# Neighborhoods Department Housing and Community Development Division



Dear Section 3 Certification Applicants:

We would like to thank you for your interest in becoming Section 3 Certified. As a certified contractor, you will be provided with valuable information on contracting opportunities over \$200,000, which are available through the Community Development Block Grant (CDBG) and Home Investment Partnership Program (HOME).

All applicants seeking Section 3 preference in the awarding of contracts or purchase agreements must complete and submit a Section 3 certification application packet.

## The application MUST BE NOTARIZED and include the following required documents:

- □ Section 3 Contractor Application
- □ State of FL General Contractors License (GC Only)
- **Occupational License**
- □ Articles of Incorporation

The Jacksonville Small and Emerging Business Office will review all applications and notify those businesses who qualify. Qualifying contractors will be placed on a Certified Section 3 Contractors List for a period of three (3) years and will be notified when contracting opportunities are available through the CDBG and HOME.

Thank you for your participation! If you have any questions, please call:

Maurice Martinez (904) 255-8167 MauriceM@coj.net

214 N. Hogan Street, 8<sup>th</sup> Floor Jacksonville, Florida 32202-3325 Telephone: (904) 255-8840 Fax: (904) 255-8842

# SECTION 3 BUSINESS APPLICATION CERTIFICATION OF BUSINESS CONCERNS SEEKING SECTION 3 PREFERENCE IN CONTRACTING

ADDRESS OF BUSINESS				
CITY STAT	Y STATE ZIP CODE         NTACT PERSON TITLE			
TELEPHONE #:		IIILE		
CELL PHONE #: _()				
EMAIL ADDRESS				
MUST PROVIDE EVIDENCI	E OF SECTION	<b>3 STATUS PRIOR TO</b>	O CONTRACT A	WARD
Type of Businesses Entity:	Corporat	ion	Partnersh	ір
	Sole Prop	orietorship	Joint Vent	ture
The Bidder certifies that it is a Section 3	Business Concern	based on:		
-	lent lease, evidence of income, and sig- se number nent, full-time em- t 3 years. ( <b>Residen</b> e employees (Forn cation for Section tion in public as 25% of the dollar a ctor) on 3 Economic Op- sility to perform s	e of participation in a p ned Certification for Se ployees are currently Se <b>at Employer</b> ) n 2) n 3 Residents (Form 3 sistance program, proc ward to qualified Secti portunities Plan (Form 4) <b>uccessfully (where ap</b>	public assistance p ection 3 Resident ( ection 3 Residents 3) with supportin of of public hous ion 3 Business Con 4.1 and 4.2) <b>plicable):</b>	(Form 3) s or were Section g documentation sing, or proof of ncerns.
Owner Signature	Date	Witness Signature		Date
Print		Print		
State of Florida				
County of				
Sworn to and subscribed before me th	is	day of	, 20	by
produced	,	,	1 1	
(Notary's Printed Name)	Comr FOR	nission Expires <b>M 1</b>	(Notary's Sign	lature)

Section 3 Contractor Application Page (2)

## **BUSINESS EMPLOYEE LIST**

COMPANY NAME	
ADDRESS	
TELEPHONE #: _()	FAX #:
EMAIL ADDRESS	

- List all full-time, permanent employees of the company
- Attach copy of each qualifying employee's State-issued ID
- Proof of program participation is required for all participants of Duval County Public Housing Section 8 or other Federal Assistance Programs
- Each qualifying employee must complete Form 3

Employee Name	Address	Date of	FT	Trade	Section 3	PH, S-8
		Hire	or		Yes or	or FA
			PT		No	Resident

FT = Full-Time S-8 = Section 8 Resident PT = Part-Time PH = Public Housing Resident Sec. 3 = Section 3 Resident FA = Federal Assistance Program Participant

TOTAL NUMBER OF COMPANY EMPLOYEES:	
SIGNATURE:	DATE:
TITLE:	

Attach additional sheets where needed.

