**SECTION 3 MAN HOUR REPORT**

**SUBGRANTEE AGENCY**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Name of Subgrantee)**

**CDBG Contract Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**To be submitted with each application for payment**

Contractor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contract Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contract End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Report for month of: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Identify all Section 3 residents who have performed work in connection with this project to date. All Section 3 employees must appear on the Certified Payroll Form.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  Address  Social Security Number | Indicate with an “X” if Employee was hired this period\*\* | Referral Source | Section 3 Category Preference | Number of Man hours Worked This Period | Hire Date | Termination Date |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

For the period of this report, indicate:

Total number of man hours worked by all employees:

Total number of man hours worked by Section 3 employees:

Total Percentage of man hours worked by Section 3 employees:

Name:

Date:

Title:

\*\* Attach Section 3 Resident Certification Forms for each new hire reported.