

City of Detroit
Section 3 Business Concern
(For Certification)

For Approval - Submit to:
 Civil Rights, Inclusion & Opportunity (CRIO)
 CAYMC, Suite 1240
Detroit Section 3 Program Manager:
 Patricia Ford, 313-224-9515
 CRIOsection3@DetroitMi.gov

Detroit Business Information				
Business Name				
Business Street Address				
Business Phone Number		Business Website		
Primary Contact Name				
Primary Contact Phone Number		Email		
For Federal Government Reporting Purposes – Principal Owner (51% or more) (Check applicable boxes):				
<input type="checkbox"/> Female	<input type="checkbox"/> African American / Black	<input type="checkbox"/> Caucasian / White	<input type="checkbox"/> Hispanic	
<input type="checkbox"/> Male	<input type="checkbox"/> Asian / Pacific	<input type="checkbox"/> Hasidic Jews	<input type="checkbox"/> Native American / Eskimo	
Type of Business (Check applicable box):				
<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Joint Venture (JV)	
All Businesses (All items required):				
<input type="checkbox"/> Articles of Incorporation		<input type="checkbox"/> Date Business Established _____		

Business Trade Description (Check applicable box(es)):			
<input type="checkbox"/> Accounting	<input type="checkbox"/> Asbestos	<input type="checkbox"/> Boiler / Burner Replacement	<input type="checkbox"/> Carpentry
<input type="checkbox"/> Carpet / Flooring	<input type="checkbox"/> Demolition	<input type="checkbox"/> Electrical	<input type="checkbox"/> Exterminating
<input type="checkbox"/> General Contractor	<input type="checkbox"/> Heating / Cooling (HVAC)	<input type="checkbox"/> Ironwork	<input type="checkbox"/> Lead Abatement
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Masonry	<input type="checkbox"/> Painting	<input type="checkbox"/> Plumbing
<input type="checkbox"/> Roofing	<input type="checkbox"/> Rubbish Removal	<input type="checkbox"/> Other: _____	

Businesses – Summary:
Business Summary / Overview:

Businesses – Number of Employees:
Full-time: _____ Part-time: _____ Total: _____ Section 3 Full-time: _____

Section 3 Certification Category

Please select one of the three categories below to complete your Section 3 Business Concern certification including all required documentation.

<input type="checkbox"/> Category 1 - Businesses - 51% or more as Section 3 Resident Ownership (required information):	
<input type="checkbox"/> Complete Attachment 1 – Resident Business Owner(s)	<input type="checkbox"/> Complete Attachment 3 – Income Verification
<input type="checkbox"/> Category 2 - Businesses – At least 30% of Workforce as Section 3 Resident (required information):	
<input type="checkbox"/> Complete Attachment 2 - At least 30% Workforce	<input type="checkbox"/> Complete Attachment 3 – Income Verification
<input type="checkbox"/> Category 3 - Businesses – In Excess of 25% Subcontracts with Section 3 Businesses (required information):	
<input type="checkbox"/> Complete Attachment 4 – Subcontract(s)	

Section 3 Income Limits

Business Owners residing in a public housing development or homeless shelter within metro Detroit may qualify as a Section 3 business. Additionally, business owners residing in metro Detroit that meet the income limits set forth below may qualify for Section 3 business status.

FY2017 \$68,600 Median Income

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income	\$38,450	\$43,950	\$49,450	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500

Metro Detroit Income Limits subject to change annually
 (source: Detroit-Warren-Livonia MI HUD METRO FMR AREA AMI Income Limits as of 06/30/2017)

Signature and Acknowledgement

I, being a duly authorized representative of the applicant, do hereby attest that the statements, documents, and responses provided in and with this City of Detroit Section 3 Certification are true and correct to the best of my knowledge. I understand that I am making this statement subject to the penalties of perjury. I further understand that the City of Detroit reserves the right to require additional information prior to, during, and at any time after Section 3 Certification has been approved.

I understand that any misrepresentation of information provided in support of this application can result in **rejection, delay in processing, or denial** of Section 3 Certification, if conferred prior to discovery of the misrepresentation.

