

EMPLOYEE CREATION/RETENTION CERTIFICATION FORM

Please provide information with regards to the employee(s) whose job will be retained or created with funds provided by this CDBG Grant.

Business Name _____

Employee Name: _____		Title/Position _____		Grant funds will: Create		Retain	
Employee was unemployed due to COVID 19 prior to City Grant Assistance: Yes <input type="checkbox"/> No							
Full Time Position: <input type="checkbox"/>		Part Time Position: <input type="checkbox"/>		Current Hours per week _____		Current Hourly Rate \$ _____	
Employee Race: White		Asian		Native Hawaiian/ Other Pacific Islander		Black/African American	
American Indian/Alaskan Native		Multi-Racial		Is Employee Hispanic/Latino: Yes		No	

Employee Name: _____		Title/Position _____		Grant funds will: Create		Retain	
Employee was unemployed due to COVID 19 prior to City Grant Assistance: Yes <input type="checkbox"/> No							
Full Time Position:		Part Time Position:		Current Hours per week _____		Current Hourly Rate \$ _____	
Employee Race: White		Asian		Native Hawaiian/ Other Pacific Islander <input type="checkbox"/>		Black/African American	
American Indian/Alaskan Native <input type="checkbox"/>		Multi-Racial <input type="checkbox"/>		Is Employee Hispanic/Latino: Yes		No	

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Add additional pages if necessary.