**Wisconsin Department of Administration**

**Division of Energy, Housing and Community Resources**

**Community Development Block Grant CLOSE**

**Public Facilities- Economic Development (CDBG-PFED)**

**Grant Application**

|  |
| --- |
| **PART 1 – GRANT REQUEST** |
| Grant Request Amount: $ | Other Funding, if applicable: $ | Total Project Cost: $ |
| Project Title: |
| Brief Project Description: |
| If Project receives CDBG funding:Project Begin Date (MM/YY): / Project Completion Date (MM/YY): /  |
| The Proposed Project Budget has been attached to this application: **☐**Yes ☐ No  |

|  |
| --- |
| **PART 2 – APPLICANT INFORMATION** |
| **APPLICANT** (UGLG): | Population: |
| Applicant Type: ☐City ☐ Village ☐ Town ☐County | County: |
| Senate District #: | Assembly District #: |
| Joint Application? ☐No ☐ Yes (If yes, list other unit[s] of government): |
| Chief Elected Official (CEO): | Title: |
| Clerk: |
| Public Works Director: | Finance Director: |
| Official Municipal Street Address: |
| City, Zip: | DUNS #: |
| CEO Phone: ( ) – | CEO Fax: ( ) –  | FEIN: |
| CEO E-Mail: | Clerk E-Mail: |
| Chief Elected Official Signature: | Date: |
| **Application Contact** |
| Name: | Agency/Company: |
| Mailing Address: |
| Phone: ( ) –  | Fax: ( ) –  | E-Mail: |
|  |  |  |

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| **PREVIOUS CDBG ASSISTANCE** |
| List All Previous CDBG-PF, CDBG-ED, CDBG-PLNG, CDBG-PFED, and CDBG-Housing Awards Received Since 2007: |
| Project: | Grant Agreement / Contract No: | Award Date: | Closeout Date: | Award Amount: |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |
| Did any previous CDBG award(s) monies fund part or all of the Public Facilities project for which you are applying today? **☐**Yes ☐ No |
| **PART 3 – INITIAL ELIGIBILITY** |
| Provide or acknowledge the following to demonstrate initial application eligibility:**Yes No*** ☐ 1. Acknowledge that the applicant is a non-entitlement community that does not receive CDBG funds directly from the Department of Housing and Urban Development (HUD).
* ☐ 2. Applicant’s Citizen Participation Plan is attached.
* ☐ 3. Documentation of the first public hearing notice published in the newspaper, verifying that the public was given a minimum of 2 weeks (14 days) advance notice of the public hearing, is attached.
* ☐ 4. Public hearing meeting minutes or Citizen Participation Public Hearing Certification is attached.
* ☐ 5. Public hearing sign-in sheet(s) is attached.
* ☐ 6. Applicant’s authorizing resolution is attached.
* ☐ 7. Statement of Assurances is attached.
* ☐ 8. Lobbying Certification is attached.
* ☐ 9. Potential Fair Housing Actions are attached.
* ☐ 10. Acknowledge that if the applicant’s project is funded, the applicant will be required to complete an environmental review before the unit of general local government can receive grant funds.
* ☐ 11. If this project is funded, I/we acknowledge that Professional Services for Grant Administration will be properly procured in compliance with Federal, State, and local requirements.
* ☐ 12. Applicant certifies it is not on the federal debarment list (found at: *www.sam.gov*).
* ☐ 13 By initializing the Chief Elected Official (CEO) certifies that the eligibility information shown is complete and accurate.

***Briefly describe your process for procuring a grant administrator and explain how it complies with Federal, State, and local procurement requirements:******Contact the Bureau of Community Development if any answer in this section is “No”*** |

|  |  |  |
| --- | --- | --- |
| **PART 4** | **–** | **CDBG NATIONAL OBJECTIVE AND PROJECT BENEFICIARIES** |
| ***Briefly explain:*****1. *How the project will meet the National Objective of low and moderate income job creation:*** |
| **PART 5 – PROJECT NEED** |
| On the following page, concisely describe the community’s need for the proposed project. Be sure to address each of the bullet points below and provide quantifiable data:* Is this a new facility/site, expansion and/or acquisition?
* The current condition of the problem, the frequency it occurs and the effect(s) of the problem if left untreated.
* The extent to which completion of the proposed project will address the needs of the business.
* The scope of work (including a detailed project area description).
* Explain how jobs will be created and/or retained by the project.

