



ACE PROGRAM ACKNOWLEDGMENT

All firms and individuals intending to do business with CMHA must complete and submit this ACE Acknowledgment form with their bid, offer, or proposal. Any bid, offer, or proposal that does not include this document (completed, signed, and notarized) **will be considered non-responsive and ineligible for award.**

Section 3 Overview

Background – The work to be performed for CMHA is subject to the requirements of CMHA’s Advancing Community Employment (ACE) Program and/or Section 3 of the Housing and Urban Development Act of 1968 (12 U.S.C. §1701u, regulated at 24 C.F.R. Part 75). The ACE Program and Section 3 ensure that employment and other economic opportunities are, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, directed to Low- and Very Low-Income Persons, particularly those who receive government assistance for housing, and to businesses that provide economic opportunities to Low- and Very Low-Income Persons.

Purpose – CMHA will use its best efforts to ensure that employment, training, contracting, and other economic opportunities are directed to Low- and Very Low-Income Persons and to eligible businesses. CMHA will require the same of its contractors. CMHA does not intend for contractors and subcontractors to terminate their existing employees. Rather, CMHA encourages them to use their best efforts to consider and hire qualified eligible ACE Workers and Targeted ACE Workers before any other person when additional employees are needed to complete work.

Applicability – CMHA will use its best efforts to actively seek out opportunities to support the purpose of its ACE Program and will encourage its contractors to do the same. As such, if a contractor fails to include ACE Workers and/or ACE Businesses in its subcontracting and participation plans (in response to a solicitation), CMHA may treat that contractor’s response to the solicitation as non-responsive.

Definitions

Applicable Expenditure means a contract, cost, or other expenditure by CMHA that is paid for by any amount of public housing financial assistance.

Business means the business responding to a CMHA solicitation and completing this ACE Acknowledgment form.

Labor Hours means the number of paid labor hours worked by persons working on an Applicable Expenditure.

Low-Income Person means a person as defined in Section 3(b)(2) of the 1937 Act who is at or below 80% the area median income. Note that ACE Worker eligibility uses *individual* income rather than family/household income. Updated area median incomes can be found [here](#).*

Very Low-Income Person means a person as defined in Section 3(b)(2) of the 1937 Act who is at or below 50% the area median income. Note that Section 3 Worker eligibility uses *individual* income rather than family/household income. Updated area median incomes can be found [here](#).*

ACE Worker, also known as a **Section 3 Worker**, means any worker who currently fits or when hired within the past five years fit at least one of the following categories, as documented:

- a. The worker is a Low or Very-Low Income Person;

- b. The worker is employed by an ACE Business; or
- c. The worker is a YouthBuild Program participant.[†]

Targeted ACE Worker, also known as a **Section 3 Worker**, means an ACE Worker who:

- a. Is employed by an ACE Business;
- b. Currently or when hired, as documented within the past five years, is/was a resident of Public Housing or Section 8-Assisted Housing;
- c. Currently or when hired, as documented within the past five years, is/was a resident of other Public Housing Projects or Section 8-Assisted Housing managed by CMHA; or
- d. Currently or when hired, as documented within the past five years, is/was a YouthBuild Program participant.

ACE Business, also known as a **Section 3 Business**, means a Business meeting at least one of the following criteria, documented within the last six-month period:

- a. It is at least 51% owned and controlled by Low- or Very Low-Income Persons;
- b. Over 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers; or
- c. It is at least 51% owned and controlled by current Public Housing residents or residents who currently live in Section 8-Assisted Housing.[‡]

Targets

CMHA established minimum targets (called “benchmarks” by HUD) that the Business must meet to comply with ACE. To comply with CMHA’s ACE Program, Contractors, and Subcontractors must ensure that:

- a. At least 25% of all Labor Hours worked on this project are worked by ACE Workers and
- b. At least 5% of all Labor Hours worked on this project are worked by Targeted ACE Workers.

Prioritization of Efforts

In reaching CMHA’s targets, the Business must prioritize its efforts to extend employment and training opportunities to ACE Workers as follows:

- First, to residents of the public housing project where the Applicable Expenditure is being spent;
- Second, to other CMHA residents or residents of Section 8-assisted housing managed by CMHA;
- Third, to YouthBuild Participants; and
- Fourth, to Low and Very Low-Income persons residing in the metropolitan area where the Applicable Expenditure is being spent.

In reaching CMHA’s targets, the Business must also prioritize its efforts to extend contracting opportunities to Section 3 Businesses as follows:

- First, to ACE Businesses that provide economic opportunities to residents of the public housing project where the Applicable Expenditure is being spent;

[†] A worker’s ability to be recognized as an ACE Worker will not be negatively affected by a prior arrest or conviction.

[‡] A Business’s ability to be recognized as an ACE Business will not be negatively affected by a prior arrest or conviction of its owner(s) or employees.

