(AREA CODE)

(TELEPHONE NUMBER)

NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

Office of Recovery 36 West State Street Trenton, NJ 08625

(609) 858-6947 * (609) 278-4627 e-fax * affirmativeaction@njeda.com * e-mail

SANDY MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION (NJEDA AA Form 2)

Complete and submit form at: http://aaonline.njeda.com									3. Contractor FID OR SS Number																
Name & Address of General Contractor 2. NJEDA Contractor ID Nur							4. Reporting Month (mm/dd/yyyy)																		
(Name)							Name of Company that is Recipient of CDBG-DR SANDY assistance																		
(Address)								7. Name & Address of Project 8. Count							ounty	nty 9. NJEDA Project No. (5 digits)									
(City) (State) (Zip Code)																									
				14. NUMBER OF EMPLOYEES				15.TOTA		16. WORK HOURS		17. % OF WORK HRS		18. CUMU	LATIVE W	ATIVE WORK HRS 19		% OF W/H	CPRs						
0. CONTRACTOR NAME	11. PERCENT	12. TRADE OR	13. CLASS.	A.	B.	C.	D.	E.	F.	NO. OF	TOTAL	A.	B.	A.	B.	TOTAL	A.	B.	A.	B.	month	month	month	month	month
(LIST GENERAL CONTRACTOR WITH SUBS FOLLOWING)	OF WORK COMPLETED	CRAFT		TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	WOMEN	MIN. EMP.	WORK HOURS	MIN W/H	WOM W/H	% OF MIN W/H	% OF WOM W/H	WORK HOURS	MIN. HOURS	WOMEN HOURS	% OF MIN W/H	% OF WOM W/H	week 1	week 2	week 3	week 4	week 5
			F																						
			J																						
			AP																						
			F																						
			J																						
			AP																						
			F																						
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			F																						
			J																						
			AP																						
			F																						
			J																						
			AP																						
			F																						
			J																						
			AP																						
20. COMPLETED BY (F	PRINT OR	TYPE)					I CER	TIFY THA	AT THE I	NFORMA	ATION O	N THIS F	ORM IS	TRUE A	ND COR	RECT									
	(NAME)					(SIGNATUR	E)							(TI	TLE)									

(DATE)

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(COMPANY NAME)

(EXT.)