

City of Albany

**MINORITY AND WOMEN LABOR UTILIZATION REPORT**

(This form is for reporting purposes only—do not submit with bid)

The purpose of this form is to report on MINORITY and WOMEN LABOR UTILIZATION. This report must be completed by the owner of EACH FIRM working on the site and be submitted to the General Contractor monthly. The General Contractor must forward the report to the M/WBE Office, City Hall Room 307, 24 Eagle St., Albany NY 12207 or mwbe@albanyny.gov. For assistance with completing this form, please call 518-407-0255. Please print or type.

Firm Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Project: \_\_\_\_\_ Reporting for: Month: \_\_\_\_\_ Year: \_\_\_\_\_

This section must reflect the **TOTAL HOURS WORKED DURING THE REPORTING PERIOD**

A TRADE	B Number of Hours Worked by Minorities	C Number of Hours Worked by Women	D Number of Hours Worked by Non-Minorities	E Total Hours Worked During This Period (B+C+D)

Is this the final Minority and Women Labor Utilization Report? \_\_\_\_\_

Report submitted by (please print) \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_