

# ASSISTED ACTIVITY JOB RETENTION CERTIFICATION FORM 2023

*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 15, 2023***

**EMPLOYER SECTION:** *To be completed by the employer.*

Employer/Owner's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_  
 Business Address: \_\_\_\_\_

***Employee Position Information For:***

Employee Name or Employee ID#: \_\_\_\_\_

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: \_\_\_\_\_ Start Date: \_\_\_\_\_

Job Category for this Position: Check One			
Official or Manager		Sales	Operative (Semi-skilled)
Professional		Office or Clerical	Laborer (Unskilled)
Technician		Craft Worker (Skilled)	Service Worker

I certify that this position was  threatened by layoff or  out of area relocation could not fill if it wasn't for Community 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 <u>one</u> of the following 10 categories):		
American Indian or Alaska Native	American Indian or Alaskan Native <b>AND</b> White	
Asian	Asian <b>AND</b> White	
Black or African American	Black/African American <b>AND</b> White	
Native Hawaiian or Other Pacific Islander	American Indian/Alaskan Native <b>AND</b> Black/African-American	
White	Balance / Other	

Ethnicity (check <u>one</u> ):	
Hispanic / Latino	
Not Hispanic / Latino	
Decline to state	

***Income Status:*** Find the size of your family on the grid below, then circle the income level in that row that applies to your family prior to your current employment. Family Income levels are subject to change by HUD.

2023 CDBG Income Guidelines– Circle the appropriate box:				
Family Size	Group 1	Group 2	Group 3	Group 4
1 Person	\$0 - \$26,500	\$26,501 - \$44,150	\$44,151 - \$70,650	\$70,651 +
2 Person	\$0 - \$30,300	\$30,301 - \$50,450	\$50,451 - \$80,750	\$80,751 +
3 Person	\$0 - \$34,100	\$34,101 - \$56,750	\$56,751 - \$90,850	\$90,851 +
4 Person	\$0 - \$37,850	\$37,851 - \$63,050	\$63,051 - \$100,900	\$100,901 +
5 Person	\$0 - \$40,900	\$40,901 - \$68,100	\$68,101 - \$109,000	\$109,001 +
6 Person	\$0 - \$43,950	\$43,951 - \$73,150	\$73,151 - \$117,050	\$117,051 +
7 Person	\$0 - \$46,950	\$46,951 - \$78,200	\$78,201 - \$125,150	\$125,151 +
8 Person	\$0 - \$50,000	\$50,001 - \$83,250	\$83,251 - \$133,200	\$133,201 +

Falsification of a certification form is a violation of federal law and subject to prosecution.

Signature of Employee \_\_\_\_\_ Date Signed \_\_\_\_\_  
 (Signature required for this form to be valid.)

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**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 eventual loss of jobs without the assistance of CDBG funded services:

- News article mentioning the business going out of business or moving out of the City.
- Letter of explanation of current business environment with income not sufficient to meet payroll and current profit and loss statement(s) evidencing losses in business income
- Bank statements evidencing decreasing balances and challenges meeting credit and payroll responsibilities
- Business Tax Returns for previous two years evidencing a decreasing business income thereby creating challenges meeting credit and payroll responsibilities.
- Business was affected by the City, County, and State directives pertaining to the COVID-19 pandemic and Consultant's assistance helped prevent layoffs.
- If other, please specify: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Consultant's Name: \_\_\_\_\_

Signature of the Consultant \_\_\_\_\_ Date Signed \_\_\_\_\_