#### CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT

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| 1. **GRANT INFORMATION:**
 |  |
| GRANTEE/UGLG NAME:  |  |
| BUSINESS/EMPLOYER NAME: |  |
| GRANT AGREEMENT #:  |  |
| 1. **REPORTING PERIOD:** *(check one option below and enter the reporting period dates)*
 |
| [ ]  Semi-Annual Report: April 1, 20\_\_ to Sept. 30, 20\_\_ | ***OR*** Oct. 1, 20\_\_ to Mar. 31, 20\_\_ |
| [ ]  Final Summary Report: Project Start Date \_\_ to Project End Date \_\_ |

|  |  |
| --- | --- |
| 1. **BASELINE FTE JOBS NUMBER:**
 | **0** |
| 1. **TOTAL FTE JOBS RETAINED TO DATE:** *(for Job “Retention” projects only)*
 | **0** |
| 1. **TOTAL FTE JOBS CREATED TO DATE:** *(for Job “Creation” projects only)*
 | **0** |
| 1. **TOTAL CURRENT FTE JOBS AT THE BUSINESS/EMPLOYER TO DATE** *(for Job “Creation” projects only)*
 | **0** |
|  |  |
| 1. **RACE DATA FOR EMPLOYEES IN FTE JOBS RETAINED (OR) CREATED TO DATE:**
 |
| **Single Race** | **Total Number** | **Number Hispanic** |  | **Multi-Racial or No Answer** | **Total Number** | **Number Hispanic** |
| **WHITE** | **0** | **0** |  | **AMERICAN INDIAN/ALASKAN NATIVE & WHITE** | **0** | **0** |
| **BLACK/AFRICAN AMERICAN** | **0** | **0** |  | **ASIAN & WHITE** | **0** | **0** |
| **ASIAN** | **0** | **0** |  | **BLACK/AFRICAN AMERICAN & WHITE** | **0** | **0** |
| **AMERICAN INDIAN/ALASKAN NATIVE** | **0** | **0** |  | **AMERICAN INDIAN/ALASKAN NATIVE AND AFRICAN AMERICAN** | **0** | **0** |
| **NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER** | **0** | **0** |  | **OTHER MULTI-RACIAL** | **0** | **0** |
| **OTHER** | **0** | **0** |  | **DID NOT ANSWER** | **0** |
|  |
| 1. **INFORMATION ON FTE POSITIONS RETAINED (OR) CREATED TO DATE:**
 |
| **CLASSIFICATION** | **TOTAL RETAINED (OR) CREATED**  |
| **OFFICIALS & MANAGERS** | 0 |
| **PROFESSIONAL** | 0 |
| **TECHNICIANS** | 0 |
| **SALES** | 0 |
| **OFFICE & CLERICAL** | 0 |
| **CRAFT WORKERS (SKILLED)**  | 0 |
| **OPERATIVES (SEMI-SKILLED)**  | 0 |
| **LABORERS (UNSKILLED)** | 0 |
| **SERVICE WORKERS** | 0 |
| **TOTAL RETAINED OR CREATED**  | **0** |

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

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| --- | --- |
| GRANTEE/UGLG NAME:  |  |
| BUSINESS/EMPLOYER NAME: |  |
| GRANT AGREEMENT #:  |  |
| **REPORTING PERIOD:** *(check one option below and enter the reporting period dates)* |
| [ ]  Semi-Annual Report: April 1, 20\_\_ to Sept. 30, 20\_\_ | ***OR*** Oct. 1, 20\_\_ to Mar. 31, 20\_\_ |
| [ ]  Final Summary Report: Project Start Date \_\_ to Project End Date \_\_ |

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| 1. **Have the employees been provided employer sponsored health care?**
 | [ ]  **YES** [ ]  **NO** |
| 1. **How many employees were previously unemployed?**
 | **0** |

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| 1. **Enter the number of employees in each income category as recorded in Question #1 of the *Employee Self Certification Forms*.** *(Those in A-C qualify as low- to moderate-income (LMI).)*
 |
| **A****(VERY LOW)** | **B****(LOW)** | **C****(MODERATE)** | **D****(ABOVE LMI LIMITS)** |
| **0** | **0** | **0** | **0** |

