

RESOLUTION

WHEREAS, this Board of Directors of _____ [name of corporation] deems it desirable and in the best interests of this Corporation and its shareholders to enter into contracts for the performance of _____ [type of services];

NOW, THEREFORE, the Board of _____ [name of corporation] finds and declares that conferring authority to sign proposals, and to enter into contracts on behalf of _____ [name of corporation] upon certain officers [and/or directors] of the corporation is in the best interest of _____ [name of corporation] and does hereby resolve, determine, and order as follows:

_____ [Name], the _____ [Title] [list others as appropriate] is duly authorized to sign bids, bid bonds, contract performance bonds and payment bonds, and to enter into and sign said contracts on behalf of _____ [name of corporation].
_____ [Name] currently holds the _____ [Title] and has held that office since _____ [date] [list others as appropriate].
The _____ [Titles] is [are] further authorized to provide such additional information and execute such other documents as may be required in connection with said contracts and to execute any amendments, rescissions, and revisions thereto.

Date

Director

Date

Director

Date

Director

EXHIBIT 8

**VENDOR LIST QUESTIONNAIRE (FORM AA-1)
PROJECT WORKFORCE UTILIZATION (REVISED FORM AA-2)
CURRENT PERMANENT WORKFORCE UTILIZATION (FORM AA-3) (OPTIONAL)**

Purchasing & Payables Division

100 N. Garfield Ave., Room 328
Pasadena, CA 91101
(626) 744-6755
(626) 744-6757 Fax
Internet: www.ci.pasadena.ca.us/purchasing

Vendor List Questionnaire (Form AA-1)

Affidavit of Equal Opportunity Employment & Non-segregation

In order to be placed to the City's vendor list and be eligible to receive City business, you must provide the following information except where indicated as "optional." By submitting this form you are declaring under penalty of perjury under the laws of the State of California and the laws of the United States that the information is true and correct. Furthermore, you are certifying that your firm will adhere to equal opportunity employment practices to assure that applicants and employees are not discriminated against because of their race, religion, color, national origin, ancestry, disability, sex or age. And, your firm does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location, under its control, where segregated facilities are maintained.

Name of Company: _____ Business Telephone: _____

Address: _____ Fax number (Optional): _____

City: _____ State: _____ Zip: _____

Contact Person: _____ E-mail Address (Optional): _____

Tax ID Number (or Social Security Number): _____

Remit Address (if different): _____

Please state clearly and concisely the type(s) of goods and services your company provides:

The following section is **OPTIONAL** and is for statistical reporting purposes only. Ownership (please check all that apply):

African-American: _____ Asian: _____ Armenian: _____ Hispanic: _____
Native American: _____ Disabled: _____ Female: _____

Current Permanent Workforce Utilization (Form AA-3) OPTIONAL

Name of Company: _____

Project: _____

Completion of this form is OPTIONAL. Any information supplied by bidders is for reporting purposes only and will not be factored into the award of any contract.

Instructions: Please indicate the number of employees in each Job Classification belonging to the following groups.

	White (not of Hispanic origin)	African- American (not of Hispanic origin)	Hispanic	Asian/Paci fic Islander	Native American	Armenian	Male	Female
CLASSIFICATION								
Officials/ Managers								
Professionals								
Technicians								
Office/Clerical								
Skilled Craft Workers								
Operators (semi-skilled)								
Laborers								
Service Workers								
TOTAL								

EXHIBIT 9

PROPOSER'S SCHEDULE FOR BASIC SERVICES AND DELIVERABLES

SCHEMATIC DESIGN SERVICES

DATES: ___ Calendar Days Design Review Period to Be Determined

TASK

DELIVERABLES

DESIGN DEVELOPMENT SERVICES

DATES: ___ Calendar Days

TASK

DELIVERABLES

CONSTRUCTION DOCUMENTS SERVICES

DATES: ___ Calendar Days Plan Review Period To Be Determined

TASK

DELIVERABLES

BIDDING SERVICES

DATES: ___ Calendar Days

TASK

DELIVERABLES

CONSTRUCTION ADMINISTRATION SERVICES

DATES: To Be Determined

Construction Period To Be Determined

TASK

DELIVERABLES

EXHIBIT 10
HUD SECTION 3 FORMS

Section 3 Proposer Information Form

In order to be a Section 3 responsive Proposer you must submit a *Section 3 Business Certification form* with the Proposal and qualify under one of the categories below (check the one that applies)

