**STATE OF NORTH CAROLINA**

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

**Division of Water Infrastructure**

**CDBG-I Unit**

**SECTION 3 BUSINESS CONCERN SELF CERTIFICATION**

The North Carolina Department of Environmental Quality (NC DEQ), Division of Water Infrastructure (DWI), CDBG-I Unit is seeking to extend the benefits of and to promote compliance with Section 3 by identifying Section 3 Business Concerns and targeting Section 3 Business Concerns for North Carolina business opportunities, events and educational programs.

In an effort to comply with Federal Section 3 Regulations (24 CFR Part 135) which promote contract, employment and training opportunities for the NC DEQ, Division of Water Infrastructure, the CDBG-I Unit has instituted a Section 3 Self Certification process.

Applicants seeking certification must complete and submit the attached Section 3 Business Concern Self Certification form as follows:

1. If your company is qualified because it is owned (51% or more) by one or more Section 3 residents, then complete **“Section 3 Business Concern – Resident Business Owner(s)”;**

**OR**

2. If your company is qualified because 30% or more of its full time permanent workforce are Section 3 Residents, then complete **“Section 3 Business Concern – 30% + Workforce”.**

**OR**

3. If more than 25% of all subcontract work to be awarded shall be performed by Section 3 business concerns as described above, then complete **“Section 3 Business Concern-Subcontractor”.**

Please answer all questions, sign and notarize the completed form. The completed form may be returned to the CDBG-I Unit, Division of Water Infrastructure, NC Department of Environmental Quality 1633 Mail Service Center, Raleigh, North Carolina 27699.

If you have any questions or require assistance, please do not hesitate to contact the Compliance Specialist via email at l.marcela.vargas@ncdenr.gov or telephone, (919) 707-9057.

Once the registration process has been confirmed your company will be part of our database and the Compliance Section will inform you about new opportunities within the CDBG programs throughout the State of North Carolina.

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State of North Carolina | Environmental Quality | Water Infrastructure

1633 Mail Service Center, Raleigh, North Carolina 27699 | Location 512 N. Salisbury Street, Raleigh, North Carolina 27604

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**STATE OF NORTH CAROLINA**

**DEPARTMENT OF ENVIRONMENTAL QUALITY**

**Division of Water Infrastructure**

**CDBG-I Unit**

**Section 3 Business Concern Self Certification**

General Information

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned being duly sworn, on oath, represents, warrants, certifies, deposes and says, under penalty of law, as follows:**

**Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**D.B.A. (If different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Company Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

City County Zip

**Business Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Website: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person & Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Description of Business (examples: construction, electrician, accounting, landscapes, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Business was established: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Month/Day/Year

**Federal ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Type of Business Entity (check one):**

Corporation

Partnership

Sole Proprietorship

Limited Liability Corporation (LLC)

Limited Liability Partnership (LLP)

Joint Venture

**Contractor’s License:** Class A Class B Class C License Number: \_\_\_\_\_\_\_\_\_\_

**Capacity limit: (Contract limit your business could manage):**

Up to $300,000

$300,000 – $500,000

$500,000 - $1 million

$5-$10 million

$1-$5 million

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certifications:**

SWaM

DBE

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expiration Date: \_\_\_ / \_\_\_ / \_\_\_

**Please select “Yes” or “No”. If you answer “Yes” to one or more of the following questions, you may designate your company as a Section 3 Business Enterprise.**

1. 51% or more of the business is owned by a Section 3 resident; or

**YES**  **NO**

2. 30% or more of the company’s full –time employees are Section 3 residents, or were Section 3 residents within the past three years; or

**YES**  **NO**

3. The company can provide evidence, as required, of a commitment to subcontractors 25% or more of all subcontract dollars to a certified and qualified Section 3 business enterprises.

**YES** **NO**

Section 3 Resident definition:

1. a public housing resident;

2. a low or very low –income person residing in the metropolitan area or non-metropolitan County in which the Section 3 covered assistance is expended

**Verification:** The company hereby agrees to provide, upon request, documents verifying the information submitted to qualify as a Section 3 Business Concern.

**I declare and affirm under penalty of prosecution for perjury that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements may cause to disqualify this certification**.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Business Owner or Authorized Representative Date**

**Notary Public Jurist:** City/County/Town of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the State of North Carolina

The foregoing instrument was subscribed and sworn before me this\_\_\_\_\_\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 201\_\_\_ by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary (Please Print Name) Notary Signature**

This commission expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Important Note:** *Please attach the Section 3 Resident Self Certification to this form (form can be found at* [*http://portal.ncdenr.org/web/wi/cdbg-i-compliance1*](http://portal.ncdenr.org/web/wi/cdbg-i-compliance1)*) for categories No. 1 and 2,* ***or*** *the Section 3 Business Concern Self Certification for sub-contractors if your business qualifies under category No. 3. (See above for categories)*

*This form must be submitted**to 1633 Mail Service Center, Raleigh, North Carolina 27699-1633 Attention: L. Marcela Vargas, Division of Water Infrastructure CDBG-I Unit.*