

# HCD Contract Compliance Forms

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CITY OF HOUSTON

HOUSING AND COMMUNITY  
DEVELOPMENT DEPARTMENT

2100 TRAVIS STREET, 9TH FLOOR,  
HOUSTON, TEXAS 77002  
832.394.6200





## CONTACT INFORMATION

Please contact your assigned MWSBE and/or Section 3 Contract Administrator/Coordinator for assistance.  
**City of Houston Housing and Community Development Department**  
2100 Travis Street, 9th Floor, Houston, TX 77002

# COMPLIANCE FORMS



**Instructions:** Compliance forms where applicable, must be completed and/or signed by a duly authorized member of the organization. All forms must be uploaded to the LCP Tracker by the below stated deadlines.

## The following form(s) are to be submitted before construction commences.

Compliance Section(s): MWSBE/Section 3	Form/Documents	Due
All sections	Executed contract agreement, purchase order, and/or invoice	Within 5 business days of executed contract agreement
All sections	Compliance Cover Sheet	Within 5 business days of executed contract agreement
All sections	Request for Contractor/Subcontractor Clearance Form/SAM Verification	Before execution of contract agreement
All sections	Start of Work Notice	Upon commencement of work
All sections	Conflict of Interest Disclosure	Required by all sections
All sections	Termination of Work Notice	Upon commencement of work
MWSBE	MWSBE Utilization Plan	Within 5 business days of executed contract agreement, monthly, and/or when changes occur
MWSBE	MWSBE Utilization Schedule	Due within 30 days of executed contract and/or when changes occur.
Section 3	Section 3 Worker Self-Certification	As needed
Section 3	Section 3 Worker Employer's Certification	As needed
Section 3	Section 3 Business Concern Self-Certification	As needed
Section 3	Section 3 Contractor's Section 3 Compliance Certification	Upon construction commencement
Section 3	Section 3 Monthly Reporting Requirements	Due by the last business day of each month
Section 3	Project Announcement	Submission must occur within 30 calendar days after the preconstruction meeting. HCD reserves the right to request an updated form if staffing, project scope, or timeline changes



## CONTRACTOR VERIFICATION

Request for Clearance Form w/ Sam Results attached

Debarred Vendor List

Conflict of Interest Form

## MWSBE UTILIZATION PLAN/ SCHEDULE

MWSBE Utilization Plan

MWSBE Utilization Schedule

## POP DOCUMENTS

POP 1

POP 2

POP 3

POP 8

POP 9

B2G Access Form

## SECTION 3 DOCUMENTS

Section 3 Worker Self-Certification

Section 3 Worker Employer's Certification

Section 3 Business Concern Self-Certification

Section 3 Contractor's Section 3 Compliance Certification

Section 3 Monthly Reporting Requirements

Project Announcement

## SHARED COMPLIANCE FORMS

Compliance Cover Sheet

Start of Work Notice

Termination of Work

Letter of Explanation

## SUBCONTRACT AGREEMENT

Subcontract Agreement

Master Service Agreement

Purchase Order Agreement

Consultants Agreement

Change Orders

Invoices

# LCPTRACKER COMPLIANCE UPLOAD DESCRIPTION GUIDE



## CONTRACTOR VERIFICATION

Sam Verification (Year)

Debarred Vendor List (Year)

COI (Year)

## MWSBE UTILIZATION PLAN/ SCHEDULE

MWSBE UP (Month-Year)

MWSBE Utilization Schedule

## POP DOCUMENTS

POP 1

POP 2

POP 3

POP 8

POP 9

B2G Access

## SECTION 3 DOCUMENTS

Section 3 Worker Self-Certification

Section 3 Worker Employer's Certification

Section 3 Business Concern Self-Certification

Section 3 Contractor's Section 3 Compliance Certification

Section 3 Monthly Reporting Requirements

Project Announcement

## SHARED COMPLIANCE FORMS

Compliance Cover Sheet

SOW (Month-Day-Year)

TOW (Month-Day-Year)

Letter of Explanation (LOE)

## SUBCONTRACT AGREEMENT

Contract Agreement

CO # (indicate the number)

Invoices

# SINGLE FAMILY UPLOAD DESCRIPTIONS AND LOCATIONS



**\*ADDRESS MEANS THE STREET NUMBER AND NAME OF THE PROJECT HOME\***

## MWSBE UTILIZATION PLAN/ SCHEDULE

Project/House Address: MWSBE UP (MM-YY)

## CONTRACTOR VERIFICATION

Sam Verification (YYYY)

Debarred Vendor List (YYYY)

COI (YYYY)

## SHARED COMPLIANCE FORMS

Project/House Address - Compliance Cover Sheet

Project/House Address - Start of Work Notice (MM-DD-YY)

Project/House Address - Termination of Work Notice (MM-DD-YY)

## SUBCONTRACT/MASTER/PO/ CONSULTANT AGREEMENT

Project/House Address: Contract Agreement

# COMPLIANCE COVER SHEET



## RETURN WITH COMPLIANCE DOCUMENTS (COMPLETE ALL FIELDS)

**Instructions:** This form must be completed upon execution of a contract agreement and is required to complete setup and access to LCP Tracker. The Prime Contractor is responsible for collecting this form from all entities performing on a project.

