## **City Of New Orleans**

Mitchell J. Landrieu, Mayor

## Office of Community Development Registry of Community Organizations

The City of New Orleans, through the Office of Community Development (OCD), is inviting all Community Organizations to apply for listing on the Office of Community Development Registry of Community Organizations. All organizations interested in working with Office of Community Development must qualify by completing the Registry Community Organizations. The purpose of the Registry is to ensure that applicants meet minimum eligibility requirements to receive federal and state grant funds through Office of Community Development. Certification on the 2012 Registry is a required step in the two (2) step funding process. In addition, all agencies seeking funding must also successfully complete the 2012 HOME NOFA competitive application.

- Applicant organizations must be a Legal Business
- Possess a U.S Federal Tax Identification (TIN) or Employer Identification Number (EIN)
- If your organization is debarred or has outstanding audit findings, or a delinquent audit, it will not be eligible for the 2012 NOFA

A checklist is provided to ensure that you have completed all of the necessary items to be considered for certification. Applications must be submitted in PDF format to jnthomas@nola.gov by 3:00 p.m., December 14, 2012, at the Office of Community Development office Please do not submit to Office of Community Development the originals of any legal documents for your agency unless specifically requested. Office of Community Development will not be responsible for making copies of any documents for your agency. For more information please call Donna Pearson or Jeanette Thomas-Allen at 658-4399.

### ORGANIZATIONAL INFORMATION

Legal Business Name: /and DBA	
Federal Tax I.D. or Employer I.D Number	
Federal DUNs No.	
Agency Address:	
Mailing Address	
<b>Contact Person(s):</b>	Name:
	Title:
	Business Phone:
	Alternate Phone:
	Fax:
	E-mail:
SECONDARY CONTAC	CT INFORMATION
	Name:
	Title:
	Phone:
	Alternate Phone:
	Fax:
	E-mail:

## **Section 1: Organizational Information**

Cat	egorize you organization:
	Government Entity/Agency
	Non-Profit Organization
	Faith Based Organization
	For-Profit Business
	_other (explain)
1a.	Has the organization achieved not-for-profit status in accordance with Section 501(c) of the Internal Revenue Code?
	YES NO
1b.	Indicate Federal Tax Exemption and provide proof of status:
	501(c) (3) Organization 501(c) (4) Organization
1c.	Is the Organization incorporated under the laws of the State of Louisiana?
	YES NO Year of Incorporation
	If yes, please submit copies of the organization's <b>Articles of Incorporation and By-laws</b> including amendments.
	Are the following items included in your Articles of Incorporation or by-laws?
	Purpose of Organization yes no
	Board of Directors Selection Process yes no
	Process of Annual or Regular Meetings yes no Duties and Composition of Officers yes no
1d.	Provide current Certificate of Good Standing from the Louisiana Secretary of State. Please submit <b>only</b> the current year certificate ( <i>see attachment 1</i> ).  Secretary of State, Baton Rouge, Louisiana - (225) 925-4704  Please request by mail at P.O Box 94125 Baton Rouge, LA 70804 or Fax (225)925-4727  Cost: \$10. Please allow 1 – 2 weeks for receipt.
1e.	Provide a copy of Form 941, Employer's Quarterly Federal Tax Return or Form 990. Return of Organization Exempt from Income Tax

## **Section 2: Financial Capacity**

a:			nembers, employees, paid consultants t of federal, state, or City of New Orle	
	YES_	NO	If yes, state reason.	
		the organization have cy's organizational au	•	esolved audit findings identified in the
	YES_	NO	If yes, state reason.	
<b>b</b> :	A- 11	0, "Standards for Fin	n to the financial accountability stand nancial Management Systems" , please submit one or more of the fol	lards of Subpart C.21 of OMB Circular llowing:
	γ	an organizational a expenditures of \$50	audit performed in compliance with O 00,000.00 or more	OMB Circular A-133 ; For Federal
	γ		n a Certified Public Accountant verify t C.21 of OMB Circular A-110.	ving that agency financial records
	γ		ONLY: a NOTARIZED statement verifying that agency financial record	by the president or chief financial officer ds conform to Subpart C.21 of OMB
	NOT		NCIES SHOULD SUBMIT ORIGI CATIONS OR NOTARIZED STAT	
2:	Pleas	e complete the Total	Federal Inquiry Sheet (Attachment 5)	)

#### **Section 2 Continued: Program Financial Chart (Past 3 Years)**

List the source and amount of funds (including in-kind contributions) that support the proposed program(s) in the service area(s) identified as *Activities for Proposed Programs* (page 10).

