COMMUNITY WORKFORCE AND TRAINING AGREEMENT COMPLIANCE DOCUMENTATION

Monthly Workforce Utilization Report

_____   **to**   _____

(MM/DD/YYYY)   (MM/DD/YYYY)

For

PROJECT NAME: _____

PROJECT NO.: _____

CITY OF STOCKTON

_____ DEPARTMENT

GENERAL INFORMATION

The Prime Contractor and every subcontractor shall complete this page and the accompanying forms to be submitted monthly.

Project Name: _____

Project Number: _____

Contract Date: _____

Contractor: _____

Address: _____

City: _____ **STATE:** _____ **ZIP:** _____

Phone: _____

Contractor's License Number: _____

Type of Contractor's License (s): _____

SUMMARY SHEET FOR LOCAL WORKFORCE UTILIZATION

TABLE 1

ITEM	DESCRIPTION	HOURS
A	Total hours performed at the jobsite ($\Sigma 2 + \Sigma 3$)	
B	Labor hours performed at the jobsite by Stockton Residents ($\Sigma 1$)	
C	Labor hours performed by Local Area (San Joaquin) Residents ($\Sigma 2$)	
D	Labor hours performed at the jobsite by Journeymen ($\Sigma 4$)	
E	Labor hours performed at the jobsite by Apprentices ($\Sigma 5$)	
F	Labor hours performed at the jobsite by Stockton Apprentices ($\Sigma 6$)	
G	Labor hours performed by Local Area (San Joaquin) Apprentices ($\Sigma 7$)	

Local Hire Requirements:

$$\text{Primary Goal} = \frac{B}{A} \times 100\%$$

$$= \underline{\hspace{3cm}} \quad \text{must be equal to or greater than 50\%}$$

If the primary goal of 50% is not achieved, provide as an attachment, documentation showing any requests made to the Union dispatchers for Stockton residents and the Union's response to the request.

$$\text{Secondary Goal} = \frac{C}{A} \times 100\%$$

$$= \underline{\hspace{3cm}} \quad \text{must be equal to or greater than 50\%}$$

State of California, Department of Industrial Relations, Division of Apprenticeship Standards Requirements:

$$\frac{E}{D} \times 100\%$$

$$= \underline{\hspace{3cm}} \quad \text{must be equal to 20\%}$$

Priority Apprenticeship and Workforce Development Requirements:

$$\text{Primary Goal} = \frac{F}{E} \times 100\%$$

$$= \underline{\hspace{4cm}}$$ must be equal to or greater than 50%

If the primary goal of 50% is not achieved, provide as an attachment, documentation showing any requests made to the Union dispatchers for Stockton residents and the Union's response to the request.

Secondary Goal $= \dfrac{G}{E}$ x 100%

$$= \underline{\hspace{4cm}}$$ must be equal to or greater than 50%

BREAKDOWN OF WORK HOURS PERFORMED AT THE JOBSITE

TABLE 2

Employee Name*	Union	Zip Code of Residence	Employee Residency					
			Stockton Resident		S.J. County (Local Area) Resident		Neither	
			Check, if Yes	*Number of Hours Worked*	*Check, if Yes*	*Number of Hours Worked*	*Check, if Yes*	*Number of Hours Worked*
TOTAL			$\Sigma 1=$		$\Sigma 2=$		$\Sigma 3=$	

If apprentice, please indicate with an asterisk (*)

Stockton Resident means a resident of the City of Stockton as defined by Stockton Municipal Code Section 3.68.095 (I) (3).

Local Area Resident means any Stockton Resident or any individual domiciled within the boundaries of San Joaquin County.

You may be required to provide supporting documentation for proof of residency.

Priority zip codes are: 95202, 95203, 95204, 95205, and 95206.

BREAKDOWN OF WORK HOURS PERFORMED AT THE JOBSITE BY APPRENTICES

TABLE 3

Trade/Classification	Number of Journeymen Hours	Number of Apprentices Hours	Apprentice Residency					
			Stockton Resident		S.J. County (Local Area) Resident		Neither	
			Check, if Yes	*Number of Hours Worked*	*Check, if Yes*	*Number of Hours Worked*	*Check, if Yes*	*Number of Hours Worked*
TOTAL	Σ4=	Σ5=	Σ6=		Σ7=		Σ8=	

Stockton Resident means a resident of the City of Stockton as defined by Stockton Municipal Code Section 3.68.095 (I) (3).

Local Area Resident means any Stockton Resident or any individual domiciled within the boundaries of San Joaquin County.

COMPLIANCE STATEMENT

I declare under the penalty of perjury that the foregoing information is true and correct.

By my signature below, I acknowledge that I have met the requirements of the City of Stockton's Community Workforce and Training Agreement.

I understand this information is subject to audit verification, and I acknowledge and am hereby advised that upon, and as a result of, a finding of non-compliance with the Community Workforce and Training Agreement, the City may determine that I and/or my firm is not a responsible bidder on future projects.

_____

Owner/Authorized Representative (Signature)

_____

Name of Firm

_____

Name and Title (Print)

_____

Date