Project Name:

Project Number:

Name of Contractor:

\*Type of Contractor:

Prime Contractor

Sub Contractor

Lower-tier  
Subcontractor

Consultant

Supplier

Professional  
Services  
Provider

I/We have a written contract with:

\*Service(s) to be provided:

*\*Provide a brief description of the service business will be performing on the project\**

\*NAICS Code

*(Look up a code here <http://www.census.gov/eos/www/naics/>)*

\*Company Address:

\*Company Contact Person:

\*EIN or SS Number:

\*Company Contact Email:

Alternative Contact Person:

\*Contract Amount:

Company Email:

\*Phone Number:

Owner's Ethnicity/Racial Background:

Gender:

Certifications:

MBE

WBE

SBE

Section 3

DBE

HUB

**\*AN ASTERISK INDICATES A MANDATORY REQUIREMENT\***

# REQUEST FOR PRIME CONTRACTOR/ SUBCONTRACTOR CLEARANCE



**NO CONTRACT SHOULD BE EXECUTED BY THE PRIME WITH A SUBCONTRACTOR, LOWER-TIER SUBCONTRACTOR, CONSULTANT, OR SUPPLIER UNTIL THEIR ELIGIBILITY HAS BEEN VERIFIED.**

**Instructions:** To ensure eligibility, a search must be conducted of the (1) Company Name, (2) Principal Owner(s) and (3) the Employer Identification Number (EIN) through [www.sam.gov](http://www.sam.gov)/SAM.

The Prime Contractor must verify the eligibility of all subcontractors, lower-tier subcontractors, suppliers, and consultants performing on the project and upload the search results along with the Request for Clearance form to LCP Tracker.

Date:

Project Name:

Project Address:

Contractor / Subcontractors Company Name:

Prime Contractor	Subcontractor	Lower-Tier Subcontractor	Consultant	Supplier	Professional Services Provider
EIN or SS Number:			UEI:		
Address:				City:	
State:	Zip Code:		Phone Number:		
Check the applicable entity:	Sole Proprietorship	Corporation	Partnership	Other:	

List Principal(s) below:

# START OF WORK NOTICE



**Instructions:** This form must be completed by all businesses performing on the project and serves as notice of commencement of work to HCDD.

## Contractor Information

Project Name:

Project Number

Project Address:

Contractor Name:

Contract Agreement executed with:    Prime    Subcontractor    Lower-tier Subcontractor

Start of Work Date:

## Contractor Authorization

Name of Authorized Officer:

**\*SIGNATURE MAY BE PROVIDED BY ANY AUTHORIZED PARTY OF THE PRIME AND/OR SUBCONTRACTOR\***

Signature

Date



**COMPLETED BY BUSINESS ENTITIES**

**INFORMATION**

Organization Name			
Program	Funding Source		
Address			
City	State	Zip	

**DISCLOSURE**

*\*Note: In this disclosure, family members include whether by blood, marriage, or adoption: spouse, parent (including a stepparent), child (including a stepchild), sibling (including a step-sibling), aunts/uncles, nieces/nephews, grandparent, grandchild, great grandparent, great grandchildren, in-laws, romantic partners, and anyone who resides in the same household of a covered person.*

1. Is your organization currently a recipient of federal funds, either through the City or another source other than the funds currently being applied for? If so what type of funds and what is the source of the funds? Yes (complete below)    No
2. Is any employee, officer, board member, consultant, or agent of your organization, or any member of the family\*, currently or within the previous calendar year either an employee or elected or appointed official of the City of Houston? Yes (complete below)    No

Please indicate the names, positions, and telephone numbers for each person applicable to the above question, including yourself (if applicable)

Name	Position and City Department	Email Address	Telephone Number

*Please fill out additional forms as needed.*

3. Is any employee, officer, board member, consultant, or agent of your organization, or any member of the family\*, currently or within the previous calendar year in a position to obtain a financial interest or benefit from federal funding of any source? If so, please provide details here: Yes (complete below)    No
4. Is any employee, or any member of the family\*, an employee, officer, board member, consultant, or agent of your organization currently or within the previous calendar year in a position to participate in a decision making process or gain inside information on federal funding of any source? If so, please provide details here: Yes (complete below)    No
5. Is any subcontractor, sub-recipient, or consultant engaged by your organization (or their employees, officers, or family members) currently or within the past three years in a position to obtain a financial interest, benefit, or inside information from City of Houston Housing Department programs or federal funding of any source? Yes (complete below)    No

**ADDITIONAL RELEVANT INFORMATION**

If a potential conflict is identified, the City may request a waiver from its grantor (i.e. HUD, DOL, GLO). Federal regulations allow the grantor to consider "any other relevant facts" when evaluating a conflict-of-interest waiver request. You may use the space below to provide any additional information you believe may be relevant to the grantor's consideration of your specific circumstances. Examples of relevant information may include, but are not limited to:

- Urgent health or safety conditions affecting the property (e.g., roof failure, structural issues, lack of utilities)
- Income level or vulnerability status (e.g., extremely low-income household, 30% AMI)
- Disability or accessibility needs
- Risk of displacement or homelessness
- Time-sensitive circumstances
- Any other facts you believe would assist the grantor in understanding your situation

I/We certify that the information presented above is true and accurate to the best of my/our knowledge.