#### Leveraging of funds is encouraged by the Office of Community Development

FUNDING SOURCE & YEAR	FUNDED	UNITS COMPLETED /
(Federal, State, City, Donations, etc.)	AMOUNT	NUMBER OF CLIENTS SERVED

#### **Section 3: Organizational Capacity**

Summarize your **Organization's Experience** in the chart below.

Program	Type of Service	Site Address	Number	Number of	Number of
Year	Provided		of People	Households	Units built
			Served	Served	or
					rehabbed
2011					
2010					
2009					
2008					

## Section 4: Staff and Board Information (Non-Profit Organization)

List the names, addresses and titles of each Board Member for organization

NAME	ADDRESS	TITLE

- Provide **current Board Authorization** (*sample attachment 3*) stating the individual authorized to enter into contractual agreements, execute documents, sign checks, etc., on behalf of the organization and keep an original Board Authorization on file.
- Provide an Organization Chart for your agency

#### Staff

Identify all paid, full time and part-time staff.

NAME	TITLE	FT/PT

#### **Consultants/Contractors**

Identify all paid consultants and contractors providing services for the organization.

NAME/AGENCY	AGENCY PRINCIPAL OFFICER	SERVICE

#### **Section 5: Conflict of Interest**

Please list any **board member(s)** and the immediate family or business partner(s) of the board members, currently or within the last two years who has been an employee of Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. (Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

BOARD MEMBER	FAMILY MEMBER	RELATIONSHIP (Self, husband, wife, brother-in-law, etc.)	AFFILIATION (OFFICE OF COMMUNITY DEVELOPMENT, City Council, business partner, etc.)

Please list any **staff member(s)** and the immediate family or business partner(s) of the staff **member(s)**, currently or within the last two years who have been an employee of the Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. (Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

STAFF MEMBER	FAMILY MEMBER	RELATIONSHIP (Self, husband, wife, brother-in-law, etc.)	AFFILIATION (Office of Community Development, City Council, business partner, etc.)

#### **Conflict of Interest (continued)**

Please list any paid consultant(s) and/or contractor(s) and the immediate family or business partner(s) of the paid consultant(s) and contractor(s), currently or within the last two years who has been an employee of the Office of Community Development (or previously ORDA), any other City of New Orleans department, the City Council of New Orleans, or the U.S. Department of Housing and Urban Development (HUD). Use additional pages if necessary. (Immediate family is defined as husband, wife, father, mother, daughter, son, brother, sister, father-in-law, mother-in-law, daughter-in-law, son-in-law, brother-in-law, or sister-in-law. "Business partners" is defined as employment by or ownership of or financial benefit from employees or elected officials of the City of New Orleans or business entities in which they own an interest.)

CONSULTANT/ CONTRACTOR	FAMILY MEMBER	RELATIONSHIP (Self, husband, wife, brother-in-law, etc.)	AFFILIATION (Office of Community Development, City Council, business partner, etc.)

Which of the employees, agents, consultants or officers of your organization will (1) exercise any functions or responsibilities related to activities to be funded with the requested funding from the City of New Orleans or (2) be in a position to participate in a decision making process related to these activities or (3) gain inside information associated with these activities? Use additional pages if necessary.

Which of the people listed in the response above and which persons with whom they have business or immediate family ties as defined above (1) will obtain a financial interest or benefit from activities to be funded with the assistance requested from the City of New Orleans or (2) have an interest in any contract, subcontract or agreement with these activities, or the proceeds from these activities? Use additional pages if necessary.

