

**City of Flint - Certification for Business Concern Seeking Section 3 Preference in Contracting and Demonstration of Capacity**

Name of Business \_\_\_\_\_ Phone & Fax \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Type of Business: Corporation Partnership Sole Proprietorship

Type of Business Activity: \_\_\_\_\_

Please attach the following documentation as evidence of status:

**For all business entities (as applicable):**

- |  |   |
|--|---|
| <input type="checkbox"/> Copy of Articles of Incorporation                                     | <input type="checkbox"/> Certificate of Good Standing             |
| <input type="checkbox"/> Assumed Business Name Certificate                                     | <input type="checkbox"/> Partnership Agreement                    |
| <input type="checkbox"/> List of owners/stockholders and 51% ownership of each                 | <input type="checkbox"/> Corporation Annual Report                |
| <input type="checkbox"/> Organization chart with names and titles and brief function statement | <input type="checkbox"/> Latest Board minutes appointing officers |
| <input type="checkbox"/> Additional documentation  |   |

**1. For business claiming status as a Section 3 resident-owned enterprise:**

- o Certification for Section 3 Residents (at least 51% of the business owners)

**2. For Business claiming Section 3 status by subcontracting 25% of the dollar award to qualified Section 3 Business:**

- List of subcontracted Section 3 business(es) and contract/agreement documentation of subcontract amount
- Section 3 certification & all supporting documentation for each subcontracted Section 3 Business

**3. For business claiming Section 3 status by claiming at least 30 percent of their full time, permanent workforce are currently Section 3 residents or were Section 3 eligible residents within 3 years of date of first employment with the business:**

- List of all current full time employees
- List of employees claiming Section 3 status
- Certification for Section 3 Residents (at least 30% of all current full-time employees) with supporting documentation showing Section 3 status immediately prior to the date of first hire

**For all business entities:**

**Evidence of ability to perform successfully under the terms and conditions of the proposed contract:**

- Current audited financial statement or Income Tax Return
- Statement of ability to comply with public policy related to government funding (federal, state or city work experience) evidenced by providing a list of all contracts for the past two years
- List of owned equipment

\_\_\_\_\_  
Authorized Name, Title and Signature

Date \_\_\_\_\_

Please submit documentation of the following items to City of Flint, Dept. of Community and Economic Development, 120 E. Fifth St. Rm. N102, Flint, Michigan 48502, [msmith@cityofflint.com](mailto:msmith@cityofflint.com) or fax to 810-766-7351. Direct any questions to 810-766-7436



# FY 2021 INCOME LIMITS DOCUMENTATION SYSTEM

[HUD.gov](https://www.huduser.gov) [HUD User Home](#) [Data Sets](#) [Fair Market Rents](#) [Section 8 Income Limits](#) [MTSP Income Limits](#) [HUD LIHTC Database](#)

## FY 2021 Income Limits Summary

Selecting any of the buttons labeled "Explanation" will display detailed calculation steps for each of the various parameters.

FY 2021 Income Limit Area	Median Family Income <a href="#">Explanation</a>	FY 2021 Income Limit Category	Persons in Family							
			1	2	3	4	5	6	7	8
<b>Flint, MI MSA</b>	\$65,600	Very Low (50%) Income Limits (\$) <a href="#">Explanation</a>	23,000	26,250	29,550	<b>32,800</b>	35,450	38,050	40,700	43,300
		Extremely Low Income Limits (\$)* <a href="#">Explanation</a>	13,800	17,420	21,960	<b>26,500</b>	31,040	35,580	40,120	43,300*
		Low (80%) Income Limits (\$) <a href="#">Explanation</a>	36,750	42,000	47,250	<b>52,500</b>	56,700	60,900	65,100	69,300

The **Flint, MI MSA** contains the following areas: Genesee County, MI;

\* The FY 2014 Consolidated Appropriations Act changed the definition of extremely low-income to be the greater of 30/50ths (60 percent) of the Section 8 very low-income limit or the poverty guideline as [established by the Department of Health and Human Services \(HHS\)](#), provided that this amount is not greater than the Section 8 50% very low-income limit. Consequently, the extremely low income limits may equal the very low (50%) income limits.

Income Limit areas are based on FY 2021 Fair Market Rent (FMR) areas. For information on FMRs, please see our associated FY 2021 [Fair Market Rent documentation system](#).

For last year's Median Family Income and Income Limits, please see here:

709 N Saginaw St  
Flint, MI 48503  
(810)232-2555  
[www.mcc.edu](http://www.mcc.edu)



April, 2018

### Section 3 Resident Application Process

Mott Community College Workforce & Economic Development (MCCWED) offers several programs to assist adults who are seeking employment and/or career training programs. The mission of Mott Community College is to provide high quality, accessible, and affordable educational opportunities and services – including programs focused on university transfer, technical and lifelong learning, as well as “Workforce and Economic Development” – that promote student success, individual development, and improve the overall quality of life in a multicultural community.

