EXHIBIT B

**BUSINESS REFERENCES**

Please provide a minimum of three (3) references:

1. Company Name:

Address:

Contact Person:

City, State, Zip:

Email:

2. Company Name:

Address:

Contact Person:

City, State, Zip:

Email:

3. Company Name:

Address:

Contact Person:

City, State, Zip:

Email:

Exhibit B

**FORM OF NON-COLLUSIVE AFFIDAVIT**

(PRIME BIDDER)

State of\_

County , being first duly sworn, deposes and says:

That he/she is , the party making the foregoing proposal or bid, and attests to the following:

(1) That affiant employed no person, confirmation, firm, association, or other organization, either directly or indirectly, to secure the public contract under which he received payment, other than persons regularly employed by the Affiant whose services in connection with the construction of the public building or project in securing the public contract were in the regular course of their duties for Affiant; and

(2) hat no part of the contract price received by Affiant was paid to any person, corporation, firm, association or other organization for soliciting the contract, other than the payment of their normal compensation to persons regularly employed by the Affiant whose services in connection with the construction of the public building or project were in the regular course of their duties for Affiant.

(3) That such proposal or bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any Bidder or person, to put in a sham bid or try to refrain from bidding, and has not in any manner directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid price of Affiant or of any other Bidder, or to fix any overhead, profit, or cost element of said bid price, or of that of any other Bidder, or to secure any advantage against the Housing Authority or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Signature\*

\*Bidder if the Bidder is an individual; all partners if Bidder is a partnership; officer if the

Bidder is a corporation.

SUBSCRIBED AND SWORN TO before me, this the day of \_,

20 .

NOTARY PUBLIC

My Commission Expires: , 20

***Note:*** ***A*** ***completed*** ***Profile*** ***of*** ***Firm*** ***Form*** ***must*** ***be*** ***submitted*** ***for each*** ***subcontractor.***

|  |
| --- |
| Proposed Subcontractors |
| Item | Company Name | Address | Phone | Specialty | S3/W/M/BE |
| 1 |   |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| **20** |  |  |  |  |  |
| I understand and agree that if awarded a contract asa result of this solicitation that the use of the above subcontractors is subject to the approval of LHA and becomes a part of the contract. I further understand that any change in subcontractors also requires the pre‐approval of LHA. |  (Signature) (Printed Name & Title) |

***Note:*** ***A*** ***completed*** ***Profile*** ***of*** ***Firm*** ***Form*** ***must*** ***be*** ***submitted*** ***for each*** ***subcontractor***

 **LUBBOCK HOUSING AUTHORITY**

# PROFILE OF FIRM FORM

(1) Prime \_\_\_\_ Sub-contractor \_\_\_\_\_ (This form must be completed by and for each).

1. Name of Firm:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_
2. Street Address, City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(4) Please attached a brief biography/resume of the company, including the following information:

##### Year Firm Established; (b) Year Firm Established in Texas: (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm:

|  |  |  |
| --- | --- | --- |
| NAME | TITLE | % OF OWNERSHIP |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project:

|  |  |
| --- | --- |
| NAME | TITLE |
|  |  |
|  |  |
|  |  |
|  |  |

(7) Proposer Diversity Statement: You must circle all of the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

🖵 Caucasian 🖵 Public-Held 🖵 Government 🖵 Non-Profit

 American (Male) Corporation Agency Organization

 \_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_\_%

Resident- (RBE), Minority- (MBE), or Woman-Owned (WBE) Business Enterprise (Qualifies by virtue of 51% or more ownership and active management by one or more of the following:

🖵Resident- 🖵African 🖵\*\*Native 🖵Hispanic 🖵Asian/Pacific 🖵Hasidic 🖵Asian/Indian

 Owned\* American American American American Jew American

 \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_\_\_% \_\_\_\_\_\_% \_\_\_\_\_\_\_\_%

 🖵Woman-Owned 🖵Woman-Owned 🖵Disabled 🖵Other (Specify):

 (MBE) (Caucasian) Veteran

 \_\_\_\_\_\_\_% \_\_\_\_\_\_\_% \_\_\_\_\_\_% \_\_\_\_\_\_\_%

WMBE Certification Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Certified by (Agency):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(NOTE: A CERTIFICATION/NUMBER NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date Printed Name Company**

# PROFILE OF FIRM FORM

#

(8) Federal Tax ID No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(9) Lubbock, TX Business License No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(10) State of \_\_\_\_\_\_ License Type and No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### (11)Worker’s Compensation Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(12) General Liability Insurance Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(13) Professional Liability Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Policy No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(14) Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Texas, or any local government agency within or without the State of Texas? Yes 🖵 No 🖵

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

##### (15) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the HA? Yes 🖵 No 🖵

If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

(16) Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against the HA or any person interested in the proposed contract; and that all statements in said proposal are true.

