

Exhibit 9-A
WORKFORCE EMPLOYMENT UTILIZATION REPORT
 CONSTRUCTION

Albany Convention Center Authority

TYPE OF REPORT (check one): TOTAL WORKFORCE CONTRACT SPECIFIC WORKFORCE CHECK IF NOT-FOR-PROFIT

CONTRACTOR/FIRM NAME: ADDRESS: TELEPHONE NUMBER: FEDERAL ID NO.: N.Y.S. UNEMPLOYMENT INSURANCE NO.: CHECK ONE: <input type="checkbox"/> PRIME CONTRACTOR <input type="checkbox"/> SUBCONTRACTOR CONTRACT NO.: _____ CONTRACT AMOUNT: \$ _____	CONTRACT START DATE: PERCENT OF JOB COMPLETED: REPORTING PERIOD: <input type="checkbox"/> MONTHLY PROJECT NAME: PROJECT LOCATION: COUNTY: _____ ZIP: _____ PRODUCT/SERVICE PROVIDED:
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FEDERAL OCCUPATIONAL CATEGORY	NUMBER OF EMPLOYEES										TOTAL PERCENT	
	TOTAL NUMBER OF EMPLOYEES		BLACK (Not of Hispanic Origin)		HISPANIC		ASIAN or PACIFIC ISLANDER		NATIVE AMERICAN/ ALASKAN NATIVE		MINORITY EMPLOYEES	FEMALE EMPLOYEES
	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE	MALE	FEMALE		
FOREMAN												
JOURNEYMAN												
APPRENTICE												
LABORER												
TOTALS												

CERTIFICATION: I, _____ (Print Name), the _____
 _____ (Title), do certify that (i) I have read this Workforce Employment Utilization Report and (ii) to the best of my knowledge, information and belief the information contained herein is complete and accurate.

SIGNATURE _____ DATE _____

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