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| 1. **REPORT CERTIFICATION:**
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| **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.\*** |
|  |   |  |   |  |
|  | Typed Name, Title & Firm/Organization of Report Preparer\* |  | Preparer Email Address |  |
|  |   |  |   |  |
|  | Typed Name and Title of UGLG Approver as Certification\* |  |  UGLG Approver Email Address |  |
|  |   |  |  Click here to select date |  |
|  | UGLG Approver Phone Number |  | Date of UGLG Approval / Certification |  |
|  | *\*If the Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. By entering the name and title of the UGLG Approver above,* ***the Preparer of this document is certifying that the person identified as the UGLG Approver is an employee or official from the UGLG; is authorized to review and approve this document; and authorizes the Preparer to submit it to DEHCR*** *on the UGLG’s behalf. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the Signature Certification Form (submitted to DEHCR with the pre-agreement documents for the project) or by the UGLG’s governing body to approve CDBG project documents. If the person submitting this document is not the UGLG Approver, then the UGLG Approver must be cc’d on the email submission to DEHCR.* |  |
| 1. **REPORT ATTACHMENTS:**
 |
| * Submit the *Employee Self Certification* *Forms* (completed by employees) with **each** semi-annual *Certification* *Report*. Only completed forms not previously submitted to DEHCR are to be submitted with each semi-annual report.
* Submit with the **Final** *Certification Report* the following:
	1. All *Employee Self* *Certification Forms* of employees that currently (at the end of the project) are in the jobs “retained” (or) “created” as a result of the CDBG project;
	2. A current payroll record from the Business/Employer that includes a list of all full-time and part-time employees (with part-time employees’ average hours worked per week so any FTE values can be reconciled), their positions, and hire dates;
	3. A letter from the Business/Employer certifying the accuracy of payroll record data, as secondary verification of the current employment numbers and positions “retained” (or) “created” as a result of the CDBG project; and
	4. If all data from the *Employee Self Certification Forms* are *not* in the payroll record referenced in #2 above, then provide a separate spreadsheet with the data entered from all *Employee Self Certification Forms* being submitted with the Final *Certification Report* (including each employee’s full name, job/position type, hire date, FT or PT/FTE status (with average hours worked per week), income range (A, B, C, or D), race and Hispanic ethnicity data, and employment status prior to hire.
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#### CDBG JOBS PROJECT EMPLOYEE SELF CERTIFICATION REPORT (INSTRUCTIONS)

The *CDBG Jobs Project Employee Self Certification Report* is a summary of the information gathered from *Employee Self Certification Forms*. For job “retention” projects, the *Employee Self Certification Forms* are to be completed at the start of the project by employees in the existing jobs to be retained and during the project by employees hired to refill any job being “retained” that becomes vacant. For job “creation” projects, the *Employee Self Certification Forms* are to be completed during the project by new employees hired to fill or refill a job that was created. Employees only need to complete the form *once* (they do *not* need to complete the form every semi-annual reporting period). The *Employee Self Certification Form* template may be downloaded from the [CDBG Implementation Handbook](https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx) page at: [*https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx*](https://energyandhousing.wi.gov/Pages/AgencyResources/CDBG-Implementation-Handbook.aspx) (refer to Attachment 09-F3).

1. Grantee/UGLG & Business/Employer Names & Grant Agreement #: At the top of pages 1-2 of the report, enter the name of the Grantee/UGLG (unit of general local government) and Business/Employer (the entity designated to “retain” or “create” jobs for the project), and the Grant Agreement #.
2. Reporting Period: Check the applicable box and enter the years after the months shown for the current semi-annual reporting period; or for the Final Report, enter the project start date (which is the first date of the job “retention” (or) job “creation” period for the project) and the project end date (which is the due date of the Project Completion Report), as listed in the *Grant Agreement*.
3. Baseline Jobs Number: Enter the number of full-time equivalent (FTE) permanent jobs as of the baseline date, as listed in the Scope of Work in the *Grant Agreement*.
4. FTE Jobs Retained To Date: Enter the number of FTE permanent jobs retained to date if the scope of the project is to “retain” jobs at the Business/Employer.
5. Total Jobs Created To Date: Enter the number of FTE permanent jobs created to date if the scope of the project is to “create” jobs at the Business/Employer.
6. Total Current FTE Jobs: Enter the current total number of FTE jobs at the Business/Employer to date, adding the Baseline Jobs number and Total Jobs Created To Date number together, if the scope of the project is to “create” jobs at the Business/Employer. Any of the positions from the “baseline” jobs or “created” jobs previously reported that are now vacant/unfilled must be subtracted from the calculation for the “Total Current FTE Jobs” number.
7. Race Data for Jobs Retained (or) Created To Date: Enter the total number to date of Employees in each Race category and their Hispanic status according to their responses to Questions 1-2 on the *Employee Self Certification Form*. Update the fields to reflect any changes in employees currently in the “retained” (or) “created” jobs (replacing the data from former employees with the data from new employees that ‘refilled’ their positions).