\_\_\_\_\_  
Applicant Initials

\_\_\_\_\_  
Co-Applicant Initials

# TERMINATION OF WORK NOTICE



**Instructions:** This form must be completed by all businesses performing on the project and serves as notice of completion of work to HCDD.

## Contractor Information

Project Name:

Project Number

Project Address:

Contractor Name:

Contract Agreement executed with:    Prime    Subcontractor    Lower-tier Subcontractor

Termination of Work Date:

## Contractor Authorization

Name of Authorized Officer:

**\*SIGNATURE MAY BE PROVIDED BY ANY AUTHORIZED PARTY OF THE PRIME AND/OR SUBCONTRACTOR\***

Signature

Date









# SECTION 3 WORKER SELF-CERTIFICATION



The purpose of this form is to comply with Section 3 of the HUD Act of 1968 employer certification requirements listed in 24 CFR § 75.31. To qualify as a Section 3 worker, any United States legal resident's annual income must not exceed the HUD income limits for the year before the worker was hired, or the individual's current income annualized on a full-time basis for the year must be below the HUD income limit. Additionally, an individual can qualify as a Section 3 worker if they are a YouthBuild participant or employee of a Section 3 Business concern.

Printed Name:			
Address (Not a P.O. Box):			
Phone Number:		Email Address:	

To qualify as a Section 3 Worker, you must meet **one** of the following requirements currently or at the time of hire if hired within the past 5 years. Check one or more of the following categories to qualify as a Section 3 Worker under 24 CFR § 75 that apply to you:

<input type="checkbox"/>	I was hired (insert month/year), and my income for the previous calendar year was below the income limit. [Note: Cannot be more than 5-years from the date of this form.]
<input type="checkbox"/>	My current income limit is below the latest HUD income limit.
<input type="checkbox"/>	A YouthBuild Participant; or
<input type="checkbox"/>	I am employed by a Section 3 Business Concern.

## CERTIFICATION STATEMENT

I, the undersigned, certify under penalty of perjury that the information provided above is true and correct and certifies that the worker identified above meets the definition of a Section 3 worker. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

<input type="checkbox"/>	Attached is my Employer Certification form, which verifies my employed with a Section 3 Business Concern. <i>(Check only if last option for qualifying categories for a Section 3 Worker was selected.)</i>
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\_\_\_\_\_  
Signature Date

EMPLOYER REVIEW USE: OPPORTUNITY FOR TARGETED SECTION 3 WORKER STATUS		
If the worker was not hired by a Section 3 Business Concern, does the worker live within 1-mile of the service area, in the neighborhood, or at the project?	Yes	No

YouthBuild is a community-based pre-apprenticeship program that provides job training and educational services for opportunity youth ages 16-24 who left school without a secondary diploma. Look up Grant Recipients at [www.dol.gov/agencies/eta/youth/youthbuild](http://www.dol.gov/agencies/eta/youth/youthbuild).

# SECTION 3 WORKER EMPLOYER CERTIFICATION



The purpose of this form is to comply with Section 3 of the HUD Act of 1968 employer certification requirements listed in 24 CFR § 75.31. To qualify as a Section 3 worker, the United States legal resident's annual income must not exceed the HUD income limits for the year before the worker was hired, or the individual's current income annualized on a full-time basis for the year must be below the HUD income limit. Additionally, an individual can qualify as a Section 3 worker and Targeted Section 3 worker, if an employee of a Section 3 Business Concern. To qualify as a Targeted Section 3 worker, an employer can confirm that the employee lives within the service area or neighborhood of the project

Print Name of Business			
Address (Not a P.O. Box):			
Phone Number:		Email Address:	

Printed Name of Section 3 Worker			
Address (Not a P.O. Box):			
Phone Number:		Email Address:	

Please indicate which of the following is true for the worker listed above: (Select all that apply)

<input type="checkbox"/>	Worker's income from your employment is below the income limit based on a calculation of what the worker's wage rate would translate to if annualized on a full-time basis*
<input type="checkbox"/>	Worker is employed by a Section 3 Business Concern (Select if your business qualifies as a Section 3 Business Concern)
<input type="checkbox"/>	Worker's residence is within the service area or neighborhood of the project

## CERTIFICATION STATEMENT

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct and certifies that the worker identified above meets the definition of a Section 3 worker. WARNING: Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012; 31 U.S.C. §3729, 3802)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# SECTION 3 CONTRACTOR'S COMPLIANCE CERTIFICATION



The undersigned makes this affidavit with full knowledge that its contents will be used in the expenditure of funds provided by the United States Government. Under penalty of perjury I hereby state:

1. I am the \_\_\_\_\_ of \_\_\_\_\_  
(Owner, Partner, Officer, Representative, Agent) (Company Name)
2. My company adheres to Section 3 of the Housing and Urban Development (HUD) Act of 1968, as amended, 12 U.S.C. 1701u which requires, to the greatest extent feasible, that a "good faith effort" given to identifying small businesses located within the boundaries of the Section 3 service area, making them aware of contracting opportunities, encouraging their participation and actually awarding contracts to Section 3 Business Concerns through the assistance of the City of Houston and their referral system.
3. An attempt will be made to undertake outreach activities intended to encourage participation by Section 3 Workers in training and employment opportunities, to include but not be limited to utilizing the referral established by the City of Houston, the Texas Employment Commission, and Houston Works.
4. I will adhere to the required reporting that documents all labor hours by all trades and the total number of Section 3, Targeted worker, and business concern(s) labor hours worked on the project.
5. All Section 3 covered contracts shall include the Section 3 clause in every subcontract subject to compliance with regulations in 24 CFR part 75, and agrees to take appropriate action, as provided in an applicable provision of the subcontract or in this Section 3 clause, upon a finding that the subcontractor is in violation of the regulations in 24 CFR part 75. The contractor will not subcontract with any subcontractor where the contractor has notice or knowledge that the subcontractor has been found in violation of the regulations in 24 CFR part 75.
6. Any employment and training or contracting opportunities in connection with Section 3 projects should give priority, to the greatest extent feasible, to Section 3 worker, Targeted worker, and business concern.

**I certify that I will meet the requirements of 24 CFR § 75.19. To the greatest extent feasible, the undersigned agrees to provide employment and training opportunities and contracts for work arising in connection with Section 3 projects to Section 3 workers and business concerns that provide economic opportunities to Section 3 workers within the metropolitan area or (non-metropolitan county) in which the project is located.**

Affiant's Signature:

Affiant's Title:

Telephone:

Address:

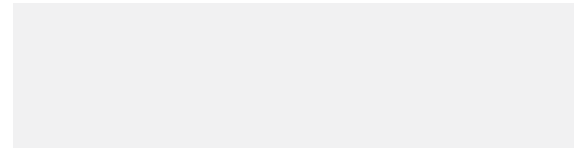
Affiant's Company Name:

Subscribed and sworn to under oath before me this

Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature

My Commission Expires:



# SECTION 3 REPORTING REQUIREMENTS

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Please contact the assigned contract administrator for the required reporting templates.

To reach a Section 3 Representative, please contact us at [hcdsection3@houstontx.gov](mailto:hcdsection3@houstontx.gov) or at 832-394-6257.

# SECTION 3 PROJECT ANNOUNCEMENT



**Date:**

**To:**

**Project Name:**

**Address, City, State, Zip:**

**From:**

**Summary of Work:**

If interested, please contact me as soon as possible to schedule an appointment to look at the scope of services. This project is funded through a federal grant; therefore, we encourage all qualified Section 3 Business Concerns to respond to this EBID for contracting opportunities.

Should you have any questions contact:

**Name:**

**Title:**

**Company:**

**Phone Number:**

**Address:**

**Email:**

# SUPPLEMENTAL COMPLIANCE FORMS TEMPLATES AND REFERENCE MATERIAL



In addition to the forms listed on the previous pages, Prime Contractor, Subcontractor and Suppliers are required, where applicable, to submit supplemental compliance forms during and upon completion of the construction. The supplemental forms, templates and reference material are available for download in LCP Tracker. For your convenience, a sample of available forms and documents in LCP Tracker are attached:

Compliance Section(s): MWSBE/Section 3	Form/Documents	Due
MWSBE	Mediation Arbitration Language	Included in certified firms executed contract agreement and/or purchase order(s)
All sections	System for Award Management Instructions	N/A
All sections	Statement of Information for SAM Results	Within 5 business days of executed contract and annually.
All sections	Assessing Debarred Vendor List	Within 5 business days of executed contract and annually.
Section 3	LCP Tracker Employee Profile	Throughout project duration.
Section 3	Template - Section 3 Signage (GC)	Signage must be posted on site prior to the start of work
All Sections	LCP Tracker Subcontractor Set-up by Prime	Throughout project duration.

# MWSBE SUBCONTRACTORS/SUPPLIERS MEDIATION ARBITRATION LANGUAGE



Contractor shall ensure that all subcontracting agreements with MWSBE Subcontractors/Suppliers and suppliers are clearly labeled "THIS CONTRACT IS SUBJECT TO MEDIATION" contain the following terms:

1. (MWSBE Subcontractors/Suppliers) shall not delegate or subcontract more than 50% of the work under this subcontracting agreement to any other Subcontractor or supplier without the express written consent of the City of Houston's Office of Business Opportunity.
2. (MWSBE Subcontractors/Suppliers) shall permit representatives of the City of Houston, at all reasonable times, to perform 1) audits of the books and records of the Subcontractor, and 2) inspections of all places where work is to be undertaken in connection with this subcontracting agreement. Subcontractor shall keep such books and records available for such purpose for at least four (4) years after the end of its performance under this subcontract. Nothing in this provision shall affect the time for bringing a cause of action or the applicable statute of limitations.
3. Within five (5) business days of execution of this subcontracting agreement, Contractor (prime contractor) and Subcontractor shall designate in writing to the Office of Business Opportunity an agent for receiving any notice required or permitted to be given pursuant to Chapter 15 of the Houston City Code of Ordinances, along with the street and mailing address and phone number of such agent.

