Fill this form out at the beginning of the project.

CONTRACTOR ESTIMATED WORK FORCE BREAKDOWN FORM

This form shall be completed by the contractor prior to bid opening to determine the anticipated number of new hires associated with contracts and subcontracts in excess of $100,000 awarded in connection with the Section 3 covered activity.

Please print or type the following verification.

Name of Firm Representative:	
Title of Firm Representative:	
Signature of Firm Representative:	
Date of signature:	
Firm Name:	
d.b.a. (if applicable):	
Street Address:	
City, State, Zip code:	
Telephone #:	
Project Name:	

Employment and Training For New Hires

Job Category	**Total # ESTIMATED NEW Positions Needed For Project**	**# of Positions Occupied By Permanent Employees**	**# of Positions NOT Occupied By Permanent Employees**	**# of Positions TO BE FILLED With Section 3 Residents**
Professional				
Technical				
Office / Clerical				
Apprentices				
Unskilled Labor				
Construction by Trade (list below)				