

STAFFING PLAN

Project/RFP Title _____ Location of Contractor /Firm _____

Contractor/Firm Name _____

Check applicable categories: (1) Staff Estimates include: Contract Specific Workforce Total Workforce Subcontractors

TOTAL ANTICIPATED WORK FORCE											Total Percent Minority Employees	Total Percent Female Employees
Federal Occupational Category	Total Number of Employees		Black (Not of Hispanic Origin)		Hispanic		Asian or Pacific Islander		Native American Alaskan Native			
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Officials/Admin.												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
TOTALS												

CERTIFICATION:

I, _____ (Print Name), the _____ (Title), do certify that (i) I have read this Staffing Plan and (ii) to the best of my knowledge, information and belief the information herein is complete and accurate.

Signature _____ Date _____ Telephone Number _____

Forward to:

Albany Convention Center Authority
 384-386 Broadway
 Albany, New York 12207