These provisions apply to goal-oriented and regulated contracts as defined in City Code of Ordinances, Chapter 15, Article 5.

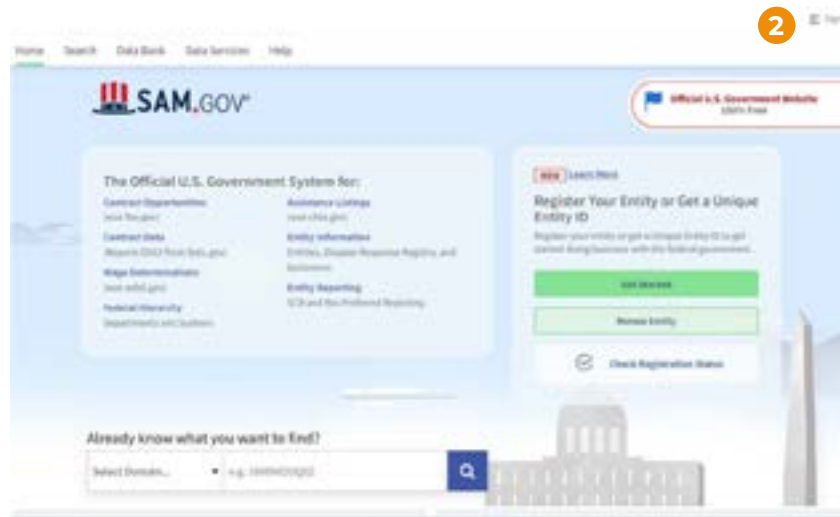
# SYSTEM FOR AWARD MANAGEMENT (SAM)



Proof of non-federal exclusions search must be conducted for the prime contractors, sub-contractors, and lower tier sub-contractors. Searches must be conducted by the company name, Employer Identification Number (EIN) and all principals by full first, middle, and last name. Below are the steps to follow when conducting the search and printing results.

**1** Go to: **WWW.SAM.GOV**

**2** Click Sign In Button on top right corner



**3** A box will appear, Click accept

**4** Sign in or Create an Account



**5** Navigate to the header menu of any page and select search

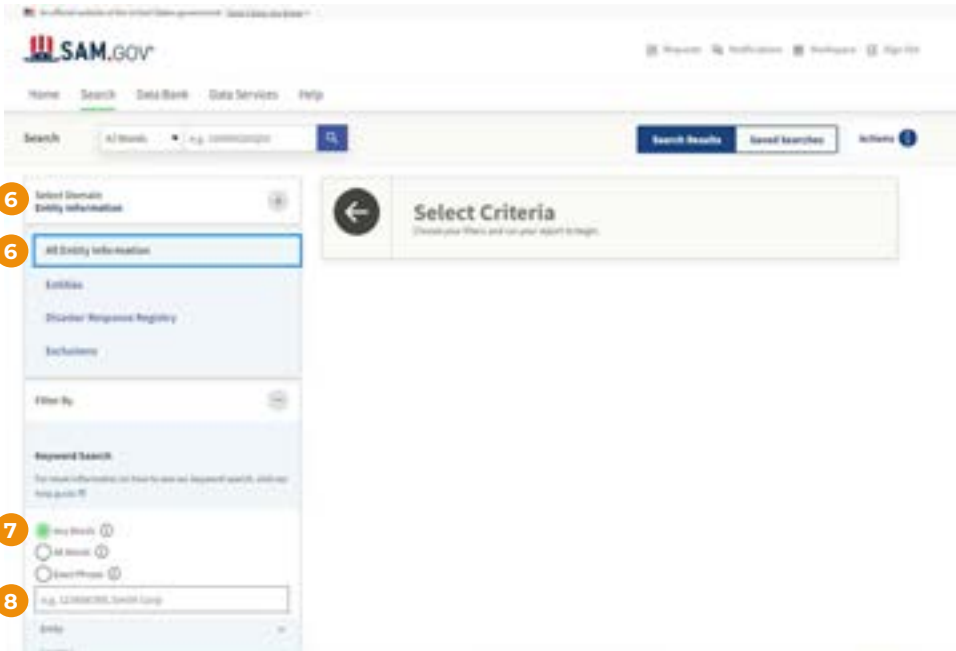


# SYSTEM FOR AWARD MANAGEMENT (SAM)



6 From the search page, navigate to the left-side bar. Select the “plus icon” to the right of the “select domain.”

- Select Entity Information and click all Entity Information



7 Under Filter by check the “Any Words” box.

8 Enter the applicable information (Company name, EIN# and principal names) in the search box and press enter.

9 Print the first 3-4 pages of the search-exclusion matches and ensure that the contractor is not an exact match:



10 Upload all results generated (Company, EIN#, and Principals) along with the Request for Contractor Clearance form into one document in LCPTTracker.

