

To be completed by the General Contractor (GC) and submitted to the assigned Contract Compliance Officer for review.

General Instructions

1. Please submit this book by **Day, XX/XX/XX**. To request an extension contact the assigned Contract Compliance Officer.
2. The Pre-Construction Book is made up of 4 tabs:
 - **Information for Contractors** tab. To be read by GC and all subcontractors and suppliers.
 - **Tab (1): Project Overview Form**. To be read and filled out by GC only.
 - **Tab (2): Contractor Profile Form**. GC to provide to and collect from each subcontractor and supplier on project.
 - **Tab (3): List of Subs & Suppliers**. To be filled out by GC once all *Contractor Profile Forms* have been received from subs.
3. Return completed Pre-Construction Book* via one of the following:
 - **E-mail:** contractcompliance@minneapolismn.gov
 - **Fax:** (612) 673-2599
 - **Mail:** Minneapolis Department of Civil Rights
ATTN: **[CCO Name]**
350 South 5th Street, Room 239
Minneapolis, MN 55415

*A **completed Pre-Construction Book** is the completed: *Project Overview Form (Tab 1)*, *Contractor Profile Forms for each sub/supplier (Tab 2)*, and the *List of Subs & Suppliers (Tab 3)*.

Project Information

Project Name: _____

Contract Amount: _____

General Contractor: _____

Contact Person: _____

Phone Number: _____

E-mail: _____

Est. Start Date
(MM/DD/YYYY): _____

Est. End Date
(MM/DD/YYYY): _____

Date Submitted
(MM/DD/YYYY): _____

Questions? Contact assigned Contract Compliance Officer via e-mail (above) or phone: 612-673- XXXX

Contractor Profile Form

The General Contractor and each subcontractor and supplier on this project must complete this form.
 Please return the completed form to the General Contractor as soon as possible.
ALL questions must be directed to the General Contractor.

Company and Project Information

Project Name: _____

Company Name: _____

Company Address: _____

Contact Person, Phone & E-mail: _____

Scope of Work: _____

Contract Amount: _____ with: _____ (Company Name) dated: _____ MM/DD/YYYY

The date employees will begin work on-site is estimated to be from: _____ MM/DD/YYYY until _____ MM/DD/YYYY
 If Company is a supplier write "N/A"

Is Company subbing out any work or purchasing supplies from another company? _____ Yes _____ No
 If you placed an (X) next to Yes, that Company must also fill out the Contractor Profile Form.

To who? _____ (Company Name #1) For what? _____ (Scope of Work) Subcontract Amount: _____

To who? _____ (Company Name #2) For what? _____ (Scope of Work) Subcontract Amount: _____

Inclusion Goals

Small and Underutilized Business Program (SUBP)

Is Company certified through the Minnesota Unified Certification Program (MNUCP) and located in the 11-county metro area?
 If yes, (X) the appropriate certification below: _____ If no, (X) here: _____

_____ MNUCP Minority-Owned MBE/Woman-Owned Business (WBE) _____ N/A

Construction Workforce Utilization (Goals: 20% female hours, 32% minority hours)

Instructions for completing Workforce Hours table:

- Only on-site trade workers and laborers count towards the workforce utilization goals .
- The hours for office, administrative, managerial, supervisory, and professional employees **do not count** towards meeting these goals.
- In the table below, record the anticipated number of labor hours for each item.

	Hours	Percent
Total Project Hours		
Total Female Hours		
Total Minority Hours		

List first & last names of minority & female workers employed on project:

- 1) _____ 4) _____
 2) _____ 5) _____
 3) _____ 6) _____

Workforce used on Project: Union _____ Non-Union _____

Payroll and Wage Information

A wage decision was provided to my company for this project: _____ Yes _____ No

General Decision Number (*found on the wage decision*): MN _____

Instructions for completing Work Classification + Wage table:

- List the work classifications that will be used on this project as listed within the wage decision. Include any apprentices.
- If apprentices will be used, additional documentation is required. Review the *Instructions for Contractors* tab for more information.
- If a trade is missing from the wage decision, make sure to include that trade in the table below and (X) the last column. Review the *Instructions for Contractors* tab for further information.

Work Classification	Base Wage Rate (\$)	Fringes (\$)	Total Wage Payment (base + fringes)	(X) If Additional Classification is Needed

The fringe benefit will be paid to employees: _____ directly (included in the paycheck)
 _____ through a funded fringe benefit plan (trustee or third party)
 _____ through an unfunded (company-paid) fringe benefit plan

Name of person authorized to certify payroll reports: _____

Title of authorized person: _____ E-mail: _____

Name of Owner/Principal Officer	Title	Signature	Date
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Must be signed in ink. E-signatures are not accepted.

List of Subcontractors & Suppliers Required for labor compliance, workforce goals, and the Small and Underutilized Business Program.



Instructions:

- To be filled out by **General Contractor (GC)**. List ALL subcontractors/suppliers that will be used on the project.
- Use the *Contractor Profile Forms* received from subcontractors/suppliers to help complete this form.

Project: _____ Contract Amount: _____

	Company Name	Address (City, State)	Contact Person, Phone & Email	Scope of Work	Contract Amount	Supplier Only (X)	MBE or WBE? (if no, leave blank)	Total Project Hours	Total Female Hours	Total Minority Hours	Est. Start Date	Est. End Date
Sample:	Jane Doe Painting and Siding Company	Minneapolis, MN	Jane Doe, 612-123-4567, jane.doe@jdps.com	Interior and exterior residential painting	\$5,000	<input type="checkbox"/>	WBE	150.00	12.00	50.00	Aug-15	Nov-15
GC	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Subs												
1	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
2	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
3	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
4	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
5	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
6	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
7	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

	Company Name	Address (City, State)	Contact Person, Phone & Email	Scope of Work	Contract Amount	Supplier Only (X)	MBE or WBE? (if no, leave blank)	Total Project Hours	Total Female Hours	Total Minority Hours	Est. Start Date	Est. End Date
8												
9												
10												

**If additional fields are needed, please request a new sheet from the assigned Contract Compliance Officer.*

Instructions for completing tables: GC to plug in SUBP & Workforce numbers in the appropriate areas below. Begin by filling in *Total Contract Amount*. Percentages & hours will automatically calculate.

Total Contract Amount:	
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SUBP:	
MBE \$	
MBE %	
WBE \$	
WBE %	

Workforce Inclusion:	
Total Project Hours	
Total Female Hours	
Female %	
Total Minority Hours	
Minority %	

Notes: