

# DO YOU USE THIS PACKAGE?

(ANSWER ALL 3 QUESTIONS)

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YES   NO



1. Did you contract for \$200,000 or more directly from DCA? If so, you are a Sub-recipient and this package is applicable to you.



2. Did you contract for \$100,000 or more directly from the Sub-recipient (see above)? If so, you are a Contractor and this package is applicable to you.



3. Did you contract for \$100,000 or more directly from the Contractor (see above)? If so, you are a Sub-Contractor and this package is applicable to you.



If you answered “**YES**” to any question, this package **IS** applicable to you

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## IMPORTANT NOTE!!!

Even if you answered “**NO**” to **ALL** questions, this package **BECOMES APPLICABLE** to you when, during the life of your contract, you trigger “**YES**” to any of the above questions.

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This form must be returned to the soliciting entity with your bid package. Failure to return this documentation will render your bid package as non-responsive.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Entity Name

\_\_\_\_\_  
Date

**Georgia Department of Community Affairs  
60 Executive Park South, NE, Atlanta, GA 30329**

## Mandatory Section 3 Solicitation Package

This mandatory solicitation package has been developed in accordance with DCA's Section 3 Policy for Covered HUD Funded Activities. DCA encourages all sub-recipients, contractors, and sub-contractors to review this policy prior to completion of the solicitation package. For those solicitations that meet the applicable Section 3 thresholds, this package must be returned in its entirety to the contracting entity. The Section 3 Clause, required forms, and instructions are included in this package.

The following Section 3 forms must be completed and returned as instructed:

- Section 3 Self Certification and Action Plan
- Previous Section 3 Compliance Certification
- Assurance of Compliance Certification

Additionally, if the contractor is claiming certification as a 51% Resident Owned Business (ROB) or is certifying as a 30% employer, the Resident Self-Certification and Skills Data Form must be returned for all employees who meet the low- or very low-income requirement as well as the appropriate Section 3 Business Certification.

## Section 3 Solicitation Overview and Instructions for Contractors

The DCA Section 3 Policy requires that, when the **Section 3 regulation is triggered**, every effort within the contractor's disposal must be made, to the greatest extent feasible, to offer all available employment and contracting opportunities to Section 3 residents and Section 3 businesses based on the compliance methods below.

### All Contracts and All Contractors must meet Section 3 compliance by:

- A. Giving notice of any and all opportunities for employment and contracting to residents of the local Public Housing Authority (PHA), and other low and very low income area residents and businesses, by posting the opportunity in community sources generally available to low income residents and the general public. Exercising a **minimum of three (3)** of the following listed sources must be completed prior to offering employment to anyone not covered by Section 3 requirements:
  1. The local community newspaper
  2. The most widely distributed newspaper
  3. Company or agency website
  4. The management office of the local housing authority/homeless service agency/local low income housing community
  5. Local Workforce Board (i.e. Department of Labor)
  6. Local office of the Georgia Division of Family and Children Services
  7. Dodge Room <http://www.construction.com/dodge/dodge.asp>
  8. Other locations as approved by DCA
- B. Clearly stating in notices that the position is a "Section 3 covered position under the HUD Act of 1968 and that Section 3 Residents and Business Concerns are encouraged to apply."
- C. Placing the Section 3 Clause provided in Appendix A in ALL solicitations.
- D. When possible, other activities may be done to demonstrate effort to comply with the Safe Harbor Limits. These other efforts are listed in the appendix to part 135 of the Code of Federal Regulations—24 CFR Part 135 and include:
  1. Distributing or posting flyers advertising positions to be filled;
  2. Contacting the local government or housing authority for a list of residents who have expressed interest in Section 3 employment;
  3. Holding job informational meetings for residents, contractors, etc...;
  4. Contacting agencies administering HUD YouthBuild programs and requesting their assistance in recruiting HUD YouthBuild program participants for training and employment positions.