**NOTE:** If any exact match is identified contractor, subcontractor, or lower-tier subcontractor will not be eligible to conduct any business on federal projects. Any partial matches would need to be verified by HCDD and additional information may be requested.

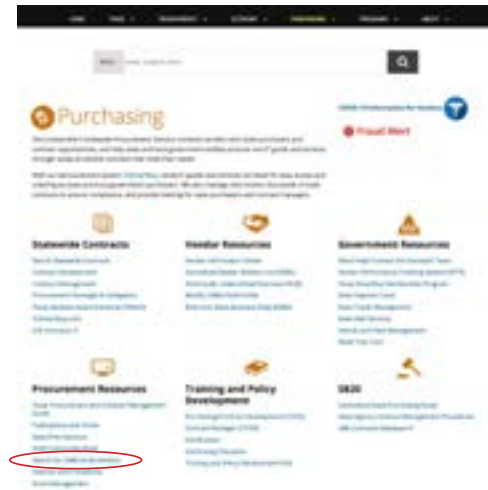


Proof of non-debarment from the states comptroller's office must be provided by prime contractors, subcontractors, and lower tiers. Below are the steps for searching and accessing the Debarred Vendor List.

- 1 Search:  
<https://comptroller.texas.gov/purchasing/>



- 2 Scroll down to Procurement Resources and click on:  
**Search for CMBL/HUB Vendors**



- 3 Click on the Debarred Vendors List on the left-hand side:



- 4 The Debarred vendor list will appear on the screen:



- 5 Ctrl P to print or save as PDF. Ensure that the date is on the list.

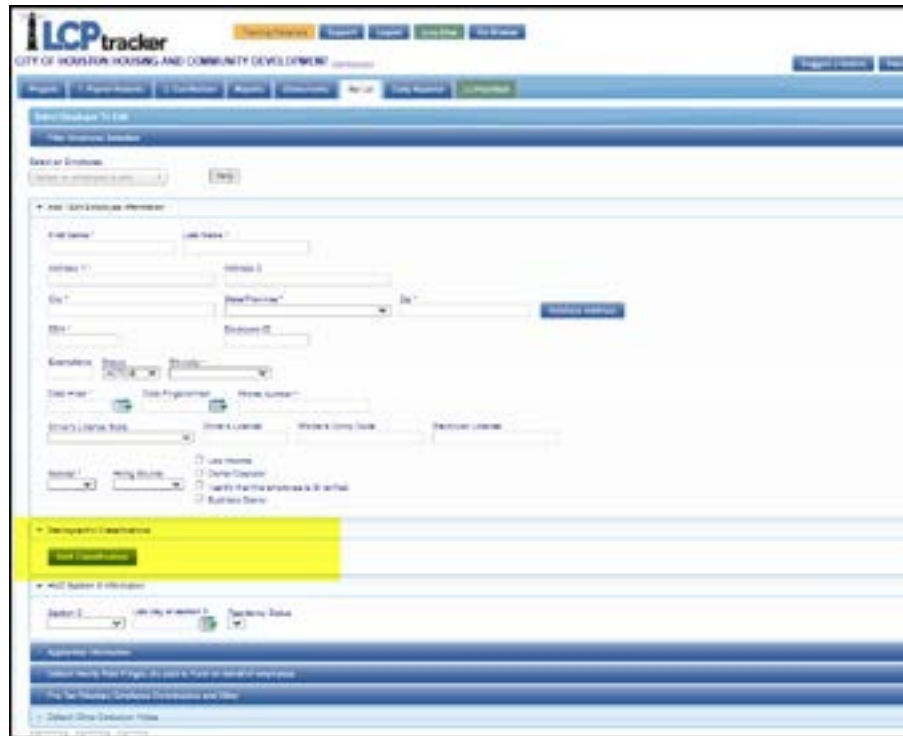
- 6 Upload copy of the Debarred Vendor List into LCP tracker