Name of Applicant (Business): _____

Print Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Authorized Representative’s Title: _____

<u>For Office Use Only (Civil Rights, Inclusion & Opportunity (CRIO)):</u>	
Date Certification Received: _____	Reviewed By: _____
Approval Date: _____	Denial Date: _____

Attachment 1

**City of Detroit Section 3 Business Concern Certification
Resident Business Owner(s) - Verification**

Business Name			
Business Phone Number		Business Website	
Primary Contact Name			
Primary Contact Phone Number		Email	
Verification of Ownership (required information): (From business (most current) federal tax return - Schedule C or Schedule K-1 or 1125-E)			
<input type="checkbox"/> Schedule C	<input type="checkbox"/> Schedule K-1 (adding up to 100%)	<input type="checkbox"/> Form 1125-E	<input type="checkbox"/> Other: _____

Name & Title	Ethnicity	Gender	Ownership % (adding up to 100%)	Sec. 3 (Attached Attachment 3)
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

All owners must sign. We certify that the information provided is true and accurate.

Print Name of Owner: _____

Signature of Owner: _____ Date: _____

Print Name of Owner: _____

Signature of Owner: _____ Date: _____

Print Name of Owner: _____

Signature of Owner: _____ Date: _____

Print Name of Owner: _____

Signature of Owner: _____ Date: _____

Print Name of Owner: _____

Signature of Owner: _____ Date: _____

Attachment 2

City of Detroit Section 3 Business Concern Certification At least 30% of Workforce - as Section 3 Resident

A business can be certified a Section 3 Business Concern, if at least 30% of its permanent, full-time employees are currently Section 3 residents or who were Section 3 residents at the time the persons were hired by the business but whose income now exceeds the income level of a low- or very low-income person and the date of first employment by the business concern has not exceeded a period of three years.

Business concern must complete the employee table below for ALL employees (including permanent, full-time Section 3 and both professional and general labor employees). **For non-Section 3 employees only complete columns 1, 2, & 3.** Note: if possible, list Sec. 3 employees together.

Print Business Name: _____

	(1) All Employees	(2) Date Hired	(3) Job Title / Trade	(4) Type of Proof of Household Income on Hire Date	(5) Sec. 3 (Attached Attachment 3)
1	Name: Address: City & Zip:				<input type="checkbox"/>
2	Name: Address: City & Zip:				<input type="checkbox"/>
3	Name: Address: City & Zip:				<input type="checkbox"/>
4	Name: Address: City & Zip:				<input type="checkbox"/>
5	Name: Address: City & Zip:				<input type="checkbox"/>
6	Name: Address: City & Zip:				<input type="checkbox"/>
7	Name: Address: City & Zip:				<input type="checkbox"/>

I certify that the information provided is true and accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Attachment 2 (continuation)

(Use This Page as Needed)

At least 30% of Workforce - as Section 3 Resident

Print Business Name: _____

(1)		(2)	(3)	(4)	(5)
All Employees		Date Hired	Job Title / Trade	Type of Proof of Household Income on Hire Date	Sec. 3 (Attached Attachment 3)
8	Name: Address: City & Zip:				<input type="checkbox"/>
9	Name: Address: City & Zip:				<input type="checkbox"/>
10	Name: Address: City & Zip:				<input type="checkbox"/>
11	Name: Address: City & Zip:				<input type="checkbox"/>
12	Name: Address: City & Zip:				<input type="checkbox"/>
13	Name: Address: City & Zip:				<input type="checkbox"/>
14	Name: Address: City & Zip:				<input type="checkbox"/>
15	Name: Address: City & Zip:				<input type="checkbox"/>
16	Name: Address: City & Zip:				<input type="checkbox"/>

I certify that the information provided is true and accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Attachment 3

City of Detroit Section 3 Business Concern Certification Section 3 Resident - Income Verification

Section 3 is a provision of the Housing and Urban Development (HUD) for providing preference in employment, training, and contracting opportunities that are generated by HUD funded projects to income qualified local residents.

