#### CDBG JOBS 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 \_\_\_\_ | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BASELINE JOB NUMBER** | | | | | | 0 | | |
| **TOTAL JOBS CREATED TO DATE** | | | | | | 0 | | |
| **TOTAL WORKFORCE (BASELINE + CREATED)** | | | | | | 0 | | |
|  | | | | | |  | | |
| **EMPLOYEE RACE FOR JOBS CREATED TO DATE** | | | | | | | | |
| **Single Race** | **Total Number** | **Number Hispanic** |  | **Multi-Racial** | | | **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/PACIFIC ISLANDER** | 0 | 0 |  | **OTHER MULTI-RACIAL** | | | 0 | 0 |
| **OTHER** | 0 | 0 |  |  | | | 0 | 0 |
|  | | | | | | | | |
| **INFORMATION ON POSITIONS CREATED TO DATE** | | | | | | | | |
| **CLASSIFICATION** | | | | | **TOTAL CREATED TO DATE** | | | |
| **OFFICIALS/MANAGERS** | | | | | 0 | | | |
| **SALES** | | | | | 0 | | | |
| **OPERATIVES (SEMI-SKILLED)** | | | | | 0 | | | |
| **PROFESSIONALS** | | | | | 0 | | | |
| **TECHNICIANS** | | | | | 0 | | | |
| **LABORERS (UNSKILLED)** | | | | | 0 | | | |
| **OFFICE/CLERICAL** | | | | | 0 | | | |
| **CRAFT WORKERS (SKILLED)** | | | | | 0 | | | |
| **SERVICE WORKERS** | | | | | 0 | | | |
| **TOTAL CREATED** | | | | | 0 | | | |

**CDBG JOBS 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**   |  | | --- | | 0 | |

|  |  |  |  |
| --- | --- | --- | --- |
| **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)** |
| **0** | **0** | **0** | **0** |

**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.\*** | | | | | | |
|  |  |  |  | | |  |
|  | Typed Name, Title & Firm/Organization of Report Preparer\* | | |  | Preparer Email Address |  |
|  |  |  |  | | |  |
|  | Typed Name and Title of UGLG Approver as Certification\* |  | UGLG Approver Email Address | | |  |
|  |  |  | MM/DD/YYYY | | |  |
|  | 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 by the UGLG to review and approve this document; and authorizes the Preparer to submit this document 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 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 submitter must copy (‘cc’) the UGLG Approver when emailing it to DEHCR.* | | | | |  |

#### 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* 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 the *Resources* section.

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. 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*.
5. The **final** *CDBG Jobs Project 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. **Email one (1) copy** of the completed *Certification* documents to the assigned DEHCR Project Representative or to [*DOACDBG@wisconsin.gov*](mailto:DOACDBG@wisconsin.gov). Retain the completed Certification Report and Certification Forms in the UGLG’s CDBG project files.