Montana Department of Commerce – Community Development Programs

**CONTRACT AND EMPLOYMENT REPORTING FORM**

This form is used for DBE/MBE/WBE and Section 3 Reporting and must be submitted with each request for reimbursement. Reporting is cumulative for the entire duration of a project; thus, this form must be filled out by the grantee at first draw and updated with each subsequent draw.

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| Grant Recipient Name: |  | Contact Person: | |  | [ ] Draw 1 |
| Grant Recipient Address: |  | Phone Number: | |  | [ ] Draw 2 |
| Grant Contract Number: |  | Date Submitted: | |  | [ ] Draw 3 |
|  |  |  | |  | [ ] Draw 4 |
| (1) Did the expenditure of grant funds result in new hires for you or your contractors? | | |  | |
| (2) Did the expenditure of grant funds result in any covered contracts? | | |  | |

Answering YES to one or both of the questions above indicates that you have reporting obligations and must complete Parts I, II, and III below. Answering NO to both of the questions above indicates you did not trigger the reporting requirements of Section 3 and MBE/WBE/DBE and the form is complete.

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| *Part I: Employment and Training* | | | | | | |
| Job Category | (A)  Number of New Hires | (B)  Number of New Hires that Are Section 3 Residents | (C)  Aggregate Number of Staff Hours Worked by All Employees *optional* | (D)  Total Number of Staff Hours Worked by Section 3 Employees *optional* | (E)  Number of Section 3 Trainees | Notes |
| Administrative | 0 | 0 | 0 | 0 | 0 |  |
| Carpentry | 0 | 0 | 0 | 0 | 0 |  |
| Case Management | 0 | 0 | 0 | 0 | 0 |  |
| Clerical | 0 | 0 | 0 | 0 | 0 |  |
| Electrical | 0 | 0 | 0 | 0 | 0 |  |
| Facilities/Maintenance | 0 | 0 | 0 | 0 | 0 |  |
| Masonry | 0 | 0 | 0 | 0 | 0 |  |
| Plumbing | 0 | 0 | 0 | 0 | 0 |  |
| Professional | 0 | 0 | 0 | 0 | 0 |  |
| Technical (e.g. Bookkeeping and IT) | 0 | 0 | 0 | 0 | 0 |  |
| Other (Describe in Notes) | 0 | 0 | 0 | 0 | 0 |  |

1. **Number of New Hires [Column A]**. Enter the number of new hires, meaning full-time employees—permanent, temporary, or seasonal—that are a direct result of the covered project.
2. **Number of New Hires that Are Section 3 Residents [Column B]**. Enter the number of new hires (see definition above) that are Section 3 residents, defined as follows: (1) A public housing resident; or (2) An individual who resides in the metropolitan area or nonmetropolitan county in which the Section 3 covered assistance is expended, and who is a low-income or very low-income person, i.e., families (including single persons) whose incomes do not exceed 80 percent and 50 percent, respectively, of the median family income for the area adjusted for family size.
3. **Aggregate Number of Staff Hours Worked by All Employees [Column C].** This field is optional. Enter the total number of hours worked by all employed staff**.**
4. **Total Number of Staff Hours Worked by Section 3 Employees [Column D].** This field is optional. Enter the total number of hours worked by employed Section 3 residents.
5. **Number of Section 3 Trainees [Column E].** Enter the number of trainees that are Section 3 residents (see definition above).

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| *Part II: Contracts* |

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| (A) Contractor’s Montana Registration Number | (B)  Amount of Contract | (C)  Type of Trade (see codes below) | (D)  Business Ethnicity, Racial Category and Gender (see codes below) | (E)  Contractor Identification (ID) Number | (F)  Subcontractor Identification (ID) Number | (G)  Section 3  (Y/N) | (H)  Contractor/Subcontractor Name and Address | | | | |
| Name | Street | City | State | Zip |
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1. **Contractor's Montana Registration Number [Column A]**. Enter the contractor's license number.
2. **Amount of Contract [Column B]**. Enter the dollar amount of the contract or subcontract. Round to the nearest thousand dollars. If subcontractor ID number is provided, the dollar figure would be for the subcontract only, not the prime contract.
3. **Type of Trade [Column C]**. Enter the numeric code that best indicates the contractor’s/subcontractor’s service. If subcontractor ID number is provided, the code would be for the subcontractor only, not the prime contractor.

1 = New Construction 6 = Professional

2 = Substantial Rehab. 7 = Tenant Services

3 = Repair 8 = Education/Training

4 = Service 9 = Arch./Engrg. Appraisal

5 = Project Mangt. 0 = Other

1. **Business Ethnicity, Racial Category, and Gender [Column D]**. Enter all the appropriate racial, ethnicity and gender codes that indicate the racial, ethnic and gender background of the contractor or subcontractor. If the subcontractor ID number is provided, the code would apply to the subcontractor only, not the prime contractor.

1 = White Americans 4 = Hispanic Americans

2 = Black Americans 5 = Asian/Pacific Americans

3 = Native Americans 6 = Hasidic Jews

1. **Contractor Identification (ID) Number [Column E]**. Enter the Employer (IRS) Number of the prime contractor as the unique identifier for the prime recipient of grant funds. Note that the Employer’s Number must be provided for each contract or subcontract awarded.
2. **Subcontractor Identification (ID) Number [Column F]**. Enter the Employer (IRS) Number of the subcontractor as the unique identifier for each subcontract awarded from grant funds. Note that when the subcontractor ID number is provided, the respective prime contractor ID number must also be provided.
3. **Section 3 [Column G]**. Indicate whether the contractor or subcontractor is a Section 3 business, defined as follows: (1) Is 51 percent or more owned by Section 3 residents (see definition above); or (2) Has 30 percent or more permanent, full-time employees that are currently Section 3 residents or were Section 3 residents within three years of their date of hire; or (3) Evidences 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 one of the first two qualifications above.
4. **Contractor/Subcontractor Name and Address [Column H]**. Enter the name and address information for each firm receiving contract or subcontract activity. This information needs to be provided only one time on each report for each firm.

*Part III: Numerical Goals (Section 3)*

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| (1) Were at least 30 percent of new hires Section 3 residents? (To date) |  |
| (2) Was at least 10 percent of the total dollar amount of all Section 3 covered contracts for building trades work (i.e., construction) awarded to Section 3 businesses? (To date) |  |
| (3) Was at least 3 percent of the total dollar amount of all non-construction Section 3 covered contracts awarded to Section 3 businesses? (To date) |  |

Answering NO to any of the questions above indicates that you have not met Section 3 numerical goals, which are minimum targets established by HUD. If your project is covered by Section 3, please provide below a brief description of efforts you undertook to meet these numerical goals and an explanation of barriers you encountered.

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