



Community Benefits Monthly Reporting Form

Project Name: _____

Project No. _____

Reporting Period: _____ to _____

Contract No. _____

Contractor Name: _____

<input type="checkbox"/>	Prime Contractor
<input type="checkbox"/>	Subcontractor

No.	Employee (Last name, First Name)	Certified Community Benefits Status (Check all that apply)			Level (Apprentice, Journey)	Hours Worked this Period	For office use only	
		Woman	Disadvantaged Worker	Trade			Verified (Y/N)	Amended
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
Total women worker hours worked this period:								
Total disadvantaged worker hours worked this period:								
Sum of all hours worked this period:								
Percent of hours performed by women/disadvantaged workers this period:						#DIV/0!		
Cumulative women/disadvantaged worker hours worked to date:								
Cumulative sum of all hours worked on project:								
Cumulative percent of hours performed by women/disadvantaged workers:						#DIV/0!		

(Contractor's Office) Prepared by:	(City) Reviewed by:
Title:	Title:
Email:	Email:
Phone:	Phone:
Date Submitted:	Date Reviewed:

Government Data Practices Act Notice: The data you supply on this form is subject to the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13). The data you supply will be used to administer the Community Benefits Program and is classified as private pursuant to Minn. Stat. Ch. 116J, unless more restrictedly classified by law. Completion of this form is optional - you may choose not to provide some or all of this private data, though this may limit your ability to participate in the program. This data will be kept confidential, but will be available to government personnel and other government agencies whose access is necessary to perform their official duties. If you have questions or concerns, contact Duluth Workforce Development at (218) 302-8400.

Submit completed form to CommunityBenefits@DuluthMN.gov