- The Business is 51% owned by low to moderate income residents.
- 30% or more of the businesses permanent full-time employees are low income residents AND provides *Section Three Resident Certification form(s)* for each qualified employee.

----- OR -----

Make a written commitment by submitting a *Notice of Section 3 Commitment Form* with the Proposal AND a *Section 3 Economic Opportunity Plan* at time of Contract Award and Execution indicating that the Proposer will (check the ones that apply)

- Hire at least 30% aggregate new hires that are qualified low income residents AND provide *Section 3 Resident Certification form (s)* for each Section 3 new hire.
- Subcontract 25% or more of the bid amount to qualified Section 3 Business Concerns AND ensure that the Business Concern (s) provide *Section 3 Resident Certification form (s)* for each qualified employee.

----- OR -----

- I will NOT be applying for Section 3 preference. I understand that I will not be eligible to receive ANY of the Section 3 preference points (5 points).

I, of _____ (name of business) understand the requirements of Section 3 and have provided all of the required documentation and forms to prove my qualification for Section 3 preference. I also understand that failure to provide completed forms with my Proposal will result in the loss of ALL Section 3 preference points.

Print Name and Title

Date

Signature

Federal Lobbyist Certification
Required if Claiming Section 3 Preference Points

Federal Lobbyist Certification

Federal Compliance Form – To be submitted with Bid

Name of Firm: _____

Address: _____

State: _____ Zip Code: _____ Telephone Number: () _____

Acting on behalf of the above named firm, as its Authorized Official, I make the following Certification to the U. S. Department of Housing and Urban Development and the body awarding this federally assisted construction contract:

1. No Federal appropriated funds have been paid by or on behalf of the above named firm to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of and Federal grant, loan or cooperative agreement, and any extension, continuation, renewal, amendment, or modification thereof, and;
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee or any agency, a Member of Congress an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract, grant loan, or cooperative agreement, the above named firm shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions, and;
3. The above name firm shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreement) and that all sub-recipients shall certify and disclose accordingly.

NOTE: This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into the transaction imposed by Section 1352 Title 31, U. S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Authorized Official:

(Contractor/Subcontractor)

By: _____
(Signature)

(Date)

(Title)

Section 3 Business Certification
Required if Claiming Section 3 Preference Points

SECTION 3 BUSINESS CERTIFICATION

Name of Business _____

Address of Business _____

Contact Person _____ Title _____

Telephone _____

The bidder certifies that it is a Section 3 Business Concern based on:

____ Status as a Section 3 resident-owned enterprise (at least 51% owned by Section 3 residents:

- Provide copy of resident lease, evidence of participation in a public assistance program, or signed certification of Section 3 resident
- Provide documentation of business ownership, such as copy of articles of incorporation, partnership agreement, list of owners/stockholders and percentage ownership of each, organization chart with names and titles

____ At least 30% of permanent, full-time employees are currently Section 3 Residents or were Section 3 residents within the past 3 years:

- Provide complete list of all permanent, full-time employees
- Provide list of employees claiming Section 3 status
- Provide documentation of Section 3 status for all applicable employees such as PHA residential lease or signed certification of Section 3 resident

____ Commitment to subcontract 25% of the dollar awarded to qualified Section 3 business (only applicable to prime contractors:

- Provide list of subcontracted Section 3 business(es) and subcontract amount
- Provide documentation of Section 3 status for applicable businesses

I hereby certify that the information provided here is true and correct and understand that any falsification of any information provided could subject me to disqualification and punishment under the law.