- E. Linking residents or businesses to local resources that may be available to help prepare them for applying for and achieving the opportunity.
- F. Working with DCA, the subrecipient or contractor as applicable in developing a communication and follow up process to track and report all Section 3 applications and hiring activities to ensure the reporting of compliance efforts, and that contracting and sub-contracting are accurate. Provide preference in hiring and contracting to Section 3 applicants and contractors when employment or contracting opportunities are offered and all requirements are met and remain equal. Contractors must:
  - 1. Provide this package to all sub-contractors when soliciting bids for all contracts or sub-contracts;
  - 2. Meet all the same processes in A-E; and
  - 3. Provide Preference to all sub-contractors meeting the definitions as stated in Section VI of DCA's Section 3 Policy for Covered HUD Funded Activities.
- G. In order for Preference as a Section 3 Contractor to be factored into the award decision, all elements of the solicitation criteria must be equal between contracts. This means price and all other factors must be equal. Then the contractors that elect Preference on the Certification and Action Plan form that meet that Preference criterion will be provided Preference in the award of the contract as provided in Part VI., Preferences and Eligibility of DCA's Section 3 Policy for Covered HUD Funded Activities.

Example:

Bill's electrical and Sue's Electrical bid a job where the housing authority has a budget of \$500,000. Bill bids \$480,000 and elects a Preference as a Section 3 business concern because he qualifies as a 51% Resident Owned Business. Sue bids \$450,000 but does not elect any Preference. Both companies met all the other requirements. Sue will be awarded the contract because Bill's bid was higher.

**Important items to remember about receiving Preferences in contract award:**

All contractors and/or subcontractors that elect a Preference and are awarded a contract must be in compliance prior to the issuance of a Notice to Proceed by DCA, the subrecipient, or the contractor based on the policies established for the applicable DCA funding program. The contractor and/or subcontractor must maintain the elected Preference standard during the entire contract or risk having the contract terminated for failure to comply. **See Appendix B for further details.**

When a contractor and/or subcontractor that elected a Preference is unable to identify a Section 3 resident or a Section 3 business for employment or contracting opportunities, the contractor then **must** offer employment related training to the Section 3 residents in the county. The training must be provided according to Part VII – Other Economic Opportunities in DCA's Section 3 Policy.

## **Appendix A**

### **Section 3 Clause**

#### **Training and Employment Opportunities for Residents in the Project Area (Section 3, HUD Act of 1968; 24 CFR 135)**

(a) The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

(b) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 135, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 135 regulations.

(c) The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause, and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to hire, availability of Section 3 apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

(d) The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 135, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 135. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 135.

(e) The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 135.

(f) Noncompliance with HUD's regulations in 24 CFR Part 135 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.

## **Appendix B**

### **Section 3 Contract Non-Compliance Cure /Termination Processes**

This language is a component of contract compliance with the work to which you are responding in this solicitation. The full requirements are provided in the Section 3 Clause found elsewhere in this package and in DCA's Section 3 Policy for Covered HUD Funded Activities.

Any subrecipient or contractor claiming Preference **must be in compliance prior to issuance of a notice to proceed by DCA, subrecipient, or contractor based on the policies established for the applicable DCA funding program. This preference can be met by any of the three qualifications:**

1. Resident Owned Businesses (ROBs) owned and operated at 51% by Section 3 Residents.
2. Businesses that employ Section 3 residents at no less than 30% of the contractors aggregate full time staff.
3. Contractors that at the time of bid show evidence (meaning the specific name and preference met) of their intent to award no less than 25% of their total award to Section 3 business concerns.

The subrecipient or contractor must maintain compliance throughout the life of the contract. The contractor understands and agrees that a compliance management firm may be used to conduct routine and certified payroll reviews to ensure compliance. The Contractor agrees to provide the payroll data in an Excel or Word format each time the payroll is processed throughout the contract.

Failure to meet the Section 3 requirements will result in penalties up to and including contract termination. Any contractor triggering the regulation by doing any hiring or contracting once they are awarded the contract through execution must comply with the Section 3 requirements by executing the efforts on their Certification and Action Plan in accordance with DCA's Section 3 Policy.