## **Section 6: Planning Information**

#### **ACTIVITIES FOR POTENTIAL FUNDING**

		<u>JSING</u>		
_ _ _	Homebuyer Rental Hou	enovation/Rehabilitation Programs/New Construction sing Development and Mana P/Homeownership Training		
	CON	TINUUM OF CARE		
<u> </u>	HIV/AIDS	ssistance/Prevention Services ersons with Disabilities		
and o	census tracts			
	_	ace-based neighborhood?  tify from the list below:	YES	NO
If YE				

### **Contract Reference Checklist Items**

Federal Tax Identification Numbers:

http://www.irs.gov/business/small/article/0,,id=97872,00.html

Louisiana State Tax Identification Number:

http://revenue.louisiana.gov

Vendor Registration in BuySpeed:

http://www.purchasing.cityofno.com/bso/login.jsp

Certificate of Good Standing

http://www.sos.la.gov/tabid/818/Default.aspx

Tax Clearance Form: Must be issued less than 30 days before a contract is awarded

http://new.nola.gov/getattachment/Procurement/Forms/Tax-Clearance-2012.pdf

Convicted Felon Status Affidavit: Must be issued less than 30 days before a contract is awarded

http://new.nola.gov/search

AFIN Vendor Request Form

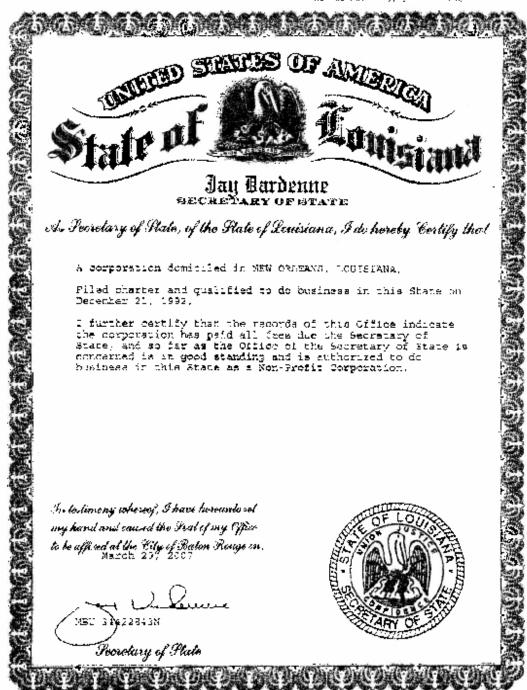
 $\frac{http://new.nola.gov/getattachment/Procurement/Forms/AFIN-Vendor-Request-Form.pdf}{}$ 

Name of Organization			
	Yes	No	N/A
<b>Section 1: Organizational Informat</b>	ion		
a. Does Organization have Section 501© IRS status	_		_
b. Proof of Federal Tax status			
c. Articles of Incorporation and			_
Organizational By-Laws and		_	
Completeness of Articles of Incorporation			_
and By-Laws			
d. CURRENT Certificate of Good Standing	<del></del>	<del></del>	<del></del>
(Attachment 1)	<del></del>		
e. Copy of form 990 or 940	_	_	_
Section 2: Financial Capacity			
a. Debarment statement/ Audit Findings			
b. Financial Accountability Standards			
Verification (Attachment 2)			
c. Total Federal Funding Inquiry Sheet (Attachment 5)		_	
d. Financial Chart completed			
e. Current Tax Clearance Form			
Document is valid for one year (Attachment 4)			
Section 3&4: Organizational Capac	eity		
a. Experience Chart			
b. Statement of Staff/			
Consultants Experience			
a. Board Authorization (Attachment 3)			
b. Staff Member List			
c. Consultants Identified	_		
Section 5: Conflict of Interest			
a. Conflict of Interest Statements completed	<del></del>		
Section 6: Planning Information			
a. Principal Activities Identified			
b. Neighborhood Identified			
c. Boundaries & Census Tracts			
d. Council District Identified	_	_	_
Section 7: Section 3Business Conce	rn Applicati	ion	
e. Are you a Certified Section 3 Business? (Attachment 7)	_		_

# **ATTACHMENTS**

- 1. Sample of Certificate of Good Standing Document
- 2. Verification(s) supporting OMB Circular A-110
- 3. Board Authorization
- 4. Current Tax Clearance Form
- 5. Total Federal Funding Inquiry Sheet
- 6. City of New Orleans Vendor Request Form
- 7. Section 3 Business Concern Application

Please identify/label attachments in your application packet



Fax Number: (225)925-4727

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Mailing Address: Secretary of State P.O. Box 94125

Baton Rouge, LA 70804

#### Attachment 2

#### **OMB CIRCULAR A-110**

#### **SUBPART C - Post-Award Requirements**

#### **Financial and Program Management**

Section 21. Standards for financial management systems.