- Second, to ACE Businesses that provide economic opportunities to other CMHA residents or residents of Section 8-assisted housing managed by CMHA;
- Third, to YouthBuild Participants; and
- Fourth, to ACE Businesses that provide economic opportunities to ACE Workers residing in the area where the Applicable Expenditure is being spent.

Reporting Requirements

The Business must survey its workforce to identify employees that are ACE or Targeted ACE Workers by requesting that each employee who may qualify to fill out an ACE Worker Self-Certification form.

The Business must also report to CMHA the data needed to track Labor Hours associated with Applicable Expenditures. Specifically, at the time of contract award, the Business must provide CMHA:

- A Core Employee List listing the name and job type of each of the Business's employees. The Core Employee List must also designate whether an employee is an ACE or Targeted ACE Worker
- An ACE Worker Self-Certification for each ACE Worker and Targeted ACE Worker identified on the Core Employee List.

CMHA may request additional information to verify the status of each self-certified ACE Worker.

Recordkeeping Requirements

The Business must maintain records supporting its ACE Workers' classification. This can include:

- The worker's self-certification that they are a Low or Very-Low Income Person;
- The worker's self-certification that they are a resident of Public Housing or Section 8-assisted housing;
- The Public Housing or Section 8-assisted housing owner, administrator, or manager's certification that the worker is a resident of Public Housing or Section 8-assisted housing;
- The employer's certification that the worker's income results in them meeting the definition of a Low or Very-Low Income Person;
- The employer's certification that the worker is employed by an ACE Business; or
- The worker's certification that they are a YouthBuild participant.

The Business must maintain the records described in this section for the records retention period applicable to program regulations or, if there is no such records retention period, then for a period that accords with 2 C.F.R. Part 200.

The foregoing information is a summary. For more detailed information, see CMHA's ACE Program.

PART 1: ACE Program and Section 3 Acknowledgement

Business Name: _____

Business Address: _____

Type of Business (Check One):

Corporation
Sole Proprietorship

Partnership
Other _____

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 and/or to CMHA's ACE Program wherein CMHA seeks to extend economic opportunities to Low and Very-Low Income Persons, regardless of HUD requirements.

The Business agrees it:

1. Will comply with CMHA's ACE Program and HUD's regulations in 24 C.F.R. Part 75, which implement Section 3, and certifies that it is under no contractual or other impediment that would prevent it from complying with those regulations.
2. Will comply with the recordkeeping requirements of the ACE Program.
3. Will include this ACE Acknowledgement form in every subcontract and will take appropriate action if it finds that a subcontractor is violating the ACE Program or 24 C.F.R. Part 75. The Business will not subcontract with any subcontractor if the Business knows a subcontractor has been found to have violated the ACE Program or 24 C.F.R. Part 75.
4. Will use its best efforts to achieve CMHA's ACE targets as described above.
5. Will prioritize its efforts to extend employment and training opportunities to ACE Workers and ACE Businesses as described in the ACE Program.
6. Acknowledges that violating the ACE Program or 24 C.F.R. Part 75 may result in sanctions, termination of any contract with CMHA, and debarment or suspension from future HUD assisted contracts.

Part 2: ACE Business Election

1. Select ONE of the following options:

This Business is **NOT** electing to certify as an ACE Business. (*Proceed to Part 3.*)

This Business **IS** electing to certify as an ACE Business. (*Proceed to Question 2.*)

2. If the Business is electing to certify as an ACE Business, identify which of these criteria apply to the Business (*Select one then proceed to Part 3*):

The Business is at least 51% owned and controlled by Low-or Very-Low-income Persons, as documented within the past 6 months.

ACE Workers performed at least 75% of the Business's labor hours over the prior three-months. (Note: If the Business elects this option, then the Business must ensure 75% of its labor hours are worked by ACE Workers for the duration of this project.)

The Business is at least 51% owned and controlled by current Public Housing residents or residents who currently live in Section 8 Assisted Housing.

Part 3: Acknowledgment and Notarization

I acknowledge that the information provided by the Business in this ACE Acknowledgment form is accurate. Moreover, I have read and understood the information contained in Part 1 and represent that the Business will use its best efforts to comply with HUD's Section 3 requirements and CMHA's ACE Program. I further acknowledge that if the Business knowingly provides false or misleading information associated with CMHA's ACE Business certification process, it may be barred from ongoing and/or future consideration for economic opportunities with or through CMHA.

If the Business elected to certify as an ACE Business at Part 1, Question 1 above, I:

- 1) Self-certify that the Business is an ACE Business as defined by CMHA's ACE Program;
- 2) Acknowledge that by completing this self-certification, the Business is not entitled to a contract with CMHA; and
- 3) Acknowledge that if CMHA identifies the Business as the apparent winning respondent, then CMHA will require it to complete an ACE Business Certification Application, which will verify the Business's eligibility as an ACE Business.