Example for entering the race and Hispanic ethnicity information: Six (6) Employees completed *Employee Self Certification Forms* with all six (6) identifying as White, and of those, three (3) also identified as Hispanic. The entry for the White race category would be six (6), and the entry for the Hispanic category next to the White race would be three (3).

1. Information on Position(s) Retained (or) Created to Date: Based on Business/Employer’s responses on page 2 of the *Employee Self Certification Forms* to date, enter the total number of positions “retained” or “created” within each of the position classifications listed. Enter the total number of positions “retained” or “created” in the final line.
2. Healthcare Plan Benefit: Check “Yes” or “No” to indicate whether employees in the “retained” (or) “created” jobs are provided an employer sponsored healthcare plan.
3. Unemployment Status of New Employees Prior to Hire: Based on the responses to Question #4 on the *Employee Self Certification Form*, enter the total number of employees that reported being unemployed prior to applying for a job with your company/organization.
4. Family Income of Employees: Based on the responses to Question #1 on the *Employee Self Certification Form*, enter the total number of employees in the “retained” or “created” jobs with a family income that falls into each of the Family Income Range categories A-D. Employees with family income ranges A-C qualify as low- and moderate-income (LMI).
5. Report Certification: Complete the Report Certification. If the *Report* Preparer is not an authorized UGLG Approver, then the UGLG Approver information must be entered. The *Report* must be approved by the UGLG. The UGLG Approver must be the Chief Elected Official (CEO) or a person authorized/designated by the CEO on the *Signature Certification Form* (submitted with the pre-agreement documents for the project) or authorized/designated by the UGLG’s governing body to approve CDBG project documents*. If the person submitting this document is not the UGLG Approver, then the submitter must copy (‘cc’) the UGLG Approver when emailing it to DEHCR*.
6. Report Attachments: Submit the *Employee Self Certification* *Forms* (completed by employees) with **each** semi-annual *Certification* *Report*, including only the *Certification Forms* that have not been previously submitted to DEHCR. As noted above, employees only need to complete a *Certification Form* *once* for the project (*not* every reporting period). The **Final** *Certification Report* must be submitted with the *CDBG Project Completion Report*. It is a summary of all jobs “retained” (or) “created” during the job “retention” (or) job “creation” period, as listed in the *Grant Agreement*. Submit with the **Final** *Certification Report* the following:
	1. All *Employee Self* *Certification Forms* of employees who currently (at the end of the project) are in the jobs “retained” (or) “created” as a result of the CDBG project;
	2. A current payroll record/spreadsheet from the business/employer with the current list of all full-time and part-time employees (with part-time employees’ average hours worked per week so any FTE values can be reconciled), their positions, and hire dates;
	3. A letter from the Business/Employer certifying the accuracy of payroll record data, as verification of the current employment numbers and positions “retained” (or) “created” as a result of the CDBG project; and
	4. If all data from the *Employee Self Certification Forms* are not in the payroll record referenced in #2 above, then provide a separate spreadsheet with the data entered from all *Employee Self Certification Forms* being submitted with the Final *Certification Report* (including each employee’s full name, job/position type, hire date, FT or PT/FTE status (with average hours worked per week), income range (A, B, C, or D), race and Hispanic ethnicity data, and employment status prior to hire.

These documents are necessary as secondary verification of the current employment numbers (and comparing them with the “baseline” and jobs “retained” (or) “created” numbers), positions created, and status of employees hired as a result of the CDBG project.

1. Submission Method: **Email** the completed *Employee Self Certification Report*, completed *Employee Self Certification Forms*, and any other applicable supporting documents to the assigned DEHCR Project Representative or to *DOACDBG@wisconsin.gov*. Retain the completed *Certification Report*, *Certification Forms*, and supporting documents in the UGLG’s CDBG project files.