



CITY OF ALBANY  
 DEPARTMENT OF HUMAN RESOURCES  
 24 EAGLE ST. RM.301  
 ALBANY, NEW YORK 12207  
 TELEPHONE (518) 445-0620

**City of Albany M/WBE and Fair Housing office  
 Minority Participation Plan**

The information requested below must be completed by the contractor and submitted with the bid. The figures shall be based on the bidder's estimate of workforce needs and minority representation of that workforce. The contractor will be required to furnish monthly reports as documentation that established goals are being met. These reports shall be submitted to the City's Minority and Women Business Enterprise/ Fair Housing Office (M/WBE/FH), Room 301, City Hall, Albany, New York 12207. If you have questions regarding completion of this document please call (518) 434-5284.

Contractor: \_\_\_\_\_ Federal ID # (or SSN): \_\_\_\_\_  
 Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Project: \_\_\_\_\_ Cost of Project: \_\_\_\_\_

**A. Minority Labor Participation**

The goal for minority labor participation on City of Albany projects is that 17.8% of the total workforce hours should be worked by minorities. In the space provided below, please list the following workforce information by trade: total number work hours for the project and total number of those hours to be worked by minorities.

<b>Trade</b>	<b>Total Workforce Hours</b>	<b>Total Number of hours to be Worked by Minorities</b>
Carpenters		
Painters		
Electrician		
Plumber		
Drywall		
Drivers		
Foreman		
Laborers		
Masons		
Other: <i>(Please specify)</i>		
<b>Total Hours:</b>		

**B. Subcontractor Participation**

Please Sign below to indicate that all information provided on this Minority Participation Plan is true and correct.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

-----This section is for EEO/FH/MWBE Office use only-----

**Approved**

**Denied**

Staff Signatures: \_\_\_\_\_ Date: \_\_\_\_\_