**Section 3 Certification as S3 Business Concern**

**Busines Information**

|  |  |
| --- | --- |
| Business Name |  |
| Address of Business Headquarters |  |
| County of Business Headquarters |  |
| County of residence for 51% of employees |  |
| Name of Owners /Operators |  |
| Section 3 status of Owner/Operators | € Low-to-Moderate income€ Public Housing Resident€ None of the above |
|  |  |

**Labor Hours – Previous 3 Months\***

|  |  |
| --- | --- |
| Start Date of Reporting Period |  |
| End Date of Reporting Period |  |
| Total Number of Labor Hours – all work |  |
| Number of S3 Labor Hours (work performed by LMI Persons and/or YouthBuild Participants) |  |
| S3 Hours as percent of Total Labor Hours |  |

*\*Records supporting these hours must be made available upon request. Please redact Personally Identifiable Information from payroll records prior to releasing any documentation under this requirement. Employee ID numbers other than an employee’s Social Security Number should be used to facilitate this expectation.*

CERTIFICATION: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and this reporting measure is for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title XXX).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Business Owner or Designee Name and Title (Print) | Signature | Date |