

COMPANY NAME: ADDRESS: TELEPHONE NUMBER: FEDERAL ID NO.: CHECK IF NOT-FOR-PROFIT: _____	PROJECT NAME: PROJECT LOCATION: COUNTY: _____ ZIP: _____ REPORTING PERIOD: Month Year	CONTRACTOR START DATE: ESTIMATED COMPLETION DATE: PERCENT OF JOB COMPLETED (for reporting period): CONTRACT NO.: CONTRACT AMOUNT: \$ _____	COMPANY EMPLOYMENT DATA						
			A. TOTAL COMPANY EMPLOYEES (at the Beginning of project)	B. TOTAL COMPANY EMPLOYEES (at the end of project)	C. NET INCREASE (applies only to changes, if any, in Company's Employee makeup at the end of project)				
			Male Female	Male Female	TOTAL MALE	TOTAL FEMALE			
			_____ Male Female	_____ Male Female	C1. EMPLOYEES	C2. OCCUPATIONAL CODES/# OF EMPLOYEES	C3. EMPLOYEES	C4. OCCUPATIONAL CODES/# OF EMPLOYEES	
TOTAL TRAINEES									
GRAND TOTAL									

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

SIGNATURE _____ DATE _____

MONTHLY EMPLOYMENT UTILIZATION REPORT

Instructions for Completion

The Monthly Employment Utilization Report ("MEUR") is to be completed by each subject contractor (both Prime and Sub) and signed by a responsible official of the company. The reports are to be filed by the 5th day of each month during the term of the project, and they shall include the total work-hours for each employee classification in each trade in the covered area for the monthly reporting period. The prime contractor is responsible for submitting its subcontractors report, along with its own. Additional copies of this form may be obtained from Lower Manhattan Development Corp. ("LMDC").

Minority: Includes Blacks, Hispanics, Native Americans, Alaskan Natives, and Asian and Pacific Islanders, both men and women.

1. Worker Hours of Employment (a-e):

a) All Worker Hours: The total number of male hours, the total number of female hours, and the total of both male and female hours worked under each classification.

b) through e) Minority Worker Hours The total number of male hours and the total number of female hours worked by each specified group of minority worker in each classification.

2. Number of Workers (a-b):

a) All Workers Total number of males and total number of females working in each classification of each trade in the contractor's aggregate workforce during reporting period.

b) Minority Workers Total number of male minorities and total number of female minorities working in each classification, in each trade in the contractor's aggregate workforce during reporting period.

3. Construction Trade:

Only those construction crafts which contractor employs in the covered area.
Construction Trades include: Field Office Staff (Professionals and Office/Clerical), Laborers, Equipment Operators, Surveyors, Truck Drivers, Iron Workers, Carpenters, Cement Masons, Painters, Electricians, Plumbers and Other.

Note: LMDC may demand payroll records to substantiate work hours listed on the Monthly Employment Utilization Report, if discrepancies should arise.

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

CONSTRUCTION

(to be filed monthly)

PROJECT SPONSOR/DEVELOPER: _____
 ADDRESS: _____

 TELEPHONE: _____
 CONTACT PERSON: _____

LMDC AA REPRESENTATIVE: **BEVERLY BOBB**
 PROJECT NAME: _____
 PROJECT START DATE: _____ PERCENT COMPLETE: _____
 ACTUAL COMPLETION: _____ REPORTING PERIOD: _____

Attach M/WBE contract documentation, i.e. executed contracts, signed purchase orders or canceled checks. This report should be completed by an officer of the reporting company, and forwarded to the LMDC AA Representative with the appropriate documentation.

PRIME CONTRACTOR (Name, Address, Contact Person and Phone)	TYPE OF CONTRACT (Trade/Service)	CONTRACT AMOUNT	SUB CONTRACTOR NO. & AMT.	MBE/WBE SUBCONTRACTOR (Name, Address, Contact Person and 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 _____

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