

Minority/Women’s Business Enterprise and Section 3 Plan
PennHOMES Preprocessing Packet

Exhibit 2

PHFA Project Name: _____

PHFA Project #: _____

**SECTION 3 WORK FORCE/TRAINING NEEDS TABLE
EMPLOYEES AND TRAINEES**

Occupation Category <u>1/</u>	Total Number of Employees/ Trainees Needed for this Project		Number of Project Employees/ Trainees Presently on Payroll		Total Number of New Hires Employees Trainees		Number of Section 3 Residents “New Hires”	
	(E)	(T)	(E)	(T)	(E)	(T)	(E)	(T)
Totals								

(E) - Employees (T) Trainees

1/ The following occupational category classifications should be inserted in the Table:

- | | | | | |
|---------------------------|-----------------|--------------------|------------------|-----------------|
| 1. Professionals | 2. Technicians | 3. Office/Clerical | 4. Other (list) | |
| 5. Construction by Trade: | | | | |
| a. Asbestos Workers | b. Bricklayers | c. Carpenters | d. Cement Masons | e. Electricians |
| f. Elevator Constructors | g. Glaziers | h. Iron Workers | i. Lathers | j. Machinists |
| k. Operating Engineers | l. Painters | m. Plasters | n. Plumbers | o. Roofers |
| p. Sheet Metal | q. Tile Setters | r. Other (Specify) | | |

EMPLOYMENT/TRAINING CERTIFICATION

_____, hereby certifies that:
(Firm or Company Name)

- A. The above table represents the approximate number of employee and trainee positions that are required in the execution of the above referenced project and are not presently filled by regular and permanent employees.
- B. A good faith effort will be made to employ the number of Section 3 employees and trainees stated above by contacting such organizations as the Bureau of Employment Security, advertising through the local media, and posting notices on the project site.
- D. The number of trainees to be utilized on this project will not be less than the number of Trainees determined by the Secretary of the U.S. Department of Labor for construction occupation.
- C. Prior to subcontracting any portion of the work covered by this contract, the subcontractor will prepare a Manpower Utilization Table including the certifications in paragraphs A, B and C.

Officer of Company: _____
(Print Name & Title)

Date: _____

(Signature)