#### **EXHIBIT D**

# City of Virginia Beach Department of Housing and Neighborhood Preservation

# SECTION 3 NEW HIRES SECTION 3 MONTHLY COMPLIANCE FORM

This form is to be distributed to the Recipient/Developer/Contractor at the Pre-Construction Meeting. Recipient/Developer/Contractor is required to provide Exhibits A through F to all contractors and/or subcontractors when soliciting bids for contracts exceeding \$100,000.00.

PROJECT NAME:	PROJECT/BID #:		
PROJECT ADDRESS:			
SUBMITTED BY and FOR:			
Company Name of Developer/Contractor/Subcontractor:			
CONSTRUCTION TRADE or PROFESSIONAL SERVICE TYPE: _			
NOTE: Recipient/Developer/Contractor must at the end of e Request (PAY PERIOD), sign and date the New Hires Section Section 3 Compliance Manager by the 5th day of the month	3 Monthly Compliance Form and submit to the		
PAY PERIOD / MONTH from: (month) (date	to:to:		
Payment Release Request Attached for Draw #: _			
I/We have <u>not</u> hired any new employees during t	he PAY PERIOD/MONTH specified.		
I/We have hired Section 3 employees ar PAY PERIOD/MONTH specified.	nd/orNon-Section 3 employees during the		
NOTE: If a certified Section 3 individual was interview complete the information on Exhibit F and attach with			
I/We have taken one or more of the following "Recruitme raining and employment priority ranking: (check all that a			
	work is taking place, in connection with this project. ction 3 low-income residents, from the targeted groups		
Placed signs or posters in prominent places at each	of the above listed developments.		
Taken photographs of above item to document tha	it the above step was completed		
Distributed employment flyers to each of the residents at these developments	ents at these developments Posted employment flyers		

### NEW HIRES SECTION 3 MONTHLY COMPLIANCE FORM (Con't)

Notary Public Registration Number:	
My term expires:	Signature:
	n to be the person named herein and who executed the
(Title), for	(Name
	(Name),
On the day of	20, before me personally appeared
State of Virginia City of Virginia Beach, to-wit:	
NOTARY CERTIFICATE	
Signature:	Date:
Name and Title of Signer (Print or Type):	
Company Name of Developer/Contractor/Subcon	ntractor:
Construction Trade or Professional Service Type:	
I swear and confirm to the best of my knowledge true and accurate.	and understanding that the information provided herein is
Developer/Contractor/Recipient Certification	ation:
Sent proof of all checked items to the DHN email or hand delivered to DHNP.	NP Section 3 Compliance Manager identified above via mail,
organizations or to worker representatives wit	l employment requirements and opportunities to labor the whom our firm has a collective bargaining or other agreement
voucher holders or other Section 3 residents	cations completed by public housing Section 8 certificate or
Kept a log of all applicants and indicated t	he reasons why Section 3 residents who applied were not hired
Contacted U.S. HUD State Officer at (305) operating in Virginia Beach; then contacted th	536-4421 to identify any HUD Youthbuild programs currently ese programs for Youthbuild referrals
Contacted City Environmental Specialist o referrals (if applicable)	r DHNP employment referrals and HUD Youthbuild Program

## **EXHIBIT F**

## Section 3 Resident

Interview, Applicant and New Hire List (NOTE: If New Hire is a Section 3 Resident, attach Exhibit C and supporting documentation for each Resident)

Name:		Phone:	
Address:			
Skills, Trades, Professions, and/or	Special License:		
Job Title:		Start Date:	
Reason Hired:			
Reason Not Hired:			
Full Time Part Time Perm	n Temp	Wrk Hrs/wk	
Salary/Pay Rate: \$	Vacation	Sick	Medical
Name:		Phone:	
Address:			
Skills, Trades, Professions, and/or	Special License:		
Job Title:		Start Date:	
Reason Hired:			
Reason Not Hired:			
Full Time Part Time Perm	1 Temp	Wrk Hrs/wk	
Salary/Pay Rate: \$	Vacation	Sick	Medical
Name:		Phone:	
Address:			
Skills, Trades, Professions, and/or	Special License:		
Job Title:		Start Date:	
Reason Hired:			
Reason Not Hired:			
Full Time Part Time Perm	n Temp	Wrk Hrs/wk	
Salary/Pay Rate: \$	Vacation	Sick	Medical
Name:		Phone:	
Address:			
Skills, Trades, Professions, and/or	Special License:		
Job Title:		Start Date: _	
Reason Hired:			
Reason Not Hired:			
Full Time Part Time Perm	n Temp	Wrk Hrs/wk	
Salary/Pay Rate: \$			