

# Neighborhoods Department Housing and Community Development Division



Dear Section 3 Certification Applicants:

We would like to thank you for your interest in becoming Section 3 Certified. As a certified contractor, you will be provided with valuable information on contracting opportunities over \$200,000, which are available through the Community Development Block Grant (CDBG) and Home Investment Partnership Program (HOME).

All applicants seeking Section 3 preference in the awarding of contracts or purchase agreements must complete and submit a Section 3 certification application packet.

**The application MUST BE NOTARIZED and include the following required documents:**

- Section 3 Contractor Application**
- State of FL General Contractors License (GC Only)**
- Occupational License**
- Articles of Incorporation**

The Jacksonville Small and Emerging Business Office will review all applications and notify those businesses who qualify. Qualifying contractors will be placed on a Certified Section 3 Contractors List for a period of three (3) years and will be notified when contracting opportunities are available through the CDBG and HOME.

Thank you for your participation! If you have any questions, please call:

Teresa Bocchieri  
(904) 255-8833  
[Totto@coj.net](mailto:Totto@coj.net)

214 N. Hogan Street, 8<sup>th</sup> Floor  
Jacksonville, Florida 32202-3325  
Telephone: (904) 255-8840 Fax: (904) 255-8842

**SECTION 3 BUSINESS APPLICATION**  
**CERTIFICATION OF BUSINESS CONCERNS SEEKING**  
**SECTION 3 PREFERENCE IN CONTRACTING**

NAME OF BUSINESS \_\_\_\_\_  
ADDRESS OF BUSINESS \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_  
TELEPHONE #: (\_\_\_\_) \_\_\_\_\_  
CELL PHONE #: (\_\_\_\_) \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

**MUST PROVIDE EVIDENCE OF SECTION 3 STATUS PRIOR TO CONTRACT AWARD**

Type of Businesses Entity:                       Corporation                                       Partnership  
    Sole Proprietorship                                       Joint Venture

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

- \_\_\_\_\_ 1. My business is owned, at least 51% by Section 3 Residents. (**Resident Owner**)
- Provide a copy of resident lease, evidence of participation in a public assistance program, proof of public housing, proof of income, and signed Certification for Section 3 Resident (Form 3)
  - Provide business license number \_\_\_\_\_
- \_\_\_\_\_ 2. At least 30% of my permanent, full-time employees are currently Section 3 Residents or were Section 3 Residents within the past 3 years. (**Resident Employer**)
- Provide list of full-time employees (Form 2)
  - Provide signed certification for Section 3 Residents (Form 3) with supporting documentation (evidence of participation in public assistance program, proof of public housing, or proof of income)
- \_\_\_\_\_ 3. I commit to subcontract 25% of the dollar award to qualified Section 3 Business Concerns. (**Resident Prime Contractor**)
- Provide signed Section 3 Economic Opportunities Plan (Form 4.1 and 4.2)

**Evidence of ability to perform successfully (where applicable):**

Bonding Capability \$ \_\_\_\_\_                       Insurance Coverage \$ \_\_\_\_\_

\_\_\_\_\_  
Owner Signature    Date                                      Witness Signature    Date

\_\_\_\_\_  
Print    Print

State of Florida  
County of \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ by  
\_\_\_\_\_ (name of affiant). He / She is personally known to me or has  
produced \_\_\_\_\_ (type of identification) as identification.

\_\_\_\_\_  
(Notary's Printed Name)

\_\_\_\_\_  
Commission Expires

\_\_\_\_\_  
(Notary's Signature)

**FORM 1**

**BUSINESS EMPLOYEE LIST**

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE #: ( ) \_\_\_\_\_ FAX #: ( ) \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

- List all full-time, permanent employees of the company
- Attach copy of each qualifying employee's State-issued ID
- Proof of program participation is required for all participants of Duval County Public Housing Section 8 or other Federal Assistance Programs
- Each qualifying employee must complete Form 3

| Employee Name | Address | Date of Hire | FT or PT | Trade | Section 3 Yes or No | PH, S-8 or FA Resident |
|---------------|---------|--------------|----------|-------|---------------------|------------------------|
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |
|               |         |              |          |       |                     |                        |

FT = Full-Time  
 S-8 = Section 8 Resident

PT = Part-Time  
 PH = Public Housing Resident

Sec. 3 = Section 3 Resident  
 FA = Federal Assistance Program Participant

TOTAL NUMBER OF COMPANY EMPLOYEES: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_

Attach additional sheets where needed.

