FINAL SECTION 3 UTILIZATION REPORT

(To be Completed by contractors and subs for all Projects at or exceeding $200,000)

A. SECTION 3 EMPLOYEE LABOR INFORMATION

Name of CDBG Grantee:		**CDBG Grant Number:**	
Wage Decision Number:		*(Include the Mod # & Date Published, e.g. IL20220012 Mod 0 01/01/22)*	

Total Number of Labor Hours on Project	
Total Labor Hours:	
All Section 3 Worker Labor Hours:	
Targeted Section 3 Worker Labor Hours only:	

Labor Hour Percentage Results	**%**
*Section 3 Worker Benchmark = 25% *Targeted Section 3 Worker Benchmark = 5%	
Section 3 Worker Percentage:	0.00%
Targeted Section 3 Worker Percentage:	0.00%

Name of Contractor/Sub Contractor:			
Mailing Address:			
Telephone Number:		**Email Address:**	

B. CERTIFICATION

On behalf of the Company, I hereby certify that the above information is true and accurate and is reported fully as required by the Section 3 Affirmative Action Plan as part of the contract for this CDBG assisted construction project.

Printed Name	Signature	Date Signed