



CITY OF ALBANY
 DEPARTMENT OF HUMAN RESOURCES
 24 EAGLE ST. RM.301
 ALBANY, NEW YORK 12207
 TELEPHONE (518) 445-0620

CONTRACTOR AND SUBCONTRACTOR UTILIZATION PLAN

Project Name: _____ Project Number _____

General Contractor: _____ General Contractor Phone: _____

Sub-contractor Name, Address, Phone Check box if this is a Section 3 business	Amount of Sub-contract and Anticipated Start Date	Type of Trade (see below)	Sub-contractor Race/Ethnicity/ Gender	Sub-contractor Federal ID# or Social Security #
<input type="checkbox"/>				

EEO-001(B)

TYPE OF TRADE:

1. New construction
2. Substantial Rehabilitation
3. Repair
4. Service
5. Project Management
6. Professional
7. Tenant Services
8. Educational/Training
9. Architectural/Engineering/Appraisal

RACE/ETHNICITY/GENDER:

1. White
2. Black
3. Native American
4. Hispanic
5. Asian/Pacific
6. Hasidic Jews
7. Female
8. Male
10. Other

Signed: _____ Date: _____

-----This section is for EEO/FH/MWBE Office use only-----

Approved

Denied

Date: _____

Staff Signatures: _____