

**CITY OF TITUSVILLE  
SECTION 3 BUSINESS CONCERN  
CERTIFICATION FORM**

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS OF BUSINESS:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

**TELEPHONE#:** \_\_\_\_\_ **CELL#:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**MUST PROVIDE EVIDENCE OF SECTION 3 STATUS PRIOR TO CONTRACT AWARD**

**The Bidder certifies that it is a Section 3 Business Concern based on:**

\_\_\_\_\_ Business is owned, at least 51%, by Section 3 residents.

- Provide copy of resident lease, evidence of participation in a public assistance program, or signed Certification for Section 3 Resident
- Provide business license number \_\_\_\_\_

\_\_\_\_\_ At least 30% of their permanent, full-time employees, are currently Section 3 Residents or were Section 3 Residents within the past 3 years.

- Provide list of Full-Time Employees
- Provide signed Certification for Section 3 Residents

\_\_\_\_\_ Commitment to subcontract 25% of the dollar award to qualified Section 3 Business Concerns.

I hereby certify that the information provided by me to be true and correct, and understand falsification of any information could subject me to disqualification from participation and punishment under the law.

\_\_\_\_\_  
Owner Signature

Date \_\_\_\_\_

\_\_\_\_\_  
Print Name