

Exhibit A-7: Workforce Utilization Report for Section 3 Clause

Type of Report (Check One) // Total Workforce // Contract Specific Workforce

Type of Service (Check One) // Professional, Construction, Consultant // Service/ Consultant // Commodities

Contractor Name: _____ Contractor Start Date: _____

Address: _____ Reporting Period: _____

_____ // Quarterly Report // Semi-Annual Report

Telephone Number _____ Project Name: _____

Federal ID NO: _____ Project Location: _____

Check One: // Prime Contractor // Subcontractor County: _____ Zip: _____

Contract Number: _____ Product/Services Provided: _____

Contract Amount: _____

Number of Employees

Federal Occupational Category	Total Number of Employees Working on this Project	Low Income Employees Residing in Metropolitan Area	Very Low Income Employees Residing in Metropolitan Area	Low Income Employees Residing in Service Area or Neighborhood in which Project is Located	Very Low Income Employees Residing in Service Area or Neighborhood in which Project is Located	Low Income Employees Participating in Other HUD Programs	Very Low Income Employees Participating in Other HUD Programs
Official/Administrator							
Professionals							
Technicians							
Sales Workers							
Office & Clerical							
Craft Workers							
Operatives							
Laborers							
Service Workers							
TOTALS							

Certification: I, _____ (Print Name) the, _____ (Title)

do certify that (i) I have read this Workforce Utilization Report on Section 3 Clause and (ii) to the best of my knowledge, information, and belief the information herein is complete and accurate.

Signature: _____