



Launch Lewis Job Creation Requirements

Per NYS CDBG Microenterprise Program

Activities funded under the NYS CDBG Program must primarily benefit low- and moderate-income persons, aid in the prevention or elimination of slums or blight or meet community development needs having a particular urgency. Most economic development activities are undertaken for the purpose of job creation or retention where at least 51% of the jobs are either taken by, or made available to, low- and moderate-income persons. Jobs are counted on a full time equivalent (FTE) basis.

In order to fulfill the requirement of "creating a full-time job to be made available to low-to-moderate" income individuals, per NYS CDBG and the Launch LC program, you must do the following:

- Create a new, full-time equivalent, 37.5 hour per week position
- Position must be entry level (must not require special skills of any kind)
- Submit job description with final application and your plan on how you will advertise and conduct interviews
- Upon being awarded a Launch LC Grant:
 - Post the job in a public place (newspaper) and submit proof of where it was posted
 - List the position with the [Lewis County WorkPlace](#)
 - Fill out [interview log](#) (attached) when conducting interviews and have each applicant fill out [family income form](#) (attached)
 - This shows that you are making an effort to "make the job available to" a low-to-moderate income individual
 - Must show proof of hiring in order to submit for grant reimbursement
 - Submit quarterly reporting

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Grant Program
**BROUGHT TO
YOU BY**



1. Columns A-F - For each position to be created, fill in job title, brief description, job requirements, hours/week, whether the job offers health benefits, and whether the job has been filled. Note that jobs requiring special skills, certifications, or education are not considered 'made available to' low/moderate income persons
2. Columns G-J are used to document interviews conducted for each of the listed positions. Positions for which interviews are conducted AND that do not have special requirements are considered 'made available to' low/moderate income persons
3. Columns K-M are used for each position that has been filled.
4. Grantee will report on all created jobs in the annual APR, using this log to help distinguish between 'taken by' and 'made available to'. National objective is met if at least 51% of those jobs are held by or made available to L/M persons in the annual APR:

Taken By: Grantee has documentation on file (Family Income Form) demonstrating low/mod status

Made Available to: Job does not require special skills, certifications, or education AND first consideration was given to LMI persons. This is recorded by filling out the 'Interview Log'

Control Number _____

(NAME OF COMMUNITY)
FAMILY INCOME FORM

The employment position for which you are applying has been made available with financial assistance from _____ (Name of Community) using Federal Community Development Block Grant Funding. As a result, the employer is required to obtain the following information:

Name: _____ **Job Title:** _____

Address: _____

INSTRUCTIONS

Determine your family size by counting yourself and each family member who **currently** resides with you within the same housing unit. A family member is a person who is related to you by birth, marriage, or adoption. Circle the appropriate family size below. Next, total the income from all sources received during the last calendar year (January-December) by yourself and each member of your family who **currently** resides with you. Income includes wages, salaries, tips, business income, interest, dividends, the taxable portion of pensions and annuities, IRA distributions, rents, royalties, partnerships, unemployment compensation, and social security; less alimony paid and unreimbursed employee business expenses calculated consistent with IRS Form 2106. Compare this total to the figure listed for the circled family size and indicate whether it is above or below the listed figure by checking the appropriate box.

My Family Income is (check one)

Family Size (Circle)	<30% Median	30-50% Median	50-80% Median	>80% Median
1		_____	_____	
2		_____	_____	
3		_____	_____	
4		_____	_____	
5		_____	_____	
6		_____	_____	
7		_____	_____	
8		_____	_____	

9 or more _____ **Actual Income \$** _____

- Race:** 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 Multi-Racial Hispanic*

Ethnicity

* Hispanic - HUD has designated Hispanic as an ethnic group. A person should be identified as both a member of a racial group and an ethnic group when this ethnic group is selected

- Female Head of Household Elderly Persons Disabled Persons

Currently Employed? Yes or No (circle)

The information provided herein will be confidential and will only be used to provide statistical data required under the Community Development Block Grant program. It is subject to verification pursuant to the rules and regulations of the Office of Community Renewal and the U.S. Department of Housing and Urban Development.

I certify that the information provided herein is true to the best of my knowledge.

Signature _____
Date

NOTICE OF IMPENDING HIRING FOR COVERED JOBS

Fourteen days prior to interviewing for a covered job, this form must be completed and sent to _____ (Name of Community).
 Business DUNS Number _____

JOB TITLE/ EDA JOB CLASSIFICATION	JOB DESCRIPTION	REQUIRED SKILLS/ EDUCATION/EXPERIENCE	HRS/WK	SALARY/WAGE/ HEALTH BENEFITS

To Be Completed By Employer

NOTICE TO BE PUBLISHED IN THE LOCAL NEWSPAPER

_____ (Name of Company) is accepting employment applications for the following positions:
These positions have been made available by the provisions of a grant to _____ from the New York State Office of Community Renewal CDBG. Low-to-moderate income persons as defined by HUD will be given first consideration in hiring. Information can be obtained at _____ (company address) or by calling _____ (company phone #).

JOB APPLICANT LIST

Company Name: _____ Job Applicant List Complete Through: _____
Date

APPLICANT NAME	L/M (0)	UNEMPLOYED (yes/no)	STATUS(0)			JOB TITLE * If not hired, state reason for decision
			HIR	PEN	REJ*	

STATUS:
HIR = Hire
PEN = Pending
REJ = Reject

QUARTERLY HIRING REPORT

Company Name: _____

Reporting Period: _____

Page # _____

Job Title	Required skills, Education & experience	Hourly wage or Salary	Hours Per Week	Un-employed (yes/no)	Health Benefits Available (yes/no)	L/M Hired (0)	APPLICANTS CONSIDERED				APPLICANTS HIRED			
							Very Low	Low	Mod	Total	Very Low	Low	Mod	Total