

**Exhibit A-8: Workforce Utilization Report
Employees Impacted by September 11, 2001**

Type of Report (Check One) // Total Workforce // Contract Specific Workforce

Type of Service (Check One) // Professional, Construction, Consultant // Service/ Consultant // 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 Employees

| Federal Occupational Category | Total Number of Existing Employees Working on this Project | Total Number of New Employees Hired for this Project | Existing Employees that Lost Job or Wages as a Result of September 11, 2001 | New Employees that Lost Job or Wages as a Result of September 11th, 2001 | Low-Income Existing and New Employees that Lost Job or Wages as a Result of September 11th, 2001 | Moderate-Income Existing and New Employees that Lost Job or Wages as Result of September 11th, 2001 | Low-Income Existing and New employees that live below Houston Street | Moderate-Income Existing and New Employees that Live Below Houston Street |
|-------------------------------|--|--|---|--|--|---|--|---|
| Official/Administrator | | | | | | | | |
| 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 Utilization Report on Employees Impacted by September 11, 2001 and (ii) to the best of my knowledge, information, and belief the information herein is complete and accurate.

Signature: _____