

Locally Based Enterprise (LBE) - Economically Disadvantaged Employees

Number of employees, excluding owners. Provide the requested information below for your current employees. For "economically disadvantaged" employees, please indicate their trade or job title, and date hired. A separate "Verification of Economically Disadvantaged Status Form must be completed by **each** employee claimed as "economically disadvantaged" by your company. Please include the average number of employees over the past year if the exact number is not available.

a.	How many workers do you currently employ?		
b.	*What is the ethnic breakdown of your workforce? (how many in each category		
	African American Hispanic Other		
	Asian White		
c.	*What is the gender breakdown of your workforce? How many in each category		
	Female Male		
d.	Are any of your employees "economically disadvantaged"?		
	Yes No		
	If yes, please complete the following information below: Number of "economically disadvantaged employees"		

Trade/Job Title	Date Hired
Trade / Joh Title	Date Hired
Trade/30b Title	Date Illied
Trade/Job Title	Date Hired
	Trade/Job Title

Employer Affidavit for Disadvantaged Employees

State of	
County of	
·	an authorized official of
(name)	(company)
being duly sworn deposes and says:	
accurate to the best of my know 2. I understand that willful misrep in Section 13 or the Rules and F and criminal penalties; and 3. I agree that I will supply the Div	this form and any additional comments submitted, are true and wledge and belief. resentation may be cause for administrative sanctions as set forth Regulations implementing Local Law 49 (July 27, 1984) and/or civil vision of Economic and Financial Opportunity and/or the contracting cumentation as may be necessary to verify the information that I
(signature/title)	-
State of	_ Sworn to before me this day of 20
County of	
	(Notary Public)