Data or pertinent information that quantifies the need can be included in the narrative or as an attachment to this application.Also provide a brief description of business benefiting from this project. Include:* Business history, current function, products, services, etc.
* Description of operation and/or financial relationships with any parent or subsidiary and any potential changes in ownership due to this project.
* Current markets served, size, industry, trends, growth potential, etc.
* Market feasibility information and/or sales commitments to support sales or revenue projections.
* Impact analysis of how the project positively or negatively affects the community.

***Limit your narrative to two (2) pages with not less than a 12-point font and ¾” margins.*** |
| **PROJECT NEED NARRATIVE** | **-** | **Page 1 of 2** |
|  |
| **PROJECT NEED NARRATIVE** | **-** | **Page 2 of 2** |
|  |
| **PART 6 – COMMUNITY DISTRESS** |
| Median Household Income:(source of data: ) (date that source data was published: ) |
| Per Capita Property Value:(source of data: ) (date that source data was published: ) |
| Local Property Tax Rate:(source of data: ) (date that source data was published: ) |

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| --- |
| **PART 7 – FINANCIAL NEED** |
| Amount of Other Funds Committed to Project:(*This is the amount of Applicant Funds on the Proposed Project Budget Page)*(Attach the completed Proposed Project Budget to the application) | $ |
| Funding Source for Local Funds Committed to Project:* General Obligation (G.O.) Debt
* Revenue Bonds
* Other (briefly explain):
 |
| If G.O. Debt is Funding Source: |
| G.O. Debt Capacity: | $ |
| Used G.O. Debt (to date): | $ |
| **PART 8 – PUBLIC BENEFIT/ECONOMIC DEVELOPMENT** |
| Does the Applicant have an adopted Comprehensive Plan, Community Redevelopment Plan, or other long-range plan?* Yes: Date the Plan was adopted or most recently revised:

*Briefly explain, within the space provided, how this project is consistent with the goals and objectives of the Plan and attach a copy of the applicable sections of the Plan.* |
| * No
 |

**PART 9 – COMMITMENT OF OTHER FUNDS**

###### APPLICANT: DATE:

Attach documentation of financial commitments and information to demonstrate the validity and reasonableness of budgeted costs.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | Source of Other Funds |  |
| Activity | CDBG Funds | Applicant | Other Public Funds | Private Funds | Total |
| Acquisition – Land |  |  |  |  |  |
| Acquisition – Building |  |  |  |  |  |
| Building Improvements |  |  |  |  |  |
| Center/Facility Construction |  |  |  |  |  |
| Clearance – Site |  |  |  |  |  |
| Curb and Gutter |  |  |  |  |  |
| Electrical System Improvements |  |  |  |  |  |
| Environmental Remediation |  |  |  |  |  |
| Equipment |  |  |  |  |  |
| Relocation |  |  |  |  |  |
| Sanitary Sewer |  |  |  |  |  |
| Storm Sewer |  |  |  |  |  |
| Streets/Sidewalks |  |  |  |  |  |
| Wastewater Treatment Facility |  |  |  |  |  |
| Water |  |  |  |  |  |
| Furnishings & Fixtures (match only) |  |  |  |  |  |
| Engineering (match only) |  |  |  |  |  |
| Administration |  |  |  |  |  |
| **Sub-Total(s):** |  |  |  |  |  |

###### Summarize the other Public and Private sources of project funding:

Signed Commitment Documents Included?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Source: |   | Amount: $ |  Status: | Pending | Committed | Yes | No |
| Source: |   | Amount: $ |  Status: | Pending | Committed | Yes | No |
| Source: |   | Amount: $ |  Status: | Pending | Committed | Yes | No |
| Source: |   | Amount: $ |  Status: | Pending | Committed | Yes | No |

**PART 10 – PROJECT MAP**

Please provide a map of the proposed project area within the applicant’s boundaries. Map should clearly show existing land uses in the surrounding area and location of the proposed activities.

