Section 3 Business Preference Submittal Form (QSP Attachment C)

- 1.0 <u>Introduction.</u> This form must be fully completed, accompanied by all required attachments, for any quoter claiming a Section 3 Business Preference (hereinafter, "Preference").
 - 1.1 This fully completed form and any attachments thereto, may become a part of any ensuing contract.
 - 1.2 Each quoter shall mark an "X" where provided following for all that apply to his/her claim of a Preference.
 - 1.3 The quoter shall provide as an attachment to this completed form a detailed work plan clearly explaining how each following "preference claim" will be accomplished. Failure on the part of the quoter to include any such required attachment fully explaining the claim of the quoter shall result in the Agency not considering the claim for a Preference (though the Agency may, if awarded, later require the quoter to submit the information to satisfy the Section 3 requirements of the ensuing contract).
- 2.0 <u>Current Section 3 Status.</u> The undersigned quoter hereby claims that it is a Section 3 business concern and claims such preference in that he/she can provide evidence that (the quoter has attached justifying documentation for each item following marked with an "X"):
 - 2.1 ____ It is 51% or more owned by a Section 3 resident(s):

[Table No. 1] (1) (2) (3) Mark "X"* if Included Section Description 2.1.1 Agency resident lease 2.1.2 Evidence of participation in a public assistance program 2.1.3 Articles of Incorporation 2.1.4 Fictitious or Assumed Business Name Certificate 2.1.5 List of owners/stockholders and % of each 2.1.6 Latest Board minutes appointing officers 2.1.7 Organization chart with names and titles and brief functional statement 2.1.8 Partnership Agreement 2.1.9 **Corporation Annual Report**

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- 2.2 ____ At least 30% of its full-time employees include persons that are currently Section 3 residents, or within 3 years of the date of first employment with the business concern were Section 3 residents:
 - 2.2.1 To justify this claim, please see the immediate following:

		[Table No. 2]
(1)	(2)	(3)
	Total Number of	Total Number of
	Current Permanent	Section 3 Resident
Classification	Employees	Employees
Trainees		
Apprentices		
Journeypersons		
Laborers		
Supervisory		
Superintendent		
Professional		
Clerical		
Other:		

2.2.2 Attach a listing of all employees listed within column (3) above, including name and total annual income. Also attach proof of the income, such as a copy of the last tax return (please be sure to "black-out" all but the last 4 digits of the person(s) social security number), or other documentation showing receipt of public assistance.

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- 2.3 ____ He/she has a commitment to subcontract in excess of 25% of the dollar award of all subcontracts to be awarded to a Section 3 business concern.
 - 2.3.1 To justify this claim, please see the immediate following:

	[Table No. 3]
(2)	(3)
	Percentage the
	Subcontract(s)
	is/are of the
	Total Proposed
Total Amount of	Contract
Subcontract(s)	Amount
\$	%
\$	%
	Total Amount of Subcontract(s)

- 2.3.2 Attach for each firm listed immediately above:
 - 2.3.2.1 A detailed description of the subcontracted activity; and
 - 2.3.2.2 A fully completed Profile of Firm form.
 - 2.3.2.3 Proof of the income of the ownership of the Section 3 firm receiving the subcontract, such as a copy of the last tax return for the owner(s) (please be sure to "black-out" all but the last 4 digits of the person(s) social security number).
- 3.0 The undersigned quoter hereby declares:
 - 3.1 The information within this completed form (and any attachments) is, to the best of his/her knowledge, true and accurate.
 - 3.2 He/she is aware that if the Agency discovers that any such information is not true and accurate, such shall allow the Agency to:
 - 3.2.1 NOT award the quoter a Preference; and
 - 3.2.2 If the Agency deems such is warranted (e.g. in the case of submitting information the quoter knows to be untrue), declare such quoter to be nonresponsive and not allow the quoter to receive an award.

QUOTATIONS FOR SMALL PURCHASES (QSP) No. QSP0001, Repair of Damaged Wood Balcony

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3.3 He/she is aware that if he/she receives and award as the result of this competitive solicitation, even though he/she may not receive a Preference from the Agency as a result of this submittal, he/she will still be required to, to the greatest extent feasible, implement a Section 3 Plan, including a commitment to interview and consider hiring Section 3 persons (most specifically, residents of the Agency) whenever the successful quoter has need to hire additional employees during the term of the ensuing contract.

The undersigned contra he/she hereby agrees t	•	affirms that the foregoing denoted herein.	ng is true and accurate	e and that
Signature	Date	Printed Name	Company	