Name:

Title:

Signature: _____

Date: _____

State of _____

County of _____

The foregoing ACE Acknowledgment Form was acknowledged before me on

_____ by _____, the _____ for
_____, on behalf of that Business.

(Printed Name of Notary Public)

(Signature of Notary Public)



MBE/WBE/ACE SUBCONTRACTING PLAN

Description of Project: _____

Solicitation No.: _____ Respondent: _____

Directions: List the MBEs, WBEs, and ACE Businesses you intend to use if CMHA awards you the contract. CMHA’s website has a list of MBE, WBE, and ACE Businesses under the “Doing Business with CMHA” tab. A respondent that is itself registered as an MBE, WBE, or ACE Business **must not** list itself as a subcontractor on this form.

Minority-Owned Business Enterprise (MBE) Participation

Name of MBE Contractor/Vendor	Scope of Work, Materials, Equipment etc. to Be Provided	Estimated Price	% of Bid

Women-Owned Business Enterprise (WBE) Participation

Name of WBE Contractor/Vendor	Scope of Work, Materials, Equipment etc. to Be Provided	Estimated Price	% of Bid

ACE Business Participation

Name of ACE Business Contractor/Vendor	Scope of Work, Materials, Equipment etc. to Be Provided	Estimated Price	% of Bid

Non MBE/WBE/ACE Business Participation

Name of Non-MBE/WBE/ACE Contractor/Vendor	Scope of Work, Materials, Equipment etc. to Be Provided	Estimated Price	% of Bid



If CMHA awards the respondent the contract related to the above-referenced solicitation number, the respondent certifies that it will use its best efforts to contract with the MBEs, WBEs, and ACE Businesses listed in this MBE/WBE/ACE Participation Plan or with other MBEs, WBEs, and/or ACE Businesses in a proportion equal to, or greater than, the amounts listed above. The respondent acknowledges that if it fails to complete this form or to encourage MBE, WBE, and ACE Business participation in this contract, CMHA may treat the respondent's bid as non-responsive.

Signature of Prime Bidder: _____ Date: _____



ACE WORKER PARTICIPATION PLAN

Description of Project: _____

Solicitation No.: _____ Respondent: _____

- Step 1:** List the positions anticipated that will be needed to complete this project.
Step 2: List the work hours that current employees – of the respondent and of any anticipated subcontractors – will complete on this project.
Step 3: List the work hours to be completed by ACE Workers.

	Number of Hours to Be Worked by <i>Respondent's and Anticipated Subcontractors' Employees</i>	Number of Hours to Be Worked by <i>ACE Workers</i>
Construction Trade or Work Classification		
TOTAL		

Total contract work hours by ALL WORKERS anticipated under this ACE Participation Plan: _____

Total contract work hours by ACE Workers anticipated under this ACE Participation Plan: _____

Percentage of anticipated contract work hours to be performed by ACE workers: _____%

If CMHA awards respondent the contract related to the above-referenced solicitation number, respondent certifies that it will use its best efforts to employ ACE Workers for the work listed in this ACE Participation Plan. Respondent acknowledges that if it fails to complete this form and/or fails to encourage ACE Worker participation in this contract, CMHA may treat respondent's bid as non-responsive.

Signature of Respondent: _____

Date: _____

ACE BUSINESS DIRECTORY APPLICATION

ACE Program and Section 3 Overview

Background – Section 3 is a provision of the Housing and Urban Development Act of 1968 (12 U.S.C. §1701u) that is regulated by the provisions of 24 C.F.R. Part 75. Section 3 and CMHA’s Advancing Community Employment (ACE) Program together ensure that employment and other economic opportunities are, to the greatest extent feasible, and consistent with existing Federal, State and local laws and regulations, directed to Low- and Very Low-Income Persons, particularly those who receive government assistance for housing, and to businesses that provide economic opportunities to Low- and Very Low-Income Persons.

Purpose - CMHA will use its best efforts to ensure that employment, training, contracting, and other economic opportunities are directed to Low- and Very Low-Income Persons and to eligible businesses. CMHA will require the same of its contractors. CMHA does not intend for contractors and subcontractors to terminate their existing employees. Rather, CMHA encourages them to use their best efforts to consider and hire qualified eligible ACE Workers and Targeted ACE Workers before any other person when additional employees are needed to complete work on a CMHA project.

Applicability – CMHA will use its best efforts to actively seek out opportunities to support the purpose of its ACE Program and will encourage its contractors to do the same. As such, if a contractor fails to include ACE Workers and/or ACE Businesses in its subcontracting and participation plans (in response to a solicitation), CMHA may treat that contractor’s response to the solicitation as non-responsive.

More information about the ACE Program can be found here or by contacting ACE@cmha.net or (216) 271-3247.