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| --- |
| **PART 11 – CDBG – PFED BUSINESS BENEFICIARY INFORMATION** |
| Type of Business: **☐**C Corp **☐**S Corp ☐LLC ☐LLP ☐Partnership ☐Sole Proprietor* Non-Profit
 |
| Legal Name: |
| Trade Name: |
| Address: |
| City, State, Zip: | County: |
| FEIN #: (Federal Employee Identification Number–Tax ID or Social Security Number) | State of Organization:(Per Articles of Incorporation/Organization) |
| WWW: |
| Tele. #: | Fax #: |
| CEO Name: | CEO Title: |
| **PART 12 – BUSINESS INFORMATION** |
| Date Established: | SIC or NAICS: |
| Minority Owned: **☐**Yes ☐NoIf Yes, the Minority Classification is: ☐Eskimo ☐Native ☐Hawaiian ☐Hispanic* Native American ☐Aleut ☐Asian-Indian ☐Asian-Pacific ☐African American
 |
| Woman Owned: ☐Yes ☐No | Owned by a Person with a Disability: Yes No |
| Foreign Owned: ☐Yes ☐No If yes: Country: % of ownership: |
| Primary Product or Service: |
| Total Company Employment: Full Time: |  | Part Time: |
| Total Wisconsin Employment: Full Time: |  | Part Time: |
| Total Project Location Employment: Full Time: |  | Part Time: |
| % of Project Location Full Time Employees that are WI Residents: |
| Provide the Following for All Other Existing Wisconsin Operations: |
| Address (Street, City, Zip): |  |  |  | Number of Full Time Employees: |
| **PART 13 – PROJECT INFORMATION** |
| Project Location: ☐City ☐Town ☐Village Of: |  |  | County: |
| Project Street Address | Square Footage of Project Facility(ft²): |
| **PART 14 – PROJECT TIME-LINE** |
| Secure all financing by: | Break ground/lease by: |
| Begin production by: | Achieve full production by: |

|  |
| --- |
| **PART 15 – PROJECTED EMPLOYMENT**Full Time Positions Only (2,080 hours/year) |
| **Existing Positions** | Position Title | **Positions Created1** |
| Year One | YearTwo | YearThree | Total |
| Avg. Hourly | Number of Existing | Avg. Starting Hourly Wage | Number Created | Number Created | Number Created | Number Created |
|  |  |  |  |  |  |  |  |
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|  |  | **TOTAL** |  |  |  |  |  |
| **PART 16 – BENEFIT INFORMATION** |
| Check the Health Insurance Provided to Employees: | * None
 | * Individual
 | * Family
 |
| Percent of Health Insurance Premium Paid by Company: |  | % | % |
| Average Deductible Paid by Employee: |  | $ | $ |
| Other Benefits Provided to the Majority of the Workforce: ☐Life Insurance ☐Pension ☐401(k)* Childcare ☐Tuition Reimbursement ☐Other: (Specify)
 |
| Will new employees be provided with substantially the same benefits as described above: **☐**Yes* No
 |

**1Definitions:**

*A full-time employee is an employee working an average of at least 40 hours per week/annually. This does not include part-time or contract employees. A retained job is one that would be lost if the project does not go forward.*

*Minority is defined for employment purposes as African-American, Hispanic, Native American, Asian Indian, Asian or Pacific Islander.*

*A maintained job is one that will remain even if the project does not go forward.*

*Low- and moderate-income person is a member of a family having an income equal to or less than the Section 8 low-income limit established by HUD. Unrelated individuals will be considered as one-person* families *for this purpose. (CFR § 570.3)*

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| **PART 17-SUMMARY OF PROJECTED FINANCIAL INFORMATION** |
| FYE | / / | / / | / / |
| Total Sales |  |  |  |
| Net Income |  |  |  |
| Total Assets |  |  |  |
| Total Liabilities |  |  |  |
| Equity |  |  |  |
| WI Income Tax Liability (C Corporations Only) |  |  |  |

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| **PART 18-SUMMARY OF HISTORIC FINANCIAL INFORMATION** |
| FYE | / / | / / | / / |
| Total Sales |  |  |  |
| Net Income |  |  |  |
| Total Assets |  |  |  |
| Total Liabilities |  |  |  |
| Equity |  |  |  |
| WI Income Tax Liability(C Corporations Only) |  |  |  |