FORM 2

Section 3 Contractor Application Page (3)

## SECTION 3 RESIDENT PREFERENCE CLAIM FORM

#### **Eligibility for Preference**

A Section 3 Resident seeking the preference in training and employment provided by this part shall certify, or submit evidence to the recipient, contractor, or subcontractor, if requested, that the person is a Section 3 Resident, as defined in Section 135.5.

I, \_\_\_\_\_, am a legal resident of Duval County (NAME)

and qualify as a Section 3 Resident because I am a public housing resident or I meet the income guidelines as published at the bottom of this form. I have attached the following documentation as evidence of my status: (Check One)

- Driver's License or State ID
- □ Proof of public housing residency with current address
- **C**opy of Evidence of participation
- Other Evidence in a public assistance program

NameTelephone		
Address		
Company Name		
Project Name		
Applicant Signature	Date	

Counts by Household or Persons? (H/P)\_\_\_

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Family Size	Extremely Low Income	Very Low Income	Low Income	
	(30% of Median)	(50% of Median)	(80% of Median)	
1	\$13,550	\$22,550	\$36,050	
2	\$16,240	\$25,800	\$41,200	
3	\$20,420	\$29,000	\$46,350	
4	\$24,600	\$32,000	\$51,500	
5	\$28,780	\$34,800	\$55,650	
6	\$32,960	\$37,400	\$59,750	
7	\$37,140	\$39,950	\$63,900	
8	\$41,320	\$42,550	\$68,000	

### FY 2017 FAMILY INCOME GUIDELINES \$63,300 Median Family Income

## SECTION 3 CONTRACTOR ECONOMIC OPPORTUNITIES PLAN

(Contractor) agrees to utilize and implement the following specific steps directed at increasing the utilization of lower income residents and businesses within the Section 3 covered area for this project, as specified in these bid documents.

- A. To list on Table A, the following information related to subcontractors to be awarded.
  - 1. An approximate number and dollar value of contracts to be awarded over the duration of the Section 3 covered project (this estimate should be broken down by type of business or profession); and
  - 2. Based on an analysis of the estimated contract needs, a target number and value of contracts to be awarded to Section 3 Business Concerns (these targets should consider the availability of Section 3 Business Concerns within the categories identified in the initial estimate of contract needs).
- B. To provide a program or strategy for achieving the targets established for awards to Section 3 Business Concerns which would include the following steps:
  - 1. To insert this Section 3 plan in all requests for subcontractor, and trade a Section 3 plan to the general contractor including utilization goals and the specific steps planned to accomplish these goals;
  - 2. To insure that subcontractors, which are typically let on a negotiated rather than a bid basis in areas other than Section 3 covered project areas, are also let on a negotiated basis, whenever feasible, when let in a Section 3 covered project area;
  - 3. To formally contact unions, subcontractors, and trade associations to secure their cooperation for this program; and

4. To insure that all appropriate project area business concerns are notified of pending sub-contractual opportunities.

• Loans, Grants, contracts and subsidies for less than \$10,000 will be exempt

#### FORM 4.1

#### Page (4.2)

- C. To list on Table B all projected trainee and employee workforce needs for all phases of this project by occupation, trade, skill level and number of positions. An estimated number of Section 3 area residents to be utilized in these areas must be included on Table B. Steps directed at meeting these goals are as follows:
  - 1. To attempt to recruit form within the City the necessary number of lower income residents through: local advertising media, signs placed at the proposed site for the project, and community organizations and public or private institutions operating within or serving the project area such as Service Employment and Redevelopment (SER), Opportunities Industrialization Center (OIC), Urban League, Concentrated Employment Program, Hometown Plan, or the U.S. Employment Service.
  - 2. To maintain a list of all lower income residents who have applied whether on their own or on referral from any source, and to employ such person, if otherwise eligible and if a vacancy exists.
- D. To maintain records, including copies of correspondence, memoranda, etc., as evidence that all of the above steps have been taken.
- E. To appoint or recruit an executive official of the company or agency as Equal Opportunity Officer to coordinate the implementation of this Section 3 plan.

COMPANY NAME

TELEPHONE

PROJECT NAME

PROJECT NUMBER

SIGNATURE OF PERSON COMPLETING FORM

PRINT NAME

**FORM 4.2**