



Community Development Block Grant - Job Creation/ Retention Certification Form – PART A (Employer Section)

Employer Information:

Employer's Name:

Company's Name:

Address:

Job Creation/ Retention Information*:

Position Title	Activity type (Select one)	Position	# hours per month	If new hire, was the employee unemployed prior to hiring?	If existing position Hire Date/ Start Date	Annual Gross Income
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Job Creation (new position) <input type="checkbox"/> Job Retained (existing position)	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		<input type="checkbox"/> Yes <input type="checkbox"/> No		

* Each position will need to complete Section B

Job Retention: I certify that due to COVID-19 this position was threatened by layoff, out of area relocation, 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. I also certify that the job is held by a low or moderate income person, or it will convert to a low moderate income job within the following six months and steps will be taken to ensure that the job will be filled by or made available to a low or moderate individual.

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:

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

By executing this certification, I acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section

Signature of Company Representative _____ Date Signed _____

Sub-Grantee Section:

I certify that this document has been verified as a part of the CDBG Small Business Assistance Program on behalf of awardee, City/ County Initial:

By executing this certification, I acknowledge and understand that Title 18 United States Code Section 1001: (1) makes it a violation of federal law for a person to knowingly and willfully (a) falsify, conceal, or cover up a material fact; (b) make any materially false, fictitious, or fraudulent statement or representation; OR (c) make or use any false writing or document knowing it contains a materially false, fictitious, or fraudulent statement or representation, to any branch of the United States Government; and (2) requires a fine, imprisonment for not more than five (5) years, or both, which may be ruled a felony, for any violation of such Section

Sub-grantee Organization:

Sub-grantee's officer name:

Signature of Sub-grantee's officer: _____ Date Signed: _____



**Community Development Block Grant - Job Creation/ Retention Certification
Form – PART B**

This is a confidential form to be used for reporting job creation/retention monitoring purposes only for Business Oregon. This must be completed 6 months after the grant is received by Employer. ***Complete one (1) form for each job created or retained and attach most recent payroll for documentation for each employee retained.***

EMPLOYEE SECTION:

Employee Name:
Street Address:
Telephone #:

Position Title:
City, State & Zip:

Race/Ethnic Origin: Check one race and if the employee's ethnicity is Hispanic/Latino.

Race/ Ethnicity					
White	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>	Asian and White	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>
Black/African American	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>	Black/African American AND White	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>
Asian	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>	American Indian/Alaskan Native AND Black/African - American	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>
American Indian or Alaskan Native	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>	Other Multi-Racial	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>
Native Hawaiian/ Other Pacific Islander	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>			
American Indian or Alaskan Native and White	<input type="checkbox"/>	Hispanic/ Latino <input type="checkbox"/>			

Income Status: Find the size of the employee's family on the grid below, then check the family size in the row that applies to the employee's family.

Check the appropriate box for your household size:

Household size 1

Check the appropriate box for your household's annual total gross income *before taxes* for the most recent tax reporting year.

	Annual Gross Income		Annual Gross Income
	\$0 to \$27,050		\$41,751 to \$44,800
	\$27,051 to \$30,900		\$44,801 to \$47,900
	\$30,901 to \$34,800		\$47,901 to \$51,000
	\$34,651 to \$41,750		\$51,000 or more
	\$44,801 to \$47,900		

Note: Using Table D within the most current CDBG Method of Distribution, the household income figures **must be updated for the county** in which the project occurs.

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Signature of Company Representative _____ Date Signed _____

Sub-Grantee Section:

I certify that this document has been verified as a part of the CDBG Small Business Assistance Program on behalf of awardee, City/ County

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Sub-grantee Organization:

Sub-grantee's officer name:

Signature of Sub-grantee's officer: _____ Date Signed _____