



City of Cleveland  
Justin M. Bibb, Mayor



**FORM B – Section 3  
New Rule Reporting Form**

<b><u>Business Name and Address:</u></b>	<b><u>Project &amp; Location:</u></b> ED 285 FAIRFAX
Federal Identification or Social Security No.:	
Dollar Amount of Award:	
Contact Person:	
Phone Number (Including Area Code):	
E-mail Address:	
Date Report Submitted:	
<b>Trade:</b>	

**Part I: Employment and Training:**

Only include employees **working on this project**. Only fill out Column G if your employee's income does not *currently* qualify him or her to be a Section 3 worker, and he or she was employed at your company on or after 11/20/2020 ONLY.

<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>F</b>	<b>G</b>
<b>Employee Name</b>	<b>Sec 3 Worker Y / N</b>	<b>Trgt'd Sec 3 Worker Y / N</b>	<b>Sec 3 Youth Build &amp; Appr. Y / N</b>	<b>Work Trade Class</b>	<b>Annual Indivd. Income</b>	<b>Annual Indivd. Income on or after 11/20/20 (Date Hired)</b>

**Part II: Qualitative Efforts Summary:**

Indicate the efforts made to direct employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, towards low – and very low-income persons, particularly those who are recipients of government assistance for housing. (Check all that apply.)

\_\_\_ Outreach efforts to generate job applicants who are Public Housing Targeted Workers;

- Outreach efforts to generate job applicants who are Other Funding Targeted Workers:
- Direct, on the job training (including apprenticeships);
- Indirect training such as arranging for, contracting for, or paying for, off-site training;
- Technical assistance to help Section 3 workers compete for jobs (e.g. resume assistance, coaching);
- Outreach efforts to identify and secure bids from Section 3 business concerns;
- Technical assistance to help Section 3 business concerns understand and bid on contracts;
- Division of contracts into smaller jobs to facilitate participation by Section 3 business concerns;
- Provided or connected residents with assistance in seeking employment including: drafting resumes, preparing interviews, finding job opportunities, connecting residents to job placement services;
- Held one or more job fairs;
- Provided or connected residents with supportive services that can provide direct services or referrals;
- Provided or connected residents with supportive services that provide one or more of the following: work readiness health screenings, interview clothing, uniforms, test fees, transportation;
- Assisted residents with finding child care;
- Assisted residents to apply for/or attend community college or a four year educational institution;
- Assisted residents to apply for or attend vocational/technical training;
- Assisted residents to obtain financial literacy training and/or coaching;
- Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns;
- Provided or connected residents with training on computer use or online technologies;
- Other. Please Specify:

**Part III: Section 3 Business Concern Certification:**

Is your business a Section 3 business concern? Please review the information below and, if applicable, self-certify your business as a Section 3 business concern. The City will be able to count all of your labor hours for the project as Section 3 Worker and Targeted Section 3 Worker hours, if your business qualifies as a Section 3 Business Concern.

Name of Business:

Address of Business:

Name of Business Owner:

Phone Number of Business Owner:

Email Address of Business Owner:

Preferred Contact Information:

Same as above

Name of Preferred Contact:

Phone Number of Preferred Contact:

Type of Business (Select from the following options)

Corporation    Partnership    Sole Proprietorship    Joint Venture

Select from *ONE* of the following three options below that applies:

At least 51% of the business is owned and controlled by low- or very low-income persons;

At least 51% percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing; or

Over 75% of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers.

#### BUSINESS CONCERN AFFIRMATION

I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to the City of Cleveland may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge.

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

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

\*Certification expires within six months of the date of signature

\* Information regarding Section 3 Business Concerns can be found at 24 CFR 75.5

#### **Part IV: Section 3 Clause in Contracts:**

By checking this line I certify all of my business' contracts regarding this project contain a clause that obligates them to comply with the Federal requirements of Section 3.

#### **Part V: Accurate Labor Hour Reporting:**

By checking this line I certify all of the labor hours my business reports in LCPTracker and B2G Now shall be accurate and reflect the status of my Section 3 and Targeted Section 3 Workers.

#### **Part VI: Affirmation:**

By checking this line I affirm that the above statements are true, complete, and correct to the best of my knowledge and belief. By checking this line, I also affirm and acknowledge that I am an Agent for the business that has a contract obligated to perform to the City of Cleveland's Section 3 Compliance Standards and the Federal Section 3 Standards contained in 24 C.F.R. Part 75, et. seq.

I understand that businesses who misrepresent themselves, report false information, or fail to comply with the City of Cleveland's Section 3 standards may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge and I acknowledge my business' responsibility to conform to the City of Cleveland's Section 3 Compliance Standards.

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

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

An Agent for: \_\_\_\_\_

*(Business Name)*