

CDB MMUR Coversheet



* Denotes a **REQUIRED** Field.

NO STAPLES. Only Paperclips Accepted. TYPE Only. This document **WILL** be returned if handwriting is present.

Project Name	
*Project Number	
*Folder Type	FEP
*Date	
*Document Title	MMUR
*Contract Number	

Check if Revised Submission

___ YES

Instructions:

Project Number **MUST** be in
XXX-XXX-XXX format

Date **MUST** be in
NN/NN/NNNN format

Contract Number **MUST** be
in **NN-XXNN-NN** format

State of Illinois
CAPITAL DEVELOPMENT BOARD

0607
Monthly Manpower Utilization Report
MMUR

Contractor Name: _____

Contract Address: _____

Phone #: _____

Email: _____

			-				-			
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CDB Project Number

		-				-			
--	--	---	--	--	--	---	--	--	--

CDB Contract Number

Final
MMUR: YES NO

Submitted for month of:

(1 MMUR each month is required throughout the project.)

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Month

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Year

Provide the name and address of your subcontractor(s) performing work this month. Your subcontractor's employees and their respective hours are to be included with those of your firm's. Subcontractors are not to submit separate MMURs to CDB.

Subcontractor(s) Name	Subcontractor(s) Address

Provide the following information for all minority and female tradespersons performing work this month. (Attach additional sheet(s) if necessary. Please type or print legibly.)

Minority /Female Tradesperson Name, Address & Telephone Number	M*	F*	Ethnicity	Job Category

M* - Minority F* - Female (Check one)

**This report is to be completed for each month throughout the project, regardless of the hours worked. During any monthly period when there are "no hours worked", please indicate so on the face of this report.

**Failure to submit this report will constitute noncompliance with this contract. Additional forms may be downloaded from CDB's website: www.cdb.state.il.us

**For questions regarding the MMUR, please call 217/524-2838. Please forward the monthly MMUR directly to CDB, Attn: FEP, 401 South Spring St. Springfield, IL 62706.

**E-MAIL THIS FORM: This form may be submitted to CDB electronically for review purposes. To meet contractual requirements, form submitted to CDB must have an original signature. Attach a completed form to an e-mail addressed to Freta Horn (Freta.Horn@illinois.gov). All CDB e-mail addresses are available on our website: [www.cdb.state/il.us](http://www.cdb.state.il.us)

NOTE: Complete all pages of this form. MMUR will be rejected if all pages are not completed.

NUMBER OF EMPLOYEES

JOB CATEGORIES	Trade Codes	Total Employed		African American				Hispanic				Native American				Asian				Caucasian							
		M	F	M		F		M		F		M		F		M		F		M		F					
				J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A				
Sheet Metal	03																										
Equipment Operators	04																										
Mechanics	05																										
Ironworkers/Boilermakers	06																										
Carpenters	07																										
Acoustical Tilers	08																										
Ceramic Tilesetters	09																										
Brickmasons/Tuckpointers	10																										
Cement Masons	11																										
Lathers (Metal/Wood)	12																										
Tapers	13																										
Plasterers	14																										
Painters	15																										
Glaziers	16																										
Roofers	17																										
Metal Deck Roofers	18																										
Pipefitters/Sprinklerfitters	19																										
Plumbers	20																										
Insulators	21																										
Temperature Control	22																										
Laborers	23																										
Electricians	24																										
Fencing, Guard Rails	25																										
Landscaping	26																										
Well Drilling	27																										
Truck Drivers	28																										
Air Test & Balancing	29																										
SandBlst'g/Wtrprfg/Clkrs	30																										
Asbestos Workers	31																										
Terrazzo	32																										
Carpet	33																										

LEGEND: J=Journeyman A=Apprentice M=Male F=Female

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NUMBER OF HOURS

JOB CATEGORIES	Trade Codes	Total Hours		African American				Hispanic				Native American				Asian				Caucasian			
		M	F	M		F		M		F		M		F		M		F		M		F	
		J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A	J	A
Sheet Metal	03																						
Equipment Operators	04																						
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(signature)

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