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| --- | --- | --- | --- |
| **PART 19** | **–** | **LEGAL INFORMATION**\* | **YES/NO** |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary been involved in any lawsuits in the last 5 years or have any lawsuits pending? | * Yes
 | * No
 |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary ever beeninvolved in any bankruptcy or insolvency proceedings or have any proceedings pending? | * Yes
 | * No
 |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary had any civil or criminal charges in the last 5 years that could have a material adverse impact on the project or have any charges pending? | * Yes
 | * No
 |
| Does the applicant, any owner, officer, subsidiary, affiliate or beneficiary have any outstanding tax liens? | * Yes
 | * No
 |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary ever been convicted of a felony? | * Yes
 | * No
 |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary ever beenconvicted of or enjoined from any violation of state or federal securities law? | * Yes
 | * No
 |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary ever beena party to any consent order or entry with respect to an alleged state or federal securities law violation? | * Yes
 | * No
 |
| Has the applicant, any owner, officer, subsidiary, affiliate or beneficiary ever been a defendant in a civil or criminal action? | * Yes
 | * No
 |
| Please attach a detailed explanation of any YES responses.\*An Application will be deemed ineligible and denied based on the falsification of information |

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| **PART 20 – MARKET INFORMATION** |
| THREE MAJOR CUSTOMERS: | % OF SALES |
| 1. |  |
| 2. |  |
| 3. |  |
| THREE MAJOR COMPETITORS | LOCATION (City and State) |
| 1. |  |
| 2. |  |
| 3. |  |

**Provide a brief market analysis describing the current market, trends, growth potential, etc. Include market feasibility information and/or sales commitments to support sales or revenue projections.**

|  |
| --- |
|  **PART 21 – CERTIFICATION STATEMENT**  |
| 1. | Certifies that to the best of its knowledge and belief, the information being submitted to Department of Administration (DOA) is true and correct. |
| 2. | Certifies that the applicant is in compliance with all laws, regulations, ordinances and orders of public authorities applicable to it. |
| 3. | Certifies that the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its other creditors. |
| 4. | Certifies that the Department is authorized to obtain a credit check and Dun and Bradstreet on the applicant, the business and/or the individual(s). |
| 5. | Certifies that the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes but is not limited to lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention or inadequate capital to complete the project. |
| 6. | Understands that unless it qualifies as trade secret, all information submitted to DOA is subject to Wisconsin’s Open Records Law. Please complete Attachment 12 to designate any information as trade secret. |

Signature: Date:

(Authorized Representative)

Name: Title:

(Authorized Representative

#### 2(b) Public Facilities – Economic Development Application Specific Attachments

###### Davis Bacon/Federal Labor Standards Law

* 1. Will CDBG-PFED funds be used to pay for construction costs?
		+ No ☐ Yes

*If yes, Davis Bacon applies to the project. Submit a copy of the construction bid that clearly indicates Davis Bacon rates were used in developing project costs.*

* 1. Will CDBG-PFED funds be used to pay for equipment?
* No ☐ Yes

*If yes, provide copies of the cost estimates for each piece of equipment to be financed with CDBG-PFED funds on the letterhead of the company, from which it will be purchased. This cost estimate must break out the cost of each item to be purchased and the installation cost of the item.*

* 1. Will CDBG-PFED funds be used to pay for equipment installation costs?
* No ☐ Yes

*If yes, Davis Bacon may apply to the project, depending on the outcome of a four part test. The Division of Energy, Housing and Community Resources’ labor standards officer will determine the applicability based on the four factors below:*

1. *The cost of the equipment itself compared to the cost of the installation.*
2. *The existence of a high absolute cost of equipment installation.*
3. *The necessity for structural modifications to accommodate the equipment installation.*
4. *The necessity for updated electrical, plumbing or gas lines to facilitate equipment installations.*

A more detailed review of Davis Bacon/Federal Labor Standards law and requirements can be found in the most current CDBG Implementation Handbook.