Instructions

ACE Business, also known as a **Section 3 Business**, means a business that meets at least one of the following criteria, documented within the last six-month period:

- A. It is at least 51% owned and controlled by Low- or Very Low-Income Persons;
- B. Over 75% of the Labor Hours performed for the business over the prior three-month period were performed by Section 3 Workers; or
- C. It is at least 51% owned and controlled by current Public Housing residents or residents who currently live in Section 8-Assisted Housing.¹

ACE Worker, also known as a **Section 3 Worker**, means any worker who currently fits or when hired within the past five years fit at least one of the following categories, as documented:

- A. The worker is a Low or Very-Low Income Person;
- B. The worker is employed by an ACE Business; or

¹ The status of a Section 3 Business will not be negatively affected by a prior arrest or conviction of its owner(s) or employees.
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C. The worker is a YouthBuild Program participant.²

Targeted ACE Worker, also known as a **Targeted Section 3 Worker**, means an ACE Worker who:

- A. Is employed by an ACE Business;
- B. Currently or when hired, as documented within the past five years, is/was a resident of Public Housing or Section 8-Assisted Housing;
- C. Currently or when hired, as documented within the past five years, is/was a resident of other Public Housing Projects or Section 8-Assisted Housing managed by CMHA; or
- D. Currently or when hired, as documented within the past five years, is/was a YouthBuild Program participant.

Application Process

To be included in CMHA's ACE Business Directory, you must complete and submit this ACE Business Directory Application.

After CMHA receives your application, an ACE Coordinator will review the submitted materials. Successful applicants will be listed on CMHA's ACE Business Directory. Successful applicants will also receive an e-mail notifying them that their business has been added to CMHA's ACE Business Directory. If your application is insufficient, an ACE Coordinator will contact you.

Completed Applications

Mail completed application and required documentation to:

Cuyahoga Metropolitan Housing Authority
Diversity, Equity & Inclusion Department
8120 Kinsman Road
Cleveland, OH 44104
Attn: ACE Program

Or e-mail completed application and required documentation to ACE@cmha.net.

Please Note: CMHA does not endorse the services provided by any businesses that apply for inclusion in the ACE Business Directory. An ACE Business is not entitled to a contract simply by being listed on the ACE Business Directory. Businesses that self-certify their eligibility may receive preference as an ACE Business, subject to verification, on any contract(s) that may be awarded. Businesses that misrepresent their status as an ACE Business may face penalties.

² A worker's ability to be recognized as an ACE Worker will not be negatively affected by a prior arrest or conviction.

ACE Business Directory Application

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ Email Address: _____

Your business is eligible to apply for preference as an ACE Business if, in addition to meeting all applicable state and local regulations, it self-certifies that it meets one or more of the following criteria (you must check one):

- At least 51% of the business is owned and controlled by low- or very low-income persons
- At least 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers; or
- At least 51% of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

[Remainder of page left intentionally blank]

Ownership Information

(If more than one owner, submit this form for each owner.)

Owner's Name: _____ **Title:** _____

Indicate the type of business:

Individual (Sole Proprietor) – A business that is owned directly by one person

General Partnership – A business owned by two or more persons, each of whom are liable for the debts of the partnership

Limited Partnership – A business owned by one or more general partners and one or more limited partners and that has filed organizing documents with the Ohio Secretary of State

Limited Liability Company – A business that has limited liability to its owners and that has registered with the Ohio Secretary of State

Corporation – A business and legal entity that acts as a person, separate from its members or shareholders and that has filed Articles of Incorporation or Domestication with the Ohio Secretary of State.

Other - _____

Date Business Established: _____

Federal Employer's Identification Number (**FEIN**): _____ (**Ex. 34-1234567**)

Type of Business

Consultant	Computer (Repair/Sales)	General Contractor Pest
Demolition	Trucking	Control
Painting	Heating (HVAC)	Concrete/Asphalt
Carpentry	Environmental Cleaning	Asbestos
Electrical	Roofing	Lead Abatement
Plumbing	Window/Door Installation	Carpet/Floor Installation
Vinyl Siding	Landscaping/Snow Plowing	Other (Specify):

Has the business operated under any other name? Yes No

If yes, please explain: _____

[Remainder of page left intentionally blank.]

By signing below, I certify that the foregoing statements made in this Directory Application are true and correct and include all material information requested. As a primary owner of this Business, I certify that the Business is registered with the City of Cleveland and/or State of Ohio as a legal business to perform the type of work described herein. I further certify that this Business is at least one of the following: 51% or more owned and controlled by low- or very low-income persons; at least 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers; or at least 51% of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing.

Further, I agree to provide CMHA with any information and materials CMHA may need to substantiate the Business's eligibility as an ACE Business. This may include complete cooperation with CMHA for the examination of books, records, and files of the Business. I understand any material misrepresentation may be grounds for terminating any contract that might be awarded and for imposing sanctions under federal, state, or local laws concerning false statements. If CMHA includes my Business in its ACE Business Directory and if any of the information provided in this Application changes during the ensuing calendar year, I will timely inform CMHA of such changes.

