Grantee:

Contract No.:      Activity No.

JOB CREATION/RETENTION REPORTING FORM

**Part A.**

Note: Part A should be submitted with the first report only unless the information provided needs to be updated.

Business Name:

Business Address:

Number of Jobs to be Created/Retained:      No. of LM Jobs:

List Position Title of All Jobs to be Created/Retained. This information should not differ from that provided in the original application and/or any signed agreements between the CDBG grantee and the business. **If there are three positions with the same job title, please list that position three times for clarity.** If a position is proposed to be filled by a LM person, add "LM" after the title.

|  |  |  |
| --- | --- | --- |
| 1.
 |  | 11.       |
| 1.
 |  | 12.       |
| 1.
 |  | 13.       |
| 1.
 |  | 14.       |
| 1.
 |  | 15.       |
| 1.
 |  | 16.       |
| 1.
 |  | 17.       |
| 1.
 |  | 18.       |
| 1.
 |  | 19.       |
| 1.
 |  | 20.       |

Prepared by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature - [insert typed name of preparer] Title Date

Receipt Acknowledged by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CDBG Contact Person Date

**JOB CREATION/RETENTION REPORTING FORM**

**Part B**

1. CDBG Grantee:      2. CDBG Contract No.:      3. Activity No.:

4. Company Name:      5. Report as of (date):

6.

| a. Position Title | b. Name & Social Security No. | c. FHH | d. DIS | e. SC | f. Race | g. Hisp/Non-Hisp Ethnicity | h. LM  | i. Date & Type ofIncome Determination |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |



| a.Position Title | j. Interview Dateor N/A | k. Job Offer Dateor N/A | l. Result | m. Job Class at Hire | n. Wage & FringeBenefits | o. Full or Part Time |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

7. Prepared By: Title:       Date:

Signature - [insert typed name of preparer]

8. Receipt Acknowledged By: Date:

 Signature of CDBG Contact Person

**INSTRUCTIONS**

**JOB CREATION/RETENTION REPORTING FORM**

**Part A & B**

**NOTE: To be considered an applicant, the person must meet the minimum qualifications for the position. For example, if the job requires that a person have a valid driver's license, those persons applying for the position *without* a driver's license are *not* considered applicants for reporting purposes.**

1. Enter the name of the CDBG grantee with which the company signed a job creation/retention agreement.

2. Enter the CDBG contract number under which the grantee provided CDBG funds for the economic development activity.

3. Activity Number of CDBG contract.

4. Enter the name of the company reporting on the jobs created/retained.

5. Self explanatory.

6.a. Enter the title of job for which interviews have been conducted and a person hired. If more than one person will be hired to fill the same job classification, number each position separately. For example, a restaurant has agreed to provide 3 waitress jobs, 1 hostess, 1 bookeeper, 1 chef and 1 chef's assistant. Each of the waitress positions will be numbered since there is more than one.

b. Enter the name and social security number of *each applicant* for the described position.

c. Check this box if the applicant is a Female Head of Household.

d. Check this box if the applicant is Disabled.

1. Check this box if the applicant is a Senior Citizen.
2. Identify the applicant's Race:

|  |  |
| --- | --- |
|  | **Race** |
|  1 | American Indian or Alaska Native |
|  2 | Asian |
|  3 | Black or African American |
|  4 | Native Hawaiian or Other Pacific Islander |
|  5 | White |
|  6 | American Indian or Alaska Native *and* White |
|  7 | Asian *and* White |
|  8 | Black or African American *and* White |
|  9 | American Indian or Alaska Native *and* Black or African American |
| 10 | Other |

1. List a letter ‘Y’ if the applicant is also of Hispanic Ethnicity. Place a letter ‘N’ in the column if the individual is not Hispanic.
2. Check this box if the applicant has been determined to be a Low to Moderate income person (see i.)
3. Enter the date and method (see below) of LM determination. Allowable methods for determining LM are:

1. Self certification by the applicant.

2. Based on location (resident of an Enterprise Zone or Community, 70% LM census tract or BNA; 20% poverty census tract or BNA).

3. Documented by a public program with income criteria. Provide the name and telephone number of the program.

j. Enter the date the applicant was interviewed, if applicable.

k. Self explanatory.

l. Self explanatory.

m. Indicate if the position has been under filled by a trainee or apprentice.

n. Enter the beginning hourly wage and fringe benefit amount (if applicable.)

o. Indicate: FT = Full Time position (at least 32 hours per week)

 PT = Part Time position (less than 32 hours per week). If PT, include

 the number of hours per week)

7. Self explanatory.

8. Self explanatory.