###### Federal Equal Employment Opportunity (EEO-1) Report

All employers with 15 or more employees are covered by Public Law 88-352 and are required to keep employment records. Certain employers are required by law to file annual EEO-1 (Standard Form 100) reports based on its number of employees and federal contracting activities. Following are the thresholds for filing annual EEO-1 Reports. Please mark the appropriate box that the business falls under:

* Private employer with 100 or more employees.
* Private employer with fewer than 100 employees but is owned or affiliated with another company so the group legally constitutes a single enterprise and the entire enterprise employs a total of 100 or more employees.
* Private employer with 50 or more employees that is a prime contractor or first-tier subcontractor with the federal government and has a contract, subcontract, or purchase order amounting to $50,000 or more (Does not include this CDBG-PFED project).
* Exempt from filing an EEO-1 Report.

These reports are due no later than September 30. Please submit a copy of the business’s most recent EEO-1 Report it has filed with the Federal government, unless it is exempt.

A more detailed review of federal Equal Employment Opportunity law and requirements can be found in the most current CDBG Implementation Handbook.

###### Acquisition, Relocation and Demolition Questionnaire

UNIT OF GENERAL LOCAL GOVERNMENT (UGLG) NAME:

#### ACQUISITION, RELOCATION, & DEMOLITION QUESTIONNAIRE

##### for a Community Development Block Grant (CDBG)

This questionnaire will be used by the Division of Energy, Housing and Community Resources to determine if you have adequately planned and budgeted for acquisition, relocation, down payment assistance, rehabilitation, and demolition activities related to your proposed CDBG project. Requirements are referenced in the Uniform Relocation and Real Property Acquisition Policies of 1970, as amended (URA) and Section 104(d) of the Housing and Community Development Act (Barney Frank Amendment).

Answer the following Acquisition, Relocation, Demolition and Conversion questions (**Yes, No,** or

###### N/A).

The proposed CDBG project will involve the:

* 1. Voluntary Acquisition of:

|  |
| --- |
|  Temporary easement(s) |
|  Permanent easement(s) |
|  Vacant land |
|  Land and building(s) |
|  *Will tenants be, or have they been, displaced?* |

* 1. Involuntary Acquisition of:

|  |
| --- |
|  Temporary easement(s) |
|  Permanent easement(s) |
|  Vacant land |
|  Land and building(s) |
|  *Are any units occupied?* If yes, indicate whether: Relocation assistance will be provided or has been provided Residential occupant is low- and moderate-income |

* 1. Donation of:

|  |
| --- |
|  Temporary easement(s) |
|  Permanent easement(s) |
|  Vacant land |
|  Land and building(s) |
|  Tenant(s) will be displaced or have been displaced Tenant(s) is residential occupant and is low- and moderate-income |

* 1. Demolition of residential units or conversion/rehabilitation of residential unit to another use, and the:

|  |
| --- |
|  Unit is occupiable |
|  Unit rents or would rent at or below the Fair Market Rent |
|  Unit will be replaced |
| **NOTE:** *If “yes” to any of the three questions above, attach documentation required and listed in your Uniform Relocation Plan.* |
|  Unit is not occupiable and evidence is attached |

###### PLEASE NOTE:

*CDBG projects are subject to State and Federal acquisition/relocation/demolition requirements. If you answered “yes” to any of the questions above, please contact the Bureau of Community Development to discuss the applicability of these requirements to the proposed project.*

###### Employment Profile Certifications and Forms

BUSINESS JOB CREATION COMMITMENT LETTER (*sample*)

*To be completed by business owner/ UGLG*

Date:

Dear (*Chief Elected Official of Applicant Community*):

This letter will confirm my/our commitment to move forward with the development of (Project Name). This project includes (list activities) and the creation/retention of (number) full-time FT positions.

We/I will spend no less than $ on the total development of this project. All on- site and off-site project costs should be included in the summary below. The financing is proposed as follows:

Private Lender $

Equity $

Community Development Block Grant $ Other $

Other $

TOTAL $

Development of the project will allow the current employment of to increase to

 24 months after project completion for a net gain of new full-time FTE positions. Of these new jobs, it is our goal to employ at least 51 percent persons from low- and moderate- income households (LMI) and percent minorities, recognizing that some persons may qualify to meet the goal for both categories. Also, any commitment to a job training program should be indicated, if applicable.

We/I understand that the goal of the Community Development Block Grant Program is to benefit persons of LMI households. An LMI household is defined as 80 percent of the median household income for the employee’s specific family size for the county area in which the project will be located. The project is defined as all line items listed in the application and includes all aspects necessary to the successful completion. Local officials have provided the business with the low- and moderate-income figures for County.