- (a) Federal awarding agencies shall require recipients to relate financial data to performance data and develop unit cost information whenever practical.
- (b) Recipients' financial management systems shall provide for the following.
- (1) Accurate, current and complete disclosure of the financial results of each federally-sponsored project or program in accordance with the reporting requirements set forth in Section \_\_\_\_.52. If a Federal awarding agency requires reporting on an accrual basis from a recipient that maintains its records on other than an accrual basis, the recipient shall not be required to establish an accrual accounting system. These recipients may develop such accrual data for its reports on the basis of an analysis of the documentation on hand.
- (2) Records that identify adequately the source and application of funds for federally-sponsored activities. These records shall contain information pertaining to Federal awards, authorizations, obligations, un-obligated balances, assets, outlays, income and interest.
- (3) Effective control over and accountability for all funds, property and other assets. Recipients shall adequately safeguard all such assets and assure they are used solely for authorized purposes.
- (4) Comparison of outlays with budget amounts for each award. Whenever appropriate, financial information should be related to performance and unit cost data.
- (5) Written procedures to minimize the time elapsing between the transfer of funds to the recipient from the U.S. Treasury and the issuance or redemption of checks, warrants or payments by other means for program purposes by the recipient. To the extent that the provisions of the Cash Management Improvement Act (CMIA) (Pub. L. 101-453) govern, payment methods of State agencies, instrumentalities, and fiscal agents shall be consistent with CMIA Treasury-State Agreements or the CMIA default procedures codified at 31 CFR part 205, "Withdrawal of Cash from the Treasury for Advances under Federal Grant and Other Programs."
- (6) Written procedures for determining the reasonableness, allocability and allowability of costs in accordance with the provisions of the applicable Federal cost principles and the terms and conditions of the award
- (7) Accounting records including cost accounting records that are supported by source documentation.
- (c) Where the Federal Government guarantees or insures the repayment of money borrowed by the recipient, the Federal awarding agency, at its discretion, may require adequate bonding and insurance if the bonding and insurance requirements of the recipient are not deemed adequate to protect the interest of the Federal Government.
- (d) The Federal awarding agency may require adequate fidelity bond coverage where the recipient lacks sufficient coverage to protect the Federal Government's interest.
- (e) Where bonds are required in the situations described above, the bonds shall be obtained from companies holding certificates of authority as acceptable sureties, as prescribed in 31 CFR part 223, "Surety Companies Doing Business with the United States."

BOARD AUTHORIZATION					
DATE:					
On theday of, 20 at its regular meeting of the Board of Directors of, a					
Corporation domicile in the State of Louisiana, Parish of Orleans, with a quorum present, the					
following business was conducted.					
It was duly moved and seconded that the following resolution be adopted:					
WHEREAS, the Board of Directors of has					
agreed that it is necessary to designate a person to solicit, negotiate and/or execute any					
documents, contracts, etc. for the Corporation.					
WHEREAS, the Board of Directors has authorized					
to act on behalf of the Corporation in any and all transactions necessary for the Corporation.					
BE IT FURTHER RESOLVED, that be given the full					
discretion to sign any and all contracts, documents, etc., for the					
RESOLUTION WAS READ IN FULL ON THIS DAY OF, 20 IN NEW					
ORLEANS, LOUISIANA.					
SECRETARY					

\*\*NOTE: THIS DOCUMENT IS VALID FOR ONE (1) YEAR AFTER THE DATE OF ISSUANCE.

