CDBG(CV) JOB CREATION/RETENTION REPORT

INSTRUCTIONS

HUD regulations require that the Pennsylvania Department of Community and Economic Development (DCED) document all jobs created and retained using Community Development Block Grant funds. This form will assist DCED in fulfilling federal requirements in the reporting of these items. Grantees are to submit the reports to DCED within thirty (30) days after each 6- month reporting period. The uniform 6-month reporting period ending dates of June 30 and December 31 will be used for all projects.

Please follow the instructions below:

1. **NAME OF THE PERSON COMPLETING THE FORM**. Indicate the name of the person who completes the form. This person must be the local government contact person.

2. **GRANTEE**. Indicate the name of the borough, township, city, or county which received CDBG funds.

3. **TELEPHONE NUMBER**. Enter the telephone number of the person completing this form.

4. **BUSINESS**. Enter the name of the firm receiving CDBG assistance.

5. **DATE.** Enter the date the job creation/retention report was completed.

(A) EMPLOYEE JOB CATEGORY

Grantees must account for all jobs created and or retained. For each job retained or created, indicate the title of the job in the job category space as noted in the approved hiring schedule from the application. In the name field, enter the name of the hired/retained person for that position. Indicate the month, date, and year of hire/ retention.

If a new person is hired for that position, place their name in the second name slot. Indicate the date of termination for the first person and in the appropriate name space, indicate the date of hire for the second employee. If the second person terminates, indicate the date of termination. When the third person is hired for this position, indicate such in the appropriate name space and the date of hire.

Continue this process for all hired and or retained employees.

Positions or job titles which were listed as numbers 1, 2, etc., must remain the same on all future reports. Employees may change; however, the job title must remain constant throughout the reporting period.

(B) FULL-TIME EQUIVALENTS (FTEs)

Under the HPW designation, or hours per week, enter the number of hours this employee works per week.

Under WPY designation, or weeks per year, enter the number of weeks per year this employee works.

(C) FAMILY SIZE

Indicate the number of persons in this employee's family at the time of hire/retention.

(D) INCOME LEVEL

To complete this section of the form, consult the current CDBG Income Limits found on DCED website.

To determine the applicable income limit, locate the county which is the employee's permanent place of residence, and the number of persons in this employee's family. Locate the number where the employee's household income, prior to accepting this job, intercepts the number of persons in the household.

If the employee's previous income prior to accepting or retaining this job is HIGHER than this number, then this employee is NOT a low moderate-income person. Enter a check under H.

Complete this process for each employee who has been hired/retained because of Community Development Block Grant Funds.

(E) CREATED/RETAINED POSITION

Enter a check under the C column if the position was created. Enter a check under the R column if the position was retained.

(F) EQUAL OPPORTUNITY INFORMATION

Indicate the sex of the employee. If the employee is a male, place a check in the column M. If the employee is a female, enter a check under the column F.

If the employee is a female and is the head of the household, enter a check in the column FH. If the employee is not a female head of the household, leave this column blank.

Indicate the race of the person by checking the appropriate column.

Race Category Abbreviation	Race Category
W	White Not Hispanic
B	Black/African American
A	Asian
AI	American Indian/Alaska Native
N	Native Hawaiian/Other Pacific Islander
AI&W	American Indian/Alaskan Native and White
A&W	Asian and White
B&W	Black/African American and White
AI&B	American Indian/Alaskan Native and Black/African American
O	Other

Indicate whether the employee is Hispanic by answering yes or no.

In the column D, indicate if the employee is disabled, with a check. If the employee is not disabled, please leave this column blank.

JOB CREATION/RETENTION REPORT FORM

Signature of Person Completing Form: _____

Person Completing Form: **Grantee:** **Date:**

Telephone: **Email:** **Business:**

	(A) Employee Job Category	Hire Date	End Date	(B) FTE		(C) Family Household Size	(D) Income		(E) Job		(F) EEO														
											Sex		FH	D	Race Category									Hispanic	
				HPW	WPY		H	L	C	R	M	F			W	B	A	AI	N	AI & W	A& W	AI &B	O	Y	N
Job Category Title: Enter Title of Job Created or Retained																									
1	Enter Name of First Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
2	Enter Name of Second Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
3	Enter Name of Third Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
Job Category Title: Enter Title of Job Created or Retained																									
1	Enter Name of First Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
2	Enter Name of Second Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
3	Enter Name of Third Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			

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	(A) Employee Job Category	Hire Date	End Date	(B) FTE		(C) Family Household Size	(D) Income		(E) Job		(F) EEO														
											Sex		FH	D	Race Category									Hispanic	
				HPW	WPY		H	L	C	R	M	F			W	B	A	AI	N	AI & W	A& W	AI &B	O	Y	N
Job Category Title: Enter Title of Job Created or Retained																									
1	Enter Name of First Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
2	Enter Name of Second Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
3	Enter Name of Third Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
FOR DCED USE ONLY:		**Subtotal**																							
		Total																							

JOB CREATION/RETENTION REPORT FORM

(A) Employee Job Category		Date Hired	Date Term	(B) FTE		(C) Family Household Size	(D) Income		(E) Job		(F) EEO														
											Sex		FH	D	Race Category									Hispanic	
				HPW	WPY		H	L	C	R	M	F			W	B	A	AI	N	AI & W	A& W	AI &B	O	Y	N
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JOB CREATION/RETENTION REPORT FORM

	(A) Employee Job Category	Hire Date	End Date	(B) FTE		(C) Family Household Size	(D) Income		(E) Job		(F) EEO														
											Sex		FH	D	Race Category									Hispanic	
				HPW	WPY		H	L	C	R	M	F			W	B	A	AI	N	AI & W	A& W	AI &B	O	Y	N
Job Category Title: Enter Title of Job Created or Retained																									
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2	Enter Name of Second Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
3	Enter Name of Third Hire	Enter date.	Enter date.	Enter hours per week	Enter weeks per year	Enter #																			
FOR DCED USE ONLY:		**Subtotal**																							
		Total																							