



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

Received

New York State
Registered Apprenticeship Training Program

SEP 30 2024

Sponsor Information Sheet and Instructions D.E.W.S Syracuse NY

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.
NYS Department of Labor
Apprentice Training

Section I

- A. Sponsor name: The Utica Center for Development, INC
B. Trade(s): Direct Support Professional, Human Resources Associate, Building Maintenance Mechanic
C. Type of Apprenticeship Training Program (check one):
1. [X] 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: The Utica Center for Development, 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: 726 Washington St.
City/Town: Utica State: NY Zip Code: 13502
G. Email: [REDACTED] H. Phone: (315) 765-0975 I. Fax: (315) 316-0058
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? [X] 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? 16
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.

NOV 07 2024

Central Office

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] 9-26-24
 Signature of CEO, Chair, or representative granted legal authority to bind the Entity Date

Print name and title: Vincent Scalise, Executive Director

Sworn to me this: 26th day of September
[Signature]
 Signature of Notary Public or Commissioner of Deeds

NYS DOL Official Use Only

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 SEP 30 2024

 D.E.W.S. State NY

LUCILLA FUENTES
 NOTARY PUBLIC, STATE OF NEW YORK
 NO. 01FU0016511
 QUALIFIED IN ONEIDA COUNTY
 MY COMMISSION EXPIRES 11/16/2027

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Department of Labor

www.labor.ny.gov

D.E.W.S Syracuse NY

Apprentice Training Program Registration Agreement

Revision []

Nature of Change: New Program Application

Table with 3 rows: State Use Only, AT Sponsor No., ATP Code 89-547, Effective Date of AT Program

- 1. Name of Sponsor: The Utica Center for Development, INC.
2. Mailing Address: 726 Washington St. Utica NY 13502 Oneida
3. Actual Address: Same as Above
4. Telephone No.: (315) 765-0975 Ext. 306 Fax No.:
5. E-mail Address:
6. Trade/Occupation: Direct Support Professional
7. No. Employees: 35 No. Apprentices: 10 No. Journeyworkers: 1 8. Ratio: 1:1:1
9. DOT Code: 195.367-900 10. Length of Program: 24 months
11. Apprentice Probationary Period: 6 months 12. Work process: Standard [x] or Revised []
13. Minimum Journeyworker Rate: \$22.50 per hour 14. Effective Date of Wages: 10/01/2024
15. Apprentice wage progression for each period - in months (M) or hours (H)

Table with 10 columns (1-10) and 4 rows (Months/Hours check, No. of Months/Hours, Wage rate, etc.)

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 Vincent Scalise, Executive Director Date 9-25-24 Signature of Union Representative Date

19. Signature New York State Department of Labor NYS Department of Labor Apprenticeship Training Date

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SEP 11 2024

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Department of Labor

Apprenticeship Training Program

Sponsor Code _____

Trade Code 89-547

Related Instruction Availability

Trade: Direct Support Professional

Sponsor Name: The Utica Center for Development, INC

Sponsor Representative: Vincent Scalise

Sponsor Address:

No. & Street: 726 Washington St. City: Utica

County: Oneida State: NY Zip Code: 13502

Sponsor Telephone No.: (315) 765-0975 ext. 306

Proposed Number of Apprentices: 1

AT Office

Name: Central

No. & Street: 450 S. Salina Street, Room 203

City: Syracuse State: NY Zip Code: 13202

Apprentice Training Representative: Kerry Highers Date Prepared: 8/19/24

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) 794-7670 Email: [REDACTED]

School

Name: _____

No. & Street: _____

City: _____ State: _____ Zip Code: _____

School Representative Contact Information:

Name: _____

Telephone No.: _____ Email: _____

DLEA

Name: Brenda Wolak

No. & Street: 4937 Spring Road

City: Verona State: NY Zip Code: 13478

Signature of DLEA [REDACTED] Date Prepared: 9/11/2024

AT 8 (4/19)

NYS Department of Labor
Apprentice Training

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Department of Labor

Sponsor Code: _____

Trade Code: 89-547

D.E.W.S Syracuse NY

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Apprentice Training Recruitment Notification and Minimum Qualifications

Sponsor: The Utica Center for Development, INC

Located at: (Address) 726 Washington St. Utica, NY 13502

Is presently accepting applications for Apprenticeship Training Positions: List estimated number of openings: 1

In the occupation of: (List Trade) Direct Support Professional

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/ GED Equivalent

Minimum Age: 18 Minimum Education: _____

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

N/A

(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: **Must have a valid NYS Drivers License to operate company vehicles**

Other: **Must take and pass motor vehicle record check and NYS background check after offer of employment at the expense of the sponsor.**

Other: **Applicants will be required to have a medical examination after you are appointed and you are responsible for the payment of the clinical laboratory fee. Please note: The medical exam includes psychological and drug screening.**

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

Name: Vincent Scalise

Address: 726 Washington St. Utica, NY 13502

Days: Monday through Friday Times: 8:00am to 3:30pm

Phone: (315) 765-0975 Email: [REDACTED]

Special Instructions:

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

NYS Department of Labor
Apprentice Training

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Sponsor Code _____

Trade Code(s) 89-547

Selection Standards and Evaluations

Name of Candidate: _____ Trade: Direct Support Professional

Address: 726 Washington St. City: Utica State: NY Zip: 13502

<p>Only those checked apply.</p> <p>Educational Achievement</p> <p><input type="checkbox"/> _____ Points for Each Year of Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities</p> <p><input type="checkbox"/> _____ Points for Each Year of Related Technical Education Past Grade _____ or Equivalent as Recognized by Local Educational Authorities</p> <p><input checked="" type="checkbox"/> <u>2</u> Points for Each Trade Related Adult or Continuing Education Course Completed</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1"> <thead> <tr> <th>Total</th> <th>Maximum Points Allowable</th> <th>Number of Years Credited</th> <th>Score</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total	Maximum Points Allowable	Number of Years Credited	Score	Total		10										10																		
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<p>Work Experience</p> <p><input type="checkbox"/> _____ Points for Each Year of Trade Related Work Experience</p> <p><input type="checkbox"/> _____ Points for Each Year of Active Military Experience</p> <p><input checked="" type="checkbox"/> <u>2</u> Points for Each Year of General Work Experience</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1"> <thead> <tr> <th>Total</th> <th>Maximum Points Allowable</th> <th>Number of Years Credited</th> <th>Score</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total	Maximum Points Allowable	Number of Years Credited	Score	Total		10										10																		
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<p>Seniority</p> <p><input checked="" type="checkbox"/> <u>2</u> Points for Each Year of Employment with The Sponsoring Firm</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1"> <thead> <tr> <th>Total</th> <th>Maximum Points Allowable</th> <th>Number of Years Credited</th> <th>Score</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>10</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total	Maximum Points Allowable	Number of Years Credited	Score	Total		10					10																							
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<p>Job Aptitude</p> <p><input type="checkbox"/> _____ Name of Aptitude Test: _____</p> <p>Administered by _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1"> <thead> <tr> <th>Total</th> <th>Maximum Points Allowable</th> <th>Number of Years Credited</th> <th>Score</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total	Maximum Points Allowable	Number of Years Credited	Score	Total																														
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<p>Oral Interview: Not to Exceed 40% of Total Score</p> <p><input checked="" type="checkbox"/> <u>1</u> Ability to Communicate</p> <p><input checked="" type="checkbox"/> <u>1</u> Willingness to Accept Obligation of Apprenticeship</p> <p><input checked="" type="checkbox"/> <u>1</u> Ability to Reason and Comprehend</p> <p><input checked="" type="checkbox"/> <u>2</u> Interest and Motivation</p> <p><input type="checkbox"/> _____ Other: _____</p> <p><input type="checkbox"/> _____ Other: _____</p>	<table border="1"> <thead> <tr> <th>Total</th> <th>Maximum Points Allowable</th> <th>Number of Years Credited</th> <th>Score</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td></td> <td>5</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>1</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Total	Maximum Points Allowable	Number of Years Credited	Score	Total		5					1					1					1					2								
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Rank _____ NYS Department of Labor
Apprentice Training

Evaluated by: _____ (Name) Date: _____

Sponsor Name: The Utica Center for Development, INC

NOV 07 2024

Sponsor Address: 726 Washington St. Utica, NY 13502

Central Office

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

- Listing all apprentice openings with the NYS Job Bank (<https://newyork.usnlx.com>) for a minimum of five full working days before selections are made.
- Limiting recruitment to present employees of the sponsor and/or union members of the union sponsoring the apprenticeship program. Resulting vacancies will be listed with the NYS Job Bank (<https://newyork.usnlx.com>).
- Recruiting apprentices by methods other than those above. A detailed statement of the recruitment method must be attached and approved by the Commissioner of Labor prior to being used.

E. **Outreach and Positive Recruitment Plan (if applicable):** 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:

To encourage the establishment and utilization of programs of pre-apprenticeship, preparatory trade training, or others designed to afford related work experience or to prepare candidates for apprenticeship, a sponsor shall make appropriate provision in its affirmative action plan to assure that those who complete such programs are afforded full and equal opportunity for admission into the apprenticeship program.

Received

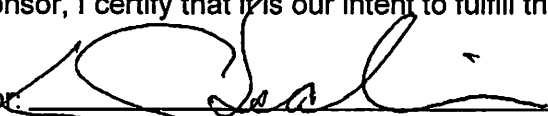
Direct Entry Provider(s): (See <https://dol.ny.gov/direct-entry>)

SEP 20 2024

N/A

D.E.W.S Syracuse NY

On behalf of the sponsor, I certify that it is our intent to fulfill these Equal Opportunity Standards.

Signature of Sponsor:  _____ Date: 9-25-24

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

Name: Vincent Scalise Title: Executive Director

Approved by: _____
New York State Department of Labor Date

Sponsor Name: The Utica Center for Development, INC

Sponsor Code: _____ Number of Apprentices: 1

Trade(s): Building Maintenance Mechanic, Direct Support Professional, Human Resources Associate

Trade Code(s): 56-382, 89-547, 94-598