(17) Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the HA discovers that any information entered herein is false, that shall entitle the HA to not consider nor make award or to cancel any award with the undersigned party.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature Date Printed Name Company**

**LHA FORM S3-1 SECTION 3 COMPLIANCE PLAN**

**All LHA Contractors for Section 3 covered contracts must submit this form.**

Section 3 requires that, to the greatest extent feasible, employment and other economic opportunities generated by HUD funds be directed to low-income residents, particularly those who are recipients of government assistance for housing, and to business concerns which provide economic opportunities to low-income persons.

We provide the following Section 3 Compliance Plan to outline how we will meet the requirements of Section 3.

**Part I: Current Status as a Section 3 Business Concern (select one)**

\_\_\_We are a Section 3 business concern and are submitting LHA Form S3-2 and supporting documentation with our submission.

\_\_\_We are not a Section 3 business concern.

**Part II: Subcontracting (select one)--\_\_**

\_\_\_We commit to subcontracting at least 10% of the total dollar amount of this contract (for building trade contracts), or 3% of the total dollar amount of this contract (for non-building trade contracts), to qualifying Section 3 business concerns. LHA Form S3-3 is attached.

\_\_\_We do not intend to subcontract the minimum threshold percentage of 10% of the total dollar amount of this contract (for building trade contracts), or 3% of the total dollar amount of this contract (for non- building trade contracts), to qualifying Section 3 business concerns.

**Part III: Hiring (select one)**

\_\_\_We anticipate needing to hire new employees to complete this project and commit that 30% of the new hires will be Section 3 residents. Attached is LHA Form S3-4 outlining the specific hiring needs.

\_\_\_We anticipate needing to hire new employees to complete this project, but do not commit to hiring

Section 3 residents. Attached is LHA Form S3-4 outlining our specific hiring needs.

­­­\_\_\_We do not anticipate needing any new hires to complete this project.

**Part IV: Efforts That Will be Taken to Satisfy the Section 3 Requirements**

Review Section I of Appendix to 24 CFR 135. Attach a narrative description outlining which, if any, of the “Example Efforts to Offer Training and Employment Opportunities to Section 3 Residents” will be used to achieve the Section 3 requirements. The narrative must include a description of how each committed action will be implemented (for example, if flyers will be posted, discuss where they will be posted, or if agencies will be contacted, outline which agencies will be contacted). LHA is not accepting financial contributions to a Section 3 fund in lieu of efforts to comply with Section 3 requirements.

The undersigned company official does swear or affirm that the information on this form is true and correct to the best of his or her knowledge and there is no willful intent to mislead or commit fraud.

Signature Company

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**LHA FORM S3-2**

**CERTIFICATION FOR SECTION 3 BUSINESS CONCERNS**

Name of Business (the “Company”) Address of Business

|  |  |  |
| --- | --- | --- |
| Type of Business: | D Corporation | D Partnership |
| **(Select one)** | D Sole Proprietorship | D Joint Venture |

**Select the Section 3 business concern type you are claiming (A, B, or C) and attach the required supporting documentation as follows:**

A. **Section 3 resident-owned enterprise (51 percent or more owned by Section 3 residents)**

D I am a LHA public housing or Section 8 HCV resident; or

Copy of evidence of participation in a public assistance program; or

D Other evidence:

**Attach the following documentation for business entity type, as applicable:**

D Copy of Articles of Incorporation

D Partnership Agreement

D Assumed Business Name Certificate

D List of owners/stockholders and percentage of ownership of each

D Additional documentation, as necessary

B. **Section 3 status due t o a t l east 3 0 percent of the Company’s permanent, full-time employees are currently Section 3 residents, or were Section 3 eligible residents within 3 years of their date of first employment with the Company**

D List of all current full-time employees denoting each employee’s hire date, and whether they qualify f or

Section 3 status, via LHA Form S3-5, Existing Employee List. Note: the Company must maintain a copy of

LHA Form S3-6 for each Section 3 resident employee in their files.

C. **Section 3 status by subcontracting more than 25 percent of the dollar amount of the contract to qualified**

**Section 3 business concerns**

D List of subcontracted Section 3 business(es) and subcontract amount(s) via LHA Form S3-3, Subcontracting

Plan. Note: Contractors must collect a copy of this form, LHA Form S3-2, Certification for Section 3

Business Concerns, from each subcontractor claiming to be a Section 3 business concern, as well as the required supporting documentation, and retain this information in their files.

Under penalty of perjury, I certify that I am authorized to provide the above information. I attest to the truthfulness o f my statements and agree to provide, upon request, additional documents to verify the information I have provided above.

