Residents First Training and Employment Program/Community Workforce Program/Employ Miami-Dade Program Construction Workforce Plan (Miami-Dade County Code Sections 2-11.17, 2-1701 & A.O. 3-63) - Form RFTE 2 Contract No. Prime Contractor: ___ \$2-1701 Community Workforce Program \$2-11.17 Resident First Training and Employment Program A.O. 3-63 Employ Miami-Dade Program In accordance with Sections 2-11.17 & 2-1701 of the Miami Dade County-Code, this form must be submitted by the Prime Contractor within 15 business days of award notification and prior to issuance of a Notice to Proceed. The Prime Contractor should enter the word "NONE" where appropriate below and sign the form below. Please duplicate this form if additional space is needed. Specify the total number of persons that will be used by the Prime Contractor and all subcontractors to perform all of the construction trades and labor work of the contract, broken down by trade and labor category, minimum qualifications for each category, the number of persons to be utilized in each category, the number of positions to be hired by the contractor in each category which are not currently staffed, the number of positions to be filled form the Employ Miami-Dade Register and the number of employees which live within the project DTA. If the current workforce will not achieve the project goal of 51% construction labor hours performed by Miami-Dade County residents, include a Job Clearinghouse Affidavit or a statement on how Miami-Dade County residents will be recruited to fill the needed positions and meet the goal. # of Positions to be # of Persons who Contractor/Subcontractor # of Persons to be # of Persons to be Trade/Category **Minimum Qualifications** filled by Employ Reside in the DTA Utilized Hired Name Miami Dade (if applicable) Total: Identify by name, address and trade category of all persons proposed to perform work under the contract currently on the contractor's (or on any proposed subcontractor's) payroll who reside in Miami-Dade County only and marking the correct box for DTA residents. Two forms of identification must be provided for each DTA resident demonstrating one year of residency. DTA Resident **Employee Name Trade/Category Performing** Address (if applicable) Attach a list of subcontractors that will be used on the project and executed Responsible Subcontractor Affidavits (Form RFTE 1) for each. iv. Attach a list of all employees currently employed by the contractor and each subcontractor at the time of award that includes the last four digits of their social security. I certify that the representations contained in this Construction Workforce Plan are to the best of my knowledge true and accurate.

Print Title

Date

Signature of Affiant

Print Name