DCA, the subrecipient or contractor shall execute these remedies to achieve compliance in this order:

#### **NON-COMPLIANCE CURE PROCESS**

- A. Based on the first observation or report of non-compliance with Section 3, the subrecipient or contractor will be sent an e-mail by the compliance manager notifying them of their non-compliance issue. The subrecipient or contractor will have until the next payroll or 10 business days, whichever is less, to bring the contract into compliance and/or justify in writing why they cannot meet compliance requirements.
- B. DCA, the subrecipient or contractor must render a response to the violating party within 10 business days of receipt of the violating party's letter of reason for non-compliance. If DCA, the subrecipient, or the contractor deems the reason to be unacceptable, at its

option, DCA, the subrecipient, or the contractor can extend the response period one time for up to 5 business days to allow the violating party to identify and secure other compliance options.

#### **NON-COMPLIANCE TERMINATION PROCESS**

If the violating party fails to take any corrective action to bring the contract into compliance within the allotted time, or DCA, the subrecipient, or the contractor rejects any of the corrective plans and justifications for non-compliance, DCA, the subrecipient, or the contractor will either terminate the contract immediately or impose liquidated damages equal to the number of days out of compliance divided by the total contract period multiplied by the contract amount. For example, if a violating party is out of compliance for 30 days of a total contract period of 120 days and as part of total contract of \$600,000, then the liquidated damages will equal 25% (30/120) of the total contract amount (\$600,000), or \$150,000. At DCA's determination, any liquidated damages received must be paid to the subrecipient or DCA, at DCA's determination, and be used to promote economic opportunities for Section 3 Residents and Business Concerns.

DCA, the sub-recipient, or the contractor will hold **all funds due to the violating party until such time that a financial workout is completed.**

***Additionally the violating party may be banned by DCA, the sub-recipient, and the contractor on future HUD funded projects.***

**Appendix C**  
**Section 3 Forms**



**Georgia Department of Community Affairs  
Required Submittal - Section 3 Self-Certification and Action Plan**

All firms and individuals intending to do business with DCA, its subrecipients and contractors MUST complete and submit this Action Plan and submit it with the bid, offer, or proposal. ***Any solicitation response that does not include this document (completed, signed, and notarized) will be considered non-responsive and not eligible for award.***

Business Name:																							
D.B.A. (if different from above):																							
Address:		City:	State/Zip:																				
Business Phone: (    )		Fax: (    )																					
E-Mail:		Business Website:																					
Federal Employer Identification Number:		Owner Social Security Number (if no EIN):																					
Contact Person & Title:		Contact Phone:																					
<p>Trade Description:</p> <table border="0"> <tr> <td><input type="checkbox"/> Carpentry</td> <td><input type="checkbox"/> Heating (HVAC)</td> <td><input type="checkbox"/> Electrical</td> <td><input type="checkbox"/> Painting</td> </tr> <tr> <td><input type="checkbox"/> Masonry Restoration</td> <td><input type="checkbox"/> Asbestos</td> <td><input type="checkbox"/> Plumbing</td> <td><input type="checkbox"/> Roofing</td> </tr> <tr> <td><input type="checkbox"/> Lead (Abatement)</td> <td><input type="checkbox"/> General Contractor</td> <td><input type="checkbox"/> Concrete</td> <td><input type="checkbox"/> Ironwork</td> </tr> <tr> <td><input type="checkbox"/> Carpet/Flooring</td> <td><input type="checkbox"/> Rubbish Removal/Hauling</td> <td><input type="checkbox"/> Appraisal Services</td> <td><input type="checkbox"/> Landscaping</td> </tr> <tr> <td><input type="checkbox"/> Demolition</td> <td><input type="checkbox"/> Other: _____</td> <td colspan="2"></td> </tr> </table>				<input type="checkbox"/> Carpentry	<input type="checkbox"/> Heating (HVAC)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting	<input type="checkbox"/> Masonry Restoration	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Lead (Abatement)	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Ironwork	<input type="checkbox"/> Carpet/Flooring	<input type="checkbox"/> Rubbish Removal/Hauling	<input type="checkbox"/> Appraisal Services	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Demolition	<input type="checkbox"/> Other: _____		
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Heating (HVAC)	<input type="checkbox"/> Electrical	<input type="checkbox"/> Painting																				
<input type="checkbox"/> Masonry Restoration	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing																				
<input type="checkbox"/> Lead (Abatement)	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Concrete	<input type="checkbox"/> Ironwork																				
<input type="checkbox"/> Carpet/Flooring	<input type="checkbox"/> Rubbish Removal/Hauling	<input type="checkbox"/> Appraisal Services	<input type="checkbox"/> Landscaping																				
<input type="checkbox"/> Demolition	<input type="checkbox"/> Other: _____																						
Date Business was established (MM/DD/YYYY): _____																							
<p>Type of Business (Check One):    <input type="checkbox"/> Corporation    <input type="checkbox"/> Partnership    <input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Limited Liability Corporation (LLC)    <input type="checkbox"/> Limited Liability Partnership (LLP)    <input type="checkbox"/> Joint Venture</p> <p><input type="checkbox"/> Other (Describe): _____</p>																							
Number of employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____																							
Section 3 employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____																							