Owner's
Name: _____ Title: _____

Owners Signature: _____ Date: _____

ACE BUSINESS CERTIFICATION APPLICATION

Instructions

Applicants seeking ACE Business certification must complete this Application and provide the requested supporting documentation. **Only complete applications, including all required supporting documentation, will be reviewed.** Applicants must submit completed Applications to an ACE Coordinator by mail or email at least three business days after being contacted by an ACE Coordinator. Upon Application approval, the applicant will receive its ACE certification by e-mail. CMHA's ACE Business Certification is non-transferable and is only valid for contracts in connection with CMHA.

For additional information, including HUD's Section 3 requirements and the definitions of terms defined in this Application, see CMHA's ACE Program. If you have any questions about the ACE Program or Section 3, please contact an ACE Coordinator at ACE@cmha.net or (216) 271-3247.

Part 1: General Information

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ Email Address: _____

Date Business Established: _____

Federal Employer's Identification Number _____

Type of entity

Individual (Sole Proprietorship)

Partnership

Corporation

Other

Has the business operated under any other name?

Yes

No

If yes, please explain:

Select the applicable ACE/Section 3 Business eligibility criteria (*Select one*):

At least 51% of the business is owned and controlled by Low- or Very Low-Income Persons (*Proceed to Part 2.*)

At least 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers (*Proceed to Part 4.*)

At least 51% of the business is owned and controlled by current Public Housing residents or residents who currently live in Section 8-assisted housing (*Proceed to Part 3.*)

[Remainder of page left intentionally blank]

Part 2: Owner's Income Affidavit

If you are seeking ACE Business certification for a business that is 51% owned and controlled by Low- or Very Low-Income Persons, complete and submit this Affidavit for each Low or Very-Low Income Person who owns the business.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Email Address: _____

Business Name: _____

I verify that I own _____% of the business. My total individual income last year (for calendar year _____) was below \$47,850.00. I certify that the information in this Affidavit is true and accurate.

Name: _____ Title: _____

Signature: _____ Date: _____

State of _____ County of _____

The foregoing *Owner's Income Affidavit* was sworn to or affirmed and subscribed before me on _____ by _____, the _____ for _____, on behalf that Business.

(Printed Name of Notary Public)

(Signature of Notary Public)

(Proceed to Part 5.)

Part 3: Resident-Owner Affidavit

If you are seeking ACE certification for a business that is 51% owned and controlled by current Public Housing residents or residents who currently live in Section 8-assisted housing, complete and submit this Affidavit for each Public Housing or Section 8-assisted resident who owns the business.

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Email Address: _____

Business Name: _____

CMHA Client Number _____ or HCVP ID Number _____

I verify that I own ____% of the business. I am, or within the past six months was, a resident of Cuyahoga Metropolitan Housing Authority-managed housing or a participant in the Housing Choice Voucher Program. I certify that the information in this Affidavit is true and accurate. I consent to a search, using the information provided above, by CMHA employees to confirm my residency.

Name: _____ Title: _____

Signature: _____ Date: _____

State of _____ County of _____

The foregoing Resident-Owner's Affidavit was sworn to or affirmed and subscribed before me on _____ by _____, the _____ for _____, on behalf that Business.

(Printed Name of Notary Public)

(Signature of Notary Public)

(Proceed to Part 5.)

Part 4: ACE Workers' Labor Hours Affidavit

If you are seeking ACE certification for a business for which at least 75% of its Labor Hours in the past three months were performed by ACE Workers, complete and submit this Affidavit.

Name _____

Address: _____

City: _____ State: _____ Zip: _____

Personal Phone: _____ Email Address: _____

Business Name: _____

As primary owner of this business, I certify that at least 75% of the Labor Hours performed for the business over the prior three-month period were performed by ACE Workers. I also understand that this business must continually meet this 75% labor-hour threshold for the duration of the ACE certification.

Name: _____ Title: _____
Signature: _____ Date: _____

State of _____ County of _____

The foregoing ACE Workers' Labor Hours Affidavit was sworn to or affirmed and subscribed before me on _____ by _____, the _____ for _____, on behalf that Business.

(Printed Name of Notary Public)

(Signature of Notary Public)

(Proceed to Part 6.)

Part 5: Ownership Information

Provide the following information for **each** owner, member, or shareholder of the business who completed the *Owner's Income Affidavit* in Part 2.

(Attach additional sheets if needed.)

	1	2	3	4	5	6
Name						
Title						
Owner Since						
Ownership Percentage	%	%	%	%	%	%
Salary from Business						
Resident of CMHA-Managed Property?	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No
Resident of Section 8-Assisted Housing	Yes No	Yes No	Yes No	Yes No	Yes No	Yes No

(Proceed to Part 6.)

Part 6: Certification

By signing below, I swear that the statements made as part of this application are true and correct and include all material information necessary. Further, I agree to provide to CMHA any and all information and materials as it may need to substantiate the ownership and control of this business. I understand any material misrepresentation will be grounds for terminating any contract that CMHA may award the business and for imposing sanctions under federal, state, or local laws concerning false statements. If, after submitting this document to CMHA, there are any changes (during the ensuing calendar year) in the information submitted herein, the undersigned will immediately inform CMHA of the change(s).

