ASSISTED ACTIVITY JOB RETENTION CERTIFICATION FORM 2024

This is a confidential form for reporting job retention for monitoring purposes only for the City of Los Angeles, Economic and Workforce Development Department, Economic Development Division. Effective date: **June 01, 2024**

Residence of City, State & Zip:	Section Information For:	EMPLOYER SECT	ION: To be	e comple	eted by the employer.			
Business Address: Employee Position Information For:	seition Information For: or Employee ID#: a)	Employer/Owner's Nan	ne:		Business Name:			
Employee Position Information For: Employee Name or Employee ID#: This position is: a)	solution Information For: or Employee ID#: a)							
Employee Name or Employee ID#: This position is: a)	or Employee ID#: a)	_			or:			
This position is: a) a New Position an Existing Position b) Full Time (at least 35 hrs per week) Part Time (# of Hours/Week:) Position Title: Job Retention Date: Job Category for this Position: Check One	a) a New Position an Existing Position b) Full Time (at least 35 hrs per week) Part Time (# of Hours/Week:) Job Retention Date:							
b) □ Full Time (at least 35 hrs per week) □ Part Time (# of Hours/Week: □) Position Title: □ Job Retention Date: Job Category for this Position: Check One	Job Retention Date: Yofr this Position: Check One	• •						
Sales Operative (Semi-skilled)	y for this Position: Check One Inager Sales Operative (Semi-skilled) Office or Clerical Laborer (Unskilled) Craft Worker (Skilled) Service Worker position was ☐ threatened by layoff or ☐ out of area relocation could not fill if it wasn't for Community ock Grant (CDBG) funded business assistance services. Inpany Representative Date Signed SECTION: To be completed by the employee. Inpany Representative Amployee. Inpany Re				•	rt Time (# of Hours/W	eek:)	
Sales Operative (Semi-skilled)	y for this Position: Check One Inager Sales Operative (Semi-skilled) Office or Clerical Laborer (Unskilled) Craft Worker (Skilled) Service Worker position was ☐ threatened by layoff or ☐ out of area relocation could not fill if it wasn't for Community ock Grant (CDBG) funded business assistance services. Inpany Representative Date Signed SECTION: To be completed by the employee. y, State & Zip: Origin: Check one in each section. g of the following 10 categories): Or Alaska Native American Indian or Alaskan Native AND White Asian AND White Asian AND White American Black/African-American AND White Or Other Pacific Black/African-American Black/African-American Balance / Other Balance / Other Decline to state SE. Find the size of your family on the grid below, then circle the income level in that row that applies to your current employment. Family Income levels are subject to change by HUD. 2024 CDBG Income Guidelines- Circle the appropriate box: Group 1 SO - \$29,150 SO - \$29,150 SO - \$33,300 \$33,301 - \$55,450 \$0 - \$44,950 \$44,950 \$44,950 \$44,951 - \$44,950 \$48,301 - \$86,000 \$51,601 - \$86,000 \$86,001 - \$137,600 \$119,851 + \$119,851 \$119,851 + \$	Position Title:			Job Retention D	ate:		
Official or Manager Sales Operative (Semi-skilled)	Sales							
Professional Office or Clerical Laborer (Unskilled) Technician Craft Worker (Skilled) Service Worker Loertify that this position was ☐ threatened by layoff or ☐ out of area relocation could not fill if it wasn't for Comm Development Block Grant (CDBG) funded business assistance services. Signature of Company Representative Date Signed EMPLOYEE SECTION: To be completed by the employee. Residence of City, State & Zip: Race/Ethnic Origin: Check one in each section. Race (check one of the following 10 categories): Kace (check one of the following 10 categories): Race (check one of the following 10 categories): Black or African Indian or Alaska Native AND White Black or African American Black/African-American AND White Black or African American Black/African-American AND White Black or Other Balander Black/African-American Black/	Office or Clerical Laborer (Unskilled) Service Worker	Official or Manager		S	ales			
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Development Block Grant (CDBG) funded business assistance services. Date Signed	Date Signed Date	Technician		C	raft Worker (Skilled)	Service Wo	orker	
Residence of City, State & Zip:	SECTION: To be completed by the employee. State & Zip:			ve		Date Si	gned	
Race/Ethnic Origin: Check one in each section. Race (check one of the following 10 categories): Ethnicity (check Hispanic / Latino Not	Origin: Check one in each section. g of the following 10 categories): Ethnicity (check one) or Alaska Native American Indian or Alaskan Native AND White Hispanic / Latino American Black/African American AND White Not Hispanic / Latino American Indian/Alaskan Native AND Black/African-American Decline to state Balance / Other Decline to state 25: Find the size of your family on the grid below, then circle the income level in that row that applies to your current employment. Family Income levels are subject to change by HUD. 2024 CDBG Income Guidelines – Circle the appropriate box: B Group 1 Group 2 Group 3 Group 4 \$77,701 + \$77,701 + \$29,151 - \$48,550 \$48,551 - \$77,700 \$77,701 + \$88,801 +			•				
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Not Hispanic / Late	Asian AND White Black/African American AND White Decline to state	Race (check <u>one</u> of the	e following 1	10 categ	jories):		Ethnicity (check <u>one</u>)	
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American Indian/Alaskan Native AND Black/African-American Black/African-American Decline to state	Second S	Asian		Asia	Asian AND White		Not Hispanic / Latino	
Black/African-American Balance / Other Decline to state	Black/African-American Balance / Other Decline to state	Black or African American		Blad	Black/African American AND White			
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Falsification of a certification form is a violation of federal law and subject to prosecution.								
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			aliun iunn is	a violati	ion or rederal law and Subje	ct to prosecution.		

ASSISTED ACTIVITY JOB RETENTION CERTIFICATION FORM 2024

CONSULTANT SECTION: To be completed by the consultant (if applicable)

I certify services provided by the Consultant directly prevented the loss of jobs and sufficient documentation is included in the Client file.

	Initial:
Select the documentation provided to evidence hardship and ever services:	entual loss of jobs without the assistance of CDBG funded
☐ News article mentioning the business going out of business o	r moving out of the City.
☐ Letter of explanation of current business environment with and loss statement(s) evidencing loses in business income	income not sufficient to meet payroll and current profit
☐ Bank statements evidencing decreasing balances and cha	llenges meeting credit and payroll responsibilities
Business Tax Returns for previous two years evidencing a challenges meeting credit and payroll responsibilities.	decreasing business income thereby creating
☐ Business was affected by the City, County, and State directions assistance helped prevent layoffs.	ctives pertaining to the COVID-19 pandemic and
☐ If other, please specify:	
Agency Name:	Consultant's Name:
Signature of the Consultant	Date Signed