**I am Certifying as a Section 3 Business Concern and requesting Preference accordingly (Select only One Option):**

Option 1

- A business claiming status as a Section 3 Resident-Owned Business Concern (ROB) entity:

\_\_\_\_\_ Initial here to confirm selection of this option

Option 2

- A business claiming Section 3 status, because at least 30% of the existing or newly hired workforce for this specific contract will be Section 3 residents throughout the entire contract period. If a Prime or General Contractor is electing this option, the 30% employment requirement will be for the entire project including all the sub-contractors' employees:

**Check all methods you will employ to secure Section 3 Residents/Persons**

Posting the position in community sources that are generally available to low income residents and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

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

\_\_\_\_\_ Initial here to confirm selection of this option

*I anticipate my total number of employees for this contract to be \_\_\_\_ and \_\_\_\_ will be qualified Section 3 Residents/persons.*

Option 3

- A business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business:

*Attach a list of intended subcontract Section 3 business(es) with subcontract amount.*

*Attach certification & all supporting documentation for each planned subcontract Section 3 Business.*

\_\_\_\_\_ Initial here to confirm selection of this option

**I am NOT Requesting Preference under Section 3:**

- I am **NOT** certifying as a qualified Section 3 Business Concern and I am not requesting a preference. However **if** I do trigger the regulation by doing any sub-contracting or hiring, I will comply by meeting all requirements of DCA's Section 3 policy and am committing to do the outreach as specified below.*

**Check all methods you will employ to secure Section 3 Residents/Businesses**

Posting the position/contract opportunity in community sources that are generally available to low income residents and Section 3 Businesses and the general public is a standard requirement. **Check at least three (3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Initial here to confirm selection of this option

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**Notarial Affidavit**

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*

### Georgia Department of Community Affairs Required Submittal - Previous Section 3 Compliance Certification

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Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Type of Business (Check One):     Corporation                       Partnership  
      Sole Proprietorship               Other

Business Activity: \_\_\_\_\_

All firms and individuals intending to do business with DCA, its subrecipients, or contractors **MUST** complete and submit this certification of prior compliance with their bid, offer, or proposal. Any solicitation response that does not include this document will be considered non-responsive and not eligible for award. Please check the appropriate line box below and sign and date the form.

1. I am certifying that I have complied with the HUD Section 3 Regulations, when triggered by new hiring or contracting opportunities, in my past contracts **when required** by the recipient, subrecipient or contractor by either:
- i. Certifying as Resident Owned Business (ROB); or,
  - ii. Employing Section 3 residents for at least 30% of the newly hired workforce; or,
  - iii. Subcontracting 25% of the total dollar award to a qualified Section 3 Business; or,
  - iv. Hiring or contracting to the “greatest extent feasible” with Section 3 Residents or Section 3 Businesses.

