**CDBG-DR PROGRAM**

**SECTION 3 BUSINESS CONCERN SELF-CERTIFICATION FORM**

# Purpose

This form is for businesses seeking to show that they meet the requirements to be considered as a Section 3 Business Concern.

# Instructions

1. Complete “Table A: Business Information”.
2. Choose from “1: Business Ownership” or “2: Labor Hours for the Business”, as applicable.
3. If you do not meet any of the criteria presented, then complete “3: Non-Section 3 Status”.
4. Complete “4: Signature”.
5. Provide supporting evidence as an attachment to this form; otherwise, this form alone will be insufficient to evaluate your Section 3 Business Concern status. At least one (1) document must be provided as evidence of business ownership.
6. Visit the U.S. Department of Housing and Urban Development (**HUD**) Section 3 Business Registry and register your business there: <https://portalapps.hud.gov/Sec3BusReg/BRegistry/RegisterBusiness>

# Table A: Business Information

|  |
| --- |
| **Instructions: Complete all areas of the table below** |
| **Business Name** |  |
| **Point of Contact Name** |  |
| **Point of Contact Email** |  |
| **Point of Contact Phone** |  |
| **Address of Business** |  |
| **Business Federal ID#** |  |
| **Business Type (Choose One)** | [ ] Corporation[ ] Partnership [ ] Joint Venture [ ] Sole Proprietorship |
| **Industry Area****(NAICS Code)** |  |

# [ ]  1: Business Ownership

|  |  |
| --- | --- |
| Office worker Section 1A | Document Section 1B |
| Verification Section 3 Status[ ]  I am the sole owner of this business or one (1) of a group of owners of this business who qualify as low or very low income persons and hold at least fifty-one percent (51%) ownership. **OR**[ ]  I am the sole owner of this business or one (1) of a group of owners of this business who are current public housing residents or residents who currently live in Section 8-assisted housing and hold at least fifty-one percent (51%) ownership. **AND**[ ]  I am submitting evidence of my Low or Very Low Income Status.[ ]  I am submitting evidence of my public housing/ Section 8-assisted housing status.[ ]  I will be submitting my Section 3 Worker Self-certification form.  | Evidence of Business Ownership I am attaching the following:[ ]  A copy of the business’s Articles of Incorporation.[ ]  A copy of the business’s By-laws.[ ]  Evidence of my fifty-one percent (51%) ownership of the business; or evidence that combined owners who are residents of public housing or Section 8-assisted housing comprise fifty-one percent (51%) of ownership.[ ]  Business Certificate.[ ]  Partnership Agreement.[ ]  I have filed as a Section 3 business with HUD on their business registry. |

If at least **fifty one percent (51%)** of the business is owned and controlled by low- or very low-income persons, complete sections 1A and 1B below. Please, be sure to attach respective documents.

# [ ] 2: Labor Hours for the Section 3 Workers in the Business

If the business has Section 3 workers perform over **seventy five percent (75%)** of the labor hours performed for the business over the prior three (3)-month period, as documented within the last six (6)-month period, complete sections 2A and 2B.

|  |  |
| --- | --- |
| Target AudienceSection 2A | PaperStopwatch Section 2B |
| Verification of Labor HoursMy total business workforce currently produces \_\_\_\_\_\_\_ of total labor hours.[ ]  I am affirming that at least seventy five percent (75%) of my total number of labor hours were performed by **Section 3 Workers**.  | Evidence of Section 3 Workers Labor Hours[ ]  I am attaching the roster of all my full-time or part-time, permanent workforce and labor hours.**AND**[ ]  I am attaching the completed Section 3 Worker Self-certification Form for each of my employees who qualify as a Section 3 Worker or Targeted Section 3 Worker and a copy of their timesheets to indicate their Labor Hours performed.**AND**[ ]  I certify and confirm that I have reviewed that each of my employees listed as a Section 3 Worker qualify as Section 3 Worker based on their supporting documentation provided and retained on the business file. |

# [ ]  3: Non-Section 3 Status

After reviewing the above information, I can verify:

[ ]  As the business owner(s), I(we) **do not have low or very low income as defined by HUD.**

[ ]  As the business owner(s), I(we) **do not live in public housing or Section 8-assisted public housing.**

[ ]  Currently, **seventy five percent (75%) or more** of the labor hours for my business are not performed by Section 3 Workers.

# 4: Signature

[ ] As the authorized representative of my business, I am certifying the information provided on this form is true and accurate under penalty of perjury.

[ ] I would like to be placed on a list for contractors to receive my information for open job opportunities and receive notifications about upcoming networking events.

[ ] I understand that if this form is provided with incomplete supporting documentation, I will have no more than **thirty** **(30) calendar days** from the date of submission to provide all requisite paperwork.

Oncethe **thirty (30) days** period elapsed, the Puerto Rico Department of Housing (**PRDOH**) will dismiss all Self-certifications forms deemed incomplete, if not completed by the contractor.

**Signature**:

**Date**:

**Thank you for completing this form.**

Please remember to send this form with the correct supporting documentation, as instructed in the sections above.

**Contractors completing a Section 3 Business Concern Self-Certification form can submit it to PRDOH, along with the supporting documentation:**

* **Via email at:** Section3CDBG@vivienda.pr.gov
* **Online at:** <https://cdbg-dr.pr.gov/en/section-3/business-and-contractors/>
 (English)

<https://cdbg-dr.pr.gov/seccion-3/negocios-y-contratistas/> (Spanish)

* **In writing at:** Puerto Rico CDBG-DR Program

ATTN: Federal Compliance and Labor Standards- Section 3

P.O. Box 21365

San Juan, PR 00928-1365

* **In Person:** Intake Centers/PRDOH Headquarter at 606 Barbosa Avenue,

Building Juan C. Cordero Dávila, Río Piedras, PR 00918.

**Frequently Asked Questions (FAQ’s)**

1. **Why is PRDOH providing this form?**

PRDOH is the recipient of CDBG-DR funds and would like to engage Puerto Rican Section 3 Business Concerns, who may qualify to participate in contract opportunities for construction and non-construction. PRDOH also wants any subrecipients or contractors working with federal CDBG-DR funding to use this form to identify eligible workers for their new hiring or training opportunities.

1. **Should I also use the Section 3 Worker Self-certification form?**

Yes. If you are establishing your business as a Section 3 Business Concern due to the ownership as a Section 3 Worker or labor hours for Section 3 workers at your company, then you may need to use the Section 3 Worker Self-certification Form.

1. **Will my information become public?**

PRDOH will safeguard your information. Only if you choose to be placed on a listing for contracting or hearing about networking opportunities will PRDOH share this with contractors or subrecipients who are looking for candidates. You can always choose to opt out afterwards by writing to our email Section3CDBG@vivienda.pr.gov.

1. **How many times do I have to complete this form?**

One (1) time. If there is a change in your Section 3 status, you must provide an update and/or ask to be removed from our Section 3 Business Concern listing, as appropriate.

**END OF FORM**