# SECTION 3 LCP TRACKER EMPLOYEE PROFILE

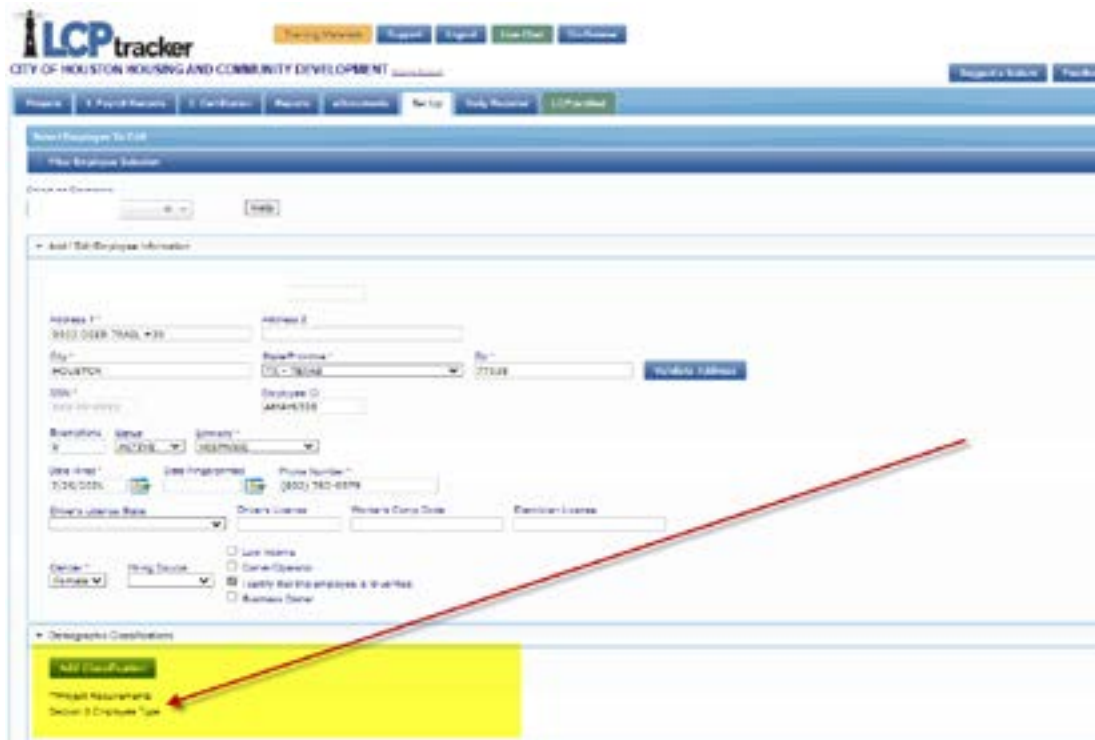


Under the Employee Profile Page, the subcontractor will:

- 1 The section that is in question is called Demographic Classification and not HUD Section 3 Information.



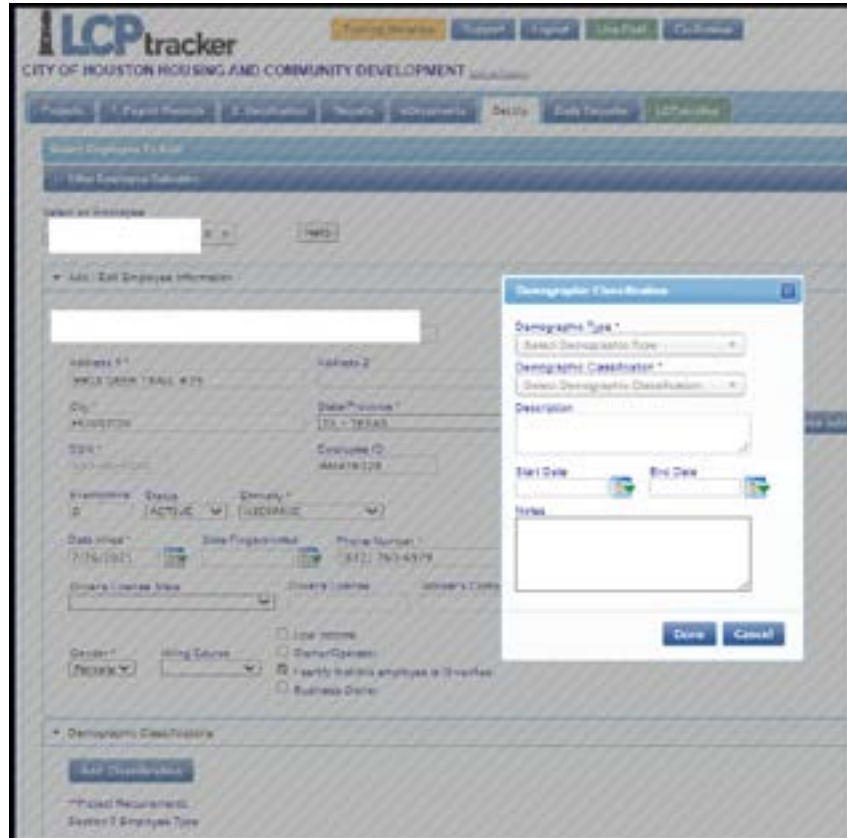
- 2 Once the sub has selected the employee the system will let them know that they need to add Section 3 on the Demographic Classification



