

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

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

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

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Contractor Name: \_\_\_\_\_ Contractor Start Date: \_\_\_\_\_

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Address: \_\_\_\_\_ Reporting Period: \_\_\_\_\_

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\_\_\_\_\_ // Quarterly Report // Semi-Annual Report

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Telephone Number \_\_\_\_\_ Project Name: \_\_\_\_\_

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Federal ID NO: \_\_\_\_\_ Project Location: \_\_\_\_\_

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Check One: // Prime Contractor // Subcontractor County: \_\_\_\_\_ Zip: \_\_\_\_\_

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Contract Number: \_\_\_\_\_ Product/Services Provided: \_\_\_\_\_

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Contract Amount: \_\_\_\_\_

**Number of Employees**

Federal Occupational Category	Total Number of Employees Working on this Project	Low Income Employees Residing in Metropolitan Area	Very Low Income Employees Residing in Metropolitan Area	Low Income Employees Residing in Service Area or Neighborhood in which Project is Located	Very Low Income Employees Residing in Service Area or Neighborhood in which Project is Located	Low Income Employees Participating in Other HUD Programs	Very Low Income Employees Participating in Other HUD Programs
Official/Administrator							
Professionals							
Technicians							
Sales Workers							
Office & Clerical							
Craft Workers							
Operatives							
Laborers							
Service Workers							
<b>TOTALS</b>							

Certification: I, \_\_\_\_\_ (Print Name) the, \_\_\_\_\_ (Title)

do certify that (i) I have read this Workforce Utilization Report on Section 3 Clause and (ii) to the best of my knowledge, information, and belief the information herein is complete and accurate.

Signature: \_\_\_\_\_

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

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

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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								
<b>TOTALS</b>								

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: \_\_\_\_\_