



City of San Antonio Section 3 Utilization Plan

**Office of Grants
Monitoring &
Administration**

Please fill this form out online and print it using the **Print** button provided. [Frequently Asked Questions](#)

Contract Information

*Project Name: _____

*Name of Bidder/Proposer: _____

*Address: _____

*City: _____ *State: TX *Zip: _____

*Contact Person: _____

*Phone Number: _____ Email Address: _____

*Section 3 Certified Business? Yes No (If "Yes", include Certification Letter)

For a list of certified Section 3 Businesses and Individuals who are in our hiring database, please refer to the Grants Monitoring and Administration website at www.sanantonio.gov/gma or request an updated list by calling (210) 207-6600.

List all Subcontractors that will be used in this contract.

Section 3	Subcontractor	Subcontractor Award Amount	Certification Number
<input type="checkbox"/>	*Name: _____ *Address: _____ Email: _____ *Tax ID: _____		
<input type="checkbox"/>	Name: _____ Address: _____ Email: _____ Tax ID: _____		
<input type="checkbox"/>	Name: _____ Address: _____ Email: _____ Tax ID: _____		

Only companies certified as Section 3 businesses by the City of San Antonio can be applied toward the contracting goals. All Section 3 subcontractors must submit a copy of their certification through the General Contractor. Proof of certification must be attached to this form. If a business is not certified, please call the Office of Grants Monitoring and Administration, Special Project Division at (210) 207-6600 for information and details on how subcontractors may obtain certification.



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Estimate the number of employee new hires that will be brought onto the job, if awarded the contract. _____

What percentage of the new hires will be certified Section 3 individuals? _____

Describe how Section 3 individuals will be notified of employment opportunities.

Describe how bids from Section 3 businesses were solicited.

If Section 3 contracting and hiring goals were not achieved in a percentage that equals or exceeds the City's goals, please give an explanation.

List all bids from Section 3 contractors that were received, but rejected.

Business Name	Reason for Rejection

Affirmation

I hereby affirm that the above information is true and complete to the best of my knowledge and belief. I further understand and agree that if awarded the contract, this document shall be attached thereto and become a binding part of the contract.

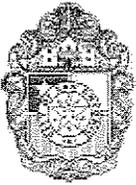
Signature of Bidding Authority

Title

Date

Phone

For additional information, contact:
Section 3 Staff
Office of Grants Monitoring & Administration
1400 S. Flores, Unit 3
San Antonio, Texas 78204
(210) 207-6600



**City of San Antonio
Certification for Section 3
Individual**

Department of Planning
and Community
Development

Contact Information

*First: _____ M.I.: _____ *Last: _____ Suffix: _____
 *Address: _____ *Phone Number: _____
 *City: _____ *County: _____ *State: TX *Zip: _____
 *Driver License/State ID: _____ Email Address: _____

Skill Category	Specific Skill Area	Proficiency Level	Add

Annual Income

In order to be a Section 3 Certified Individual, your household income must meet the income criteria by household size. Check one of the following if your family income is at or below the listed amount:

FY 2015 80% AMI - Income Limit (Household Size)

<input type="radio"/> 1 At or below \$34,850	<input type="radio"/> 2 At or below \$39,800	<input type="radio"/> 3 At or below \$44,800	<input type="radio"/> 4 At or below \$49,750	<input type="radio"/> 5 At or below \$53,750	<input type="radio"/> 6 At or below \$57,750	<input type="radio"/> Greater than 6 family members \$ _____
--	--	--	--	--	--	--

Program Participation

Please check or list any public assistance program(s) in which you currently participate:*

- | | |
|--|--|
| <input type="checkbox"/> TANF (Temporary Assistance for Needy Families) | <input type="checkbox"/> Public Housing Assistance (Section 8 voucher) |
| <input type="checkbox"/> SNAP (Supplemental Nutrition Assistance Program) | <input type="checkbox"/> Youth Build participant |
| <input type="checkbox"/> SSI (Supplemental Security Income) | |
| <input type="checkbox"/> CEAP (Comprehensive Energy Assistance Program) | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> UI (Unemployment Insurance benefits) | |

* Note: Please attach 2 pay stubs, public assistance letter(s), or any other qualifying documentation.



**City of San Antonio
Certification for Section 3
Business**

Office of Grants
Monitoring &
Administration

Contact Information

*First: _____ M.I.: _____ *Last: _____ Suffix: _____

*Name of Business or DBA: _____

*Address: _____ *Phone Number: _____

*City: _____ *County: _____ *State: TX *Zip: _____

Email Address: _____

*Type of Business: Corporation Sole Proprietorship *Number of Employees: _____
 Partnership Joint Venture

Skill Category	Specific Skill Area	Proficiency Level	Add

*List Occupational Licenses or Certifications:

Businesses may become Section 3 Certified if they meet at least one (1) of the following HUD guidelines.
 Select any that apply:

- 51% owned by a certified Section 3-eligible resident
- 30% or more of the business' permanent full-time employees are low-income (GMA may certify employees)
- 25% or more of subcontracts are awarded to certified Section 3 businesses



**City of San Antonio
Certification for Section 3
Business**

Office of Grants
Monitoring &
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Affirmation

By checking this box, I swear or affirm that the information contained on this form, to the best of my knowledge and belief is true, correct, and complete.

I understand that this information will be used to determine my eligibility to participate in the Section 3 Certification program.

My signature/printed name below signifies that I understand and authorize the City of San Antonio and U.S. Department of Housing and Urban Development (HUD) officials to verify all the information I provide regarding Section 3 Certification.

Applicant Signature/Printed Name

Date

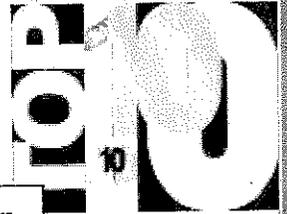
Please be aware that any information on this form is subject to public disclosure laws.

A GMA staff member will contact you shortly to verify and document information provided.

Complete this form online. Use the **Submit** button to send the form for processing,
or use the **Print** button and Fax a copy to:

Section 3 Division
Fax Number: (210) 886-0006

COMPLIANCE - TOP 10



1

Post the appropriate Wage Determination for the project in a conspicuous location.

2

Pay time-and-a-half to workers who work on any of the 7 listed City Holidays.

3

Pay time-and-a-half to workers who work in excess of 40 hours in a given week.

4

Workers must be classified for the work performed, in accordance to the Wage Determination.

5

Prime Contractor is accountable and responsible for ensuring that all workers are paid the prevailing wage rates, including subcontractors.

6

Certified payrolls must be submitted through the LCP Tracker System, weekly.

7

Apprentices must be registered in an Apprenticeship Training Program which is approved by the US Department of Labor.

8

All workers must be paid on an hourly rate basis. No piece work or day labor rates.

9

Site Visits may be conducted to ensure proper work classification and wage rates.

10

If workers are underpaid, restitution to the worker is required and the City will impose penalties in accordance to the contract.