

HUD PROGRAMS
36 West State Street
Trenton, NJ 08625

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

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

10. CONTRACTOR NAME <small>(LIST GENERAL CONTRACTOR WITH SUBS FOLLOWING)</small>	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			
				A.	B.	C.	D.	E.	F.	NO. OF MIN. EMP.	TOTAL WORK HOURS	A.	B.	A.	B.	TOTAL WORK HOURS	A.	B.	A.	B.
				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		
			F																	
			J																	
			AP																	
			F																	
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			AP																	

SAMPLE

PLEASE BE SUBMITTED INTO THE NJEDA'S HUD PROGRAM CONTRACTOR DATABASE BY THE 15TH DAY OF THE FOLLOWING MONTH AFTER WORK COMPLETED.

FOR INSTRUCTOR PLEASE CONTACT THE NJEDA-LABOR STANDARDS COMPLIANCE GROUP

CPRs				
month	month	month	month	month
week 1	week 2	week 3	week 4	week 5

20. COMPLETED BY (PRINT OR TYPE) _____ I CERTIFY THAT THE INFORMATION ON THIS FORM IS TRUE AND CORRECT _____

(NAME) _____ (SIGNATURE) _____ (TITLE) _____

(AREA CODE) (TELEPHONE NUMBER) (EXT.) (COMPANY NAME) (DATE)