

## Section 3 Contribution to Training Fund

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### Contractor (Employer) Information

\_\_\_\_\_  
*Company Name ("Contractor")* *Contact Person*

\_\_\_\_\_  
*Address* *City* *State* *Zip Code*

\_\_\_\_\_  
*Telephone Number* *Fax Number* *E-mail Address*

**Amount of Contract Award:** \_\_\_\_\_

**Total Amount of Contribution to Training Fund:** \_\_\_\_\_

**Contribution Option** (*selected during preparation of Section 3 Plan*):

- Option #1: Upfront payment of contribution in its entirety
- Option #2: Payment in equal monthly installments paid during the first half of the project duration
- Option #3: Payment of a percentage of each invoiced amount

**Payment #:** \_\_\_\_\_ **Amount of this Payment:** \_\_\_\_\_

**Remaining Payments:** \_\_\_\_\_ **Remaining Balance:** \_\_\_\_\_

\_\_\_\_\_  
*Contact Person for Training Fund Contribution to HAE* *Telephone Number* *Date of Submission*

**Send training fund contribution to:**  
(*Check or Money Order accepted*)

Housing Authority of Elgin  
Attention: Finance Department  
120 South State Street  
Elgin, IL 60123  
Re: Section 3 Training Fund