

**DAKOTA COUNTY CDA**

**SECTION 3 BUSINESS CERTIFICATION**

Name of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The bidder certifies that it is a Section 3 Business Concern based on:**

\_\_\_\_ Status as a Section 3 resident-owned enterprise (at least 51% owned by Section 3 residents:

* Provide copy of resident lease, evidence of participation in a public assistance program, or

signed certification of Section 3 resident

* Provide documentation of business ownership, such as copy of articles of incorporation,

partnership agreement, list of owners/stockholders and percentage ownership of each,

organization chart with names and titles

\_\_\_\_ At least 30% of permanent, full-time employees are currently Section 3 Residents or were Section 3 residents within the past 3 years:

* Provide complete list of all permanent, full-time employees
* Provide list of employees claiming Section 3 status
* Provide documentation of Section 3 status for all applicable employees such as PHA

residential lease or signed certification of Section 3 resident

\_\_\_\_ Commitment to subcontract 25% of the dollar awarded to qualified Section 3 business (only

applicable to prime contractors:

* Provide list of subcontracted Section 3 business(es) and subcontract amount
* Provide documentation of Section 3 status for applicable businesses

*I hereby certify that the information provided here is true and correct and understand that any*

*falsification of any information provided could subject me to disqualification and punishment under the*

*law.*

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Authorized Name and Signature Date

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

Witness Name and Signature Date