

Labor Compliance Department

36 West State Street

Trenton, NJ 08625-0990

(973) 855-3447 affirmativeaction@njeda.com \* e-mail

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

<b>Complete and submit form at: <a href="http://aaonline.njeda.com">http://aaonline.njeda.com</a></b>		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	
		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. MIN W/H	B. WOM W/H	A. % OF MIN W/H	B. % OF WOM W/H	TOTAL WORK HOURS	A. MIN. HOURS	B. WOMEN HOURS	A. % OF MIN W/H	B. % OF WOM W/H
				TOTAL	BLACK	HISPANIC	AMERICAN INDIAN	ASIAN	WOMEN											
			F																	
			J																	
			AP																	
			F																	
			J																	
			AP																	
			F																	
			J																	
			AP																	
			F																	
			J																	
			AP																	
			F																	
			J																	
			AP																	

CPRs **				
mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy	mm/dd/yyyy
week 1	week 2	week 3	week 4	week 5

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)	

\*\* Please indicate "No Work" for weeks where no construction was conducted at the construction site.