



CDBG-CV BUSINESS FORMS

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CDBG CV Application

Required Business Documents

In order to accurately assess the total grant funding needed for your community, each business owner will need to complete form C-2 Project Low and Moderate Income Benefit Form (Jobs Retained). Instructions for the form are included. Special attention should be given to item #2 in the instructions regarding full time equivalent (FTE) basis. A business must accurately report the number of FTE employees, as proof may be required later in the process. The number of LMI employees is determined by having each employee complete the State of Kansas Department of Commerce Employee Certification form. **This form does not have to be completed at this time, but each business owner should make an attempt to evaluate each employee's status.** The number of LMI employees of each business must be reported accurately and each employee should be prepared to provide proof of their household income if an official asks for it in the future.

Included in this packet are the following documents:

Instructions for Filling Out Form C-2. Project Low and Moderate Income Benefit Form (Jobs Retained)

Form C-2. Project Low and Moderate Income Benefit Form (Jobs Retained)

State of Kansas Department of Commerce Employee Certification Form

INSTRUCTIONS FOR FILLING OUT

C-2. Project Low- and Moderate-Income Benefit Form

Low- and Moderate-Income Benefit forms will have to be submitted for the group of “Jobs Retained.”

Instructions: Name of applicant is the BUSINESS NAME AND CITY.

For Example: Rudy's Pizza - Lawrence

1. Job Title/Classification: The Applicant should provide a brief job title or classification for the jobs that will be created or retained during the course of this project, e.g., welders, assemblers, maintenance supervisors and shipping clerks.
2. Number of Jobs Created/Retained: For each job title/classification, indicate the number of jobs that will be created or retained on a full-time equivalent basis. Based on a 40-hour work-week, jobs are converted into FTE status by dividing the number of hours worked by 40: For example, a job that provided 30 hours of work would be listed as .75 FTE ($30/40 = 0.75$).
3. Number of Jobs Counted as LMI: Provide the number of jobs included in Column 3 which are to be counted as jobs for low- and moderate-income individuals (see Section 4.0 and Appendix A).
4. Salary Level: Indicate the entry level hourly wage or salary for each job classification listed in the first column. This can be expressed as an annual salary or an hourly wage as appropriate.

NOTE: All applicants retaining jobs will be asked to provide Employee Certification Forms verifying that LMI requirements are met for the retained jobs (a sample form is included in this booklet)

THIS WILL NOT BE REQUIRED UNTIL AFTER FUNDING, BUT EMPLOYERS MUST ASSESS EACH EMPLOYEES HOUSEHOLD INCOME TO ENSURE THAT THEY ARE ELIGIBLE FOR THIS GRANT.

C-2. Project Low- and Moderate-Income Benefit Form (Jobs Retained):

Name of Applicant: _____

[illegible]

**STATE OF KANSAS
DEPARTMENT OF COMMERCE
EMPLOYEE CERTIFICATION FORM**

Name of Company: _____	Project #: <u>Holton</u>
Date Employed: _____	

Family Income-Total income from all family members during the prior year from all sources. This includes but is not limited to wages, salary, interest, dividends, royalties, and farm income.

In the left column below, check off the box that indicates your family size. Using the income limits on the line corresponding to your family size, check off the appropriate income box on the right side.

FAMILY SIZE	Section 1: INCOME LIMITS			
	A (30%)	B (50%)	C (80%)	
1 <input type="checkbox"/>	<u>16,350</u> TO	<u>27,200</u> TO	<u>43,550</u>	<input type="checkbox"/> Income below Column A <input type="checkbox"/> Income between Column A & B <input type="checkbox"/> Income between Column B & C <input type="checkbox"/> Income Above Column C
2 <input type="checkbox"/>	<u>18,650</u> TO	<u>31,100</u> TO	<u>49,750</u>	
3 <input type="checkbox"/>	<u>21,720</u> TO	<u>35,000</u> TO	<u>55,950</u>	
4 <input type="checkbox"/>	<u>26,200</u> TO	<u>38,850</u> TO	<u>62,150</u>	
5 <input type="checkbox"/>	<u>30,680</u> TO	<u>42,000</u> TO	<u>67,150</u>	
6 <input type="checkbox"/>	<u>35,160</u> TO	<u>45,100</u> TO	<u>72,100</u>	
7 <input type="checkbox"/>	<u>39,640</u> TO	<u>48,200</u> TO	<u>77,100</u>	
8+ <input type="checkbox"/>	<u>44,120</u> TO	<u>51,300</u> TO	<u>82,050</u>	

RACE/ETHNICITY & DISABILITY STATUS

Do you have a handicap or disability? ☐ Yes ☐ No

Are you Hispanic? ☐ Yes ☐ No

Are you a female head of household? ☐ Yes ☐ No

<u>RACE</u>	
<input type="checkbox"/> White	<input type="checkbox"/> American Indian/Alaskan Native & White
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Other

Does your employer offer a health care plan for this job? ☐ Yes ☐ No

Were you unemployed before taking this job? ☐ Yes ☐ No

To the best of my knowledge, the above information is true and can be verified if requested by proper officials of the city/county or the State of Kansas. I also certify that I am authorized to work in the United States and can produce evidence of work authorization.

Job Title	Date
Print Name	Signature Required



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