Section 3 Contribution to Training Fund

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
130 South State Street
Elgin, IL 60123
Re: Section 3 Training Fund