



Community Benefits Agreement Targeted Worker Survey Form

All information provided is voluntary and confidential.

WORKER INFORMATION				
Worker Name:			Contractor:	
Home Address:				Zip Code:
Phone Number:		Email:		
Project Name:				
Gender:		Ethnicity:		
TARGETED WORKER GOAL				
<p>SANDAG's Community Benefits Agreement requires that ten (10) percent of total construction craft hours worked on each Covered Project be performed by Targeted Workers. A Targeted Worker is an individual who has one or more of the below barriers to getting a job at the time they are hired to work on the Covered Project.</p> <p>Please check the box next to questions where your answer is "yes".</p>				
<input type="checkbox"/>	Are you a Veteran or the eligible spouse* of a Veteran of the United States Armed Forces?			
<input type="checkbox"/>	Are you an Apprentice who has finished less than 15% of the work hours required for completion of the Apprenticeship Program?			
<input type="checkbox"/>	Did you <u>not</u> complete a high school diploma or GED?			
<input type="checkbox"/>	Are you homeless now or were you homeless in the last year?			
<input type="checkbox"/>	Were you ever in foster care as a youth?			
<input type="checkbox"/>	Are you a single parent with the majority or full custody of a child?			
<input type="checkbox"/>	Did you get unemployment benefits for at least three months in the last year?			
<input type="checkbox"/>	Do you qualify for government cash or food assistance benefits?			
<input type="checkbox"/>	Is your household's income equal to or below 100% of the Federal Poverty Level**?			
<input type="checkbox"/>	Were you ever in jail or prison?			
<input type="checkbox"/>	Did you graduate from an apprenticeship readiness program approved to use the multi-craft core curriculum (MC3)?			
<input type="checkbox"/>	DECLINE TO ANSWER			
<i>Please list the document(s) or other ways used to verify Targeted Worker's status:</i>				

*an **eligible spouse** is either someone who is married to an active duty service member, someone married to a former service member who is 100% disabled due getting injured in armed forces service, or the spouse of a service member killed while on active duty (who has not remarried)



****as of 2024, these are the Federal Poverty Level amounts by the number of people in a household**

1	2	3	4	5	6	7	8
\$15,060	\$20,440	\$25,820	\$31,200	\$36,580	\$41,960	\$47,340	\$52,720

I certify that the above information is true and correct and understand that at any point SANDAG and its authorized representatives may request verification.

I understand that no records provided by me for purposes of verification will be released by SANDAG or the Jobs Coordinator without my permission unless a valid subpoena is issued for my records, or my records are otherwise subject to a court order or other legal process requiring disclosure.

Worker Signature: _____ Date: _____

Confidentiality

I certify that no records provided to me for purposes of verification will be shared with any party outside of SANDAG, including the Prime Contractor, and will remain confidential unless a valid subpoena is issued for the records, or the records are otherwise subject to a court order or other legal process requiring disclosure.

Jobs Coordinator Name: _____

Jobs Coordinator Signature: _____ Date: _____

TARGETED WORKER SURVEY FORM