

**GRADY COUNTY BOARD OF COMMISSIONERS  
REQUEST FOR PROPOSALS  
ARCHITECTURAL GRANT SERVICES**

Date: **January 31, 2024**

Statements of qualifications and proposals are being requested from architectural firms with a strong record in successfully assisting local governments with the implementation of Community Development Block Grant (CDBG) programs. Responding firms should be technically qualified and licensed in the State of Georgia to provide these services.

Plans are to contract for architectural preliminary design services required for a potential CDBG/EIP project and, if funded, for architectural services for the implementation of the project. The purpose of the project is to construct a new community facilities building.

**Information which should be submitted for our evaluation is as follows:**

- 1) History of firm and resources**
- 2) CDBG/EIP/RDF experience, including other DCA grant programs**
- 3) Key personnel/qualifications**
- 4) Current workload**
- 5) Scope and level of service proposed**
- 6) Experience with similar projects and list of references**
- 7) Fees and/or Percentages (if any) associated with the Preliminary Architectural Report (PAR) for the application, and Design and Construction Management Services, if the project is funded. The draft PAR would be needed no later than March 15, 2024.**
- 8) Errors and Omissions Insurance**
- 9) Statement of Qualifications Form**
- 10) Section 3 Certification Form (*Only Submit with your Proposal if you are claiming Section 3 Status.*)**

This project is covered under the requirements of Section 3 of the HUD Act of 1968, as amended and Section 3 Business Concerns are encouraged to apply.

*THE GRADY COUNTY BOARD OF COMMISSIONERS also abides by the following laws as they pertain to HUD Assisted Projects: Title VI of the Civil Rights Act of 1964; Section 109 of the Housing and Community Development Act of 1974, Title 1; Title VII of the Civil Rights Act of 1968 (Fair Housing Act); Section 104(b)(2) of the Housing and Community Development Act of 1974; Section 504 of the Rehabilitation Act of 1973 as amended; Title II of the Americans with Disabilities Act of 1990 (ADA); and the Architectural Barriers Act of 1968.*

Interested parties should request copies of the Statement of Qualifications Form and Section 3 Solicitation Package prior to preparing and submitting their proposal. Proposals should be received no later than **4:00 PM** on **March 4, 2024**. Proposals received after the above date and time may not be considered. We reserve the right to accept or reject any and all proposals and to waive informalities in the proposal process. Questions, Statement of Qualifications and Section 3 Certification form requests (i.e., request for Section 3 preference) can be made by contacting Buddy Johnson, County Administrator at [bjohnson@gradyco.org](mailto:bjohnson@gradyco.org) or by calling (229)377-1512. Proposal packages should be submitted to the name and address listed below:

**GRADY COUNTY BOARD OF COMMISSIONERS**

**Attn: Buddy Johnson  
33 17<sup>TH</sup> Avenue NW  
Cairo, GA 39827**



The sealed envelope shall be clearly marked **"FY2024 CDBG – Architectural SOQ"**

# Architectural Statement of Qualifications

\*\*\*\*\*

NAME OF FIRM: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

1. Years in Business in Present Form: \_\_\_\_\_

2. Firms History and Resource Capability to Perform Required Services:  
\_\_\_\_\_  
\_\_\_\_\_

3. Titles, Names, and Addresses of all Officers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List categories in which firm is legally qualified to do business. Include Licenses and Registrations where applicable.  
\_\_\_\_\_  
\_\_\_\_\_

5. Does your firm carry Errors and Omissions Insurance? \_\_\_\_\_

6. If you were awarded the design, bid phase, and inspection for this project, what would your fee be?  
\_\_\_\_\_

7. Does your firm charge for the preliminary architectural report (PAR)?  
If yes, what would the charge be? \$ \_\_\_\_\_  
Can your firm meet the draft PAR deadline? YES \_\_\_ NO \_\_\_

8. List up to five (5) projects which demonstrate skills to be used on CDBG projects. Note project name, location, owner, year, contract amount, and nature of firm's responsibility.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

9. List key personnel (with qualifications) likely to be involved on these projects and explain their specific role in CDBG work.

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10. List three (3) references for the Firm.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

11. Are you a Section 3 Business Concern? Yes \_\_\_\_\_ No \_\_\_\_\_

*If yes, the Attached Section 3 Business Concern Certification, Previous Certification and Action Plan must be filled out, signed, notarized, and submitted with your proposal.*

Is the signed and notarized Section 3 Business Concern Certification, Previous Certification and Action Plan attached to your proposal? Yes \_\_\_\_\_

*If no, you will only need to submit the Section 3 forms if you are the successful proposer.*

12. Certifying that:

Mr./Mrs./Ms. \_\_\_\_\_ (signature) being duly sworn deposes and states that he/she is the \_\_\_\_\_ (title) of \_\_\_\_\_ (name of firm) and that answers to the foregoing questions and all statements herein contained are true and correct.

# ARCHITECTURAL RATINGS CRITERION

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CONTACT: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_

FIRM ADDRESS: \_\_\_\_\_

*Evaluate the Architectural and/or Engineering Firm based on the points assigned to each of the following selection criterion*

### CIRCLE POINTS

| <u>CRITERION</u>                                                                   | <u>POOR</u> | <u>GOOD</u> | <u>EXCELLENT</u> | <u>POINTS<br/>ASSIGNED</u> |
|------------------------------------------------------------------------------------|-------------|-------------|------------------|----------------------------|
| 1. Ability to provide the disciplines necessary for this project.                  | 0           | 1           | 2                | _____                      |
| 2. Firm's experience with this type of construction.                               | 0           | 1           | 2                | _____                      |
| 3. Key personnel experience with this type of construction                         | 0           | 1           | 2                | _____                      |
| 4. Quality of reference information.                                               | 0           | 1           | 2                | _____                      |
| 5. Has Firm had experience with Community Development Block Grant (CDBG) projects? | 0           | 1           | 2                | _____                      |
| 6. Is price competitive?                                                           | 0           | 1           | 2                | _____                      |

**TOTAL POINTS** \_\_\_\_\_

Firm can meet PAR deadline?      \_\_\_ Yes      \_\_\_ No

Firm carries Errors and Omissions insurance?      \_\_\_ Yes      \_\_\_ No

COMMENTS ON WHY FIRM SHOULD BE SELECTED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME: \_\_\_\_\_

DATE OF REVIEW: \_\_\_\_\_

# Georgia Department of Community Affairs

## Mandatory Section 3 Solicitation Package

This mandatory solicitation package has been developed in accordance with DCA's Section 3 Policy for Covered HUD Funded Activities. DCA encourages all recipients, sub-recipients, contractors, and sub-contractors to review this policy prior to completion of the solicitation package. For those awards that meet the applicable Section 3 thresholds, this package must be returned in accordance with the applicable instructions to the contracting entity prior to award **or at the time of submission of a bid/proposal in order to claim a Section 3 preference**. The Section 3 Clause, required forms, and instructions are included in this package. All Recipients and Sub-recipients of Section 3 covered Assistance (including but not limited to contractors, sub-contractors, developers, grantees, CHDOs, non-profits, and local government entities) are subject to compliance with regulations in 2 Part 75.

Additional provisions for Housing and Community Development Financial Assistance.

### **§75.19 Requirements.**

#### (a) Employment and training.

- (1) To the greatest extent feasible and consistent with existing federal state and local laws and regulations recipients covered by this subpart shall ensure that employment and training opportunities arising in connection with Section 3 projects are provided to Section 3 workers within the metropolitan area (or nonmetropolitan county) in which the project is located.
- (2) Where feasible priority for opportunities and training described in paragraph (a)(1) of this section should be given to:
  - (i) Section 3 workers residing within the service area or the neighborhood of the project and
  - (ii) Participants in YouthBuild programs.

#### (b) Contracting

- (1) To the greatest extent feasible and consistent with existing, Federal, state, and local laws and regulations recipients covered by this subpart shall ensure contracts for work awarded in connection with Section 3 projects are provided to business concerns that provide economic opportunities to Section 3 workers residing within the metropolitan area (or nonmetropolitan county) in which the project is located.
- (2) Where feasible, priority for contracting opportunities described in paragraph (b)(1) of this section should be given to:
  - (i) Section 3 business concerns that provide economic opportunities to Section 3 workers residing within the service area or the neighborhood of the project, and
  - (ii) YouthBuild programs.

***Any bid/proposal claiming a preference must include the completed and signed Section 3 Self-Certification and Action Plan and the Section 3 Business Concern Self Certification and be submitted by the bid/proposal deadline.***

The following Section 3 forms must be completed and returned prior to contract execution:

- Section 3 Self Certification and Action Plan
- Previous Section 3 Compliance Certification
- Assurance of Compliance Certification

Additionally, if the contractor is claiming certification as a 51% owned by low or very low-income residents or is certifying as a 75% workforce the Resident Self-Certification and Skills Data Form must be returned for all employees who meet the low- or very low-income requirement as well as the appropriate Section 3 Business Certification.

## Section 3 Solicitation Overview and Instructions for Contractors

The DCA Section 3 Policy requires that, when the **Section 3 regulation is triggered**, every effort within the contractor's disposal must be made, to the greatest extent feasible, to offer all available employment and contracting opportunities to Section 3 residents and Section 3 businesses based on the compliance methods below.

### All Contracts and All Contractors must meet Section 3 compliance by:

- A. Giving notice of any and all opportunities for employment and contracting to residents of the local Public Housing Authority (PHA), and other low and very low income area residents and businesses, by posting the opportunity in community sources generally available to low income residents and the general public. Exercising a ***minimum of three (3)*** of the following listed sources must be completed prior to offering employment to anyone not covered by Section 3 requirements:
1. The local community newspaper
  2. The most widely distributed newspaper
  3. Company or agency website
  4. The management office of the local housing authority/homeless service agency/local low income housing community
  5. Local Workforce Board (i.e., Department of Labor)
  6. Local office of the Georgia Division of Family and Children Services
  7. Dodge Room <http://www.construction.com/dodge/dodge.asp>
  8. Other locations as approved by DCA
- B. The recipient, sub-recipient or contractor must check the HUD Section 3 Business Registry to determine if there are any Section 3 businesses in the County where the work will be performed. If there are Section 3 businesses in the County that may be able to perform the work, the recipient, sub-recipient or contractor must provide a copy of the contracting opportunity(ies) (e.g., bid notices) to the Section 3 businesses. See the HUD Section 3 Business Registry at: <https://hudapps.hud.gov/OpportunityPortal/>.
- C. Clearly stating in notices that the position is a "Section 3 covered position under the HUD Act of 1968 and that Section 3 Residents and Business Concerns are encouraged to apply."
- D. Placing the Section 3 Clause provided in Appendix A in ALL solicitations.
- E. When possible, other activities may be done to demonstrate effort to comply with the Safe Harbor Limits. These other efforts are listed in the appendix to part 75 of the Code of Federal Regulations—24 CFR Part 75 and include:

Engaged in outreach efforts to generate job applicants who are Targeted Section 3 workers.

- 1) Provided training or apprenticeship opportunities.
- 2) Provided technical assistance to help Section 3 workers compete for jobs (e.g.,

- resume assistance, coaching).
- 3) Provided or connected Section 3 workers with assistance in seeking employment including: drafting resumes, preparing for interviews, and finding job opportunities connecting residents to job placement services.
  - 4) Held one or more job fairs.
  - 5) Provided or referred Section 3 workers to services supporting work readiness and retention (e.g., work readiness activities, interview clothing, test fees, transportation, childcare).
  - 6) Provided assistance to apply for/or attend community college, a four-year educational institution, or vocational/technical training.
  - 7) Assisted Section 3 workers to obtain financial literacy training and/or coaching.
  - 8) Engaged in outreach efforts to identify and secure bids from Section 3 business concerns.
  - 9) Provided technical assistance to help Section 3 business concerns understand and bid on contracts.
  - 10) Divided contracts into smaller jobs to facilitate participation by Section 3 business concerns.
  - 11) Provided bonding assistance, guaranties, or other efforts to support viable bids from Section 3 business concerns.
  - 12) Promoted use of business registries designed to create opportunities for disadvantaged and small businesses.
  - 13) Outreach, engagement, or referrals with the state one-stop system as defined in Section 121(e)(2) of the Workforce Innovation and Opportunity Act
- F. Linking residents or businesses to local resources that may be available to help prepare them for applying for and achieving the opportunity.
- G. Working with DCA, the recipient, sub-recipient or contractor as applicable in developing a communication and follow up process to track and report all Section 3 applications and hiring activities to ensure the reporting of compliance efforts, and that contracting and sub- contracting are accurate. Provide preference in hiring and contracting to Section 3 applicants and contractors when employment or contracting opportunities are offered and all requirements are met and remain equal. Contractors must:
1. Provide this package to all sub-contractors when soliciting bids for all contracts or sub- contracts;
  2. Meet all the same processes in A-E; and
  3. Provide Preference to all sub-contractors meeting the definitions as stated in Section VI of DCA's Section 3 Policy for Covered HUD Funded Activities.
- H. In order for Preference as a Section 3 Contractor to be factored into the award decision, all elements of the solicitation criteria must be equal between contracts. This means price and all other factors must be equal. Then the contractors that elect Preference on the Certification and Action Plan form that meet that Preference criterion will be provided Preference in the award of the contract as provided in Part VI., Preferences and Eligibility of DCA's Section 3 Policy for Covered HUD Funded Activities.

Example:

Bill's electrical and Sue's Electrical bid a job where the housing authority has a budget of \$500,000. Bill bids \$480,000 and elects a Preference as a Section business concern because he qualifies as a Section 3 Business concern. Sue bids \$450,000 but does not elect any Preference. Both companies met all the other requirements. Sue will be awarded the contract because Bill's bid was higher.

**Important items to remember about receiving Preferences in contract award:**

All contractors and/or subcontractors that elect a Preference and are awarded a contract must be in compliance prior to the issuance of a Notice to Proceed by DCA, the recipient, sub-recipient, or the contractor based on the policies established for the applicable DCA funding program. The contractor and/or subcontractor must maintain the elected Preference standard during the entire contract or risk having the contract terminated for failure to comply.

**See Appendix B for further details.**

When a contractor and/or subcontractor that elected a Preference is unable to identify a Section 3 resident or a Section 3 business for employment or contracting opportunities, the contractor then **must** offer employment related training to the Section 3 residents in the county. The training must be provided according to Part VII – Other Economic Opportunities in DCA's Section 3 Policy.



## Appendix A Section 3 Clause

### **Training and Employment Opportunities for Residents in the Project Area (Section 3, HUD Act of 1968; 24 CFR 75)**

(a) The work to be performed under this contract is subject to the requirements of section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (section 3). The purpose of section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by section 3, shall, to the greatest extent feasible, be directed to low- and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

(b) The parties to this contract agree to comply with HUD's regulations in 24 CFR Part 75, which implement section 3. As evidenced by their execution of this contract, the parties to this contract certify that they are under no contractual or other impediment that would prevent them from complying with the Part 75 regulations.

(c) The contractor agrees to send to each labor organization or representative of workers with which the contractor has a collective bargaining agreement or other understanding, if any, a notice advising the labor organization or workers' representative of the contractor's commitments under this section 3 clause and will post copies of the notice in conspicuous places at the work site where both employees and applicants for training and employment positions can see the notice. The notice shall describe the section 3 preference, shall set forth minimum number and job titles subject to hire, availability of Section 3 apprenticeship and training positions, the qualifications for each; and the name and location of the person(s) taking applications for each of the positions; and the anticipated date the work shall begin.

(d) The contractor agrees to include this section 3 clause in every subcontract subject to compliance with regulations in 24 CFR Part 75, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR Part 75. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR Part 75.

(e) The contractor will certify that any vacant employment positions, including training positions, that are filled (1) after the contractor is selected but before the contract is executed, and (2) with persons other than those to whom the regulations of 24 CFR Part 75 require employment opportunities to be directed, were not filled to circumvent the contractor's obligations under 24 CFR Part 75.

(f) Noncompliance with HUD's regulations in 24 CFR Part 75 may result in sanctions, termination of this contract for default, and debarment or suspension from future HUD assisted contracts.

## **Appendix B**

### **Section 3 Contract Non-Compliance Cure /Termination Processes**

This language is a component of contract compliance with the work to which you are responding in this solicitation. The full requirements are provided in the Section 3 Clause found elsewhere in this package and in DCA's Section 3 Policy for Covered HUD Funded Activities.

Any recipient, sub-recipient or contractor claiming Preference **must be in compliance prior to issuance of a notice to proceed by DCA, recipient, sub-recipient, or contractor based on the policies established for the applicable DCA funding program. This preference can be met by any of the three qualifications ( meets criteria within the past 6 months):**

1. 51% or more owned and controlled by low or very-low income persons
2. 75% or more of the labor hours are performed by Section 3 workers or YouthBuild Participants
3. 51% or more owned by current residents of Public Housing

The recipient, sub-recipient or contractor must maintain compliance throughout the life of the contract. The contractor understands and agrees that a compliance management firm may be used to conduct routine and certified payroll reviews to ensure compliance. The Contractor agrees to provide the payroll data in an Excel or Word format each time the payroll is processed throughout the contract.

Failure to meet the Section 3 requirements will result in penalties up to and including contract termination. Any contractor triggering the regulation by doing any hiring or contracting once they are awarded the contract through execution must comply with the Section 3 requirements by executing the efforts on their Certification and Action Plan in accordance with DCA's Section 3 Policy.

DCA, the recipient, sub-recipient or contractor shall execute these remedies to achieve compliance in this order:

#### **NON-COMPLIANCE CURE PROCESS**

- A. Based on the first observation or report of non-compliance with Section 3, the recipient, sub-recipient or contractor will be sent an e-mail by the compliance manager notifying them of their non-compliance issue. The recipient, sub-recipient or contractor will have until the next payroll or 10 business days, whichever is less, to bring the contract into compliance and/or justify in writing why they cannot meet compliance requirements.

- B. DCA, the recipient, sub-recipient or contractor must render a response to the violating party within 10 business days of receipt of the violating party's letter of reason for non-compliance. If DCA, the recipient, sub-recipient, or the contractor deems the reason to be unacceptable, at its option, DCA, the recipient, sub-recipient, or the contractor can extend the response period one time for up to 5 business days to allow the violating party to identify and secure other compliance options.

### **NON-COMPLIANCE TERMINATION PROCESS**

If the violating party fails to take any corrective action to bring the contract into compliance within the allotted time, or DCA, the recipient, sub-recipient, or the contractor rejects any of the corrective plans and justifications for non-compliance, DCA, the recipient, sub-recipient, or the contractor will either terminate the contract immediately or impose liquidated damages equal to \$100 a day for every day out of compliance. At DCA's determination, any liquidated damages received must be paid to the recipient, sub-recipient or DCA, at DCA's determination, and be used to promote economic opportunities for Section 3 Residents and Business Concerns.

DCA, the recipient, sub-recipient, or the contractor will hold **all funds due to the violating party until such time that a financial workout is completed.**

***Additionally, the violating party may be banned by DCA, the recipient, sub-recipient, and the contractor on future HUD funded projects.***

## Appendix C Section 3 Forms

Georgia Department of Community Affairs

### **Required Submittal - Section 3 Self-Certification and Action Plan**

All firms and individuals intending to do business with DCA, its recipients, sub-recipients and contractors MUST complete and submit this Action Plan and submit it with the bid, offer, or proposal in order to claim a preference on any contract or prior to award of a contract when **projects** involve more than \$200,000 in CDBG funds.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                           |                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|----------------|
| Business Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                           |                |
| D.B.A. (if different from above):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                |
| Address:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | City:                                     | State/Zip<br>: |
| Business Phone:<br>(    )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Fax:<br>(    )                            |                |
| E-Mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Business Website:                         |                |
| Federal Employer Identification Number:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Owner Social Security Number (if no EIN): |                |
| Contact Person & Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Contact Phone:                            |                |
| Trade Description:<br><input type="checkbox"/> Carpentry <input type="checkbox"/> Heating (HVAC) <input type="checkbox"/> Electrical <input type="checkbox"/> Painting<br><input type="checkbox"/> Masonry Restoration <input type="checkbox"/> Asbestos <input type="checkbox"/> Plumbing <input type="checkbox"/> Roofing<br><input type="checkbox"/> Lead (Abatement) <input type="checkbox"/> General Contractor <input type="checkbox"/> Concrete <input type="checkbox"/> Ironwork<br><input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Landscaping<br><input type="checkbox"/> Demolition <input type="checkbox"/> Other: _____ |                                           |                |
| Date Business was established (MM/DD/YYYY): _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                |
| Type of Business (Check One): <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship<br><input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture<br><input type="checkbox"/> Other (Describe): _____                                                                                                                                                                                                                                                                                                                                                                        |                                           |                |
| Number of employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                           |                |
| Section 3 workers: Full-time: _____ Part-time: _____ Contract: _____ Total: _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                           |                |

**I am Certifying as a Section 3 Business Concern and requesting Preference accordingly (Select only One Option):**

Option 1

A business claiming status as 51% or more owned and controlled by low or very-low income persons

Option 2

Over 75% of the labor hours performed for the business over the prior six-month period are performed by Section 3 workers

Option 3

51% or more owned and controlled by current residents of public housing or Section 8-assisted housing

**Business Concern Affirmation**

I, affirm that the above statements of this form in its entirety are true complete and correct to the best of my knowledge and belief. I understand that businesses who misrepresent themselves as Section 3 business concerns and report false information to insert name of recipient/grantee may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. Thereby certify under penalty of law that the following information is correct to the best of my knowledge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Certification expires within six (6) months of the date of signature  
Information regarding Section 3 Business Concerns can be found at 2 Part 75.5

**FOR ADMINISTRATIVE USE ONLY**

Yes the business a Section 3 business concern based upon their certification

**EMPLOYERS MUST RETAIN THIS FORM IN THEIR SECTION 3 COMPLIANCE FILE FOR FIVE YEARS.**

## I am NOT Requesting Preference under Section 3:

I am **NOT** certifying as a qualified Section 3 Business Concern and I am not requesting a preference. However, if I do trigger the regulation by doing any sub-contracting or hiring, I will comply by meeting all requirements of DCA's Section 3 policy and I am committing to do the outreach as specified below.

**Check all methods you will employ to secure Section 3 Residents/Businesses**

Posting the position/contract opportunity in community sources that are generally available to low income residents and Section 3 Businesses and the general public is a standard requirement. **Check at least three**

**(3) methods you will employ:**

- The local community newspaper
- The most widely distributed newspaper
- Company or agency website
- The management office of the local housing authority, or homeless service agency, or local low income housing community
- Local Workforce Board (i.e., Department of Labor)
- Local office of the Georgia Division of Family and Children Services
- Local office of the Georgia Department of Public Health
- Dodge Room <http://www.construction.com/dodge/dodge.asp>
- Other locations identified below and subject to DCA approval:

\_\_\_\_\_ Initial here to confirm selection of this option

Signature: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

### Notarial Affidavit

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*

**Georgia Department of Community Affairs**  
**Required Submittal - Previous Section 3 Compliance Certification**

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Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Type of Business (Check One):  Corporation       Partnership  
 Sole Proprietorship       Other

Business Activity: \_\_\_\_\_

All firms and individuals intending to do business with DCA, its recipients, sub-recipients, or contractors **MUST** complete and submit this certification of prior compliance prior to award of any contract for a **project** involving \$200,000 or more in CDBG assistance. Please check the appropriate line box below and sign and date the form.

1. I am certifying that I have complied with the HUD Section 3 Regulations, when triggered by new hiring or contracting opportunities, in my past contracts **when required** by the recipient, sub-recipient or contractor by either:
- i. Certifying as a Section 3 Business Concern because at least 51 percent of the business is owned and controlled by low- or very low-income persons;
  - ii. Certifying as a Section 3 Business Concern because over 75 percent of the labor hours performed for the business over the prior six-month period are performed by Section 3 workers;
  - iii. Certifying as a Section 3 Business Concern because at least 51 percent of the business is owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing;
  - iv. Hiring or contracting to the "greatest extent feasible" with Section 3 Residents or Section 3 Businesses.

Check this box

2. I have never done any HUD funded contracting.

Check this box

3. I completed HUD Section 3 covered contracts in the past three years but the regulation was not triggered because either there were no new hires on the contract(s) and/or I did not do any new contracting or subcontracting.

Check this box

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Required Submittal - Assurance of  
Compliance Certification Section 3  
Action Plan  
Housing and Urban  
Development Act of 1968  
(12 U.S.C. 1701 U)**

**Contract/Solicitation Name or Number:** \_\_\_\_\_

**DCA Funding Program:** \_\_\_\_\_

**Entity Receiving DCA Funding Award:** \_\_\_\_\_

**Purpose:** To ensure that regulations promulgated under 24 CFR Part 75 Employment Opportunities for Businesses and Lower Income Persons in Connection with Assisted Projects and the Section 3 Policy of DCA, its recipients, sub-recipients and contractors to the greatest extent feasible is adhered to, and to serve as the “assurance of compliance” certification and action plan as required in the bid documents, supplemental general conditions, and required forms for the contract for any HUD work funded by DCA.

**Description of the project’s work detail:** The project work will be as listed in the final scope of work in the contract with DCA, its recipients, sub-recipients and contractors including any change orders. List all known subcontractors below:

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

**Subcontractor(s):** \_\_\_\_\_

*Use an additional sheet if required.*

*Note: If subcontractors are unknown at this time, print UNKNOWN on the line above. Also, the contractor must notify DCA or recipient or sub-recipient if subcontractors are added or changed during the contract. Any changes to this certification require a resubmission of this form to DCA or recipient or sub-recipient.*



**Preliminary Statement for Work Force Needs:**

DCA intends to meet Section 3 compliance at the highest level, and it is our intent to identify any short-term and long-term employment or contracting opportunities for qualified Section 3 workers and Business Concerns during the course of the contract funded by DCA via its recipients or sub-recipients and contractors. Please list the status of all planned employment positions and opportunities for this contract. **Preference for all opportunities must be given to low and very low-income residents if they qualify. If awarded a contract, regardless of whether your firm has elected a preference, you are required to provide a list of your aggregate workforce on this project. Any changes to that workforce during the project will constitute NEW hires. You must notify DCA, its recipient, sub-recipient or contractor (respectively) overseeing your contract of any new hire opportunities that arise during the life of your contract.** The *anticipated workforce list may be provided on a separate sheet or in a different format.*

| <u>List All Employees</u>            | <u>Date Hired</u> | <u>Section 3 Worker (Yes/No)</u> | <u>Job Title/Trade</u> | <u>Salary Range</u> |
|--------------------------------------|-------------------|----------------------------------|------------------------|---------------------|
| Name:<br>Address:<br>City, ZIP:      |                   |                                  |                        |                     |
| Name:<br>Address:<br>City, Zip Code: |                   |                                  |                        |                     |
| Name:<br>Address:<br>City, Zip Code: |                   |                                  |                        |                     |
| Name:<br>Address:<br>City, Zip Code: |                   |                                  |                        |                     |

Use additional pages as needed.

**“To the Greatest Extent Feasible”:**

The Contractor has identified #\_\_\_of **OPEN** positions with respect to this contract. The positions are filled by the \_\_\_\_\_(Position title) of the Contractor.

Should the scope of work or duties of the contractor change to a degree requiring a modification of the work force needs, the contractor shall put forth a reasonable effort to fill vacant positions with eligible Section 3 workers.

**Documentation of “To the Greatest Extent Feasible”:**

The contractor will work with DCA, its recipients, sub-recipients, and contractors staff to notify residents of any opportunities afforded under the contract. The contractor will partner with DCA, its recipients, sub-recipients, and contractors by giving preference of any employment opportunities to the Section 3 persons or businesses.

The contractor shall recruit or attempt to recruit from the Section 3 service area the necessary number of low-income and very low-income residents and Section 3 businesses, as applicable. The contractor must also document their recruiting efforts and any impediments to compliance with DCA’s Section 3 policy and the requirements of this solicitation package. This documentation must be submitted to the recipient or sub-recipient.

1. DCA, its sub-recipients and contractors shall: Maintain a list of all low-income area residents who have applied, either on their own or from referral from any source and employ such person if otherwise eligible and if a trainee vacancy exists.
2. Conduct solicitation in accordance with DCA’s Section 3 policy and the requirements outlined in the solicitation package.

The contractor shall review all employment applications and determine if low-income and very low-income residents or Section 3 businesses meet minimum hiring or contracting qualifications. If these applicants meet such minimum qualifications but are not hired due to lack of employment opportunities or for other reasons, they will be placed on a priority list and offered positions/contracts upon the occurrence of the first available appropriate opening.

**Utilization of Section 3 Businesses Located Within the service area or neighborhood of the project:**

The recipient, sub-recipient or contractor does \_\_\_ does not \_\_\_ intend to subcontract any of the work identified in the scope of work cited in the bid specifications, scope of work or General Conditions. Should the scope of work or needs of the contractor change, the contractor shall, to the greatest extent feasible, shall ensure contracts for work awarded in connection with Section 3 projects are provided to business concerns that provide economic opportunities to Section 3 workers residing within the metropolitan area (or nonmetropolitan county) in which the project is located.

**Record Keeping:**

The recipient, sub-recipient, contractor or subcontractor, as applicable, shall maintain on file all records related to employment and job training of low-income and very low-income residents or other such records, advertisements, legal notices, brochures, flyers, publications, assurances of compliance from sub-contractors, etc., in connection with this contract. If a report is needed in the future, the recipient,

sub-recipient, contractor or subcontractor, as applicable, agrees to provide all records upon request. The contractor shall, upon request, provide such records or copies of records to HUD, DCA, their recipients, sub-recipients, contractors, staff, or agents. Records shall be maintained for at least three (3) years after the close of the contract.

**Reports:**

The recipient, sub-recipient or contractor shall provide reports as required in connection with the contractor specifications. All certified and regular payrolls shall clearly detail which employees qualify under Section 3. The U.S. Department of Housing and Urban Development (HUD) requires that recipients of federal funds capture record and report the total number of labor hours the total amount of Section 3 worker hours and the total amount of Section 3 Target worker hours.

**Certification:**

The recipient, sub-recipient or contractor will certify that any vacant employment positions, including training positions that filled:

- 1) After the recipient, sub-recipient or contractor is selected but before the contract is executed, and
- 2) With persons other than those to who the regulations of 24 CFR Part 75 require employment opportunities to be directed, were not filled to circumvent the subcontractor's obligations under 24 CFR Part 75.

**Grievance and Compliance:**

The recipient, sub-recipient, contractor or subcontractor hereby acknowledges that they understand that any low-income and very low-income resident of the project area, for him/her or as representatives of persons similarly situated, seeking employment or job training opportunities in the project area, or any eligible business concerns seeking contract opportunities may file a grievance if efforts to the greatest extent feasible were not executed. The grievance must be filed with HUD not later than one hundred eighty (180) calendar days from the date of the action (or omission) upon which the grievance is based.

I attest that the information on the preceding pages is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_

**Resident Section 3 Self Certification and Skills Data Form**

The purpose of this form is to comply with HUD Section 3 administration and certification regulations. **Certification for Section 3 Workers or other Low-Income Persons Seeking Employment, Training or Contracting**

I, \_\_\_\_\_, am a legal resident of the United States and meet the income eligibility and federal guidelines for a Section 3 Resident as defined within this Certification.

My home address is: \_\_\_\_\_  
 Must be a **Street** address not a P O Box # Apt Number

\_\_\_\_\_  
 City State Zip Home # Cell #

\_\_\_\_\_  
 County of Residence

Graduated High School or GED (month/year): \_\_\_\_\_ I Read and Speak English Fluently: Yes or No

Attended College, Trade, or Technical School: Yes or No

Graduated? Yes or No Year Graduated: \_\_\_\_\_

Check the Skills, Trades, and/or Professions in which you have been employed or contracted to do for others:

|                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Drywall Hanging<br><input type="checkbox"/> Drywall Finishing<br><input type="checkbox"/> Interior Painting<br><input type="checkbox"/> HVAC<br><input type="checkbox"/> Electrical<br><input type="checkbox"/> Interior Plumbing<br><input type="checkbox"/> Exterior Plumbing<br><input type="checkbox"/> Cabinet hanging<br><input type="checkbox"/> Heavy Equipment Operator | <input type="checkbox"/> Stucco<br><input type="checkbox"/> Window/Door Replacement<br><input type="checkbox"/> Construction Cleaning<br><input type="checkbox"/> Exterior Framing<br><input type="checkbox"/> Landscaping<br><input type="checkbox"/> Fencing<br><input type="checkbox"/> Concrete/ Asphalt Work | <input type="checkbox"/> Siding<br><input type="checkbox"/> Door Replacement<br><input type="checkbox"/> Trim /Carpentry<br><input type="checkbox"/> Roofing<br><input type="checkbox"/> Welding<br><input type="checkbox"/> Metal/Steel Work<br><input type="checkbox"/> Other |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

I am certifying as a Section 3 worker:  **Person seeking Training** **or**  **Person seeking employment**  
 (Check all that apply):

A low or very-low income resident     Employed by a Section 3 Business Concern     YouthBuild Participant

I live in the service area or neighborhood -one-mile radius of project site or if fewer than 5,000 people a radius of project containing 5,000 people.

**My total annual income is \$** \_\_\_\_\_

I certify that all of the information given on this Certification is true and correct. If found to be inaccurate, I understand that I may be disqualified as an applicant and/or a certified Section 3 individual which may be grounds for termination of training, employment, or contracts that resulted from this certification. I attest under penalty of perjury that my income annually is at or below the income amount at the time of this document is being signed and notarized. I understand that proof of this statement may be requested in the future.

\_\_\_\_\_  
 Signature Date

Printed Name: \_\_\_\_\_

**Purpose:**

The purpose of Section 3 of the Housing and Urban Development of 1968 (12 U.S.C. 1701u) (Section 3) is to ensure that employment and other economic and business opportunities generated by HUD Financial Assistance shall be directed to the Authority Residents and other low- and very low-income persons, particularly those who are recipients of government housing assistance and to business concerns which provide economic opportunities to low- and very low-income persons and YouthBuild participants.

A Section 3 worker as defined by §75.5 is any worker who currently fits or when hired within the past five years fit at least one of the following criteria:

- (1) The worker's income for the previous or annualized calendar year is below the income limit established by HUD.
- (2) The worker is employed by a Section 3 business concern.
- (3) The worker is a YouthBuild participant.

A person seeking the training and employment preference provided by section 3 bears the responsibility of providing evidence (if requested) that the person is eligible for the preference.

Low- and very low-income limits are defined in Section 3(b)(2) of the Housing Act of 1937 and are determined annually by HUD. These limits are typically established at 80 percent and 50 percent of the area median individual income. HUD income limits may be obtained from: <https://www.huduser.gov/portal/datasets/il.html>.

(§75.21) A Targeted Section 3 worker for housing and community development financial assistance means a Section 3 worker who is:

- (1) A worker employed by a Section 3 business concern or
- (2) A worker who currently fits or when hired fit at least one of the following categories as documented within the past five years:
  - (i) Living within the service area or the neighborhood of the project as defined in 75.5 or
  - (ii) A YouthBuild participant.

Service area or the neighborhood of the project means an area within one mile of the Section 3 project or if fewer than 5,000 people live within one mile of a Section 3 project within a circle centered on the Section 3 project that is sufficient to encompass a population of 5,000 people according to the most recent U.S. Census.

HUD income limits may be obtained from: <https://www.huduser.gov/portal/datasets/il.html>.

Please indicate the Household income \$\_\_\_\_\_

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**Resident Section 3 Self-Certification and Skills Data Form Affidavit**

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STATE OF \_\_\_\_\_

County of \_\_\_\_\_

I, \_\_\_\_\_, a Notary Public of the City/County of \_\_\_\_\_,  
State of \_\_\_\_\_, do hereby certify that, \_\_\_\_\_,  
whose name is signed to the writing above bearing date on the \_\_\_ Day of \_\_\_\_\_, 20\_.

has acknowledged the same before me in my State aforesaid.

