



Community Benefits Monthly Reporting Form

Project Name: _____

Project Number: _____

Reporting Period: _____

Contract Number: _____

Lead Contractor Name: _____

Number	Contractor/Sub-Contractor Name	Woman Hours Worked	Disadvantaged Worker Hours Worked	Total Hours Worked This Period
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Total woman hours worked this period: _____

Total disadvantaged worker hours worked this period: _____

Sum of all hours worked this period: _____

Percentage of hours performed by women/disadvantaged workers this period: _____

Cumulative women/disadvantaged worker hours worked on project to date: _____

Cumulative sum of all hours worked on project to date: _____

Cumulative percentage of hours performed by women/disadvantaged workers: _____



Prepared by: _____

Title: _____

Email: _____

Phone: _____

Date Submitted: _____

Notes for Relevant Activity This Month:

Submit completed form to CommunityBenefits@DuluthMN.gov

Government Data Practices Act Notice: The data you supply on this form is subject to the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13). The data you supply will be used to administer the Community Benefits Program and is classified as private pursuant to Minn. Stat. Ch. 116J, unless more restrictedly classified by law. Completion of this form is optional - you may choose not to provide some or all of this private data, though this may limit your ability to participate in the program. This data will be kept confidential, but will be available to government personnel and other government agencies whose access is necessary to perform their official duties. If you have questions or concerns, contact Duluth Workforce Development at (218) 302-8400.