Individuals seeking Section 3 preference shall certify and submit evidence to the recipient contractor, subcontractor, or City of Detroit Civil Rights, Inclusion & Opportunity Department (CRIO), as requested, verifying the individual is a Section 3 Resident.

I, _____, am a legal resident of _____ County and qualify
(Print Name) (County Name)
 as a Section 3 resident as I meet the income guidelines for a low- or very low-income person as outlined for the Detroit-Warren-Livonia Metropolitan Statistical Area, which include the six counties of Lapeer, Livingston, Macomb, Oakland, St. Clair, and Wayne. Certifying under _____.
(Business Name)

FY2017 \$68,600 Median Income

Family Size	1 Person	2 Persons	3 Persons	4 Persons	5 Persons	6 Persons	7 Persons	8 Persons
Income	\$38,450	\$43,950	\$49,450	\$54,900	\$59,300	\$63,700	\$68,100	\$72,500

Metro Detroit Income Limits subject to change annually
 (source: Detroit-Warren-Livonia MI HUD METRO FMR AREA AMI Income Limits as of 06/30/2017)

Individual Information	
Name	
Home Street Address	
Home Phone Number	Cell Number
Email Address	

Certification			
Number of Household Members		Total Number of Household Members (18 yrs. Or older) Receiving Income	
Total Household Income	\$ _____		
Income Verification: <i>(include at least one)</i>	<input type="checkbox"/> Most recent federal income tax return or W-2	<input type="checkbox"/> IRS 1099-MISC (individual) & Schedule C (bus.)	<input type="checkbox"/> Verification of Employment Termination
			<input type="checkbox"/> Other: _____
1. I am a resident of public housing or a homeless shelter. <i>(If yes, include verification of residency)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
2. I participate in a federal, state, or local public assistance program. <i>(If yes, include documentation)</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
3. I participate in an area Youthbuild program. <i>(If yes, which Youthbuild program & contact info.)</i> _____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Residence Verification <i>(include both):</i>	<input type="checkbox"/> Valid driver's license or valid state ID card	<input type="checkbox"/> Lease agreement, utility bill, or other <i>(if current address is different than ID)</i>	

I certify that my answers are true and complete to the best of my knowledge.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Attachment 4

City of Detroit Section 3 Business Concern In Excess of 25% of Subcontracts

Businesses certifying under this option is based on “per award” received. Businesses are required to submit verification of subcontracts to Section 3 Business Concern. If the subcontract to Section 3 Business concern is not certified through the City of Detroit, documentation must be submitted to verify the business is a Section 3 Business Concern.

City of Detroit Department Awarding Funds			
Project Name & Name of Neighborhood (project location)			
Date (select one):	<input type="checkbox"/> _____ Bid Submitted	<input type="checkbox"/> _____ Bid Awarded	
Total Amount (select one):	<input type="checkbox"/> \$ _____ Bid Amount	<input type="checkbox"/> \$ _____ Awarded Amount	
Total Dollar Value of Section 3 Business Concern Contract(s)		\$ _____	
Total Percentage of Section 3 Business Concern Contract(s)		%	

Business Name			
Business Phone Number		Business Website	
Primary Contact Name			
Primary Contact Phone Number		Email	

Section 3 Business Concern Subcontractor(s):			
	(1)	(2)	(3)
	Business Name of Subcontractor & Contact Information	Subcontractor Contact Person	Trade / Activity Description
			Projected Award Amount
1	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:	\$
2	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:	\$
3	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:	\$

I certify that the information provided is true and accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Attachment 4 (continuation)

(Use This Page as Needed)

In Excess of 25% of Subcontracts

Print Business Name: _____

Section 3 Business Concern Subcontractor(s):

(1)		(2)		(3)	(4)
Business Name of Subcontractor & Contact Information		Subcontractor Contact Person		Trade / Activity Description	Projected Award Amount
4	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$
5	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$
6	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$
7	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$
8	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$
9	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$
10	Name: Address: City & Zip: Business Number:	Name: Contact Number: Email:			\$

I certify that the information provided is true and accurate.

Print Name: _____ Title: _____

Signature: _____ Date: _____