#### CDBG PROJECT EMPLOYEE SELF-CERTIFICATION REPORT

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| --- | --- |
| NAME OF UGLG: |  |
| BUSINESS NAME: |  |
| GRANT AGREEMENT #: |  |
| REPORTING PERIOD ENDED: *(choose one)*  Semi-Annual Report: October 1, 20\_\_\_\_ to March 31, 20\_\_\_\_  Semi-Annual Report: April 1, 20\_\_\_\_ to September 30, 20\_\_\_\_  Final Summary Report: Project Start Date \_\_\_\_ to Project End Date \_\_\_\_ | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASELINE JOB NUMBER** | | | | | |  | | |
| **TOTAL JOBS CREATED TO DATE** | | | | | |  | | |
| **TOTAL WORKFORCE (BASELINE + CREATED)** | | | | | |  | | |
|  | | | | | |  | | |
| **EMPLOYEE RACE FOR JOBS CREATED TO DATE** | | | | | | | | |
| **Single Race** | **Total Number** | **Number Hispanic** |  | **Multi-Racial** | | | **Total Number** | **Number Hispanic** |
| **WHITE** |  |  |  | **AMERICAN INDIAN/ALASKAN NATIVE & WHITE** | | |  |  |
| **BLACK/AFRICAN AMERICAN** |  |  |  | **ASIAN & WHITE** | | |  |  |
| **ASIAN** |  |  |  | **BLACK/AFRICAN AMERICAN & WHITE** | | |  |  |
| **AMERICAN INDIAN/ALASKAN NATIVE** |  |  |  | **AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN** | | |  |  |
| **NATIVE HAWAIIAN/PACIFIC ISLANDER** |  |  |  | **OTHER MULTI-RACIAL** | | |  |  |
| **OTHER** |  |  |  |  | | |  |  |
|  | | | | | | | | |
| **INFORMATION ON POSITIONS CREATED TO DATE** | | | | | | | | |
| **CLASSIFICATION** | | | | | **TOTAL CREATED TO DATE** | | | |
| **OFFICIALS/MANAGERS** | | | | |  | | | |
| **SALES** | | | | |  | | | |
| **OPERATIVES (SEMI-SKILLED)** | | | | |  | | | |
| **PROFESSIONALS** | | | | |  | | | |
| **TECHNICIANS** | | | | |  | | | |
| **LABORERS (UNSKILLED)** | | | | |  | | | |
| **OFFICE/CLERICAL** | | | | |  | | | |
| **CRAFT WORKERS (SKILLED)** | | | | |  | | | |
| **SERVICE WORKERS** | | | | |  | | | |
| **TOTAL CREATED** | | | | |  | | | |

**CDBG PROJECT EMPLOYEE SELF-CERTIFICATION REPORT (continued)**

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| --- | --- |
| NAME OF UGLG: |  |
| BUSINESS NAME: |  |
| GRANT AGREEMENT #: |  |
| REPORTING PERIOD ENDED: *(choose one)*  Semi-Annual Report: October 1, 20\_\_\_\_ to March 31, 20\_\_\_\_  Semi-Annual Report: April 1, 20\_\_\_\_ to September 30, 20\_\_\_\_  Final Summary Report: Project Start Date \_\_\_\_ to Project End Date \_\_\_\_ | |

|  |  |
| --- | --- |
| 1. **Have new positions been provided employer sponsored health care?** | **YES**  **NO**  **N/A** |
| 1. **Have position openings been posted with the WI Department of Workforce Development or local employment agency per your Application with DEHCR?** | **YES**  **NO**  **N/A** |
| 1. **Have any new positions been filled by individuals that were previously unemployed? If yes, please provide the number:** | **YES**  **NO**  **N/A**   |  | | --- | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please provide the family income breakdown of employees that corresponds with Question 1 of Employee Self-Certification Form.** | | | |
| **A**  **(VERY LOW)** | **B**  **(LOW)** | **C**  **(MODERATE)** | **D**  **(ABOVE LMI LIMITS)** |
|  |  |  |  |

**REPORT ATTACHMENTS:** Submit supporting documentation (i.e., completed *Employee Self-Certification* *Forms*) with **each** semi-annual *Certification* *Report* submission. If submitting the **final** *Certification Report* (Final Summary Report), include all *Certification Forms* of new employees hired during the CDBG Project who remain at the Business; the payroll record data from the Business; and a letter from the Business certifying the accuracy of payroll record data, as verification of the current employment numbers and status of each employee at the business.