# CITY OF NEW ORLEANS DEPARTMENT OF FINANCE TAX CLEARANCE AUTHORIZATION

FOR CITY OF NEW ORLEANS USE ONLY		TRACKING NO.			
RECEIVED BY FINANCE DEPT. ON:_ FROM:	PHONE				
TO REVENUE ON:	BY:				
TO TREASURY ON:	BY:				
TO DIRECTOR ON:	BY:				
COMPLETED & RECEIVED BY DEPT. FINANCE ON:					
DEDT OF LAW DECEMED ON	DV.				

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

According to Section 2-8 of the Code of the City of New Orleans, Louisiana 1995, the City may not enter into or make payments under a contract, grant or cooperative endeavor agreement with any person, corporation, or entity delinquent in City taxes. This form supplies the needed tax clearance. This clearance is issued without prejudice to any tax liabilities discovered by audit.

- ▶ A SEPARATE TAX CLEARANCE AUTHORIZATION IS REQUIRED FOR EACH CONTRACT
- ▶ IF THIS AUTHORIZATION IS NOT SIGNED AND DATED, IT WILL BE RETURNED

Taxpayer Informatio	n
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TYPE OF BUSINESS:				
BUSINESS NAME:			REAL ESTATE TAX NUMBER:	
OWNER'S NAME:		///	(IF KNOWN)	
BUSINESS ADDRESS:		I/I		
		X	PERSONAL PROPERTY TAX I	NUMBER:
MAILING ADDRESS:	MUMM	40	(IF KNOWN)	
		711		
CONTACT TELEPHONE:	S // N/V		SALES TAX/OCCUPATIONA	L LICENSE NUMBER:
FAX NUMBER:			(IF KNOWN)	
E-MAIL ADDRESS: Name Department:	of Contracting			
PRINT NAME:			TITLE:	
AUTHORIZED SIGNATURE:			DATE SIGNED:	
I certify that I have the authority to execute the City of New Orleans is authorized to inspect and	nis form with respect to nd/or receive confident	the tax m tial tax int	natters covered and that the abo formation.	ove is true and correct. The
BUREAU OF REVENUE (Room	1W15)		BUREAU OF TREASURY (	Room 1W37)
This clearance covers Occupational Lice taxes.	ense and Sales/Use	This cle	earance covers Ad Valorem t Business Property	
I HEREBY ASSERT THAT AFTER REVIEW ( RECORDS OF THIS DATE THAT THE TA DELINQUENT IN ANY TAXES OWED TO THE	AXPAYER IS/IS NOT	RECO	BY ASSERT THAT AFTER REVI RDS OF THIS DATE THAT TH QUENT IN ANY TAXES OWED TO	HE TAXPAYER IS/IS NOT
COLLECTOR OF REVENUE	DATE		TREASURY CHIEF	DATE
I HEREBY ASSERT THAT THE DELINQUENCY REMEDIED.	IS/IS NOT	I HEREI REMED	BY ASSERT THAT THE DELINQUE DIED.	NCY IS/IS NOT
COLLECTOR OF REVENUE	DATE		TREASURY CHIEF	DATE
I attest that the taxpayer na	med above <b>is/is</b> ı	<b>not</b> del	linquent in any taxes ow	red to the city.
DII	RECTOR OF FINAN	ICE	DATE	

## CITY OF NEW ORLEANS DEPARTMENT OF FINANCE TAX CLEARANCE AUTHORIZATION

1300 Perdido St., Room 3E06, New Orleans, LA 70112, Fax (504) 658-1706

#### **INSTRUCTIONS**

- 1. To complete this form, provide all of the taxpayer information requested at the top of the form. Failure to fill in ALL taxpayer information requested may delay processing. If taxpayer authorization is not signed and dated, the form will not be processed.
- 2. Complete, sign and date the authorization form and submit in any of the following ways:
  - a. In person or by mail to: City Hall, Department of Finance, 1300 Perdido Street, Room 3E06, New Orleans, LA 70112
  - b. Via Facsimile (Fax): (504) 658-1706
- 3. This form authorizes the City of New Orleans to inspect and/or receive your confidential tax information.
- 4. This Tax Clearance Authorization will not be honored for any purpose other than contracting with the City of New Orleans.
- 5. A separate Tax Clearance Authorization is required for each contract.
- 6. If you need additional information regarding this authorization, please call the Department of Finance at (504) 658-1510, or e-mail gcpiper@cityofno.com