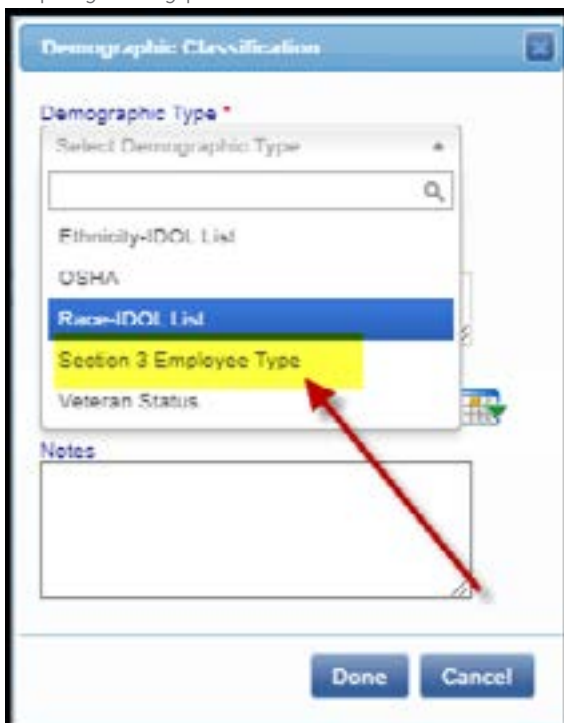
# SECTION 3 LCP TRACKER EMPLOYEE PROFILE



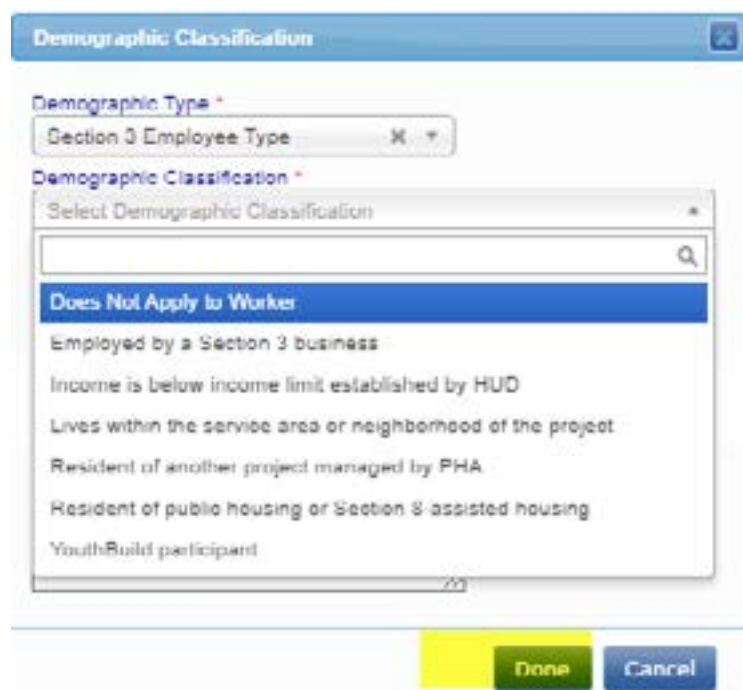
3 The sub will click on Add Classification



4 Select the Demographic Type --- Section 3 Employee Type



5 Select the Demographic Classification that is best suited and click Done



# SECTION 3 SIGNAGE TEMPLATE



Housing and Community Development  
Department

In partnership with the U.S. Department of Housing and  
Urban Development, and

**Acknowledge that the Construction of this project is  
subject to the Section 3 plan of the U.S. Department  
of Housing and Urban Development. This program  
is designed to generate various Employment and  
Contracting Opportunities.**

**Please inquire within:  
Contractor name and contact number/Email:**



## Contractor Set Up is a two-step process

**Step 1: Contractor Setup > Add/Edit Contractor**

**Add or Edit Contractor Information** Add New

To add a new contractor, enter information and save. To edit an existing contractor, select it from the list first. You can view all the contractors in the system. You can only edit your own data after it has been entered.

Department  
-- All Departments --

Add a contractor to add

Company Name (Contractor) \*  
BBB Construction

Federal Tax ID Number \* 11-1111111 D-U-S-S Number PRCR Number

Contractor License No. or 10-Digit Phone Number \* 888-888-8888 Contractor License Expiring Date

~~(Distribution/Company By Working on Multiple/Over All)~~

Contact Name \*  
Jane Doe

Phone Number \* 888-888-8888 Contact Fax

Contact E-Mail \* (Login information will be sent to this email address)  
jane@bbbconstruction.com

## Step 2: Prime Contractor Steps to Assign a Contractor to Project

### Step 1

Log in  
<https://prod.lcptracker.net/WebForms/Login.aspx>

### Step 2

Select "Set Up" from the toolbar tab. Then, click Add/Edit Contractors.

### Step 3

To add a "New" contractor, enter the contractor information and click save. If the contractor already has an account, and you have difficulty locating the contractor profile, add the contractor and enter the "Contractor ID" as shown on the contractor cover sheet.

### Step 4

Go to "Set Up" and click "Contractor Assignment"

### Step 5

Click "Add New Assignment", select project and contractor adding.

### Step 6

Select project, enter field information and press save.



### Steps to Upload Documents

#### Step 1

Have document available on your computer. The document can be almost any type that can be viewed by internet browser: txt, pdf, xls, doc, tif, etc.

#### Step 2

Go to Set Up and select Add/Edit Document

#### Step 3

Enter Required Fields

#### Step 4

Upload Document under appropriate file name