Check this box

2. I have never done any HUD funded contracting.

Check this box

3. I completed HUD Section 3 covered contracts in the past three years but the regulation was not triggered because either there were no new hires on the contract(s) and/or I did not do any new contracting or subcontracting.

Check this box

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Required Submittal - Assurance of Compliance Certification  
Section 3 Action Plan  
Housing and Urban Development Act of 1968  
(12 U.S.C. 1701 U)**

**Contract/Solicitation Name or Number:** \_\_\_\_\_

**DCA Funding Program:** \_\_\_\_\_

**Entity Receiving DCA Funding Award:** \_\_\_\_\_

**Purpose:** To ensure that regulations promulgated under 24 CFR Part 135 Employment Opportunities for Businesses and Lower Income Persons in Connection with Assisted Projects and the Section 3 Policy of DCA, its subrecipients and contractors to the greatest extent feasible is adhered to, and to serve as the “assurance of compliance” certification and action plan as required in the bid documents, supplemental general conditions, and required forms for the contract for any HUD work funded by DCA.

**Description of the project’s work detail:** The project work will be as listed in the final scope of work in the contract with DCA, its subrecipients and contractors including any change orders. List all known subcontractors below:

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

*Use an additional sheet if required.*

*Note: If subcontractors are unknown at this time, print UNKNOWN on the line above. Also, the contractor must notify DCA or subrecipient if subcontractors are added or changed during the contract.*

*Any changes to this certification requires a resubmission of this form to DCA or subrecipient.*

**Preliminary Statement for Work Force Needs:**

DCA intends to meet Section 3 compliance at the highest level and it is our intent to identify any short-term and long-term employment or contracting opportunities for qualified Section 3 persons and Business Concerns during the course of the contract funded by DCA via its subrecipients and contractors. Please list the status of all planned employment positions and opportunities for this contract. **Preference for all opportunities must be given to low and very low-income residents if they qualify. If awarded a contract, regardless of whether your firm has elected a preference, you are required to provide a list of your aggregate workforce on this project. Any changes to that workforce during the project will constitute NEW hires. You must notify DCA, its subrecipient or contractor (respectively) overseeing your contract of any new hire opportunities that arise during the life of your contract. The anticipated workforce list may be provided on a separate sheet or in a different format.**

<u>List All Employees</u>	<u>Date Hired</u>	<u>Section 3 Resident (Yes/No)</u>	<u>Job Title/Trade</u>	<u>Salary Range</u>
Name: Address: City, ZIP:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				
Name: Address: City, Zip Code:				

Use additional pages as needed.

**“To the Greatest Extent Feasible”:**

The Contractor has identified \_\_\_ # of **OPEN** positions with respect to this contract. The positions are filled by the \_\_\_\_\_ (Position title) of the Contractor.

Should the scope of work or duties of the contractor change to a degree requiring a modification of the work force needs, the contractor shall put forth a reasonable effort to fill vacant positions with eligible Section 3 residents.

**Documentation of “To the Greatest Extent Feasible”:**

The contractor will work with DCA, its subrecipients, and contractors staff to notify residents of any opportunities afforded under the contract. The contractor will partner with DCA, its subrecipients, and contractors by giving preference of any employment opportunities to the Section 3 persons or businesses.

The contractor shall recruit or attempt to recruit from the Section 3 area the necessary number of low-income and very low-income residents and Section 3 businesses, as applicable. The contractor must also document their recruiting efforts and any impediments to compliance with DCA’s Section 3 policy and the requirements of this solicitation package. This documentation must be submitted to the recipient or sub-recipient.

1. DCA, its subrecipients and contractors shall: Maintain a list of all low-income area residents who have applied, either on their own or from referral from any source, and employ such person if otherwise eligible and if a trainee vacancy exists.
2. Conduct solicitation in accordance with DCA’s Section 3 policy and the requirements outlined in the solicitation package.

