**Section 3 Employer Certification Form**

Grant Recipient:­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract No: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Name: ­­­­­­­­­­­­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employee Name | ID#(Not SSN) | Section 3 Status | Basis for Section 3 Status, if applicable\* | Documentation of LMI, if applicable | Family Size |
|  |  | Options:* Targeted Section 3 worker
* Section 3 worker
* Not a Section3 Worker
 | Options:* current LMI status;
* LMI status at date of Hire;
* Youthbuild Participant
 | Options:* self-certification,
* participation in means-tested program,
* PHA certification,
* Employer’s certification calculating income, or
* Employer’s certification of its own Section 3 Business Concern status
 |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

\*A map identifying the residential address for each Targeted Section 3 Employee relative to the Service Area must be available in the local contract file.

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).

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Grantee Name and Title (Print) | Signature | Date |
|  |  |  |
| Employer Name and Title (Print) | Signature | Date |