

Program Year 2020

CDBG Small Business Stabilization Loan Program

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EXHIBIT 1: JOB REHIRE/RETENTION REPORT

Person Completing Form _____

Certified by: _____

Telephone (____) _____

Date Submitted: _____

Business Name: _____

JOB TITLE	JOB DESCRIPTION		CURRENTLY EMPLOYMENT				# OF FTE JOBS ³	RETAINED JOBS	
	AVG HOURLY WAGES	SPECIAL SKILLS REQUIRED? ¹	POST HS EDUCATION REQUIRED ²	# OF EMPLOYEES (a)	HRS/WK PER EMPLOYEE (b)	WKS/YR PER EMPLOYEE (c)		FTE JOBS TO BE RETAINED ⁴	# OF RETAINED LMI JOBS ⁵
				FT					
				PT					
				FT					
				PT					
				FT					
				PT					
				FT					
				PT					
				FT					
				PT					
				FT					
				PT					
TOTAL									

¹ Jobs made available to LMI persons must not require special skills that can only be acquired with substantial (i.e. one year or more) training or work experience.

² Education beyond high school must not be a pre-requisite for LMI positions, unless the business agrees to hire unqualified persons and train them.

³ FTE equals a*b*c\2080

⁴ In order for jobs to be considered RETAINED there must be clear and objective evidence that permanent jobs will be lost without CDBG assistance.

⁵ To meet the LMI income jobs standard, 51 percent or more of the retained jobs must be: known to be held by LMI persons at the time of CDBG assistance provided on the following form.

**COMMUNITY DEVELOPMENT BLOCK GRANT
EMPLOYEE SELF CERTIFICATION**

Dear Applicant/Employee:

_____ (Business Name) is collecting the following information as a result of participating in the U.S. Housing and Urban Development’s (HUD) Community Development Block Grant (CDBG) Program. To meet federal regulations, _____ Business Name) is required to collect statistical data on your family income, race/ethnicity, and employment status. This information is reported to HUD and eventually used by the U.S. Congress to measure to effectiveness of the CDBG Program. Your name and personal information will be kept private, and your income, race, and unemployment status information will only be shared with the federal government anonymously. **It is only through your cooperation that your community can benefit from this federal program.**

INSTRUCTIONS: Please answer questions 1, 2, and 3, then sign the date form certifying the information is correct. Your information can only be accepted if the form is completed in full.

1. **Please indicate by checking where your current family income is in the following table:**

CDBG MAXIMUM HOUSEHOLD INCOME LIMITS

Effective: 2020

FAMILY SIZE	EXTREMELY LOW 30%	VERY LOW INCOME 50%	LOW INCOME 80%
1	\$12,900	21,500	34,400
2	\$17,240	\$24,600	\$39,300
3	\$21,720	\$27,650	\$42,200
4	\$26,200	\$30,700	\$49,100
5	\$30,680	\$33,200	\$53,050
6	\$35,160	\$35,650	\$57,000
7	\$38,100	\$38,100	\$60,900
8	\$40,550	\$40,550	\$64,850

2. **Or enter amount of income:** _____

3. **Please check the box that identifies your race:**

Single Race:

- White
- Black/African American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Other

Multi-Race Identifies:

- American Indian/Alaskan Native & White
- Asian and White
- Black/African American and White
- American Indian/Alaskan Native & African
- American
- Other Multi-Racial

4. **Do you consider yourself as being of Hispanic ethnicity?**

Are you currently unemployed or were you unemployed prior to employment with this company? Yes
No

Are you a female head of household? Yes No Date Hired: ___/___/___

I certify that the information provided above is correct to the best of my knowledge

Printed Name

Signature

Date