Signature

Print Name Date

**LHA FORM S3-3**

**SUBCONTRACTING PLAN**

Total Dollar Value of contract: $

Total Approximate Dollar Value of all subcontracts: $

|  |  |  |  |
| --- | --- | --- | --- |
| List All Subcontractors and Briefly DescribeWork They Will Perform | Approximate DollarValue | Construction (C) orNon-Construction(NC) | Section 3 BusinessConcern (Y/N) |
| 1. | $ |  |  |
| 2. | $ |  |  |
| 3. | $ |  |  |
| 4. | $ |  |  |
| 5. | $ |  |  |
| 6. | $ |  |  |

HUD’s Section 3 Clause must be included in all contracts with subcontractors. Contractors must also collect LHA Form S3-2, Certification for Section 3 Business Concerns, from each subcontractor claiming to be a Section 3 business concern, as well as the required supporting documentation, and retain this information in their files.

The undersigned company official does swear or affirm that the information on this form is true and correct to the best of his or her knowledge and there is no willful intent to mislead or commit fraud.

Signature Company/Contractor Date

**HIRING PLAN**

Project Name

Contractor/Subcontractor Name Date

**Instructions:** In the chart below specify **all** new positions that will be needed for this project.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **JOB CATEGORY/TITLE** | **Total # of****Expected NEW HIRES and TRAINEES** | **Total # of****Expected****SECTION 3****NEW HIRES** | **Total # of****New****SECTION 3****TRAINEES** | **Expected HIRE DATE(S) of****all new hires and trainees (note: there can be more than one date in each category)** | **Anticipated LENGTH OF HIRE** (months) |
| **Professionals:** |  |  |  |  |  |
| **Technicians:** |  |  |  |  |  |
| **Construction****Work by Trade/Title****:** |  |
| **Office/Clerical:** |  |  |  |  |  |
| **Other:** |  |  |  |  |  |
| **Other:** |  |  |  |  |  |
| **TOTALS:** |  |  |  |  |  |

The undersigned company official does swear or affirm that the information on this form is true and correct to the best of his or her knowledge and there is no willful intent to mislead or commit fraud. Additionally, the undersigned confirms that an LHA Form S3-6 will be collected from each Section 3 new hire or trainee and will be retained on file.

Signature Title Date

**EXISTING EMPLOYEE LIST**

**All LHA Contractors for Section 3 covered contracts must submit this form.**

A. PROJECT NAME AND LOCATION:

B. CONTRACTOR /SUBCONTRACTOR: C. DATE: D. TOTAL # OF EMPLOYEES: E. TOTAL # OF SECTION 3 RESIDENTS:

**Instructions:** In the chart below list all current employees who will work on the above listed LHA project. Or, if documenting that 30% of current employees are Section 3 residents for Section 3 business concern status, attach a listing or spreadsheet of all current employees, and list below all current employees that are Section 3 residents. Use additional pages if more space is needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **EMPLOYEE NAME & ADDRESS** | **HIRE DATE** | **JOB CATEGORY/TRADE** | **SECTION 3****RESIDENT (Y or N)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

The undersigned company official does swear or affirm that the information on this form is true and correct to the best of his or her knowledge and there is no willful intent to mislead or commit fraud. Additionally, if my company is claiming Section 3 business concern status due to 30% of the company’s employees being Section 3 residents, I confirm that a LHA Form S3-6 will be retained on file for each Section 3 resident employee.

Signature Title Date

**LHA FORM S3-5**

**EXISTING EMPLOYEE LIST ADDITIONAL PAGE- IF NECESSARY**

**EMPLOYEE NAME & ADDRESS HIRE DATE JOB CATEGORY/TRADE SECTION 3**

**RESIDENT**

**(Y or N**

**LHA FORM S3-6**

**CERTIFICATION FOR SECTION 3 RESIDENTS**

All residents of LHA public housing developments and all of LHA’s Section 8 Housing Choice Voucher (HCV) holders qualify as Section 3 residents. Additionally, individuals residing within five miles of the Lubbock city limits who meet the **Low-Income** limits set forth below can qualify for Section 3 status.

|  |
| --- |
| **2018 Income Limits** |
| **Number in****Household** | **Low Income****(80%)** |
| 1 person | $ 35,400 |
| 2 person | $ 40,450 |
| 3 person | $ 45,500 |
| 4 person | $ 50,550 |
| 5 person | $ 54,600 |
| 6 person | $ 58,650 |
| 7 person | $ 62,700 |
| 8 person | $ 66,750 |

I am a LHA public housing resident or Section 8 HCV holder (mark one): **YES NO**

If you are not a LHA public housing resident or HCV holder, does your household fall at or below the applicable Low Income Limit outlined in the chart above (mark one)?: **YES NO**

The total number of members in my household =

My household’s total annual income = $

My permanent address is:

\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that the information above relating to the size and annual income of my family may require verification. I agree to provide documents upon request verifying this information and I authorize my employer to release information required for HUD or LHA to verify my status as a Section 3 resident.

Under penalty of perjury, I certify that I have voluntarily provided the above information. I attest to the truthfulness of my statements fully understanding that this information is subject to verification by the appropriate agencies.

Signature

Print Name Date