

**Section 3 Compliance Monthly Report**

**MDHA – Section 3 Compliance Monthly Report**

This report is required to be submitted no later than 10 calendar days after the end of each month.

**Reporting Period**

Month Enter Month

Year Enter Year

Contractor Enter Vendor Name

Project Name Enter Project Name/Title

Contract Amount Enter Contract Amount

Contact Person Enter Contact Person Name

Email Address Enter Email Address

**Total Labor Hours**

**Calculation Formula: Previous Reported Hours Total + Current Month Hours = Cumulative Hours Total**

|  |  |
| --- | --- |
| **Previous Total** |  |
| **Current Month** |  |
| **Cumulative Total** |  |

**Section 3 Worker Hours (Benchmark 25%)**

**Calculation Formula:** Previous Reported Hours Total + Current Month Hours = Cumulative Hours Total

**Section 3 Worker Hours %:** Divide Current Month S3 Worker Hours by Current Month Total Labor Hours

|  |  |
| --- | --- |
| **Previous Total** |  |
| **Current Month** |  |
| **Cumulative Total** |  |
| **Section 3 Worker Hours %** |  |

**Section 3 Targeted Worker Hours (Benchmark 5%)**

**Calculation Formula:** Previous Reported Hours Total + Current Month Hours = Cumulative Hours Total

**Section 3 Targeted Worker Hours %:** Divide Current Month S3 Targeted Worker Hours by Current Month Total Labor Hours

|  |  |
| --- | --- |
| **Previous Total** |  |
| **Current Month** |  |
| **Cumulative Total** |  |
| **Section 3 Targeted Worker Hours %** |  |

**Section 3 $ Expended**

**Calculation Formula:** Previous Reported Total + Current Month = Cumulative Total Expenditures

|  |  |
| --- | --- |
| **Previous Total** |  |
| **Current Month** |  |
| **Cumulative Total** |  |

**Are you attaching any new contractor or resident self-certification forms to this month’s report?**

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**If current percentages are not equal to or greater than the benchmark amounts, indicate efforts utilized to attract Section 3 Workers and Section 3 Targeted Workers.**

[ ] Outreach efforts to generate job applicants who are Public Housing Targeted Workers

[ ] Outreach efforts to generate job applicants who are Section 8 Targeted Workers

[ ] Direct, on-the-job training, including apprenticeships

[ ] Indirect training such as arranging for, contracting for, or paying tuition for, off-site training coaching

[ ] Outreach efforts to identify and secure bids from Section 3 Business Concerns

[ ] Technical assistance to help Section 3 Business Concerns understand and bid on contracts

[ ] Divided contracts into smaller jobs to facilitate participation by Section 3 Business Concerns

[ ] Bonding assistance, guaranties, or other efforts to support viable bids from Section 3 Business Concerns

[ ] Promoted use of business registries designed to create opportunities for disadvantaged and small business

[ ] Other List other efforts made here.

Provided or connect residents with services that provide one or more of the following:

[ ] Work readiness, health screenings, interview clothing, uniforms, test fees, transportation

[ ] Assisted residents with finding childcare

[ ] Assisted residents to apply for/or attend community college or a four-year educational institution

[ ] Assisted residents to apply for/or attend vocational/technical training

[ ] Assisted residents to obtain financial literacy and/or coaching

I confirm that the above statements are accurate to the best of my knowledge and belief. I understand that businesses that knowingly misrepresent themselves as Section 3 Business Concerns and report false information to Metropolitan Development and Housing Agency may have their contracts terminated as default and be barred from ongoing and future considerations for contracting opportunities. I hereby certify, under penalty of law, that the following information is correct to the best of my knowledge

[ ]  I agree

By typing your name here, you are signing the document electronically. You agree that your electronic signature has the same legal validity and effect as your handwritten signature on the document, and that it has the same meaning as you handwritten signature.

Electronic Signature Type Name Here

Today’s Date Enter Today’s Date



If you are using another email service other than Outlook, you will need to save the document and email it to the following MDHA staff:

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