**SECTION 3 RESIDENT PREFERENCE CLAIM FORM**

**Eligibility for Preference**

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 Section 135.5.

I, \_\_\_\_\_, am a legal resident of Duval County  
 (NAME)

and qualify as a Section 3 Resident because I am a public housing resident or I meet the income guidelines as published at the bottom of this form. I have attached the following documentation as evidence of my status: (Check One)

- Driver's License or State ID
- Proof of public housing residency with current address
- Copy of Evidence of participation
- Other Evidence in a public assistance program

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Company Name \_\_\_\_\_  
 Project Name \_\_\_\_\_  
 Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Counts by Household or Persons? (H/P)\_\_\_

**FY 2017**  
**FAMILY INCOME GUIDELINES**  
**\$63,300 Median Family Income**

| Family Size | Extremely Low Income<br>(30% of Median) | Very Low Income<br>(50% of Median) | Low Income<br>(80% of Median) |
|-------------|---|------------------------------------|-------------------------------|
| 1           | \$13,550                                | \$22,550                           | \$36,050                      |
| 2           | \$16,240                                | \$25,800                           | \$41,200                      |
| 3           | \$20,420                                | \$29,000                           | \$46,350                      |
| 4           | \$24,600                                | \$32,000                           | \$51,500                      |
| 5           | \$28,780                                | \$34,800                           | \$55,650                      |
| 6           | \$32,960                                | \$37,400                           | \$59,750                      |
| 7           | \$37,140                                | \$39,950                           | \$63,900                      |
| 8           | \$41,320                                | \$42,550                           | \$68,000                      |

## SECTION 3 CONTRACTOR ECONOMIC OPPORTUNITIES PLAN

\_\_\_\_\_ (Contractor) agrees to utilize and implement the following specific steps directed at increasing the utilization of lower income residents and businesses within the Section 3 covered area for this project, as specified in these bid documents.

- A. To list on Table A, the following information related to subcontractors to be awarded.
1. An approximate number and dollar value of contracts to be awarded over the duration of the Section 3 covered project (this estimate should be broken down by type of business or profession); and
  2. Based on an analysis of the estimated contract needs, a target number and value of contracts to be awarded to Section 3 Business Concerns (these targets should consider the availability of Section 3 Business Concerns within the categories identified in the initial estimate of contract needs).
- B. To provide a program or strategy for achieving the targets established for awards to Section 3 Business Concerns which would include the following steps:
1. To insert this Section 3 plan in all requests for subcontractor, and trade a Section 3 plan to the general contractor including utilization goals and the specific steps planned to accomplish these goals;
  2. To insure that subcontractors, which are typically let on a negotiated rather than a bid basis in areas other than Section 3 covered project areas, are also let on a negotiated basis, whenever feasible, when let in a Section 3 covered project area;
  3. To formally contact unions, subcontractors, and trade associations to secure their cooperation for this program; and
  4. To insure that all appropriate project area business concerns are notified of pending sub-contractual opportunities.
    - Loans, Grants, contracts and subsidies for less than \$10,000 will be exempt

FORM 4.1

- C. To list on Table B all projected trainee and employee workforce needs for all phases of this project by occupation, trade, skill level and number of positions. An estimated number of Section 3 area residents to be utilized in these areas must be included on Table B. Steps directed at meeting these goals are as follows:
1. To attempt to recruit from within the City the necessary number of lower income residents through: local advertising media, signs placed at the proposed site for the project, and community organizations and public or private institutions operating within or serving the project area such as Service Employment and Redevelopment (SER), Opportunities Industrialization Center (OIC), Urban League, Concentrated Employment Program, Hometown Plan, or the U.S. Employment Service.
  2. To maintain a list of all lower income residents who have applied whether on their own or on referral from any source, and to employ such person, if otherwise eligible and if a vacancy exists.
- D. To maintain records, including copies of correspondence, memoranda, etc., as evidence that all of the above steps have been taken.
- E. To appoint or recruit an executive official of the company or agency as Equal Opportunity Officer to coordinate the implementation of this Section 3 plan.

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COMPANY NAME

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TELEPHONE

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PROJECT NAME

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PROJECT NUMBER

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SIGNATURE OF PERSON  
COMPLETING FORM

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PRINT NAME