



FORM B – Section 3 New Rule Reporting Form

Business Name and Address:	Project & Location: 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:	
Trade:	

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.

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

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.)

(Outreacl	h effor	ts to	generat	e io	b app.	licant	s wh	no are	Pul	olic	Н	ousing '	Targetec	ιV	√orl	kers

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 with finding cliffd 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 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:
r referred Contact Information:
Same as above
Same as above
Same as above Name of Preferred Contact:

Select from <i>ONE</i> 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 t	the
best of my knowledge and belief. By checking this line, I also affirm and acknowledge that I am	
Agent for the business that has a contract obligated to perform to the City of Cleveland's Section	
Compliance Standards and the Federal Section 3 Standards contained in 24 C.F.R. Part 75, et. seg	<u>γ</u> .
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	
default and be barred from ongoing and future considerations for contracting opportunities. I here	-
certify, under penalty of law, that the following information is correct to the best of my knowled and I acknowledge my business' responsibility to conform to the City of Cleveland's Section	
Compliance Standards.	1 (
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Print Name: Date:	
An Agent for:	
(Business Name)	