The contractor shall review all employment applications and determine if low-income and very low-income residents or Section 3 businesses meet minimum hiring or contracting qualifications. If these applicants meet such minimum qualifications, but are not hired due to lack of employment opportunities or for other reasons, they will be placed on a priority list and offered positions/contracts upon the occurrence of the first available appropriate opening.

**Utilization of Section 3 Businesses Located Within the County:**

The subrecipient or contractor does \_\_\_ does not \_\_\_ intend to subcontract any of the work identified in the scope of work cited in the bid specifications, scope of work or General Conditions. Should the scope of work or needs of the contractor change, the contractor shall, to the greatest extent feasible, assure that subcontracts be awarded to business concerns within the Section 3 covered area, or to business concerns owned in the substantial part (at least 51%) by persons residing in the Section 3 covered area.

**Record Keeping:**

The subrecipient, contractor or subcontractor, as applicable, shall maintain on file all records related to employment and job training of low-income and very low-income residents or other such records, advertisements, legal notices, brochures, flyers, publications, assurances of compliance from sub-contractors, etc, in connection with this contract. If a report is needed in the future, the subrecipient,

contractor or subcontractor, as applicable, agrees to provide all records upon request. The contractor shall, upon request, provide such records or copies of records to HUD, DCA, their subrecipients, contractors, staff, or agents. Records shall be maintained for at least three (3) years after the close of the contract.

**Reports:**

The subrecipient or contractor shall provide reports as required in connection with the contractor specifications. All certified and regular payrolls shall clearly detail which employees qualify under Section 3.

**Certification:**

The subrecipient or contractor will certify that any vacant employment positions, including training positions that filled:

- 1) After the subrecipient or contractor is selected but before the contract is executed, and
- 2) With persons other than those to whom the regulations of 24 CFR Part 135 require employment opportunities to be directed, were not filled to circumvent the subcontractor's obligations under 24 CFR Part 135.

**Grievance and Compliance:**

The subrecipient, contractor or subcontractor hereby acknowledges that they understand that any low-income and very low-income resident of the project area, for him/her or as representatives of persons similarly situated, seeking employment or job training opportunities in the project area, or any eligible business concerns seeking contract opportunities may file a grievance if efforts to the greatest extent feasible were not executed. The grievance must be filed with HUD not later than one hundred eighty (180) calendar days from the date of the action (or omission) upon which the grievance is based.

I attest that the information on the preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



**RESIDENT SECTION 3 SELF-CERTIFICATION  
AND SKILLS DATA FORM**



The purpose of this form is to comply with HUD Section 3 administration and certification regulations.

**Certification for Section 3 Residents or other Low-Income Persons Seeking Employment, Training or Contracting**

I, \_\_\_\_\_, am a legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Resident as defined within this Certification.

My home address is: \_\_\_\_\_  
Must be a **Street** address not a P O Box #
Apt Number

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

County of Residence \_\_\_\_\_

Graduated High School or GED (month/year): \_\_\_\_\_ I Read and Speak English Fluently: Yes or No

Attended College, Trade, or Technical School: Yes or No    Graduated? Yes or No    Year Graduated: \_\_\_\_\_

