

Labor Compliance Dept.

36 West State Street

Trenton, NJ 08625-0990

(973) 855-3447 phone * (609) 278-4772 fax * affirmativeaction@njeda.com e-mail

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

SAMPLE
 Please submit electronically
 on the AA Web Portal
<https://aaonline.njeda.com>

Complete and submit form at: http://aaonline.njeda.com		3. Contractor FID OR SS Number	
1. Name & Address of General Contractor	2. NJEDA AAPW Report ID	4. Reporting Month (mm/dd/yyyy)	
(Name)		5. Name of Company that is Recipient of NJEDA Financial Assistance	6. Date Gen. Contract was awarded
(Address)		7. Name & Address of Project	8. County
(City)		9. NJEDA Project No. (5 digits)	
(State)		(Zip Code)	

10. CONTRACTOR NAME (LIST GENERAL CONTRACTOR WITH SUBS FOLLOWING)	11. PERCENT OF WORK COMPLETED	12. TRADE OR CRAFT	13. CLASS.	14. NUMBER OF EMPLOYEES						15. TOTAL	16. WORK HOURS		17. % OF WORK HRS		18. CUMULATIVE WORK HRS		19. CUM. % OF W/H		CPRs						
				A.	B.	C.	D.	E.	F.	NO. OF MIN. EMP.	TOTAL WORK HOURS	A.	B.	A.	B.	TOTAL WORK HOURS	A.	B.	A.	B.	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	WOMEN		MIN W/H	WOM W/H	% OF MIN W/H	% OF WOM W/H	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																						
			J																						
			AP																						
			F																						
			J																						
			AP																						
			F																						
			J																						
			AP																						

20. COMPLETED BY (PRINT OR TYPE)		<i>I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT</i>	
(NAME)	(SIGNATURE)	(TITLE)	
(AREA CODE)	(TELEPHONE NUMBER)	(EXT.)	(COMPANY NAME)
		(DATE)	