G. Email:
H. Phone: (518) 573 - 6368 Ext.: 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? [checked] Yes [ ] No
M. Type of Entity (check one and provide attachments as noted in the instructions):
[checked] Corporation [ ] Partnership [ ] Sole-Proprietor [ ] LLC [ ] LLP [ ] Other
N. How many years has your organization been in business? 4
O. Within the past five (5) years, have you done business under a different name? [checked] 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 [checked] 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
- 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

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

**After completing Sections I and II, you must sign Section III.**

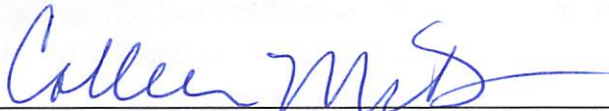
**Section III**

**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

12 / 15 / 2025  
Date

Print name and title: COLLEEN MCDONALD, EXECUTIVE DIRECTOR

NYS DOL Official Use Only

Field - Receipt Date Stamp

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Department  
of Labor

[www.labor.ny.gov](http://www.labor.ny.gov)

## 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: ANEW
2. Mailing Address: 99 DARWIN RD. CAMBRIDGE NY 12816 WASHINGTON  
(number & street) (city) (state) (zip code) (county)
3. Actual Address: 2212 3RD AVE NEW YORK NY 10035 NEW YORK  
(number & street) (city) (state) (zip code) (county)
4. Telephone No.: (518) 573-6368 Ext. \_\_\_\_\_ Fax No.: (518) 660-7731
5. E-mail Address: \_\_\_\_\_
6. Trade/Occupation: STUDENT SUCCESS COACH
7. No. Employees: 10,000 No. Apprentices: \_\_\_\_\_ No. Journeyworkers: 5,000 8. Ratio: 1:1;1:1
9. DOT Code: \_\_\_\_\_ 10. Length of Program: 20 months
11. Apprentice Probationary Period: 5 mos 12. Work process: Standard  or Revised
13. Minimum Journeyworker Rate: \$20 per HOUR 14. Effective Date of Wages: 09/01/2025

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

	1	2	3	4	5	6	7	8	9	10
Months (check):	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"/>
Hours (check):	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"/>	H <input type="checkbox"/>	H <input type="checkbox"/>
No. of Months/Hours:	1-10	11-20								
Wage rate: or, percentage of the journeyworker rate:	<del>16.00</del>	17.00	All NY State outside NYC & LI			NYC & LI				

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

17. Colleen McDonald Signature of Official Sponsor Representative  
COLLEEN MCDONALD, EXEC. DIRECTOR Print Name and Title  
 Date \_\_\_\_\_

18. NA Signature of Union Representative  
 Date \_\_\_\_\_

Heather Sweet Print Name, Title, and Union Name  
 Heather Sweet, Exec. Assistant  
Eleanor Fitzgerald Print Name, Title, and Union Name  
 Eleanor Fitzgerald, Proj. Manager

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

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

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

**Related Instruction Availability**

Trade: STUDENT SUCCESS COACH

Sponsor Name: ANEW

Sponsor Representative: Colleen McDonald

Sponsor Address: \_\_\_\_\_

No. & Street: 2212 3rd Ave. City: New York

County: New York State: NY Zip Code: 10035

Sponsor Telephone No.: (518)673-6368

Proposed Number of Apprentices: \_\_\_\_\_

**AT Office**

Name: Dan Paris

No. & Street: Building 12 W.A. Harriman Campus

City: Albany State: NY Zip Code: 12226

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

Related instruction is not available.

Related instruction is available at:

**School**

Name: Mohawk Valley Community College

No. & Street: 1101 Sherman Drive

City: Utica State: NY Zip Code: 13501

**School Representative Contact Information:**

Name: Franca Armstrong

Telephone No.: (315) 947-7670 Email: 

**School**

Name: Hudson Valley Community College

No. & Street: 80 Vandenberg Ave

City: Troy State: NY Zip Code: 12180

**School Representative Contact Information:**

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


Telephone No.: (518)829-8103 Email: 

**DLEA**

Name: Emerald Robson

No. & Street: 90-21 Columbia St

City: Jamaica State: NY Zip Code: 11425

Signature of DLEA: 

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Apprenticeship Training Program

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

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

**Related Instruction Availability**

Trade: STUDENT SUCCESS COACH

Sponsor Name: ANEW

Sponsor Representative: Colleen McDonald

Sponsor Address:

No. & Street: 2212 3rd Ave. City: New York

County: New York State: NY Zip Code: 10035

Sponsor Telephone No.: (518)573-6388

Proposed Number of Apprentices: \_\_\_\_\_

**AT Office**

Name: NYSDOL

No. & Street: Building 12 W.A. Harriman Campus

City: Albany State: NY Zip Code: 12226

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

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

**School**

Name: CUNY PDI

No. & Street: 555 West 57th Street, Suite 1325

City: NY State: NY Zip Code: 10019

**School Representative Contact Information:**

Name: CLAUDINE CAMPANELLI

Telephone No.: (646) 664-8261 Email: 

**School**

Name: TEACHMEDUCATION SERVICES

No. & Street: 99 DARWIN RD

City: NY State: NY Zip Code: 12816

**School Representative Contact Information:**

Name: COLLEEN MCDONALD

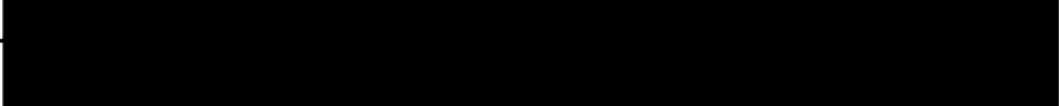
Telephone No.: (518)573-8368 Email: 

**DLEA**

Name: Edward R...