Check the Skills, Trades, and/or Professions in which you have been employed or contracted to do for others:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Drywall Hanging | <input type="checkbox"/> Drywall Finishing       | <input type="checkbox"/> Interior Painting     | <input type="checkbox"/> Framing                    |
| <input type="checkbox"/> HVAC            | <input type="checkbox"/> Electrical              | <input type="checkbox"/> Interior Plumbing     | <input type="checkbox"/> Exterior Plumbing          |
| <input type="checkbox"/> Siding          | <input type="checkbox"/> Cabinet Hanging         | <input type="checkbox"/> Door Replacement      | <input type="checkbox"/> Trim/Carpentry             |
| <input type="checkbox"/> Stucco          | <input type="checkbox"/> Window/Door Replacement | <input type="checkbox"/> Construction Cleaning | <input type="checkbox"/> Exterior Framing           |
| <input type="checkbox"/> Data Entry      | <input type="checkbox"/> Receptionist            | <input type="checkbox"/> Sales                 | <input type="checkbox"/> Telephone Customer Service |
| <input type="checkbox"/> Administrative  | <input type="checkbox"/> Teaching/Training       | <input type="checkbox"/> Personal Care Aide    | <input type="checkbox"/> Landscaping                |
| <input type="checkbox"/> CDL License     | <input type="checkbox"/> Roofing                 | <input type="checkbox"/> Concrete/Asphalt Work | <input type="checkbox"/> Heavy Equipment Operator   |
| <input type="checkbox"/> Fencing         | <input type="checkbox"/> Metal/Steel Work        | <input type="checkbox"/> Welding               |   |
| <input type="checkbox"/> Other           |  | <input type="checkbox"/> Other                 |   |

I am certifying as a Section 3 Resident:     **Person seeking Training**    or     **Person seeking employment**

(Check all that apply):

I am a public housing or section 8 Leaseholder                       I live in the service area

My total annual household income is \$ \_\_\_\_\_. There are a total of \_\_\_\_\_ people living in my household.

I certify that all of the information given on this Certification is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I attest under penalty of perjury that my total household income annually, based on my total household size as listed above is at or below the income amount for that specific size at the time of this document is being signed and notarized. I understand that proof of this statement may be requested in the future.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Purpose:**

The purpose of Section 3 of the Housing and Urban Development of 1968 (12 U.S.C. 1701u) (Section 3) is to ensure that employment and other economic and business opportunities generated by HUD Financial Assistance shall be directed to the Authority Residents and other low- and very low-income persons, particularly those who are recipients of government housing assistance and to business concerns which provide economic opportunities to Residents and other low- and very low-income persons.

Section 3 resident means:

- (1) A public housing resident; or
- (2) An individual who resides in the metropolitan area or non-metropolitan county in which the section 3 covered assistance is expended, and who is:
  - I. A low-income person, as this term is defined in section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2)). Section 3(b)(2) of the 1937 Act defines this term to mean families (including single persons) whose incomes do not exceed 80% of the median family income for the area, as determined by the Secretary, with adjustments for smaller and larger families, except that the Secretary may establish income ceilings higher or lower than 80% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of prevailing levels of construction costs or unusually high or low-income families; or
  - II. A very low-income person, as this term is defined in section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2)). Section 3(b)(2) of the 1937 Act (42 U.S.C. 1437a(b)(2) defines this term to mean families (including single persons) whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments made for smaller or larger families, except that the Secretary may establish income ceilings higher or lower than 50% of the median for the area on the basis of the Secretary's findings that such variations are necessary because of unusually high or low family incomes.
- (3) A person seeking the training and employment preference provided by section 3 bears the responsibility of providing evidence (if requested) that the person is eligible for the preference.

Service area means the geographical area in which the persons benefiting from the Section 3-covered project reside.

The figures below represent very low-income families; bottom figures represent low-income families. The most recent income limits established for each county may be found at:

<http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income/>.

**Subrecipient or Contractor to Insert 2013 Income Limits for Project Location**

FY 20XX Income Limit Area	Median Income	FY 20XX Income Limit Category	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
		<b>Very Low (50%) Income Limits</b>								
		<b>Low (80%) Income Limits</b>								

**RESIDENT SECTION 3 SELF-CERTIFICATION  
AND SKILLS DATA FORM  
AFFADAVIT**

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STATE OF \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of the City/County of \_\_\_\_\_,  
State of \_\_\_\_\_, do hereby certify that, \_\_\_\_\_, whose  
name is signed to the writing above bearing date on the \_\_\_\_\_ Day of \_\_\_\_\_,  
20\_\_\_\_, has acknowledged the same before me in my State aforesaid.

Given under my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*

### SECTION 3 BUSINESS CONCERN SELF CERTIFICATION

The Georgia Department of Community Affairs (DCA) is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations which promote contract, employment and training opportunities for State of Georgia residents, DCA has instituted a Section 3 Self Certification process.