Authorized Name and Signature

Date

Witness Name and Signature

Date

Section 3 Resident Certifications

**Required if Claiming Section 3 Preference Points and Utilizing
Employee Data for Qualification**

**Section 3 Resident Certification
Employees Residing in Orange County**

*Federal Compliance Form – Must be submitted with Bid if Box 1 is checked on Section 3 Business Certification
2010 Income Limits*

Employee's Name: _____

Employee's Address: _____

I hereby certify that I am a Section 3 resident; based on the following qualification(s):

1. I am a Public Housing Resident (Specify Name of the Public Housing site):

2. I am a low-income resident of the metropolitan area.

My household size and gross annual income level from all sources is:

HOUSEHOLD SIZE & INCOME LEVEL		
<input type="checkbox"/>	1	\$52,050 or less
<input type="checkbox"/>	2	\$59,450 or less
<input type="checkbox"/>	3	\$66,900 or less
<input type="checkbox"/>	4	\$74,300 or less
<input type="checkbox"/>	5	\$80,250 or less
<input type="checkbox"/>	6	\$86,200 or less
<input type="checkbox"/>	7	\$92,150 or less
<input type="checkbox"/>	8	\$98,100 or less

3. I am not a public housing or low-income resident of the metropolitan area.

Employee Signature

Date

<p><u>Must Be Completed by Employer</u></p> <p>The above-named person is a <i>permanent full-time</i> employee who was hired on: _____</p> <p>The above-named person is a permanent full-time <i>new-hire</i> employee who was hired on: _____</p> <p>This person's Work Classification or Position Title is: _____</p> <p>Name of Employer: _____</p>

**Section 3 Resident Certification
Employees Residing in Riverside & San Bernardino Counties**

*Federal Compliance Form – Must be submitted with Bid if Box 1 is checked on Section 3 Business Certification
2010 Income Limits*

Employee's Name: _____

Employee's Address: _____

I hereby certify that I am a Section 3 resident; based on the following qualification(s):

1. I am a Public Housing Resident (Specify Name of the Public Housing site):

2. I am a low-income resident of the metropolitan area.

My household size and gross annual income level from all sources is:

HOUSEHOLD SIZE & INCOME LEVEL		
<input type="checkbox"/>	1	\$36,400 or less
<input type="checkbox"/>	2	\$41,600 or less
<input type="checkbox"/>	3	\$46,800 or less
<input type="checkbox"/>	4	\$52,000 or less
<input type="checkbox"/>	5	\$56,200 or less
<input type="checkbox"/>	6	\$60,350 or less
<input type="checkbox"/>	7	\$64,500 or less
<input type="checkbox"/>	8	\$68,650 or less

3. I am not a public housing or low-income resident of the metropolitan area.

Employee Signature

Date

Must Be Completed by Employer

The above-named person is a *permanent full-time* employee who was hired on: _____

The above-named person is a permanent full-time *new-hire* employee who was hired on: _____

This person's Work Classification or Position Title is: _____

Name of Employer: _____

**Section 3 Resident Certification
Employees Residing in Los Angeles County**

*Federal Compliance Form – Must be submitted with Bid if Box 1 is checked on Section 3 Business Certification
2010 Income Limits*

Employee's Name: _____

Employee's Address: _____

I hereby certify that I am a Section 3 resident; based on the following qualification(s):

1. I am a Public Housing Resident (Specify Name of the Public Housing site):

2. I am a low-income resident of the metropolitan area.

My household size and gross annual income level from all sources is:

HOUSEHOLD SIZE & INCOME LEVEL		
<input type="checkbox"/>	1	\$46,400 or less
<input type="checkbox"/>	2	\$53,000 or less
<input type="checkbox"/>	3	\$59,650 or less
<input type="checkbox"/>	4	\$66,250 or less
<input type="checkbox"/>	5	\$71,550 or less
<input type="checkbox"/>	6	\$76,850 or less
<input type="checkbox"/>	7	\$82,150 or less
<input type="checkbox"/>	8	\$87,450 or less