No. & Street: 90-01 52nd St. J.C.

City: Jamison State: NY Zip Code: 11435

Signature of DLEA 



### Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: ANEW

Located at: (Address) 2212 3RD AVE New York, NY 10035

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

In the occupation of: (List Trade) STUDENT SUCCESS COACH

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

**Minimum Qualifications** HS DIPLOMA OR GED; ACCEPTANCE INTO A NYS REGISTERED TEACHER PREPARATION PROGRAM OR CTE PROGRAM  
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: after selection and prior to indenture in accordance to The U.S. Equal Employment Opportunity Commission (EEOC) and the U.S. Federal Trade Commission (FTC), candidates must pass a FINGER PRINTING CLEARANCE, AS REQUIRED BY NYSED FOR SCHOOL EMPLOYMENT, AND that meets all Federal, State and Local requirements for these positions including a background check

Other:

Other:

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

Name: EDHUBNY

Address: 2212 3RD AVE NY, NY 10035

Days: 365 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Special Instructions:

**Online 24/7 at [edhubny.org](http://edhubny.org); <https://teachnyc.net/>**

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

**Selection Standards and Evaluations**

Name of Candidate: \_\_\_\_\_ Trade: STUDENT SUCCESS COACH

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

Only those checked apply.		Maximum Points Allowable	Number of Years Credited	Score
<b>Educational Achievement</b>				
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Education Past Grade <u>12</u> or Equivalent as Recognized by Local Educational Authorities	25		
<input type="checkbox"/>	Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities	5		
<input type="checkbox"/>	Points for Each Trade Related Adult or Continuing Education Course Completed			
<input checked="" type="checkbox"/>	<u>5</u> Other: <u>language other than English written and spoken</u>	20		
<b>Work Experience</b>				
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Trade Related Work Experience	15		
<input checked="" type="checkbox"/>	<u>1</u> Points for Each Year of Active Military Experience	8		
<input type="checkbox"/>	Points for Each Year of General Work Experience	5		
<input checked="" type="checkbox"/>	<u>1</u> Other: <u>EACH YEAR OF AMERICORPS SERVICE</u>	2		
<b>Seniority</b>				
<input checked="" type="checkbox"/>	<u>2</u> Points for Each Year of Employment with The Sponsoring Firm	20		
<input type="checkbox"/>	Other: _____	20		
<b>Job Aptitude</b>				
<input type="checkbox"/>	Name of Aptitude Test: _____			
<input type="checkbox"/>	Administered by _____			
<input type="checkbox"/>	Other: _____			
<b>Oral Interview: Not to Exceed 40% of Total Score</b>				
<input checked="" type="checkbox"/>	<u>1-10</u> Ability to Communicate	40		
<input checked="" type="checkbox"/>	<u>1-10</u> Willingness to Accept Obligation of Apprenticeship	10		
<input checked="" type="checkbox"/>	<u>1-10</u> Ability to Reason and Comprehend	10		
<input checked="" type="checkbox"/>	<u>1-10</u> Interest and Motivation	10		
<input type="checkbox"/>	Other: _____			
<input type="checkbox"/>	Other: _____			

Total Allowable Points →

100	Total Score →	
-----	---------------	--

Rank \_\_\_\_\_

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

Sponsor Name: ANEW

Sponsor Address: 2212 3RD AVE. NY, NY 10035

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Department of Labor

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

Trade Code(s) \_\_\_\_\_

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

89-584C (12/2019)

89-618 (12/2022)

89-596C (05/2021)

89-642 (09.2025)

89-626C (06.2024)

89-625 (21-1019.00)

New Program

Amended

Renewal

To be Administered by (Sponsor's Name): ANEW

Address: 2212 3RD AVE NY State: NY Zip: 10035

Plan is effective: From: ~~11/1/25~~ 2/1/2026 To: ~~10/31/30~~ 1/31/2031

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

Signature of Sponsor: *Colleen McDonald* Date: 11/1/25

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: COLLEEN MCDONALD

Title: EXECUTIVE DIRECTOR

Do not write below this line.

.....

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

NYS Department of Labor

Title: \_\_\_\_\_

## **Part IV – Action Plans and Requirements**

### **A. Outreach and Positive Recruitment Plan**

Detail all the specific activities the sponsor will undertake to expand the opportunities for minority and female participation in the apprenticeship program. (Attach additional sheets if necessary.) The extent of outreach and recruitment activities may vary with the size and type of program and its resources. Refer to Equal Employment Opportunity in Apprenticeship Training Regulations Section 600.5 (c) for examples of outreach and positive recruitment.

#### **Outreach and Recruitment Activities:**

EDHUBNY will facilitate the equitable recruitment and registration of diverse, underrepresented, and underserved Apprentices into the newly created RAP group programs by leveraging community resources and host site networks.

EDHUBNY will employ recruitment materials to communicate with job seekers, career changers, underemployed. Targeted recruitment strategies and materials will be deployed for underrepresented populations and underserved communities to build a workforce representing the community they serve. EDHUBNY will encourage employer signatories and union co-sponsors to develop and utilize pre apprenticeship pathways with IHEs as well as provide registered Apprentices to meet district context or individual needs.

EDHUBNY will leverage networks including those of employer signatories, institutions of higher education, community organizations, hiring halls, job fairs, open houses, and information sessions. It will also utilize social media and online networks to post, recruit and advertise open positions.

**Direct Entry Provider(s):** (See <https://dol.ny.gov/direct-entry>)

**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/](http://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 (<https://newyork.usnlx.com/>).



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.

## 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.

\* 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.