



THE FOLLOWING INFORMATION IS REQUIRED FOR APPLICATION TO THE SMALL BUSINESS STABILIZATION GRANT OFFERED BY THE CITY OF ANACORTES TO ASSIST SMALL BUSINESSES AFFECTED BY THE COVID 19 PANDEMIC. THE FOLLOWING CERTIFICATIONS ARE REQUIRED IN ORDER TO QUALIFY. TWO SEPARATE CERTIFICATIONS ARE INCLUDED AND WILL BE COMPLETED BY EITHER THE EMPLOYEE WHOSE POSITION WILL BE RETAINED OR BY THE EMPLOYER FOR POSITIONS THAT WILL BE CREATED WHEN BUSINESSES RESUME OPERATION AFTER SOCIAL DISTANCING REQUIREMENTS ARE REDUCED.

EMPLOYEE INCOME CERTIFICATION

**JOB RETENTION/CREATION
INTAKE FORM**

DATE: _____

EMPLOYEE: _____

JOB TITLE: _____

Please provide the information requested on this form so that we can verify to the City of Anacortes CDBG Manager that your employment here is achieving the goals of the COVID19 Small Business Stabilization Grant Program. The information will be kept **confidential** and will be available only to a limited number of city personnel and representatives of the United State Department of Housing & Community Development (HUD). This information is required in order for the business to qualify for the federal grant assistance.

Thank you.

STEP 1: Provide your gross annual income for the past year \$_____. Please include all income from any other sources including the following and provide supporting documentation for verification:

Salary/Wages	Bonuses/Incentives	Commissions/Tips
Interest/Dividends	Grant Repayments	Unemployment Compensation
Rent (as Landlord)	Reverse Mortgage	Court Settlement
Self-Employment Draw	Social Security Survivors Benefit	Annuities
Alimony	Disability/Long Term Insurance	401(k)/403(b) Plans

Social Security Disability	Military Pension	VA Disability Benefits
Workers' Compensation	Union Pension or Disability	Deferred Compensation
Pension/Profit- Sharing	Other (specify):	Social Security/Retirement
Military Pension	Keogh/IRA Plans	

STEP 2: A. PLEASE INDICATE YOUR RACIAL GROUP

Ethnic Category	Total Persons	#Also Hispanic
White		
Black/African American		
Asian		
American Indian/Alaskan Native		
Native Hawaiian/Other Pacific Islander		
American Indian/Alaskan Native and White		
Asian and White		
Black/African American and White		
American Indian/Alaskan Native and Black/African American		
Other Individuals Reporting more than One Race		

B. SEX: MALE FEMALE

C. ARE YOU A FEMALE HEAD OF HOUSEHOLD?

Yes; No

D. ARE YOU A PERSON WITH A DISABILITY?

Yes; No

STEP 3: PLEASE COMPLETE.

EMPLOYEE NAME (Printed): _____

SIGNATURE: _____ DATE: _____



EMPLOYER JOB RETENTION/CREATION CERTIFICATION

In the event you do not have a current employee base that will return to work when business resumes operation as before the COVID-19 pandemic (and therefore do not have access to actual income information for the employees), Employers must certify they will make every effort to provide job opportunities to low to moderately low income persons.

APPLICANT STATEMENT: I/We understand that the City of Anacortes Small Business Stabilization Grant is funded through the Housing & Urban Development Department of the federal government and is based upon retention/creation of jobs for low to moderately low-income persons (L/M income persons). I/We understand that this funding will provide a public benefit of retaining or creating permanent full time positions pursuant to 24 CFR 570.209. I/We understand that in order to qualify for this funding, retention/creation of jobs for no less than 51% of the employee base must be held by L/M income persons, in accordance with 24 CFR Part 570.208(a)(4), as provided below.

I/We will document which jobs were actually created and retained, whether each such job was held by, taken by, or made available to a L/M income person, and the full-time equivalency status of each job. I understand that the information I/We provide may be subject to further verification by the City of Anacortes and I/we may be required to provide the information to verify this data (e.g. payroll records, tax fillings, bank account statements, etc.). I/We therefore authorize such verification and I/We will provide the supporting documentation, if necessary.

I hereby certify that I/We have read the requirements as listed below in 24 CFR Part 570.208(a)(4), I/We understand the requirements, and will take actions to ensure that L/M income persons receive first consideration for filing jobs.

SIGNATURE: _____ **Date:** _____

Name (please print): _____

Title (please print): _____

Business Name: _____

24 CFR Part 570.208 (a)(4)

Jobs that are not held (filled) by L/M income persons may be claimed to be “available to” L/M income persons *only* when *both* of the following are met:

Neither special skills that can only be acquired with substantial (i.e., one year or more) training or work experience nor education beyond high school is a prerequisite to fill such jobs (or the business nevertheless agrees to hire unqualified persons and train them); and

The grantee and/or the assisted business takes actions to ensure that L/M income persons receive “first consideration” for filling such jobs.

Principles involved in providing “*first consideration*”:

The business must use a hiring practice that under usual circumstances would result in over 51% of L/M income persons interviewed for applicable jobs being hired,

The business must seriously consider a sufficient number of L/M income job applicants to give reasonable opportunity to fill the position with such a person, and

The distance from residence and availability of transportation to the job site must be reasonable before a particular L/M income person may be considered a serious applicant for the job.

In counting the jobs to be used in the calculation for determining the percentage that benefit L/M income persons, the following policies apply:

Part-time jobs must be converted to full-time equivalents (FTE) (e.g., a job that will require only working half time would count as only one-half a job);

Only permanent jobs count; temporary jobs may not be included;

Seasonal jobs are considered to be permanent for this purpose only if the season is long enough for the job to be considered as the employee’s principal occupation;

All permanent jobs created or retained by the activity must be counted even if the activity has multiple sources of funds; and

Jobs indirectly created or retained by an assisted activity (i.e., “spin off” jobs) may not be counted.

The **program records also must document** which jobs were actually created and retained, whether each such job was held by, taken by, or made available to a L/M income person, and the full-time equivalency status of each job.

Job Creation

Held by:

With respect to jobs which will be held by L/M income persons, the records must show:

A listing by job title of the specific jobs to be created,

A listing by job title of the jobs filled,
The name and income status of the person who filled each position, and
The full-time equivalency status of the jobs.

Available to:

Where the job was not taken by a L/M income person, but the grantee nevertheless wants credit based on the job being made available to L/M income persons, the records must show:

The title and description of the jobs made available, and the full-time equivalency status of the job at that time;

The prerequisites for the job; special skills or education required for the job, if any; and the business commitment to provide needed training for such jobs (and the training that the business provided to the L/M income person hired, if applicable); and

How first consideration was given to L/M income persons for the job, such as:

the name(s) of the person(s) interviewed for the job and the date of the interview(s), and
the income status of the person(s) interviewed.

THANK YOU!