3. I am not a public housing or low-income resident of the metropolitan area.

Employee Signature

Date

Must Be Completed by Employer

The above-named person is a *permanent full-time* employee who was hired on: _____

The above-named person is a permanent full-time *new-hire* employee who was hired on: _____

This person's Work Classification or Position Title is: _____

Name of Employer: _____

Notice of Section 3 Commitment

**Required if Claiming Section 3 Preference Points Under the
Intent to Hire or Contract**

Notice of Section 3 Commitment

Federal Compliance Form – Must be submitted with Bid and posted at Jobsite

TO:

(Name of Labor Union, Workers Representative, etc.)

(Address)

Name of Business (Contractor): _____

Project Name: _____ Project Number: _____

The Undersigned currently holds a contract with _____ involving Block Grant (CDBG) funds from the U. S. Department of Housing and Urban Development or a subcontract with a prime contractor holding such contract.

You are advised that under the provisions of the above contract or subcontract and in accordance with Section 3 of the Housing and Urban Development Act of 1968, the undersigned is obligated to the greatest extent feasible, to give opportunities for employment and training to lower income residence of the CDBG-assisted project area and to award contracts for work on the project to business concerns which are located in or are owned in substantial part by project area residence.

Regarding employment opportunities for Section 3, the minimum number and job titles are:

Minimum Number	Job Classification

Regarding job referrals, request that consideration be given, to the greatest extent feasible, to assignment of persons residing in the service area or neighborhood in which the project is located.

The anticipated date the work will begin is _____. For additional information, you may contact _____ at (_____) _____.

Contact Person's Name

Title

This notice is furnished to you pursuant to the provisions of the above contract or subcontract and Section 3 of the Housing and Urban Development Act of 1968. Copies of this notice will be posted by the undersigned in conspicuous places available to employees or applicants for employment.

(Print Name)

By: _____

(Signature)

(Date)

(Title)

Section 3 Economic Opportunity Plan

Federal Compliance Form – Must be submitted with Bid if Box 2 is checked on Section 3 Business Certification

1. Name and Address of Contractor:	2. Federal Identification: (Contract/Award No.)	3. Dollar Amount of Award:
	4. Contact Person:	5. Phone: (include Area Code)
	6. Reporting Period:	7. Date Report Submitted
8. Program Code: (Use a separate sheet for each Program Code)		

Program Codes 1. Flexible Subsidy 2. Section 202/811 3. Public/Indian Housing Development, Operation and Modernization 4. Homeless Assistance 5. HOME 6. HOME - State Administered 7. CDBG - Entitlement 8. CDBG - State Administered 9. Other CD Programs 10. Other Housing Programs
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Part I: Employment and Training Commitment

JOB CLASSIFICATION	TOTAL NEW HIRES	SECTION 3 NEW HIRES	% of Aggregate Hires Who are Section 3 Residents
Professionals			%
Technicians			%
Office/Clerical			%
Trade:			%
Trade:			%
Trade:			%
Trade:			%
Total:			%

Part II: Contract Award Commitment to Section 3 Businesses (Subcontractors, Suppliers, or Service Providers)

NAME OF SECTION 3 BUSINESS CONCERN	SPECIFY CONSTRUCTION OR NONCONSTRUCTION CONTRACT	CONTRACT AMOUNT
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$
Percentage of the total dollar amount to be awarded to Section 3 Business Concerns:		%

A Section 3 responsive bidder who commits to hire Section 3 Residents by directing employment and training opportunities toward low- and very low-income persons, particularly those who are recipients of government assistance for housing, may use any combination of outreach efforts to meet the Section 3 commitment made when a Section 3 Economic Opportunity Plan has been submitted.

REMEMBER: All employees of a business/firm count toward meeting your Section 3 compliance goals—Section 3 New Hires do not have to be construction workers, they just have to be a part of your permanent, full-time staff.