Given under my hand and official seal, this the \_\_\_ day of \_\_\_\_\_, 20\_.

\_\_\_\_\_  
*Signature of Notary Public*

\_\_\_\_\_  
*Printed Name of Notary Public*

Commission Expiration Date: \_\_\_\_\_

*(Notarial Seal)*

## SECTION 3 BUSINESS CONCERN SELF CERTIFICATION

The Georgia Department of Community Affairs (DCA) 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 business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations which promote contract, employment and training opportunities for State of Georgia residents, DCA has instituted a Section 3 Self Certification process.

Businesses seeking certification must complete and submit the attached Section 3 Business Concern Self Certification forms as follow:

1. If your company is qualified because it is owned (51% or more) by one or more low or very-low- income residents, then complete **Form A, “Section 3 Business Concern – Resident Business Owner(s) Verification”**; **OR**
2. If your company is qualified because over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers, then complete **Form B, “Section 3 Business Concern – 75% + Workforce”**.  
**OR**
3. If at least 51 percent owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing, then complete **Form C, “Section 3 Business Concern-Housing Residents”**.

Please answer all questions, sign the completed forms, and notarize the affidavit. Completed packets must be returned to the sub-recipient or contractor as follows:

Name of sub-recipient/contractor: \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

If you have any questions or require assistance, please contact:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Form A**  
**SECTION 3 BUSINESS CONCERN**  
**Resident Business Owner(s) Verification**

A business can be certified as a Section 3 Business Concern if the business is owned (51% or more) by low or very-low-income residents.

Name of Owner: \_\_\_\_\_

Home Street Address: \_\_\_\_\_

Home City, County, & Zip Code: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Percentage of Ownership: \_\_\_\_\_%

Low- and very low-income limits are defined in Section 3(b)(2) of the Housing Act of 1937 and are determined annually by HUD. These limits are typically established at 80 percent and 50 percent of the area median individual income. HUD income limits may be obtained from: <https://www.huduser.gov/portal/datasets/il.html>.

**Individual Income Limits**

| FY 20<br>Income Limit Area | Income Limits Category          | FY 202_ Income Limits |
|----------------------------|---------------------------------|-----------------------|
|                            | Extremely Low Income Limits     |                       |
|                            | Very Low Income Limits<br>(50%) |                       |
|                            | Low Income Limits<br>(80%)      |                       |

If the business is owned by more than one low to very-low-income residents, list each owner below and each should submit a separate Resident Business Owner Verification Form (Form A).

| Name | Position | % Percentage of Ownership |
|------|----------|---------------------------|
|      |          |                           |
|      |          |                           |
|      |          |                           |

I certify I am a resident of Georgia and my total income last year was not more than the amount shown above. I further certify 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: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**Form B**  
**SECTION 3 BUSINESS CONCERN**

**75% + Workforce**

A business can be certified as a Section 3 Business Concern if over 75 percent of the labor hours performed for the business over the prior three-month period are performed by Section 3 workers. For your firm to be eligible UNDER THIS CRITERIA, you must provide the following information for **all permanent, full-time employees**.

**You may attach additional copies of this chart, if necessary.**

| <b>List All Employees</b>         | <b>Date Hired</b> | <b>Section 3 Worker</b> | <b>Job Title/Trade</b> | <b>Salary Range</b> |
|-----------------------------------|-------------------|-------------------------|------------------------|---------------------|
| Name:<br>Address:<br>City/Zip:    |                   |                         |                        |                     |
| Name:<br>Address:<br>City/Zip:    |                   |                         |                        |                     |
| Name:<br>Address:<br>City/Zip:    |                   |                         |                        |                     |
| Name:<br>Address:<br>City/Zip:    |                   |                         |                        |                     |
| Name:<br>Address:<br>City/Zip:    |                   |                         |                        |                     |
| Name:<br>Address:<br>City/Zip:    |                   |                         |                        |                     |
| <b>Total Number of Employees:</b> | <b>Full-Time:</b> | <b>Part-Time:</b>       | <b>Contract:</b>       |                     |
| Number of Section 3 workers:      |                   |                         |                        |                     |
| Section 3 % of Total Workforce:   |                   |                         |                        |                     |

**I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 Business Concern.**

Print: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Form C**  
**SECTION 3 BUSINESS CONCERN**  
**Public Housing Residents**

**To qualify the business must be at least 51 percent owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing**

**Business Information**

Name of Business: \_\_\_\_\_

Address of Business: \_\_\_\_\_

Name of Business Owner: \_\_\_\_\_

Phone Number of Business Owner: \_\_\_\_\_

Email Address of Business Owner: \_\_\_\_\_

Preferred Contact Information: \_\_\_\_\_

Name of Preferred Contact: \_\_\_\_\_

Phone Number of Preferred Contact: \_\_\_\_\_

Type of Business (select from the following options):

Corporation       Partnership       Sole Proprietorship       Joint Venture

**Percent owned and controlled by current public housing residents or residents who currently live in Section 8-assisted housing: \_\_\_\_\_%**

**I certify that the information provided is true and accurate and agree to provide upon request, any/all documents verifying the information submitted to qualify as a Section 3 business concern.**

**Print Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_