## OFFICE OF COMMUNITY DEVELOPMENT TOTAL FEDERAL FUNDING INQUIRY

ORGANIZATION:				
ORGANIZATION'S FISCAL	YEAR: (check on			mber 31
		July 1 – June		
		Other (indica	ite)	
TOTAL BEDED	I FUNDS EVDE	NCED IN EIG	CAT	YEAR 2012 (EXAMPLE)
SOURCE		EXPENDITU		PERIOD OF EXPENSE
<b>Example:</b> Office of Community		\$124,657.0		Jan. 1 – Dec. 31, 2012
<b>Example:</b> Grace of Community  Example: Ryan White	Bevelopment	\$ 85,727.0		Jan. 1 – June 30, 2012
Example: Ryan White		\$223,700.0		July 1 – Dec. 31, 2012
Total		\$434,084.0		
				ISCAL YEAR 2012
SOURCE	EXPENDIT	URES	P	ERIOD OF EXPENSE
TOTAL FED	ERAL FUNDS AN	NTICIPATED	FOR	R FISCAL YEAR 2013
SOURCE	CONTRACT A	AMOUNT	(	CONTRACT PERIOD
A accountant's Cignoture		Data		Phone No.
Accountant's Signature		Date		rhone IVO.
FOR NEIGHBORHOOD 1 USE ONLY				
DATE RECEIVED:				
RECEIVED BY:				
RECEIVED VIA:				

#### CITY OF NEW ORLEANS VENDOR REQUEST FORM

Complete all information on this form. All requested information must be provided for inclusion to the City of New Orleans list of interested and responsible bidders.

#### PLEASE PRINT

CHECK THE APPROPRIATE BOX □NEW VENDOR □ADDRESS CHANGE □NEW FEDERAL I.D. # □NAME CHANGE □ADD TO EXISTING NAME □OTHER You must provide: FEDERAL TAX ID NUMBER: If applicable, or please provide: SOCIAL SECURITY NUMBER: \_\_ Mailing Information: Please mark an "X" in each [], if it applies: Dealer [] \*Certified WBE [] **Company Name or Individuals** Manufacturer [] \*Certified MBE [] Jobber []Retailer If Minority-Owned: []Factor Rep [] -African American [] **Mailing Address** Individuals -Asian American [] Partnership -Asian Indian [] [] Incorporated -American Indian [] City State Zip Code Small Business -Hispanic American [] [] -Women-Owned Commodity Disabled In State of Louisiana [] [] Telephone: (Area Code) Phone Number **Contact Person** \*Certification of WBE, or MBE status is performed through the office of Small Emerging Business Development, 1515 Poy<del>dras St., 12<sup>th</sup> Floor, New Orleans, LA 70112, (504) 565-6971</del> Remit to Address (if different from mailing address) NOTE: IT IS THE RESPONSIBILITY OF THE VENDOR TO SUBMIT A REVISED FORM FOR ANY CHANGES IN THE ABOVE INFORMATION. City State Zip Code **IMPORTANT:** IF YOU HAVE MULTIPLE PAYMENT ADDRESSES, PLEASE ATTACH ADDITIONAL REMITTANCE ADDRESSES. Telephone: (Area Code) Phone Number If form submitted by City Agency or Department: Contact Person Form Submitted by / Name of Contact Person City Department or Agency Name Phone # Fax#

Please use this substitute form w-9 to furnish your taxpayer identification number. IRS regulations specify that without this information, payments made to your account are subject to a 31% backup withholding. You may also be subject to a \$50.00 penalty imposed by the IRS under Section 6723 of the Internal Revenue Code.

