

Note: Provide a minimum of three (3) references for similar projects for the Proposer firm and Sub-Consultants, as Architect of Record, Principal, Job Captain, Project Architect, Project Manager, Engineer of Record or Principal Engineer with present firm and each of the key personnel identified in the Proposal. Include a telephone number and the name of a key contact person. Firms should be thoughtful in identifying key team members. Project personnel identified in the Proposal are expected to be involved throughout the life of the Project.

H. WORK LOAD

Provide present workload of the designated key personnel, and scheduled time for completion of his/her current project(s).

I. COMMITMENT FOR PROJECT SCHEDULE

Provide a commitment letter indicating that the proposed schedule will be met and the Project Deliverables will be completed as per schedule.

J. ORGANIZATIONAL CHART

Provide organizational chart of your team showing names and addresses of your firm and all Consultants.

K. MANDATORY SUBMISSION FORMS

Proposal shall provide a section or tab for all required Exhibits (forms to be completed by Proposer) as follows: (attached)

- |            |  |
|------------|--|
| Exhibit 1  | Proposal Checklist, Architect and Consultant Listing, and Proposer Certification   |
| Exhibit 2  | Designated Representatives, Key Personnel, and Consultants   |
| Exhibit 3  | Hourly Rates of Architect and its Consultants  |
| Exhibit 4  | Declaration of Noncollusion by Contractor  |
| Exhibit 5  | Disclosure Regarding Taxpayer Protection Act   |
| Exhibit 6  | Living Wage Compliance Certification   |
| Exhibit 7  | Identity Confirmation  |
| Exhibit 8  | Vendor List Questionnaire (Form AA-1), Project Workforce Utilization (Revised Form AA-2), Current Permanent Workforce Utilization (Form AA-3) (optional) |
| Exhibit 9  | Proposer's Schedule for Basic Services and Deliverables  |
| Exhibit 10 | HUD Section 3 Forms  |
|            | - Section 3 Proposer Information Form (Must be Submitted with Proposal <u>Even if Not Claiming</u> HUD Section 3 Preference Points)                      |

**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](http://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:

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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: \_\_\_\_\_

## Project Workforce Utilization (Revised Form AA-2)

This form is to be included in all bid documents for projects involving labor or services valued at \$25,000 or more.

**Instructions:** Please indicate the job titles/classifications to be used in the performance of this contract should it be awarded to your firm. Please indicate the number of employees for the Consultant and all Sub-Consultants in each job classification as well as the number of new hires, if any, as a result of this contract. Further, please explain below how you plan to implement the City's Local Hire Policy (see RFP Section 16) relative to the Architectural and Engineering Services Component of this contract. Please complete a separate form for all firms that are a part of your team.

Name of Company: \_\_\_\_\_ Project: \_\_\_\_\_

Job Titles/Classification	Estimated number of existing staff to be employed in this classification if awarded the contract	Estimated number of new hires to be employed in this classification if awarded the contract
Are any current employees or potential new hires Pasadena residents? If so, how many?		

Local Hire Implementation Plan: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 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
<b>CLASSIFICATION</b>								
Officials/ Managers								
Professionals								
Technicians								
Office/Clerical								
Skilled Craft Workers								
Operators (semi-skilled)								
Laborers								
Service Workers								
<b>TOTAL</b>								

EXHIBIT 9

PROPOSER'S SCHEDULE FOR BASIC SERVICES AND DELIVERABLES

SCHEMATIC DESIGN SERVICES

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DATES: \_\_\_\_\_ Calendar Days      Design Review Period to Be Determined

TASK

DELIVERABLES

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DESIGN DEVELOPMENT SERVICES

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DATES: \_\_\_\_\_ Calendar Days

TASK

DELIVERABLES

---

CONSTRUCTION DOCUMENTS SERVICES

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DATES: \_\_\_\_\_ Calendar Days      Plan Review Period To Be Determined

TASK

DELIVERABLES

---

BIDDING SERVICES

---

DATES: \_\_\_\_\_ Calendar Days

TASK

DELIVERABLES

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**CONSTRUCTION ADMINISTRATION SERVICES**

DATES: To Be Determined

Construction Period To Be Determined

TASK

DELIVERABLES

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**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

**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 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 (\_\_\_\_\_) \_\_\_\_\_.

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: <span style="float: right;">(Use a separate sheet for each Program Code)</span>		

<b>Program Codes</b> 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:			%
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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>
<b>Percentage of the total dollar amount to be awarded to Section 3 Business Concerns:</b>		<b>%</b>

*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.ca1wia.org/hwia/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](http://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 30<sup>th</sup>, 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:					
<b>TOTALS:</b>			%	%	

**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
		\$
		\$
		\$
		\$
<b>Total Dollar Amount of Subcontracts awarded to Section 3 qualified Business Concerns:</b>		<b>\$</b>
<b>Dollar Amount of All Subcontracts:</b>		<b>\$</b>
<b>Percentage of the total dollar amount awarded to qualified Business Concerns</b>		<b>%</b>

**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)