

WORKFORCE EMPLOYMENT UTILIZATION REPORT

NON-CONSTRUCTION
(See reverse side for instructions)

TYPE OF REPORT (check one): / / TOTAL WORKFORCE / / CONTRACT SPECIFIC WORKFORCE
 TYPE OR SERVICE (check one): / / PROFESSIONAL CONSTRUCTION CONSULTANT / / SERVICES/CONSULTING / / COMMODITIES

CHECK IF NOT-FOR-PROFIT / /

CONTRACTOR/FIRM NAME:	CONTRACT START DATE:
ADDRESS:	PERCENT OF JOB COMPLETED:
TELEPHONE NUMBER:	REPORTING PERIOD: / / QUARTERLY REPORT / / SEMI-ANNUAL REPORT
FEDERAL ID NO.:	PROJECT NAME:
N.Y.S. UNEMPLOYMENT INSURANCE NO.:	PROJECT LOCATION:
CHECK ONE: / / PRIME CONTRACTOR / / SUBCONTRACTOR	COUNTY: _____ ZIP: _____
CONTRACT NO.: _____ CONTRACT AMOUNT: \$ _____	PRODUCT/SERVICE PROVIDED: _____

FEDERAL OCCUPATIONAL CATEGORY	NUMBER OF EMPLOYEES																								
	TOTAL NUMBER OF EMPLOYEES		ETHNICITY HISPANIC OR LATINO		ETHNICITY NOT HISPANIC OR LATINO		AMERICAN INDIAN OR ALASKA NATIVE		ASIAN		BLACK OR AFRICAN AMERICAN		NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		WHITE		AMERICAN INDIAN OR ALASKA NATIVE AND WHITE		ASIAN AND WHITE		AMER. INDIAN OR ALASKA NATIVE & BLACK OR AFRICAN AMER.		BALANCE OF INDIVIDUALS REPORT MORE THAN ONE RACE		
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE
Officials/Administrators																									
Professionals																									
Technicians																									
Sales Workers																									
Office & Clerical																									
Craft Workers																									
Operatives																									
Laborers																									
Service Workers																									
TOTALS																									

CERTIFICATION: I, _____ (Print Name), the _____ (Title), do certify that (i) I have read this Workforce Employment Utilization Report and (ii) to the best of my knowledge, information and belief the information contained herein is complete and accurate.

SIGNATURE _____ DATE _____

WORKFORCE EMPLOYMENT UTILIZATION REPORT
NON-CONSTRUCTION
Instructions for Completion

PURPOSE:

The *Workforce Employment Utilization Report For Non-Construction Firms* is prepared by all contractors, and subcontractors if any, supplying commodities or providing professional construction consulting or consulting services (skilled or non-skilled) to a state agency to document their actual employment of minority group members and women during the period covered by the report. The report has a format similar to forms used by the Federal government for reporting equal employment opportunity data. When the *contract specific work force* can be identified, the report covers all employees (including apprentices or trainees) working on the project. If the contract specific workforce *cannot* be separated out, the contractor's *total workforce* is reported. The completed reports are used by the contracting state agency to monitor the contractor's and subcontractor's compliance with the contract's equal employment opportunity requirements.

GENERAL INFORMATION:

1. **Name of contracting state agency** and state agency code (five digit code).
2. **Reporting period** covered by report (mm/dd/yy); **check** to indicate *Quarterly or Semi-Annual* Report.
3. **Contractor firm name** (prime contractor on summary report submitted to agency) and **address** (including city name, state and zip code); **check** if the contractor is a NOT-FOR-PROFIT.
4. **Type of Report:** **check** to indicate whether report covers (i) the *Contract Specific Workforce* or (ii) the *Company's Total Workforce* (in the event the contract specific workforce cannot be separated out).
5. Contractor **Federal Employer Identification number** or payee identification number (prime contractor i.d. on summary report); **check** to indicate prime or subcontractor report.
6. **Contract Amount** is dollar amount based on terms of the contract.
7. **Contract number** is the agency assigned number given to the contract.
8. **Location of work** including county and zip code where work is performed.
9. Indicate **Product or Service provided** by contractor (brief description).
10. **Contract start date** is month/day/year work on contract actually began.
11. Contractor's **estimate of the percentage of work completed** at the end of this reporting period.