Part 1 TAX STATUS: CHECK ONE ONLY
Individuals: (Doing business under your own name, i.e. a consultant)  Sole Proprietor: (sole proprietor or doing business under a name other than your own)  Partnership  Corporation Providing Health Care  Corporation, Exempt Charity, other entity:
Name on IRS records
(For individuals, sole proprietor or partnership)
Individual Social Security Number
Name of Business
Federal Tax ID Number
Part 2 EXEMPTION:
If you are a corporation exempt from 1099 reporting, check the appropriate line describing your exemption status:
Corporation Tax exempt Charity under 501(a) A state, the district of Columbia, a possession of the U.S., or any of the political subdivisions A foreign government or nay of its political subdivisions, agencies or instrumentalities An international organization or any of its agencies or instrumentalities other
Part 3 CERTIFICATION:
I certify that under penalty of perjury that the Tax Identification Number that I have provided is correct.
Person completing this form (print)
Signature
Data

PLEASE RETURN THIS COMPLETED FORM TO

CITY OF NEW ORLEANS BUREAU OF PURCHASING 1300 PERDIDO ST., ROOM 4W07 NEW ORLEANS, LA 70112

#### What is a Section 3 business concern?

#### A Section 3 business concern is one that:

- Is 51 percent or more owned by Section 3 residents; (tax information needed to verify)
- Employs Section 3 residents for at least 30 percent of its full-time, permanent staff; (checks stubs and staff listing needed to verify) or
- Provides evidence of a commitment to subcontract to Section 3 business concerns, 25 percent or more of the dollar amount of the awarded contract (Statement of commitment and copies of recent contracts with Section 3 businesses needed to verify).

#### What is the benefit to me the business owner?

As a Section 3 Business Concern your company will receive preference and advanced notice when economic opportunities arise.

#### What is a Section 3 resident?

#### A Section 3 resident is a person that is:

- A resident of public or assisted housing,
- A participant of HUD Youthbuild program in the New Orleans MSA or
- Is a low- or very low-income resident of the New Orleans MSA and/or homeless person.

#### What is the benefit to the resident?

A Section 3 resident will receive hiring priority when there are employment opportunities.

\*Additional Information will be provided at the scheduled Technical Assistance Workshop.

## CITY OF NEW ORLEANS MAYOR'S OFFICE OF COMMUNITY DEVELOPMENT

## **SECTION 3 BUSINESS CONCERN APPLICATION**

BUSINESS A TYPE OF BU	SINESS:	Corp				e Proprietorsh	nipJo	int Venture		
TYPE OF SE	RVICES P	ROVIDED:								
•	51% bus 30% of a 25% su Active S	siness owne all full time o bcontractin	ership cons employees g of the dol ertification t	isting of Sec are Section lar amounts hrough U.S.	tion 3 Resid 3 Residents awarded to		ion 3 busine	sses	(HUD) or	
FOR BUSINE Names and a Attach proof	ddresses	of Section 3	Resident(	s) in 51% ow	nership pos	ition	NED BY SE	CTION 3 RE	ESIDENTS S	SUPPLY THE:
									-	
RESIDENTS SUPPLY THE  Nam List Nam Inco	OR WERE EINFORM nes of all co of all employee and add me verification	E SECTION ATION LIS urrent full ti oyees claim lress of Pub	3 ELIGIBI TED BELC me employ ning Section blic Housing ding to the c	LE RESIDEN DW: ees n 3 status g Authority r chart listed b	NTS WITHIN	ORCE ARE CI	DATE OF	EMPLOYME	ENT WITH E	BUSINESS
Family Size	1	2	3	4	5	6	7	8	]	
	\$34,650	\$39,600	\$44,550	\$49,500	\$53,500	\$57,450	61,400	\$65,350		
*Income figur	es subject	to change								
<ul><li>QUALIFIED</li><li>Sign</li><li>Estir</li></ul>	SECTION led affidavi mated tota	3 BUSINE it committin I contract a	SSES SUF g to contra- mount \$	PPLY THE IN ct 25% of the	NFORMATION total	FRACTING 25 DN LISTED B amount award bcontract tota	ELOW: ded to a qua	alified Section	n 3 business	<b>UNT AWARDED</b> S
INFORMATI	ION LISTE		:	STATUS TH	IROUGH A	CTIVE HUD C	R HANO C	ERTIFICATI	ON SUPPL	Y THE
	- NI	and Signa	4			_	Date			