Owner's Name: _____ Title: _____

Owner's Signature: _____ Date: _____

(Proceed to Part 7.)

Part 7: Supporting Documentation

In addition to the foregoing Application, you must provide supporting documentation, depending on the ACE eligibility criterion you selected in Part 1 above.

If you selected that the Business:

Is at least 51% owned and controlled by Low- or Very-Low Income Persons, then provide the following:	Had at least 75% of its Labor Hours over the prior three-month period performed by ACE Workers, then provide the following:	Is at least 51% owned and controlled by current Public Housing or Section 8-assisted residents, then provide the following:
♦ Secretary of State certificate	♦ Secretary of State certificate	♦ Secretary of State certificate
♦ Core Employee List (Form DEI-6)	♦ Core Employee List (Form DEI-6)	♦ Core Employee List (Form DEI-6)
♦ Prior year's business tax returns, including all attachments and schedules	♦ Previous three months of payroll	♦ Prior year's business tax returns, including all attachments and schedules
♦ Prior year's personal tax returns, including all attachments and schedules, for all Low- or Very-Low Income Persons who own the business	♦ ACE Worker Verifications (Form DEI-7) for each ACE Worker employed by the business	

ACE WORKER DIRECTORY APPLICATION

CMHA invites you to register for its ACE Worker Directory. Through the ACE Program, CMHA provides employment, training, and contracting opportunities to low-income individuals, particularly CMHA's own residents. To help CMHA meet its ACE Program targets, CMHA maintains an ACE Worker Directory. By being listed in this Directory, you will receive e-mail and/or text message updates related to employment, training, and contracting opportunities through CMHA. In addition, if you register for this Directory, CMHA will directly connect you with relevant employment opportunities when they are available.

To be included in the Directory, you must qualify as an ACE Worker. You qualify if you meet any one of these three criteria:

- Your individual (*not* household) income for the previous or annualized calendar year is below the income limit established by HUD (also known as a Low or Very Low-Income Person; income limits can be found [here](#)*);
- You are employed by an ACE Business; or
- You are a YouthBuild participant.

In addition, if you meet any one of these criteria, then you are also a Targeted ACE Worker:

- You are an employee of an ACE Business; or
- You are, or when you were hired were, one of the following within the past five years:
 - A resident of public housing; or
 - A resident of other public housing projects or Section 8-assisted housing; or
 - A YouthBuild participant.

As a Targeted ACE Worker, you receive priority access to ACE programming and opportunities.

* <https://www.huduser.gov/portal/datasets/il.html>

Your responses to this Application are voluntary and confidential.

Form DEI-8



ACE WORKER DIRECTORY APPLICATION

To be included in ACE Worker Directory, you must self-certify that you meet the definition of an ACE Worker or Targeted ACE Worker by completing this Application. You must also provide supporting documentation if requested by CMHA. Once CMHA has verified your eligibility, CMHA will notify you that you've been certified as an ACE Worker and will include you in the Directory.

Personal Information

First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Are you a resident of CMHA-managed property?	Yes	No
<i>If yes, provide your Client ID No.:</i> _____		
Are you a resident of Section 8-assisted housing?	Yes	No
<i>If yes, provide your Entity ID No.:</i> _____		

If you are selected for employment through the ACE Program, you will need to show documents confirming your identity and showing you are legally allowed to work in the United States.

Do you have at least one document proving both your identity and your authorization to work in the U.S., such as a U.S. passport, permanent resident card, or employment authorization document?	Yes	No	I don't know
<i>If you answered "no" or "I don't know" to the previous question: Do you have one document that proves your identity (such as a driver's license, state ID card, school ID card, or voter registration) and a second document that proves you are authorized to work in the U.S. (such as a social security number, original U.S. birth certificate, or U.S. citizen ID card)?</i>	Yes	No	I don't know

Your responses to this Application are voluntary and confidential.



A criminal history will not prevent you from being included in CMHA's ACE Worker Directory. But some employers that recruit ACE Workers have policies about hiring people with criminal histories. Providing the following information will simplify the recruitment process:

Have you ever been convicted of a felony?	Yes	No
If yes, describe the conviction date(s): _____		
If yes, describe the felony:		

Applicant's Skills and Abilities

(Select all that apply)

Carpentry	Equipment Operator	Plumbing
Clerical	Flooring	Reception
Common Labor	HVAC	Rofer
Concrete	Janitorial	Security
Data Entry	Masonry	Surveyor
Drywall	Painting	Tile Setter
Electrical	Equipment Operator	Plumbing
Elevator Repair	Pipefitting	Tree Trimming
	Welding	Window Washing

Other skills and abilities:

If you are seeking or avoiding certain types of work, please describe:

	YES	NO
Can you carry 50 pounds?		
Can you carry 75 pounds?		
Can you lift 15 pounds overhead?		
Can you lift 30 pounds overhead?		
Can you work in tight spaces?		
Are you willing to travel to different CMHA properties for work?		