FEDERAL OCCUPATIONAL CATEGORIES:

The contractor's workforce is broken down and reported by the nine *Federal Occupational Categories (FOC's)* consistent with the Federal government's EEO-1 categories for the private sector labor force. These are: *Officials and Managers, Professionals, Technicians, Sales, Office & Clerical (Administrative Support), Craft Workers, Operatives, Laborers, and Service Workers*. The categories are general in nature, and include all related occupational job titles. The contracting agency can provide assistance in categorizing specific jobs.

TOTAL NUMBER OF EMPLOYEES:

Record the *total number of all persons employed* in each FOC during the reporting period, regardless of ethnicity (either working on the specific contract OR in the contractor's total workforce, based on the type of report indicated above). Report the total number of male (M) employees in column (1) and the total number of female (F) employees in column (2) for each FOC. In columns (3) thru (12) report the number of males and females employed, based on the following defined groups:

Race

- **American Indian or Alaska Native.** A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity

- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Not Hispanic or Latino.** A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

TOTALS:

Column totals should be calculated (sum each column) for all FOC's combined.

SUBMISSION:

The workforce utilization report is to be completed by both prime and subcontractors and **signed and dated** by an *authorized representative* before submission. This **Company Official's name, official title and telephone number** should be printed or typed where indicated on the bottom of the form.

The **prime contractor** shall complete a report for its own workforce, **collect** reports completed by each subcontractor, and **prepare a summary report for the entire combined contract workforce**. The reports shall include the total number of employees in each occupational category for all payrolls completed in the quarterly reporting period. The prime contractor shall submit the summary report to the contracting agency as required by *Part 542 of Title 9 Subtitle N of the NYCRR pursuant to Article 15-A of the Executive Law*.

OCCUPATIONAL CODES

Officials/Administrators	100
Professionals	110
Technicians	120
Sales Workers	130
Office & Clerical	140
Craft Workers	150
Operatives	160
Laborers	170
Service Workers	180

FORWARD TO THE RESPONSIBLE LMDC PROJECT MANAGER

Lower Manhattan Development Corp.
One Liberty Plaza, 20th Floor
New York, NY 10006
P (212) 962-2300
F (212) 962-2431

SCHEDULE C - ATTACHMENT C-2

MBE/WBE COMPLIANCE REPORT
LMDC NON-CONSTRUCTION CONTRACT
(to be filed quarterly)

PROJECT SPONSOR/DEVELOPER: Lower Manhattan Development Corp.

LMDC AA OFFICER/REPRESENTATIVE: BEVERLY BOBB

ADDRESS: One Liberty Plaza, 20th Fl., New York, NY 10006

PROJECT NAME: _____

TELEPHONE: (212) 962-2300 FAX: (212) 962-2431

PROJECT START DATE: _____

PERCENT COMPLETE: _____

LMDC PROJECT MANAGER: _____

REPORTING PERIOD: _____

ACTUAL COMPLETION: _____

TOTAL NUMBER OF SUBCONTRACTORS: _____

Attach M/WBE contract documentation, i.e. executed contracts, signed purchase orders or canceled checks.

TOTAL DOLLAR AMOUNT OF SUBCONTRACTS: _____

This report should be completed by an officer of the reporting company, and forwarded to the ESD AA Representative with the appropriate documentation.

PRIME CONTRACTOR (Name, Address, Contact Person & Phone)	TYPE OF CONTRACT (Trade/Service)	CONTRACT AMOUNT	M/WBE SUBCONTRACT DATE	MBE/WBE SUBCONSULTANT (Name, Address, Contact Person & Phone)	SCOPE OF SERVICES	AMOUNT CONTRACTED TO MBE/WBE

CERTIFICATION:

I, _____ (Print Name), the _____ (Title), do certify that: (i) I have read this Compliance Report, and (ii) to the best of my knowledge, information and belief the information contained herein is complete and accurate.

SIGNATURE _____ DATE _____ COMPANY NAME _____

FORWARD REPORT BY MAIL AND FAX (212-962-2431) TO THE ATTENTIONS OF THE RESPONSIBLE LMDC PROJECT MANAGER AND LMDC AA OFFICER/REPRESENTATIVE (NAMES AND CONTACT INFORMATION IDENTIFIED ABOVE).