In order to meet the national objective of the Community Development Block Grant Program, 51 percent of the jobs created and/or retained by the project must be taken by or made available to persons of LMI households. Therefore, the undersigned business agrees to maintain the following job creation and/or retention documentation for each employee interviewed, or for existing employees if jobs are claimed as retained:

* name, address and social security number
* household size;
* household income range; and
* employee signature.

The following efforts will be used by the business to ensure that LMI persons receive first consideration for open positions in the company. (Check all that apply)

 List positions on Job Center of Wisconsin

 List positions with the local Workforce Development Board

 List positions with the local Wisconsin Works (W2) Agency

 List positions with the local Technical College

 List positions with the local Veterans Services office

 List positions with the local Community Action Agency

If 51 percent of the jobs created and/or retained are not taken by persons of LMI households, the business will provide documentation to demonstrate that it followed acceptable procedures that, under normal circumstances, would result in at least 51 percent of the jobs being taken by persons of LMI households.

The business also understands that an acceptable alternative to the above described record keeping requirements is for the business to work through a state or federal employment agency, such as the local Department of Job and Family Services, to hire persons of LMI households. Such programs must screen the applicants and, upon completion of the hiring process, provide a final certification stating that at least 51 percent of the jobs were taken by persons of LMI households. **The business understands that there will be no exceptions or waivers to this requirement.**

As explained in the application, I/we would not proceed with this at this time without Community Development Block Grant assistance.

If the funding from Community Development Block Grant is approved, I/we are prepared to move forward quickly on this project, with completion no more than 12 months after approval of the Community Development Block Grant funds. I/we expect the project to commence on

 and complete it by . I know of no reason why this project cannot go forward immediately {note any reasons for lack of immediate commencement}.

I certify that I have the authority to make this commitment on behalf of the company/business, and that we have the resources to finalize the financing package identified above and shown in the community's application for funds.

I also certify that will provide the required job creation/retention documentation as outlined in the application instructions. I further certify that I have this authority to make this commitment on behalf of (Business).

Sincerely,

Chief Executive Officer or Authorized Company Representative (Signature)

(Typed Name and Title)

(Witness)

###### Job Creation Table

#### JOB CREATION TABLE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Job Description | Determining Full-Time Equivalent Jobs |  |
| Job Title | Avg. Hourly | Special Skills | Post HS education required?2 | # of | Hrs/Wk per | Wks/Yr per | **# of FT jobs** | **# of Jobs** |
| Wage | Required?1 | Employees (a) | Employee (b) | Employee (c) | **Available to LMI** |
|  |  |  |  | FT |  |  |  |  |
| PT |  |  |  |  |
|  |  |  |  | FT |  |  |  |  |
| PT |  |  |  |  |
|  |  |  |  | FT |  |  |  |  |
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| 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.

###### Job Retention Table

#### JOB RETENTION TABLE

|  |  |  |  |
| --- | --- | --- | --- |
|  | Job Description | Current Employment | Retained Jobs |
| Job Title | Avg. Hourly | Special Skills | Post HS education required?2 | # of | Hrs/Wk per | Wks/Yr per | **# of FT jobs** | **# FT jobs to be Retained*4*** | **# of Retained LMI jobs5** |
| Wage | Required?1 | Employees (a) | Employee (b) | Employee (c) |
|  |  |  |  | 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. 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 either:

* 1. Known to be held by LMI persons at the time CDBG assistance is provided (attach ATTACHMENT 12c- Applicant/ Employee Self-Certification form for each employee for whom job retention is claimed), and/or

Jobs not know to be held by LMI persons, but which can be reasonably expected to “turn over” to LMI persons within two years. See page 10 for documentation to include.

###### Employee Self-Certification

The Employee Self-Certification form is updated on an annual basis with a form for each county. The most current copy of the Employee Self-Certification form can be found on the DOA DEHCR website.

###### Payroll Reports

###### Other Required Attachments

* Estimated Property Valuation Increase from the Proposed Project
* Designation of Confidential and Proprietary Information
* Three Years of Business’ Historical Financial Statements
* Business’ Balance Sheets – Cash Flow Statements – Income Statements – Assumptions
* Most Recent Business’ Quarterly Financial Statements
* Three Years of Business’ Financial Projections