NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

Revised 2014 May 14

HUD PROGRAMS
36 West State Street
Trenton, NJ 08625
(609) 858-6947 * (609) 278-4627 e-fax * affirmativeaction@njeda.com * e-mail

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

Complete and submit form at: http://aaonline.njeda.com

1. Name & Address of General Contractor	2. NJEDA Contractor ID Number	3. Contractor FID OR SS Number
		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 (LIST GENERAL CONTRACTOR WITH SUBS FOLLOWING)	11. PERCENT OF WORK COMPLETED	12. TRADE OR CRAFT	13. CLASS.	14. NUMBER OF EMPLOYEES A. TOTAL	B. BLACK	C. HISPANIC	D. AMERICAN INDIAN	E. ASIAN	F. WOMEN	15.TOTAL NO. OF MIN. EMP.	16. WORK HOURS TOTAL WORK HOURS	A. MIN W/H	B. WOM W/H	17. % OF WORK HRS A. % OF MIN W/H	B. % OF WOM W/H	18. CUMULATIVE WORK HRS TOTAL WORK HOURS	A. MIN. HOURS	B. WOMEN HOURS	19. CUM. % OF W/H A. % OF MIN W/H	B. % OF WOM W/H
			F																	
			J																	
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			F																	
			J																	
			AP																	

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

SAMPLE

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

FOR INSTRUCTON PLEASE CONTACT THE NJEDA-LABOR STANDARDS COMPLIANCE GROUP

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)