

CHICAGO HOUSING AUTHORITY (CHA)
Department of Procurement and Contracts Contract Compliance Division

OTHER ECONOMIC OPPORTUNITY STATUS UPDATE
(To Be Completed by PRIME CONTRACTORS)

CONTRACT NO: _____ PROJECT TITLE: _____

PRIME CONTRACTOR NAME(S): _____ DATE FORM COMPLETED: _____

INSTRUCTIONS: This form is to be completed to document your firms Other Economic Opportunity achievements to date.

INDIRECT PARTICIPATION

Please provide the dollars paid to date for each Section 3 Business Concern you have subcontracted to do work outside the scope of the aforementioned contract. Each subcontractor must sign and date below as an acknowledgement of these achievements.

Company Name: _____

Contract Dollar Value: \$ _____ Dollars Paid to Date: \$ _____

SECTION 3 BUSINESS CONCERN ACKNOWLEDGEMENT

Name of Authorized Principal or Agent

Signature of Authorized Principal or Agent

Date Signed

Company Name: _____

Contract Dollar Value: \$ _____ Dollars Paid to Date: \$ _____

SECTION 3 BUSINESS CONCERN ACKNOWLEDGEMENT

Name of Authorized Principal or Agent

Signature of Authorized Principal or Agent

Date Signed

Company Name: _____

Contract Dollar Value: \$ _____ Dollars Paid to Date: \$ _____

SECTION 3 BUSINESS CONCERN ACKNOWLEDGEMENT

Name of Authorized Principal or Agent

Signature of Authorized Principal or Agent

Date Signed

PRIME CONTRACTOR

Name of Authorized Principal or Agent

Signature

Date Signed

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MENTORSHIP PROGRAM PARTICIPATION

Please provide details of your firms Mentorship Program accomplishments to date. Your mentee(s) must sign and date as an acknowledgement of these achievements.

MENTEE ACKNOWLEDGEMENT

Mentee Name (Print of Type)

Mentee Signature

Date Signed

Mentee Name (Print of Type)

Mentee Signature

Date Signed

Mentee Name (Print of Type)

Mentee Signature

Date Signed

PRIME CONTRACTOR

Name of Authorized Principal or Agent

Signature

Date Signed

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TRAINING PROGRAM

Please provide details of your firms Training Program accomplishments to date. All trainees must sign and date as an acknowledgement of these achievements.

(This area is intentionally left blank for providing details of training program accomplishments.)

TRAINEE ACKNOWLEDGEMENT

Trainee Name (Print of Type)

Signature

Date Signed

Trainee Name (Print of Type)

Signature

Date Signed

Trainee Name (Print of Type)

Signature

Date Signed

PRIME CONTRACTOR

Name of Authorized Principal or Agent

Signature

Date Signed

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INTERNSHIP PROGRAM ACHIEVEMENTS

Please provide details of your firms Internship Program accomplishments to date. All Interns must sign and date as an acknowledgement of these achievements.

INTERN ACKNOWLEDGEMENT

Intern Name (Print of Type)

Signature

Date Signed

Intern Name (Print of Type)

Signature

Date Signed

Intern Name (Print of Type)

Signature

Date Signed

Intern Name (Print of Type)

Signature

Date Signed

Intern Name (Print of Type)

Signature

Date Signed

PRIME CONTRACTOR

Name of Authorized Principal or Agent

Signature

Date Signed

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OTHER RESULTS-ORIENTED ECONOMIC OPPORTUNITIES

Please provide the accomplishments of your firms "Other Results-Oriented Economic Opportunities" to date. The name and signature of persons or Companies participating in the program(s) outlined below must be provided as an acknowledgement of these achievements.

ACKNOWLEDGEMENT

Company Name (Print or Type)

Name of Authorized Principal or Agent

Signature of Authorized Principal or Agent

Date Signed

Employee Name (Print of Type)

Employee Signature

Date Signed

PRIME CONTRACTOR

Name of Authorized Principal or Agent

Signature

Date Signed

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CONTRIBUTION TO SECTION 3 FUND <i>Indicated below, the dollars contributed to date by your firm in to the Section 3 Contribution Fund. As a proof of payment, please provide a copy of the vendor check submittal form.</i>		
Total Dollar Amount Committed to Fund for Aforementioned Contract Number/Purchase Order Number	Total Dollar Amount Paid to CHA for Aforementioned Contract Number/Purchase Order Number (including this payment amount)	Remaining Balance Owed to CHA for Aforementioned Contract Number/Purchase Order Number

PRIME CONTRACTOR

 Name of Authorized Principal or Agent Signature Date Signed

Reviewed by CHA Contract Compliance Specialist:

 Signature of Contract Compliance Specialist Date