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| --- | --- | --- | --- | --- | --- | --- |
| **REPORT CERTIFICATION** | | | | | | |
| **I certify that to the best of my knowledge and belief the contents in this report are true and correct. Completed individual *Employee Self-Certification Forms* are attached as supporting documentation.** | | | | | | |
|  |  | | |  |  |  |
|  | Signature of Chief Elected Official (CEO) (or Official Designee) | | |  | Date Signed |  |
|  |  |  |  | | |  |
|  | Printed Name of CEO (or Official Designee) |  | Title of CEO (or Official Designee) | | |  |
|  |  |  |  | | |  |
|  | Email Address of CEO (or Official Designee) |  | Telephone Number of CEO (or Official Designee) | | |  |

#### CDBG PROJECT EMPLOYEE SELF-CERTIFICATION REPORT (INSTRUCTIONS)

The *CDBG Project Employee Self-Certification Report* is a summary of the information gathered from *Employee Self-Certification Forms* completed at the time of hiring. The *Employee Self-Certification Form* may be downloaded from [*http://doa.wi.gov/Divisions/Housing/Bureau-of-Community-Development*](http://doa.wi.gov/Divisions/Housing/Bureau-of-Community-Development)under *Resources.*

1. Enter the name of the UGLG, business name and Grant Agreement # on front and back of the report.
2. Check off and enter the year of the current reporting period. For the *Final Summary Report*, enter the project start date and end date as listed in the *Grant Agreement*.
3. Baseline Job Number: Enter the number of jobs at the date of the UGLG’s application to the CDBG Program.
4. Total Jobs Created: Enter the number of full-time, permanent jobs created to date.
5. Total Workforce: Add the Baseline Job Number and the Total Jobs Created and enter the result.
6. Employee Race for Jobs Created: Enter the total number of employees reporting in each racial category under #2 on the *Employee Self-Certification Form* to date. Then enter the sub-group reporting as Hispanic. Enter zero (0) if there is no response.

For example, six (6) new employees completed *Employee Self-Certification Forms* with all six (6) identifying as White and of those three (3) also identified as Hispanic. Therefore, for White six (6) should be entered under Total Number and three (3) under Hispanic.

1. Information on Position(s) Created to Date: Based on Employer responses on the *Employee Self-Certification Form(s)* to date, enter the total number of positions created within each of the classifications listed. Enter zero (0) if there is no response. Enter the total number of positions created in the final line.
2. Based on Employer responses on the *Employee Self-Certification Form*, enter the responses to Questions 1, 2 and 3 on the second page of the *Report*.
3. Using the information from the Family Income Category of the *Employee Self-Certification Form* enter the total number of employees reporting the income level for each of the categories.
4. Complete the Report Certification. The *Report* must be signed (with written signature or electronic approval/signature by the UGLG Chief Elected Official or his/her official designee (CEO must email DEHCR, officially designating another to approve/sign the *Report* in lieu of the CEO). If the certification/approval is electronic via email, then also submit a copy of the approval email with the *Report*)
5. The **final** *Employee Self-Certification Report* (Final Summary Report) must be submitted with the CDBG Project Completion Report. It is a summary of all jobs created during the job creation period of the *Grant Agreement*.
6. Retain the completed *Certification Report* and *Certification Forms* in the CDBG project files and **submit one (1) copy** of the completed *Certification* documents to the assigned DEHCR Project Representative via email.

Email Submittal: Assigned DEHCR Project Representative Email Address

OR [*DOACDBG@wisconsin.gov*](mailto:DOACDBG@wisconsin.gov)