

SAINT PAUL PUBLIC HOUSING AGENCY

555 WABASHA ST N. SUITE 400 ST. PAUL MN 55102

SECTION 3 BUSINESS CONCERN CERTIFICATION APPLICATION

To:

Section 3 is a federal requirement that employment and contracting opportunities available due to federal funding shall to the greatest extent feasible, be directed to low income residents of the community where the project is located. The St. Paul Public Housing Agency (PHA) is seeking to extend the benefits of, and to promote compliance with Section 3 by:

- (1) identifying Section 3 Business Concerns in the 7 county metro area;
 - a. Ramsey, Hennepin, Anoka, Dakota, Scott, Carver and Washington
- (2) targeting Section 3 Business Concerns for PHA business opportunities; and
- (3) promoting Section 3 Business Concerns via Section 3 directories

This is your invitation to become certified or re-certified as a Section 3 Business Concern. As part of the PHA's mandate to promote contract, employment and training opportunities for low income residents in compliance with federal Section 3 regulations, we have instituted this simple Section 3 certification application process. All applicants seeking Section 3 certification must complete and submit the enclosed Section 3 Business Concern Application form along with one of the two forms noted below.

If your company is owned by one or more Section 3 residents, then complete form **A**, "**Section 3 Business Concern- Resident Business Owner(s).**"

If 30% or more of your full-time permanent workforce are Section 3 Residents as defined, then complete form **B**, "**Section 3 Business Concern – 30%+ Workforce.**"

Complete the Business Concern Application **and** attach either **Form A** or **Form B**, sign and notarize the documents where indicated, and mail in the self-addressed stamped envelope to: 555 Wabasha St N. Suite 400 St Paul MN 55102 ATTN: Section 3 Coordinator or send via email at merhawit.kubrom@stpha.org.

If you have any questions or concerns, please feel free to contact me at 651-292-6176.

Sincerely

Merhawit Kubrom
Equal Opportunity & Diversity Director/Section 3 Coordinator

Attachment

SECTION 3 BUSINESS CONCERN APPLICATION

Business Name/Address/City/State/Zip:	
D.B.A. (if different from above):	
Business Phone: ()	Fax: ()
E-Mail:	Business Website:
Employer Identification Number:	
Contact Person & Title:	Contact Phone:
<p>Trade Description:</p> <p><input type="checkbox"/> Carpentry <input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Painting <input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Asbestos <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing <input type="checkbox"/> Lead Abatement <input type="checkbox"/> GC <input type="checkbox"/> Exterminating <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Boiler/Burner Replacement <input type="checkbox"/> Rubbish Removal <input type="checkbox"/> Ironwork <input type="checkbox"/> Accountant Services <input type="checkbox"/> Legal Services <input type="checkbox"/> Demolition <input type="checkbox"/> Other (please list) _____</p>	
Date Business was established: _____ / _____ / _____ <i>Month</i> <i>Day</i> <i>Year</i>	
<p>Type of Business Entity (check one):</p> <p><input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Limited Liability Corporation (LLC)</p> <p><input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Describe): _____</p>	
<p>Number of employees:</p> <p>Full-time: _____ Part-time: _____ Contract: _____ Total: _____</p>	
Has Business worked for St.PHA in the past? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please provide year, and location _____	
<p>Is Business certified Section 3 with any other Housing Agencies and or City Entity <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>If YES, please list _____</p>	
<p>Our company <input type="checkbox"/> is <input type="checkbox"/> is not a women-owned business enterprise (WBE). A business that is at least 51 percent owned by a woman or women who also control and operate the business.</p> <p>Our company <input type="checkbox"/> is <input type="checkbox"/> is not a disabled-owned business enterprise (DBE). A business that is at least 51 percent owned by a person or persons who are disabled who also control and operate the business.</p> <p>Our company <input type="checkbox"/> is <input type="checkbox"/> is not a minority business enterprise. A business that is at least 51 percent owned or controlled by one or more minority group members. For the purpose of this definition, minority group members are: (Check the block applicable to you)</p> <p><input type="checkbox"/> Black Americans <input type="checkbox"/> Asian Pacific Americans <input type="checkbox"/> Hispanic Americans</p> <p><input type="checkbox"/> Asian Indian Americans <input type="checkbox"/> Native Americans <input type="checkbox"/> Hasidic Jewish Americans</p>	

SECTION 3 BUSINESS CONCERN

I qualify as a Section 3 Business concern because my business is 51% owned by one or more Section 3 residents.

Resident Business Owner (s)

Name of Owner:		
Name of Business:		Phone Number
Business Address:	City:	State/Zip:
Percentage of Ownership: %		

Check the appropriate box for your family size and income:

Check Box	Number in Household	Gross Household Income Max.
<input type="checkbox"/>	1 person	\$45,100
<input type="checkbox"/>	2 persons	\$51,550
<input type="checkbox"/>	3 persons	\$58,000
<input type="checkbox"/>	4 persons	\$64,400
<input type="checkbox"/>	5 persons	\$69,600
<input type="checkbox"/>	6 persons	\$74,750
<input type="checkbox"/>	7 persons	\$79,900
<input type="checkbox"/>	8 persons	\$85,050

- A. I certify that I am a resident of the Twin Cities 7 County Metro Area (Ramsey, Hennepin, Anoka, Dakota, Scott, Carver and Washington)
- B. My Total Household Income last year *or* within the past 12 months was less than the amount shown above for my family size.

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Print Name/Title: _____ Date: _____

Signature: _____

State of Minnesota: County of _____

Subscribed and sworn to before me on this _____ day of _____ 2010

Notary Public
My Commission Expires: _____

SECTION 3 BUSINESS CONCERN- 30%+ WORKFORCE

Name of Business: _____ Business Address: _____

Phone Number: _____ State/Zip: _____ City: _____

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 first employment with the business.

For your business to be eligible UNDER THIS CRITERIA, you must provide the following information for **all your permanent Full Time employees.** **Copy this form if necessary**

LIST ALL EMPLOYEES: Name, City and Zip Code	DATE HIRED (MM/DD/YYYY)	CHECK IF SECTION 3 RESIDENT	JOB TITLE/TRADE
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	
Name: City/Zip:		<input type="checkbox"/>	

Total Number of Employees: _____

Number of Section 3 Residents: _____

% of Total Workforce: _____

(over please)

I certify that the information given above is accurate and complete to the best of my knowledge and belief. I understand that false statements or information are punishable under federal law.

Print Name: _____

Title: _____

Company Name: _____

Date: _____

Signature: _____

State of Minnesota: County of _____

Subscribed and sworn to before me on this _____ day of _____ **2010**

Notary Public

My Commission Expires: _____