

**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 subrecipients 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 exceeding \$100,000 if no preference is claimed. ***For contracts exceeding \$100,000, this document (signed, and notarized) must be satisfactorily completed to be eligible for award.***

Business Name:		
D.B.A. (if different from above):		
Address:	City:	State/Zip:
Business Phone: ()	Fax: ()	
E-Mail:	Business Website:	
Federal Employer Identification Number:	Owner Social Security Number (if no EIN):	
Contact Person & Title:	Contact Phone:	
Trade Description: <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"/> General Contractor <input type="checkbox"/> Concrete <input type="checkbox"/> Ironwork <input type="checkbox"/> Carpet/Flooring <input type="checkbox"/> Rubbish Removal/Hauling <input type="checkbox"/> Appraisal Services <input type="checkbox"/> Landscaping <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 <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Limited Liability Partnership (LLP) <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other (Describe): _____		
Number of employees: Full-time: _____ Part-time: _____ Contract: _____ Total: _____		
Section 3 employees: 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 a Section 3 Resident-Owned Business Concern (ROB) entity:

_____ Initial here to confirm selection of this option

Option 2

- A business claiming Section 3 status, because at least 30% of the existing or newly hired workforce for this specific contract will be Section 3 residents throughout the entire contract period. If a Prime or General Contractor is electing this option, the 30% employment requirement will be for the entire project including all the sub-contractors' employees:

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

Posting the position in community sources that are generally available to low income residents 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

I anticipate my total number of employees for this contract to be _____ and _____ will be qualified Section 3 Residents/persons.

Option 3

- A business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business:

Attach a list of intended subcontract Section 3 business(es) with subcontract amount.

Attach certification & all supporting documentation for each planned subcontract Section 3 Business.

_____ Initial here to confirm selection of this option

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 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)