Persons interested in job placement assistance and/or training are required to complete enrollment. Enrollment is as follows:

By Appointment Only

Monday/Wednesday

8:45 AM or 1:45 PM

Call (810)232-2555 to schedule your appointment today!

The following documents are required at the time of your enrollment:

- State of Michigan Identification Card or Driver’s License (must be valid)
- Social Security Card
- High School Diploma / GED (if applicable)
- Proof of Income

Supportive Services may be available on a limited basis (to those who qualify) for the purpose of enabling successful participation and completion of program services.

Persons seeking Section 3 certification are not required to enroll with MCCWED, however it is highly recommended. For those seeking Section 3 certification, you must visit the Career Resource Center at 709 N Saginaw Street, Flint, 48503 and bring the following documents:

- State of Michigan Identification Card or Driver’s License (must be valid)
- Proof of Income (e.g. copy of receipt of public assistance, tax return, pay stub, bridge card, copy of lease from public housing, unemployment letter)
- Resume

Once Section 3 application has been reviewed and approved, persons will receive a card that will verify Section 3 status. Referrals for employment can then be made based on employer need and resident qualifications.

For additional information and/or assistance, please contact Kathleen LaVallier at (810)232-4674 or via email [kathleen.lavallier@mcc.edu](mailto:kathleen.lavallier@mcc.edu).

We look forward to working with you!



## Application for Resident Seeking Section 3 Certification

\_\_\_\_\_ meets the income and residence eligibility guidelines for a low- or very-low-income person for this area seeking Section 3 preference in training and employment.

The following documentation has been submitted to Mott Community College Workforce and Economic Development as evidence of Section 3 status:

- Proof of Income
- Michigan State Driver's License or Identification Card
- Resume

\_\_\_\_\_  
Full address of Person seeking Certification

\_\_\_\_\_  
Signature of Person seeking Certification

***Proof of Income Accepted Documents***

- Copy of receipt of public assistance
- Copy of evidence of participation in a public assistance program
- Copy of lease from Public Housing
- Other evidence
  - Tax return
  - Pay stub
  - Social Security annual income report
  - Unemployment rejection letter
  - DHS denial letter
  - Notarized letter of support from other individual

\_\_\_\_\_  
For Internal Use Only

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title of person verifying Section 3 preference status

Referred for employment to: \_\_\_\_\_ Date: \_\_\_\_\_

Trade/Skill: \_\_\_\_\_

Referred by: \_\_\_\_\_ Title: Job Development Specialist

**Section 3 Developer/Subgrantee Employment Roster  
City of Flint Department of Planning and Development  
Community and Economic Development Division**

<b>Contractor Name:</b>		<b>Telephone:</b>	
<b>Contact Person:</b>		<b>Fax:</b>	
<b>Project Name:</b>		<b>Reporting Period:</b>	

Please list all current full time, permanent employees on your project - Identify Section 3 Certified Employees

<b>Name</b>	<b>Employee's Address</b>	<b>Telephone #</b>	<b>Starting Date</b>	<b>Ending Date</b>	<b>Position</b>

\*Construction contracts are subject to compliance with the requirement to pay prevailing wages determined under Davis-Bacon Act (40 U.S.C. 276a)

<b>Authorized Signature:</b>		<b>Date:</b>	
<b>Printed Name:</b>		<b>Title:</b>	

**Section 3 General Contractor/Subcontractor Timesheet Summary**  
**City of Flint Department of Planning and Development**  
**Community and Economic Development Division**

<b>Contractor/Sub Name:</b>		<b>Telephone:</b>	
<b>Contact Person:</b>		<b>Fax:</b>	
<b>Project Name:</b>		<b>Reporting Period:</b>	
<b>Contractor/Sub Address:</b>			

<b>Job Category</b>	<b>Hours Worked by Existing Staff</b>	<b>Number of Non-Section 3 New Hires</b>	<b>Hours Worked by Non-Section 3 New Hires</b>	<b>Number of New Hires that are Section 3 Residents</b>	<b>Hours Worked by New Hire Section 3 Residents</b>	<b>Number of Section 3 Trainees</b>	<b>Hours Worked by Section 3 Trainees</b>
Office/Clerical							
Building Contractor							
Electrical							
Plumbing							
HVAC/Mechanical							
Carpentry							
Drywall							
Roofing							
Siding							
Flooring/Carpet							
Concrete							
Insulation							
Demolition							
General Laborer							
Asbestos							
Lead Paint							
Sewer/Water							
Excavation							
Landscape							
Other:							
Other:							
Other:							
Other:							
Other:							

<b>Authorized Signature:</b>		<b>Date:</b>	
<b>Printed Name:</b>		<b>Title:</b>	