Exhibit A-7: Workforce Utilization Report for Section 3 Clause

Type of Service (Check	One) / / Profess	ional, Construction, Consul	tant / / Service/ Co	nsultant // Commodities			
Contractor Name:			Contractor Start Date:				
Address:			Reporting Period:				
			/ / Quarterly Report / / Semi-Annual Report				
Telephone Number			Project Name:				
Federal ID NO:			Project Location:				
Check One: / / Prime Contractor / / Subcontractor			County:	Zip:			
Contract Number:			Product/Services Provided:				
Contract Amount:							
			Number of	f Employees			
Federal Occupational Category	Total Number of Employees Working on this Project	Low Income Employees Residing in Metropolitan Area	Employees	Service Area or Neighborhood in which	Very Low Income Employees Residing in Service Area or Neighborhood in which Project is Located	Participating in	Very Low Income Employees Participating Other HUD Programs
Official/Administrator						-	
Professionals							
Technicians							
Sales Workers							
Office & Clerical							
Craft Workers							
Operatives							
Laborers							
Service Workers							
TOTALS							
Certification: I, (Print Name) the,							(Title)
do certify the complete and accurate.	at (i) I have read t	his Workforce Utilization Re	port on Section 3 Cl	ause and (ii) to the best of	my knowledge, information	n, and belief the int	formation herein is