SAMPLE OUTREACH EFFORTS FOR CONTRACTORS SEEKING SECTION 3 RESIDENT EMPLOYEES

- Enter into "first-source" hiring agreements with organizations representing Section 3 residents, such as *Work Source* or a local Workforce Investment Board. For more information, visit <http://www.calwia.org/fwia/index.cfm>
- Sponsor a HUD-certified "Step-Up" employment and training program for Section 3 residents.
- Advertise training and employment positions by distributing flyers (Notice of Section 3 Commitment or other flyer that identifies the positions to be filled, the qualifications required, and where to obtain additional information about the application process) to every occupied dwelling unit in the housing development(s) adjacent to the project site.
- Post training and employment position flyers in public housing developments, offices of the local government, and other conspicuous places.
- Contact State-approved apprenticeship programs to gain access to potentially low-income residents who are actively seeking job-placement and training. For more information on local apprenticeship programs, you can visit the California Department of Industrial Relations' database of local apprenticeship programs by visiting <http://www.dir.ca.gov/databases/das/aigstart.asp>
- Contact agencies administering HUD Youthbuild programs, and requesting their assistance to recruit current HUD Youthbuild program participants who are in need of permanent placement.
- Advertise any positions to be filled through the local media, such as community television networks, newspapers of general circulation, or commonly-used job placement websites such as www.monster.com

Section 3 Economic Opportunity Report

Sample Included for Information Only

**(Form must be submitted every 6 months during the project if
Section 3 preference is claimed and a contract is awarded)**

Section 3 Economic Opportunity Report

Federal Compliance Form – If a Section 3 Economic Opportunity Plan was submitted with the Bid, or upon request. Submit with Final Certified Payroll Report or on June 30th, whichever occurs first.

1 Contractor Name and Address	2 Project Number	3 Dollar Amount of Contract
	4 Contractor Contact Person	5 Phone (include Area Code)
	6 Date Report Submitted:	7 Date(s) Covered:
	8 CSLB License Number and Class	9 Federal EIN:

Part I: Employment & Training Opportunities provided to low-income individuals (Minimum Goal: 30% of New Hires)

Job Category	Number of New Hires	Number of New Hires that are Section 3 Residents	% of Aggregate Number of Staff Hours of New Hires that are Sec. 3 Residents	% of Total Staff Hours for Section 3 Employees and Trainees	Number of Section 3 Trainees
Professionals					
Technicians					
Office/Clerical					
Trade:					
Trade:					
Trade:					
Trade:					
TOTALS:			%	%	

Part II: Subcontracts Awarded (Minimum Subcontract Goal is 25% of the Prime Contract Amount)

Number of Subcontracts awarded:	Number of Section 3 Businesses Receiving Contracts:	
Name of Qualified Business Concern	Construction or Non-construction Contract	Amount
		\$
		\$
		\$
		\$
Total Dollar Amount of Subcontracts awarded to Section 3 qualified Business Concerns:		\$
Dollar Amount of All Subcontracts:		\$
Percentage of the total dollar amount awarded to qualified Business Concerns:		%

Part III: Summary of the efforts that were made to generate economic opportunities

Trained and/or Employed _____ low-income individuals equal to _____ (%) of the aggregate new hires. (Attach Resident Certifications)

Awarded a Subcontract to _____ qualified Business Concerns equal to _____ (%) of the contract amount. (Attach Business Certifications)

___ Attempted to recruit low-income individuals through:

- ___ Advertised through local media, television, radio, newspaper (Attach copy of advertisement)
- ___ Signs prominently displayed at the project site
- ___ Contacts with community organizations
- ___ Contacted management to notify residents and posted or distributed flyers at public housing authority (Attach list)

___ Participated in a HUD program or other program which promotes the training or employment of low-income individuals

___ Participated in a HUD program or other program which promotes the award of contracts to Section 3 Qualified Business Concerns

___ Contacted agencies administering HUD Youth-Build programs. (Attach list)

___ Maintained a file of eligible, qualified low-income Residents and qualified Business Concerns for future employment

OTHER - _____ (Attach supporting documentation)