Your responses to this Application are voluntary and confidential.

Form DEI-8



If you are willing to travel to different CMHA properties for work:

- Do you have access to reliable transportation? Yes No
- Do you own your own vehicle? Yes No
- How many miles are you willing to travel to and from work? _____

Eligibility and Self-Certification

Select all criteria that apply to you:

I am a Very Low-Income Person because my individual income for the previous calendar year was below \$29,900.

I am a Low-Income Person because my individual income for the previous calendar year was below \$47,850.

I am employed by an ACE Business.

I am currently, or as of November 20, 2020, I was a resident of public housing.

I am currently, or as of November 20, 2020, I was a resident of Section 8-assisted housing;

I am currently, or as of November 20, 2020, I was a YouthBuild participant.

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief.

Print Name: _____

Signature: _____

Date: _____

Your responses to this Application are voluntary and confidential.

MINORITY-OWNED AND WOMEN-OWNED BUSINESS ENTERPRISE DIRECTORY APPLICATION

MBE/WBE Directory Overview

1. **Policy-** It is the policy of the Cuyahoga Metropolitan Housing Authority's (CMHA) to provide minority-owned business enterprises (MBEs) and women-owned business enterprises (WBEs) access to economic opportunities, particularly in the areas of construction, technical, and professional services, as well as CMHA's procurement of equipment, supplies, and other needed services.
2. **Participation Goals-** CMHA will use its best efforts to secure 20% participation by MBEs and 10% by WBEs in all of CMHA's contracting and procurement expenditures.
3. **MBE/WBE Directory-** To assist CMHA, contractors, and subcontractors in reaching the MBE/WBE participation goals, CMHA will maintain a directory of self-certified MBEs and WBEs.

Definitions

1. **African or Black** means a person having origin in any one of the Black racial groups of Sub-Saharan Africa or the Caribbean.
2. **Asian** means a person whose origin is from the Asian Pacific region, including: Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, Malaysia, Indonesia, the Philippines, Thailand, Tibet, Samoa, Guam, the U.S. Trust Territories of the Pacific, or the Northern Marianas, or a person whose origin is from the Indian subcontinent, including: India, Pakistan, Bangladesh, Nepal, and Sri Lanka.
3. **Covered Area** means the geographic area of Cuyahoga, Lake, Geauga, Summit, Medina, and Lorain counties.
4. **Hispanic** means a person of Spanish or Portuguese culture with origins in Mexico, Puerto Rico, Cuba, Caribbean, Central America, or South America, regardless of race.
5. **MBE** means a Minority-owned business enterprise that is at least 51% owned and controlled by one or more Minority persons. Those Minority owners must enjoy the customary incidents of ownership, share in the risks and profits commensurate with their ownership interest, and be able to exercise final authority over all aspects of daily operations.
6. **MBE/WBE Program Coordinator** means the Coordinator of CMHA's MBE/WBE Program.
7. **Minority** means a citizen or lawful, permanent resident of the United States who is a member of one or more of the following groups: African/Black, Hispanic, Native American, or Asian.
8. **Native American** means a person who is a member of the original peoples of North America, including American Indians, Eskimos, Aleuts, or Native Hawaiians and is regarded as such by the community of which the person claims to be a part. For non-native Hawaiians, the Native American must be a documented member of a North American Tribe, band, or otherwise organized group of native people who are indigenous to the continental United States and proof can be provided through a Certificate of Degree of Indian or Alaska Native Blood.
9. **Principal Place of Business** means the location from which the business's officers direct, control, and coordinate its activities.
10. **WBE** means a business that is at least 51% owned and controlled by one or more women who are all citizens or lawful, permanent residents of the United States. Those women owners must enjoy the customary incidents of ownership, share in the risks and profits commensurate with their ownership interest, and be able to exercise final authority over all aspects of daily operations.

Instructions

Application Process

To be included in CMHA's MBE/WBE Directory, a business must meet the definition of an MBE and/or WBE, complete this *MBE/WBE Self-Certification Form*, and submit it either by electronic mail or by sending via postal mail to an MBE/WBE Program Coordinator.

After CMHA receives your application, an MBE/WBE Program Coordinator will review the submitted materials to verify completion. Successful applicants will be listed on CMHA's MBE/WBE Directory. Successful applicants will also receive an e-mail notifying them that their business has been added to CMHA's MBE/WBE Directory. If your application is insufficient, an MBE/WBE Program Coordinator will contact you.

Completed Applications

Mail completed application and required documentation to:

Cuyahoga Metropolitan Housing Authority
Diversity, Equity & Inclusion Department
8120 Kinsman Road
Cleveland, OH 44104
Attn: MBE/WBE Program Coordinator

OR

E-mail completed application and required documentation to MBE/WBE@cmha.net.

