 **Albany LOW/MOD JOB CREATION REPORT**



**City of Albany Community Development Block Grant Program**

**JOB RETENTION/CREATION REPORT**

BUSINESS NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UEI #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Person Completing Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Submit this completed form 6 months after you receive assistance to** **daho@ocwcog.org**

Please call or email Didi Aho if you have questions or need help completing this form. Documentation used to complete this form must be kept for 5 years or provided to Didi at Oregon Cascades West Council of Governments for retention.

1. **Jobs Created or Retained.** Please complete one row for each permanent full-time and part-time position of at least 20 hours/week that **would have been lost without this funding or that was created with this assistance**. (Record rehiring of laid off/furloughed employees as job creation).

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **POSITION TITLE** | Hours per week | Hire or Start Date | Is a health care plan offered for this position?**YES or NO** | Is position held by low-or moderate-income person (based on employee certification)?**YES or NO** | Special skills were not a prerequisite of the job, or training was provided.\*\***YES or NO** | Were reasonable steps\*\* taken to ensure LMI persons received first consideration for filling this position?**YES or NO** |
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\*\*Created or retained jobs are only considered to be ***available to low-to moderate-income (LMI) persons*** when:

* + Special skills that can only be acquired with substantial training or work experience or education beyond high school are not a prerequisite to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
	+ The business takes actions to ensure that LMI persons receive first consideration for filling such jobs.

**Job Retention:** I certify that the above positions were threatened by layoff, out of area relocation, were laid off, or it was a vacant position that our business could not fill if it wasn’t for Community Development Block Grant (CDBG) funded business assistance services. Initial: \_\_\_\_\_\_\_

**Job Creation:** If this job is not held by a low or moderate-income person, I certify that I took reasonable action to ensure that low to moderate income persons received first consideration for filling this position. I also certify that this job is reasonably expected to turn over to a low or moderate-income person within six months. Initial: \_\_\_\_\_\_

1. **RACE AND ETHNICITY – using the employee certification forms** please add up the number of employees that are in each race and ethnicity category and provide these amounts in the table below.

|  |  |  |
| --- | --- | --- |
| # Employees | Race | **Ethnicity:** **Hispanic? Y or N** |
|  | American Indian/Alaskan Native  |  |
|  | American Indian/Alaskan Native & Black/African American |  |
|  | Black or African American  |  |
|  | Asian  |  |
|  | Native Hawaiian or Other Pacific Islander |  |
|  | American Indian/Alaskan Native & White |  |
|  | White |  |
|  | Black or African American & White |  |
|  | Asian & White |  |
|  | Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

1. Number of FTE That were unemployed prior to taking the position (if known): \_\_\_\_\_\_\_\_\_\_\_

**CERTIFICATION: I certify that the above information is accurate and subject to verification by government officials.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of Business Owner or Authorized Representative Date Signed