Businesses seeking certification must complete and submit the attached Section 3 Business Concern Self Certification forms as follow:

1. If your company is qualified because it is owned (51% or more) by one or more Section 3 residents, then complete **Form A, "Section 3 Business Concern – Resident Business Owner(s) Verification"**;

**OR**

2. If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents\*, then complete **Form B, "Section 3 Business Concern – 30% + Workforce"**.

**OR**

3. If more than 25% of all subcontract work to be awarded shall be performed by Section 3 business concerns as described above, then complete **Form C, "Section 3 Business Concern-Subcontractor"**.

Please answer all questions, sign the completed forms, and notarize the affidavit.

Completed packets must be returned to the subrecipient or contractor as follows:

Name of subrecipient/contractor: \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

If you have any questions or require assistance, please contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Form A**  
**SECTION 3 BUSINESS CONCERN**  
**Resident Business Owner(s) Verification**

A business can be certified as a Section 3 Business Concern if the business is owned (51% or more) by Georgia Section 3 Resident(s).

Name of Owner: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home City, County, & Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_%

**Low- to – Moderate Income (80% of Median)**

Check the appropriate box for your family size and income *if your total household income is equal to or less than the Gross Household Income Maximum amount listed for your appropriate household size:*

Check Box	# of Persons in Household	Gross Household Income Maximum
<input type="checkbox"/>	1 Individual	
<input type="checkbox"/>	2 Individuals	
<input type="checkbox"/>	3 Individuals	
<input type="checkbox"/>	4 Individuals	
<input type="checkbox"/>	5 Individuals	
<input type="checkbox"/>	6 Individuals	
<input type="checkbox"/>	7 Individuals	
<input type="checkbox"/>	8 Individuals	

(Effective \_\_\_\_\_, 2013)

*If the business is owned by more than one Section 3 resident, list each owner below and each should submit a separate Resident Business Owner Verification Form (Form A).*

Please list additional Section 3 Resident owners of the business below:

Name	Position	% Percentage of Ownership

**I certify that I am a resident of the State of Georgia and my total household income last year was not more than the amount shown above for my family size. I further certify the information provided is true and accurate and agree to provide upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.**

**Print:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form B**  
**SECTION 3 BUSINESS CONCERN**  
**30% + Workforce**

A business can be certified as a Section 3 Business Concern if at least 30% of its permanent, full-time employees are Section 3 residents, or were Section 3 residents within three years of the date of the first employment with the business. You may also certify as a Section 3 Business Concern if, for this award, you will hire Section 3 residents for at least 30% of your permanent, full-time employees for this specific project. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent, full-time employees**.

**You may attach additional copies of this chart, if necessary.**

List All Employees	Date Hired	Section 3 Resident	Job Title/Trade	Salary Range
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Name: Address: City/Zip:				
Total Number of Employees:	<b>Full-Time:</b> _____	<b>Part-Time:</b> _____	<b>Contract:</b> _____	
Number of Section 3 Residents:				
Section 3 % of Total Workforce:				

**I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 Business Concern.**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Form C**  
**SECTION 3 BUSINESS CONCERN**  
**Subcontractor Awarded**

A business can be certified as a Section 3 Business Concern if the firm makes a commitment to subcontract in excess of twenty-five percent (25%) of the total amount of subcontracts to be awarded to: A) Section 3 Resident Owned Businesses; or B) Businesses for which 30% or more of their permanent full-time workforce is comprised of Section 3 Residents.

List all work performed by Section 3 Business Concerns Identified (This Form is to be updated as Section 3 Business Concerns are awarded through the completion of the project):

Name of Business	Qualifying Conditions	Total Contract Award

All identified Section 3 Business Concerns listed above are required to complete a Section 3 Self Certification Application (Forms A – C as appropriate) or provide proof of Section 3 Certification status. Attach all required documents to this form.

**I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 business concern.**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_