

CITY OF INDIANAPOLIS	
CONTRACTOR - VENDOR FORM - SECTION 3 PROJECTS	CONTRACT AMOUNT: \$

Contractor: KP Meiring Company	POI#: & Project Name or address: Lucrecia Mott School #3
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- | | |
|--|--|
| <p>1. Does this project involve any contracts that exceed \$100,000? (check all that apply)</p> <p><input checked="" type="checkbox"/> YES - Section 3 applies to recipient, its subrecipient (if applicable), contractors or subcontractors with contracts exceeding \$100,000. Complete the remainder of form.</p> <p><input type="checkbox"/> NO - Section 3 applies to the recipient, and its subrecipient (if applicable). Complete the remainder of form with respect to these entities.</p> <p style="text-align: center;">Section 3 Applicability (check all that apply)</p> <p><input checked="" type="checkbox"/> Housing rehabilitation (including lead-based abatement)</p> <p><input type="checkbox"/> Housing construction</p> <p><input checked="" type="checkbox"/> Other public construction</p> <p><input type="checkbox"/> Services</p> | <p>2. Indicate the efforts made to direct the employment and other economic opportunities generated by HUD financial assistance for housing and community development programs, to the greatest extent feasible, toward low and very low income persons, particularly those who are recipients of government assistance for housing (check all that apply)</p> <p><input checked="" type="checkbox"/> Attempted to recruit low-income residents through:
Local media, signs prominently displayed at the project site, contracts with community organizations and public or private agencies operating within the metropolitan statistical area in which the Section 3 covered program or project is located or similar methods. (Describe:)</p> <p><input type="checkbox"/> Participated in a HUD program which promotes the training or employment of Section 3 residents. *</p> <p><input checked="" type="checkbox"/> Participated in a HUD program which promotes the award of contracts to business concerns which meet the definition of Section 3 business concerns.</p> <p><input type="checkbox"/> Coordinates with Youthbuild, approved Bureau of Apprenticeship Training, Workforce, or Step Up programs administered in the metropolitan statistical area in which the Section 3 covered project is located. - Circle which one and give the program location:</p> <p><input type="checkbox"/> Other. Please attach a brief description.</p> |
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JOB CATEGORY	STAFF / EMPLOYEES		NEW HIRES / TRAINEES		STAFF HOURS (worked on this housing award)		
	(working on this housing award)		(hired to work on this housing award)		Total # of Hours worked by all employees	Total # of hours worked by all *Section 3 employees	Total # of hours worked by *Section 3 new hires/trainees
	Total # of employees on job	Total # of * Section 3 empolyees	Total # of new hires/ trainees	Total # of new *Section 3 hires/trainees			
Professional	Surveyor TBD						
Office/ Clerical	Clerical 1						
Trade	Demolition TBD						
Trade	Concrete TBD						
Trade	Carpentry TBD						
Trade	Drywall TBD						
Trade	MEP TBD						

* A Section 3 resident is defined to mean family (including single persons) that resides within the * Metropolitan Statistical Area (MSA) *(See Form 5), with income that does not exceed 80 percent of the median family income for the area, as determined by HUD HOME Limits (HUD.gov), with adjustments for smaller and larger families.

Section 3 Business Certification FormBusiness Name: KP Meiring CompanyBusiness Address: 6519 North Carrollton AveCity: Indianapolis State: IN Zip: 46220Phone: 317 257 7506 Fax: 317 254 1305List Business Trade or Services: General ConstructionFederal ID or SS#: 75-3050060 Email: _____For Profit: Yes Non-Profit: _____ License # (if applicable): c8119701_____ This business is 51 percent or more owned by *Section 3 residents -- **Complete & Attach Forms (2 & 5)**_____ This business's permanent, full-time employees include persons, at least 30 percent of whom are currently Section 3 residents, or were Section 3 eligible residents within three years of date of first employment with the business; - **Complete & Attach Forms (4 & 5)**_____ This business has provided evidence of a commitment to subcontract in excess of 25 percent of the dollar award of all subcontracts to be awarded, to Section 3 businesses that meet the ownership or employment qualifications; - **Complete & Attach Forms (2 – 5 for each subcontractor)** This business does not qualify as a Section 3 business. - Please return **Form 1 & project sponsor form*** A Section 3 resident is defined to mean family (including single persons) that resides within the * Metropolitan Statistical Area (MSA) * (**See Form 5**), with income that does not exceed 80 percent of the median family income for the area, as determined by HUD, with adjustments for smaller and larger families. (Chart below)**I THE UNDERSIGNED, ON BEHALF OF THE COMPANY NAMED ABOVE AM AUTHORIZED, AND HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED IS TRUE TO THE BEST OF MY KNOWLEDGE.**Printed Name & Title: Kenneth P Meiring, PresidentSignature: _____ Date: April 22, 2010

