

Staffing Plan
Detail of Workforce Distribution

SUCF Project No. _____ Project Title _____

Consultant Firm Name _____ Firm Address _____

Federal Occupational Category	Total # of Employees		Black (Not Hispanic)		Hispanic		Asian or Pacific Islander		Native American/ Alaskan Native		Total Percent Minority Employees	Total Percent Female Employees
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female		
Officials/Admin												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Craft Workers												
Operatives												
Laborers												
Service Workers												
Totals												

To be completed only for the workforce of the prime consultant submitting for this project.

Company Official's Name _____

Title _____

Company Official's Signature _____

Date _____

Phone _____ Fax _____

Email _____