

# SBD - COMMUNITY WORKFORCE PROGRAM WORKFORCE PLAN

<b>CONTRACT/WORKORDER NO:</b>	
<b>PRIME:</b>	
<b>WORKFORCE GOAL:</b>	

(A)	(B)	(C)	(D)	(E) *	(F)**
COMPANY NAME:	TRADE	TOTAL # OF POSITIONS ASSIGNED TO THE PROJECT	# OF POSITIONS IN "C" FILLED BY STAFF CURRENTLY ON THE FIRMS PAYROLL	# OF EMPLOYEES LISTED IN "D" WHO RESIDE IN A DTA	# OF POSITIONS TO BE FILLED TO MEET THE CWP GOAL
<b>TOTAL:</b>					

Executed by:

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Printed Name of Affiant

\* For the each existing employee(s) listed in Column "E" the following information MUST be submitted with your Workforce Plan.

1. A picture ID (Driver License, State issued ID) listing the employees' address in the DTA
2. One of the following (FPL bill, Water bill or Voter Registration Card)

\*\*For the position(s) listed in column "F" a Notice of Construction Clearinghouse Job Opportunity (Form B) must be completed and submitted with the Workforce Plan.

<b>SBD Use:</b> Total Workforce _____ X _____ CWP Goal _____ CWP Employee(s)
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