



Texas Community Resiliency Program Certification as Section 3 Business

Business Information

Business Name	
Address of Business Headquarters	
County of Business Headquarters	
County of residence for 51% of employees	
Name of Owners /Operators	
Section 3 status of Owner/Operators	<input type="checkbox"/> Low-to-Moderate income <input type="checkbox"/> Public Housing Resident <input type="checkbox"/> None of the above

Labor Hours – Previous 3 Months

Start Date of Reporting Period	
End Date of Reporting Period	
Total Number of Labor Hours – all work	
Number of S3 Labor Hours (work performed by LMI Persons and/or YouthBuild Participants)	
S3 Hours as percent of Total Labor Hours	

Records supporting these hours must be made available upon request. Please redact Personally Identifiable Information from payroll records prior to releasing any documentation under this requirement. Employee ID numbers other than an employee's Social Security Number should be used to facilitate this expectation.

CERTIFICATION: By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and this reporting measure is for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title XXX).

Business Owner or Designee Name and Title (Print)	Signature	Date