



## GOOD FAITH DOCUMENTATION FORM AA 204

### Part A - Contractor/Subcontractor Request for Personnel

**Contract #:** \_\_\_\_\_ **School:** \_\_\_\_\_

**To:** \_\_\_\_\_ **From:** \_\_\_\_\_  
Union BA/Agency Authorized Representative Contractor Authorized Representative

As stated in the pre-bid documents for **all** New Jersey Schools Development Authority (SDA projects, all contractors/subcontractors are required to meet affirmative action workforce compliance obligations under the Law Against Discrimination (N.J.S.A. 10:5-1, et seq.) and the Project Labor Agreement.

\_\_\_\_\_ requires {total # of **Women, Minority, or Apprentice**} workers from your Labor Organization in the trade/skill and categories noted in the chart below:

To Comply with County Goals		Trade/Skill	Anticipated Date for Compliance	Total # Women (W)	Total # Minorities (M)	Total # Apprentices (A)	Total # of (W) (M) (A) Personnel
Female	Minority						

Please complete **Part B (Labor Organization Reply)** below, indicating your ability or inability to comply with **Part A (Request for Personnel)**, within **3 days** of receipt of this form. Fax entire form (Parts A and B).

**To:** \_\_\_\_\_ **and** \_\_\_\_\_  
Field Compliance Inspector's Name and Fax Number Contractor's Name/Fax Number

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Contractor's Authorized Representative

### Part B - Labor Organization Reply

**To:** \_\_\_\_\_ **From:** \_\_\_\_\_  
Contractor Authorized Representative Union /Agency Authorized Representative

By signing below, the local union/agency representative certifies that:

will or will not provide Minority \_\_\_\_\_ on  
will or will not provide Women \_\_\_\_\_ on  
will or will not provide Apprentices \_\_\_\_\_ on

Trade

*If 'will not' please provide specific reason(s) for your inability to provide the requested workers:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**When the requested worker(s) become available they will be referred directly to:**

\_\_\_\_\_ **for SDA:** \_\_\_\_\_  
Contractor Name Contract No./School

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Union/Agency Authorized Representative