Disclaimer, Verification, and Audits

Disclaimer - CMHA does not endorse the services provided by any businesses that self-certify as MBE or WBE. MBEs and WBEs are not entitled to the award of a contract simply by being listed on CMHA's MBE/WBE Directory. Businesses that self-certify their eligibility may receive preference as a MBE and or a WBE, subject to verification, on any contract(s) that may be awarded. Businesses that misrepresent their status as an MBE and or a WBE may face penalties.

Verification - CMHA may verify the ownership and control of any businesses included on its MBE/WBE Directory pursuant to the verification process outlined in Section 4 of the MBE/WBE Program.

Audits - CMHA may request any and all information and materials as may be required to substantiate the ownership and control of a business listed on CMHA's MBE/WBE Directory. This includes complete cooperation with CMHA allowing the examination of books, records, and files of the named company at the business location or at CMHA's Administrative office.

Part 1: Primary Point of Contact

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Fax: _____

Cell Phone: _____ Email Address: _____

Part 2: Ownership Information

Identify and provide information for **each** owner of the Business, regardless of whether each owner is a Minority or Woman. If needed, attach an additional sheet of paper and provide the requested information for all owners.

1. Owner's Name: _____ Title: _____

Ownership Percentage:	%	Gender:	Female	Male
Owner's Minority Status (Select all that apply):	African/Black Hispanic	Native American Asian	Not applicable	

Describe this owner's duties and responsibilities to the Business:

2. Owner's Name: _____ Title: _____

Ownership Percentage:	%	Gender:	Female	Male
Owner's Minority Status (Select all that apply):	African/Black Hispanic	Native American Asian	Not applicable	

Describe this owner's duties and responsibilities to the Business:

3. Owner's Name: _____ Title: _____

Ownership Percentage:	%	Gender:	Female	Male
Owner's Minority Status (Select all that apply):	African/Black Hispanic	Native American Asian	Not applicable	

Describe this owner's duties and responsibilities to the Business:

Part 3: Business Information

Date Business Established: _____ (mm-dd-yyyy)

Federal Employer's Identification Number (FEIN): _____ (Ex. 34-1234567)

Services Provided (select all that apply):

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Computer (Repair/Sales) | <input type="checkbox"/> General Contractor |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Trucking | <input type="checkbox"/> Pest Control |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Heating (HVAC) | <input type="checkbox"/> Concrete/Asphalt |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Environmental Cleaning | <input type="checkbox"/> Asbestos |
| <input type="checkbox"/> Electrical | <input type="checkbox"/> Roofing | <input type="checkbox"/> Lead Abatement |
| <input type="checkbox"/> Plumbing | <input type="checkbox"/> Window/Door Installation | <input type="checkbox"/> Carpet/Floor Installation |
| <input type="checkbox"/> Vinyl Siding | <input type="checkbox"/> Landscaping/Snow Plowing | <input type="checkbox"/> Other (specify): _____ |

Principal Place of Business: _____

Part 4: Certifications by Other Entities

If the Business holds a valid MBE/WBE certification from one of the entities listed below, CMHA will describe such additional certifications on its MBE/WBE Business Directory. To have those additional certifications listed on the MBE/WBE Directory, select all applicable certifying entities and **attach copies of those certifications to this form**. CMHA will not list additional certifications unless the Business provides CMHA copies of those certifications.

Acceptable Certifying Entities:

- State of Ohio
- Cuyahoga County
- Cities within Cuyahoga County (Identify the Cities: _____)
- Northeast Ohio Regional Sewer District
- State other than Ohio (Identify the States: _____)
- U.S. Small Business Administration
- U.S. Department of Transportation or other entity whose MBE, WBE, or disadvantaged business enterprise certification policies are governed by 49 C.F.R. Part 26 (e.g., Greater Cleveland Regional Transit Authority or Ohio Department of Transportation)
- National Minority Supplier Development Council
- Women's Business Enterprise National Council

Part 5: Self-Certification

This self-certification must be completed by each of the owners identified in Part 2 of this Self-Certification Form.

By signing below:

I certify that the Business is a (select all that apply):

Minority-Owned Business as defined by CMHA.

Women-Owned Business as defined by CMHA.

I certify that the statements and representations made in this Application are true and correct.

I agree to provide CMHA with any information and materials as CMHA may need to substantiate the Business's eligibility as an MBE/WBE. This may include complete cooperation with CMHA for the examination of books, records, and files of the business. I understand any material misrepresentation may be grounds for terminating any contract that might be awarded and for imposing sanctions under federal, state, or local laws concerning false statements. If CMHA includes my business in its MBE/WBE Business Directory and if any of the information provided in this Application changes during the ensuing year, I will timely inform CMHA of such changes.

I understand that by including the Business in its MBE/WBE Directory, CMHA does not endorse the Business or its services and that the Business is not entitled to the award of a contract with CMHA.

Owner's Name: _____ Title: _____

Owners Signature: _____ Date: _____