SECTION 3 CERTIFICATION FOR BUSINESS CONCERNS APPLICATION

Purpose of the Section 3 Program

The purpose of the Section 3 Program is to ensure that economic and business opportunities generated by the Buffalo Municipal Housing Authority are to the greatest extent feasible directed to public housing residents and other low-income persons.

The Section 3 requirements apply to all contractors and subcontractors performing work in connection with projects and activities funded by public housing assistance covered by Section 3.

Benefits to Section 3 Business Concerns

Receive a Preference: the Buffalo Municipal Housing Authority is committed to awarding 10% of all contracts for work to be performed to qualified section 3 business concerns.

Award of Contracts: Section 3 business concerns receive additional rating points when contract bids are evaluated.

How to Qualify as a Section 3 Business Concern

- Certification is valid for a three-year period and should be included with all bids if requesting a Section 3 Business Concern Preference. If you are claiming that 30% of your permanent workforce is Section 3 residents, the status of your business will be reviewed on a quarterly basis from the date of certification to confirm continued Section 3 Business Concern status.

- Businesses seeking to qualify as a Section 3 Business Concern must complete the attached application and provide copies of the documentation requested to support qualifying under a specific category.

(CATEGORY 1) - The company 51% owned by residents of the housing development for which the section 3 covered assistance is expended or whose full-time permanent workforce include 30% of these persons as employees.

(CATEGORY 2) - The company 51% owned by residents of other housing developments managed by the housing authority that is expending the section 3 assistance, or whose full-time permanent workforce include 30% of these persons as employees.

(CATEGORY 3) - The company a HUD Youthbuild program being carried out in the metropolitan area in which the section 3 covered assistance is being expended.

(CATEGORY 4) - The company 51% or more owned by section 3 residents or whose full-time workforce includes no less than 30% section 3 residents, or that subcontract in excess of 25% of the total contract to section 3 business concerns.

For Further Information

- If you need assistance in completing the application or have questions about the Section 3 Program, please contact Resident Services Division at 855-0081.

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1. Name of Business: _____

Address of Business: _____

2.Type of Business: ☐ a) Corporation ☐ c) Partnership
☐ b) Doing business as (DBA) ☐ d) Joint Venture
☐ e) Other _____

(*Required documentation below)

If a corporation; provide copies of articles of incorporation and a list of owners/stockholders with % of ownership of each, organization chart (with names, titles and brief function statement).

If a DBA, provide copy of business certificate for assumed business name.

If a partnership; provide copy of partnership agreement, organization chart (with names, titles and brief function statement).

If a joint venture; provide a copy of joint venture agreement, organization chart (with names, titles and brief function statement)

If other, provide articles of organization and organizational chart

3. Describe service or specialty _____

_____

_____

4. Please indicate which business status you are applying for:

☐ Section 3 Resident Owned - **Please provide the documents listed below:**

__ Copy of resident lease with BMHA
__ Copy of your insurance (if necessary)
__ Recent filed NYS/Federal Income Tax Returns*
__ Unemployment benefits
__ Copy of receipt of Public Assistance
__ City of Buffalo License
__ Company Policy defining full-time employment
__ Household income verification

☐ Section 3 demonstrating that at least 30% of the permanent employees are Section 3 residents – **Please provide the documents listed below:**

__ Copy of the last **two** NYS-45s filed with NYS**
__ Recent filed NYS/Federal Income Tax Returns
__ A list of all permanent full-time Section 3 employees
__ Company Policy defining full-time employment
__ Payroll Journal (last 6 months)
__ Copy of City of Buffalo License
__ Copy of your insurance

5. Please indicate what Section 3 business concern category you are applying for:

☐ **CATEGORY 1** ☐ **CATEGORY 2** ☐ **CATEGORY 3** ☐ **CATEGORY 4**

Name: _____ Title: _____ Date: _____

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