

**FORM B
 CONTRACTOR'S MINORITY & FEMALE WORKFORCE UTILIZATION PLAN
 (DUE AT THE TIME OF BID)**

Company Name:

Company Address:

City: State: Zip Code:

Company's Workforce Contact Person: Telephone: E-mail:

Duration of Project: From: To: Bid # (4 Digit #):

Minority Workforce Goal: 18%

Female Workforce Goal: 12%

CONTRACTOR'S WORKFORCE ON PROJECT:

<u>Positions</u>	<u># of Employees</u>
Superintendents	<input type="text"/>
Foreman	<input type="text"/>
Journeyman	<input type="text"/>
Apprentices	<input type="text"/>
Laborers	<input type="text"/>

Other Positions (Specify):

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total Workforce

Minorities Utilized in Workforce

Females Utilized in Workforce

	<u>Positions</u>	<u># of Employees</u>
1	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>

	<u>Positions</u>	<u># of Employees</u>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>

Minority Percentage

Female Percentage

This form is to be submitted to the Onondaga County Division of Purchase - Attn: Contract Compliance Officer, prior to Contract Award. Submit with Form B1 attached.