

SECTION 3 BUSINESS CONCERN CERTIFICATION

In an effort to comply with the federal Section 3 regulations, §24 CFR 135, - to promote contract, employment and training opportunities for the Charlotte public housing residents- the Charlotte Housing Authority has instituted a Section 3 Certification application process. CHA 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 CHA business opportunity events and educational programs. For detailed Section 3 information, refer to <http://www.hud.gov/offices/fheo/section3/section3.cfm>.

The CHA's Procurement Department is charged with administering the Authority's Section 3 certification program. Any business concern seeking Section 3 preferences in the awarding of contracts or purchase agreements shall complete appropriate certification forms and provide adequate documentation as evidence of eligibility for preference under the Section 3 program. Business concerns seeking to file for Section 3 preference shall contact:

Sharbara Ellis
CHA Section 3 Coordinator
704-336-6883, section3@cha-nc.org

Applicants seeking this recognition must complete and submit the attached Section 3 Business Concern Application form and:

1. If your company is qualified because it is 51% or more owned by Section 3 residents*, then complete form **S3-A, "Section 3 Business Concern – Resident Business Owner(s)" & the Section 3 Preference Income Verification Form for the owner along with income documentation;**

OR

2. If your company is qualified because 30% or more of its full-time permanent workforce are currently Section 3 residents, or within three years of the date of first employment with the business concern, then complete form **S3-B, "Section 3 Business Concern – 30% + Workforce" & the Section 3 Preference Income Verification Form for each employee;**

OR

3. If your company provides evidence of a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to a Section 3 business concern as described above, then complete form **S3-C, "Section 3 Business Concern-Contracts Awarded"**. 24 CFR 135.5 – Definitions. Section 3 business concern

*Section 3 Residents: Persons living in the Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area whose household income falls below HUD's established income limits. The Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area contains the following areas: Cabarrus County, NC; Gaston County, NC; Mecklenburg County, NC; Union County, NC; and York County, SC.

A section 3 business concern seeking a contract or a subcontract shall submit evidence to the recipient contractor, or subcontractor (as applicable), if requested, sufficient to demonstrate to the satisfaction of the party awarding the contract that the business concern is responsible and has the ability to perform successfully under the terms and conditions of the proposed contract. 24 CFR 135.36 (c)

Please answer all questions and sign the forms. Send completed forms to the Section 3 Coordinator via email, section3@cha-nc.org, fax, 704-336-7892 or mail to 400 East Boulevard, Charlotte NC 28203. If you have any questions, feel free to contact the Procurement office at 704-336-6883.



**SECTION 3 BUSINESS CONCERN
APPLICATION**

Business Name: _____

D.B.A. (If different from above): _____

Address: _____

Street

City

State

Zip

Business Phone: _____ Fax: _____

Email: _____ Business Website: _____

Contact Person & Title: _____

Contact Phone: _____

Employer ID Number: _____ Owners Social Security Number (if no EIN): _____

NC Business License # OR Charlotte Mecklenburg Privilege License #: _____

Number of employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____

Section 3 employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____

Has business worked directly for Charlotte Housing Authority before: Yes No

M/WBE Status: Woman Business Enterprise Yes No

*Minority Business Enterprise Yes No

* Ethnic/Racial Code: African-American; Native American; Latino/Hispanic American; Asian/Pacific American; Hasidic Jew

List primary product or service: (check all that apply)

- General Contractor
- Electrical Contractor
- Material Supplier
- Mechanical Contractor
- Consultant Services
- Other _____

Professional or Contractor License Number (if applicable)

List additional products or services your business can provide:

Type of Business Entity (check one):

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Corporation (LLC)
- Limited Liability Partnership (LLP)
- Joint Venture
- Other (describe): _____

Capacity limit: (Contract limit your business could manage)

- Up to \$300,000
- \$300,000 – \$500,000
- \$500,000 - \$1 million
- \$1-\$5 million
- \$5-\$10 million
- Other _____

I certify that 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 Name

Date

Signature



**SECTION 3 BUSINESS CONCERN
 Resident Business Owner(s)**

Name of Owner: _____

Home Address: _____

Name of Business: _____

Percentage of Ownership: _____

Check the appropriate box for your family size and income and submit a Section 3 Preference Income Form:

Check Box	# of Persons in Household	Gross Household Income Max.
<input type="checkbox"/>	1 individual	\$37,650
<input type="checkbox"/>	2 individuals	\$43,000
<input type="checkbox"/>	3 individuals	\$48,400
<input type="checkbox"/>	4 individuals	\$53,750
<input type="checkbox"/>	5 individuals	\$58,050
<input type="checkbox"/>	6 individuals	\$62,350
<input type="checkbox"/>	7 individuals	\$66,650
<input type="checkbox"/>	8 individuals	\$70,950

I certify that I am a resident of the Charlotte, NC Metropolitan Area and my total household income last year was less than the amount shown above for my family size. (Note: Mecklenburg County is part of the **Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area**. The **Charlotte-Gastonia-Concord HUD Metro FMR Area** contains the following areas: Cabarrus County, NC; Gaston County, NC; Mecklenburg County, NC; Union County, NC; and York County, SC.) FY 2015 Income Limits Documentation

If the business is owned by more than one Section 3 resident, each should submit a separate Section 3 Resident Income Preference Claim Form. List each owner below:

NAME & POSITION	ADDRESS	PERCENTAGE OF OWNERSHIP

I certify that 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.

Name: _____ **Title:** _____

Company Name: _____

Signature: _____ **Date:** _____

Notary Signature and Seal: _____



**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. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent full-time employees**. Copy this form if necessary.

List All Employees	Date Hired	Section 3 Resident (Submit the Section 3 Preference Income Verification Form)	Job Title/Trade
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Name: Address: City/Zip		<input type="checkbox"/>	
Total Number of Employees:			
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, documents verifying the information submitted to qualify as a Section 3 business concern.

Name: _____ **Title:** _____

Company Name: _____

Signature: _____ **Date:** _____

Notary Signature and Seal: _____



SECTION 3 BUSINESS CONCERN
Contracts Awarded

List all work performed by businesses meeting Section 3 business conditions:

Name of Business & Contact Information	Qualifying Condition	Total Contract Award

I certify that 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.

Name: _____ **Title:** _____

Company Name: _____

Signature: _____ **Date:** _____

Notary Signature and Seal: _____



SECTION 3 PREFERENCE INCOME VERIFICATION FORM

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 24 CFR 135.5. (An example of evidence of eligibility for the preference is evidence of receipt of public assistance, or evidence of participation in a public assistance program.)

CERTIFICATION FOR SECTION 3 RESIDENT

I, _____, am a legal resident of the Mecklenburg County Area* and I (check one box)

☐ qualify as a Section 3 resident ☐ do not qualify as a Section 3 resident

based on my family size and household income during 2014 for the income levels as outlined in the Mecklenburg County Area Median Income limits listed below.

(Note: Mecklenburg County is part of the Charlotte-Gastonia-Concord, NC-SC HUD Metro FMR Area. The Charlotte-Gastonia-Concord HUD Metro FMR Area contains the following areas: Cabarrus County, NC; Gaston County, NC; Mecklenburg County, NC; Union County, NC; and York County, SC.)

2015 Mecklenburg County Area Median Income Limits

Table with 9 columns: Family Size, 1 Person, 2 Persons, 3 Persons, 4 Persons, 5 Persons, 6 Persons, 7 Persons, 8 Persons. Row 1: Income, \$37,650, \$43,000, \$48,400, \$53,750, \$58,050, \$62,350, \$66,650, \$70,950

My permanent address is: _____ Street Address (No PO Box)

_____ City State Zip

Phone: _____ Email: _____

Number of family who live in my household: _____

My total annual household income for the prior calendar year (2014) is: _____

I have attached ONE of the following documentation as evidence of my status:

- ☐ Proof of public assistance (i.e., TANF, Food Stamps, Medicaid, SCHIP)
☐ Proof of participation in a HUD Youth Build program
☐ Proof of participation in a federal, state or local public assistance program (WIA, etc.)
☐ Copy of current Federal Tax filings (2014)

I certify that my answers are true and complete to the best of my knowledge.

_____ Print Name

_____ Signature Date

Please return to the CHA Section 3 Coordinator at 400 East Boulevard, Charlotte, 28203 or fax to 704-336-7892