

# WORKFORCE TRAINING & HIRING PROGRAM



## ATTACHMENT 2 PROJECTED HIRING NEEDS FORM

This form must be completed by all Prime Contractors with contracts of \$250,000 or more and all Subcontractor(s) with contracts \$100,000 or more.

Contractor: \_\_\_\_\_ Subcontractor to: \_\_\_\_\_

Project Name: \_\_\_\_\_ Contract Value: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Brief description of scope of work: \_\_\_\_\_

All Contractors performing labor on the project must state how they plan to perform the work on this project, indicating the number of journey workers and apprentices by trade or craft. The plan should demonstrate how your company would fulfill the County's Workforce Training & Hiring Program requirements and the utilization of apprentice(s).

| All values below are understood to be projections based on the currently available information |                  |                |               |                  |                   |                              |                         |                            |
|--|------------------|----------------|---------------|------------------|-------------------|------------------------------|-------------------------|----------------------------|
| Trade Classification / Craft   | Labor Start Date | Labor End Date | Journey Hours | Apprentice Hours | Total Labor Hours | Apprentice Participation (%) | Women Participation (%) | Minority Participation (%) |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |
|  |                  |                |               |                  |                   |                              |                         |                            |

\_\_\_\_\_  
Name (Contractors Authorized Representative)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date