

Contractor/Subcontractor Certification
Anoka County Community Development Program

This form must be executed and submitted before you begin work on this project.

Payments will not be issued until all contract compliance forms are fully completed and submitted to the agency.

The form is to be **completed by each General Contractor, Subcontractor, Lower-Tier Subcontractor** and should be returned to the General Contractor of this project. The prime contractor is responsible for submission of the form to the Agency's Compliance Representative.

Any changes in the information below must be submitted to the agency's compliance representative.

Project Name: _____

Address: _____ City/Zip: _____

General Contractor: _____

Address: _____ City/Zip: _____

Telephone Number: _____ Federal Tax Identification Number: _____

Is your business a Woman Owned Business Yes No :

Which Racial/Ethnic Code is your business: White Black Native American Hispanic
 Asian/Pacific Hasidic Jews

Are you a Section 3 Business? Yes No

(Section 3 Business is defined as: one that is 51% or more owned by Section 3 residents; or one where at least 30% of its full-time, permanent employees are within three years of hire were Section 3 residents; or one that provides evidence of commitment to subcontract in excess of 25% of the dollar/contract award to businesses that meet one of the two previous definitions. A Section 3 resident is defined as: a public housing resident; or an individual who resides in the county in which Section 3 project is located is a low- or moderate-income person.)

Construction start date: _____ Construction end date: _____

Please give a description of the work your company will perform on the project site: _____

Person authorized to sign Certified Payroll Reports: _____

Contractor/Subcontractor Certification (continued)

Identify below the work classification(s) and applicable base wage rate payment for your employees who will perform work on the project site.

Work Classification	Base Rate of Pay
_____	_____
_____	_____
_____	_____
_____	_____

The fringe benefit payment will be (check one):

Paid directly to each employee in the amount of \$ _____.

Paid to a nonunion benefit plan (or plans) in the amounts indicated below:

Pension	Medical	Dental	Other (Identify)
\$ _____	\$ _____	\$ _____	\$ _____

Benefit funds are deposited into accounts maintained by _____

Address: _____ Phone #: _____

Paid to a union benefit plan (or plans) in the amounts indicated below:

Holiday	Vacation	Health& Welfare	Dental	Pension	Other(Identify)
\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Benefit funds are deposited into accounts maintained by _____

Address: _____ Phone # _____

If additional space is needed to respond to any questions, please attach separate sheet.

Information included within this certification may be shared with the U.S. Department of Housing and Urban Development, Minnesota Department of Labor and Industry and the Anoka County Community Development Department.

Owner/Principal Signature

Date