

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY
Division of Lending Services
OFFICE OF AFFIRMATIVE ACTION
Gateway One, Suite 2403
Newark, NJ 07102
(973) 648-4130 * (973) 648-6143 fax

MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION (AA202)

| | | | |
|--|--|------------------------------|--|
| READ THE INSTRUCTIONS ON BACK CAREFULLY BEFORE COMPLETING THIS FORM. PLEASE TYPE OR PRINT IN BLACK OR BLUE INK. | | 3. F ID OR SS Number | |
| 1. Name and Address of Prime Contractor | | 2. Contractor ID Number | |
| (Name) | | 4. Reporting Period | |
| (Address) | | 5. Company Awarding Contract | |
| (City) | | (State) | |
| (Zip Code) | | Date of Award | |
| 6. Name and Location of Project | | County | |
| 7. Project ID Number | | | |

| | | | CLASSIFICATION (SEE REVERSE) | 11. NUMBER OF EMPLOYEES | | | | | | 12.TOTAL NO. OF MIN. EMP. | 13. WORK HOURS | | 14. % OF WORK HRS | | 15. CUM WORK HRS | | 16. CUM. % OF W/H | | | |
|---|------------------------------|--------------------|------------------------------|-------------------------|-------|----------|-----------------|-------|---------|----------------------------------|------------------|---------|-------------------|--------------|------------------|------------------|-------------------|---------------|----|----|
| 8. CONTRACTOR NAME (LIST PRIME CONTRACTOR WITH SUBS FOLLOWING) | 9. PERCENT OF WORK COMPLETED | 10. TRADE OR CRAFT | | A. | B. | C. | D. | E. | F. | | TOTAL WORK HOURS | A. | B. | A. | B. | TOTAL WORK HOURS | A. | B. | A. | B. |
| | | | | TOTAL | BLACK | HISPANIC | AMERICAN INDIAN | ASIAN | FEMALES | | MIN W/H | FEM W/H | % OF MIN W/H | % OF FEM W/H | MIN. HOURS | FEM HOURS | % OF MIN W/H | % OF FEM. W/H | | |
| | | | F | | | | | | | | | | | | | | | | | |
| | | | J | | | | | | | | | | | | | | | | | |
| | | | AP | | | | | | | | | | | | | | | | | |
| | | | F | | | | | | | | | | | | | | | | | |
| | | | J | | | | | | | | | | | | | | | | | |
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| | | | AP | | | | | | | | | | | | | | | | | |

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|----------------------------------|--------------------|-------------|--------|
| 17. COMPLETED BY (PRINT OR TYPE) | | | |
| (NAME) | | (SIGNATURE) | |
| (TITLE) | | | |
| (AREA CODE) | (TELEPHONE NUMBER) | (EXT.) | (DATE) |

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INSTRUCTIONS FOR COMPLETING MONTHLY PROJECT WORKFORCE REPORT- (AA202)

1. Enter the prime contractor's name, address and zip code number.
2. Enter the CONTRACTOR ID NUMBER assigned by the Office of Affirmative Action.
3. Enter the Federal Identification Number assigned to the contractor by the Internal Revenue Service, or if a Federal Employer Identification Number has not been applied for or issued, or if your business is such that it will not receive a Federal Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.
4. Reporting Period - enter the beginning and ending dates of the month for the report being submitted. (i.e., 1/1/00 – 1/31/00).
5. Enter the complete name of the public agency awarding the contract. Include the date of contract award.
6. Enter the name and location of the project, including the county in which the project is located.
7. Enter the PROJECT NUMBER assigned by NJEDA.
8. Enter the company name(s) of the contractor(s) performing work at the construction site. List the prime contractor first with subcontractor(s) following.
9. Enter the total percent (%) of project work the contractor or subcontractor has completed, to date.
10. Identify the trades or crafts applicable to the prime contractor and each subcontractor listed in column #8. Use a single line for each trade or craft.
11. Enter the total number of employees for each contractor at each level of classification (J=Journeyworker, AP=Apprentice) and the total number of each minority group - Black, Hispanic, American Indian, Asian and Female. Note: Column A shall include Total Number of employees. Columns B-E shall also include minority females. Column F shall include both non-minority and minority females.
12. Enter the total number of minority employees for each employer at each level of classification. Note: This shall be the sum of columns B-E.
13. Enter the Total Monthly work hours for all employees in each craft at each level of classification.
(A) Enter the Total Monthly minority work hours for each craft at each level of classification (Columns B-E).
(B) Enter the Total Monthly female work hours for each craft at each level of classification (Column F).
14. (A) Enter the Total Monthly PERCENT of minority work hours for each craft at each level of classification.
(B) Enter the Total Monthly PERCENT of female work hours for each craft at each level of classification.
15. Enter the Total Cumulative work hours for each craft at each level of classification.
(A) Enter the Total Cumulative minority work hours for each craft at each level of classification.
(B) Enter the Total Cumulative female work hours for each craft at each level of classification.
16. (A) Enter the Cumulative Percent of minority work hours for each craft at each level of classification.
(B) Enter the Cumulative Percent of female work hours for each craft at each level of classification.
17. Print or type the name of the company official submitting the report; include signature, title, telephone number, and date the report is submitted.

CONTRACTOR SHALL RETAIN A COPY OF SUBMITTED ORIGINAL.

QUESTIONS REGARDING FORM, PLS. CONTACT (973) 648-4130.