HUD's MAXIMUM INCOME LIMITS (Annual Gross) Effective 4/27/2009								
* HUD Income limits updated annually at hud.gov								
	1 person	2 persons	3 persons	4 persons	5 persons	6 persons	7 persons	8 persons
30% Median Family Income	\$14,300	\$16,350	\$18,400	\$20,450	\$22,100	\$23,700	\$25,350	\$27,000
50% Median Family Income	\$23,850	\$27,250	\$30,650	\$34,050	\$36,750	\$39,500	\$42,200	\$44,950
60% Median Family Income	\$28,620	\$32,700	\$36,780	\$40,860	\$44,100	\$47,400	\$50,640	\$53,940
80% Median Family Income	\$38,150	\$43,600	\$49,050	\$54,500	\$58,850	\$63,200	\$67,600	\$71,950

FOR OFFICIAL USE ONLY: Date Application Received: _____ Initial Review by: _____ Date: _____
Final Review & Certification by: _____ Date: _____

Application for Certification as a HUD Section 3 Resident Owned Business Concern

HUD Section 3 Resident Owned Business Concern Certification

Business Name _____

Address _____

State _____ Zip _____ Phone _____

Identify all of the categories of services that your company provides:

Category Name or List of Services:

Business Concern Certification

To become certified as a Section 3 Business Concern - 51% or more of the business owners are section 3 residents: List each business owner below and complete a "Section 3 Resident"; **Form 5** for each business owner who is a Section 3 resident. Attach a copy of the resident's lease if they are a public housing resident or attach a copy of last year's income.

List each business owner	SS#	Section 3 Resident -- Yes or No

IF APPLICABLE PLEASE RETURN THIS FORM WITH HUD SECTION 3 BUSINESS CERTIFICATION FORM TO:

Dina Batts-Davenport
Department of Metropolitan Development - Division of Community Economic Development
200 East Washington Street - Suite 2042
Indianapolis, IN 46204-3328 or Fax to (317) 327-5908

LETTER OF INTENT TO SUB CONTRACT WITH HUD SECTION 3 BUSINESSES FOR PROVISION OF SERVICES AND/OR PRODUCTS ON HUD SECTION 3 PROJECTS

This letter is subject to verification by the City of Indianapolis.

City of Indianapolis or designee in its bid evaluation and contract award process may use this Letter of Intent for HUD Section 3 Projects.

You should only sign this Letter of Intent if you intend to enter into a contract or contract negotiations with qualified HUD Section 3 Businesses should you receive a contract award.

Signing this Letter of Intent does not obligate the company to sign a contract with HUD Section 3 Businesses for the provision of services.

The company is proposing to participate in HUD Section 3 Programs.

By signing below, the company acknowledges that it is willing to enter into contract negotiations with HUD Section 3 Businesses for the provision of services and/or products to HUD Section 3 Projects or other projects designated by the City as eligible HUD Section 3 projects.

The company intends to meet HUD Section 3 status by subcontracting twenty-five percent (25%) of the awarded contract to qualified HUD Section 3 Businesses. If the company is awarded a contract in the Service Area, you agree to negotiate in good faith with an appropriate HUD Section 3 Business in an effort to subcontract with said business.

I THE UNDERSIGNED, ON BEHALF OF THE COMPANY HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Name of Company: KP Meiring Company
Address of Company: 6519 North Carrollton Ave
Telephone: 317 257 7506 Fax: 317 254 1305
*Printed Name: Kenneth P Meiring *Title of Signer: President
*Authorized Signature: _____ Date: April 22, 2010
Email Address: kenmeiring@kpmeiring.com

**CORPORATE OFFICER OR PERSON AUTHORIZED TO SIGN BIDS AND CONTRACTS ON BEHALF OF THE COMPANY.*

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HOME INCOME LIMITS * Updated annually at hud.gov								
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* The Indianapolis-Carmel, IN Metropolitan Statistical Area includes: Boone, Brown, Hamilton, Hancock, Hendricks, Johnson, and Marion, Morgan, Putnam and Shelby counties.

HUD SECTION 3 RESIDENT CERTIFICATION FORM APPLICATION

To be completed by each employee or business owner

Your cooperation in filling out this form is requested in order to determine whether you qualify as a Section 3 employee or owner of a Section 3 business concern.

The purpose of Section 3 of the Housing and Urban Development Act of 1968 is to ensure that employment and economic opportunities generated by HUD financial assistance is directed, wherever feasible, to lower income persons.

Step 1: Circle the Number of Persons in your Household in the table above.

Step 2: Circle your *current* Household Income Range from all sources (Income at least but not more than) (under the number you circled in Step 1 above)

Step 3: Circle the appropriate job category from the four choices below:

- Business Owner/Professional Technicians
 Office/Clerical Construction (If Construction, specify trade)

Employer: _____

Employee or Owner Printed Name: _____

Address of Household: _____

State of Indiana and Indianapolis Metropolitan Statistical Area County of: _____

Public Housing Resident Y N **Date of Hire:** _____

Youth Build or Step Up participant Y N **If yes, where?** _____

Signature: _____ **Telephone:** _____

Section 3 Resident

I understand that the information above may require verification with supported documentation. I agree to provide all documents verifying this information and I authorize my employer to release the information required to verify my status as a "Section 3 Resident". I certify that the above statements are true, complete, and correct to the best of my knowledge and belief.

Please be aware that there is a penalty for falsifying any information provided on these forms.

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