

EMPLOYER CONFIDENTIAL INFORMATION RELEASE FORM SUMMARY – FFY Income Limits
EMPLOYMENT INCENTIVE PROGRAM – (City/County)
(20% or greater Population in Poverty – Census Tract and/or Block Group)

(City/County) is required by Federal regulation according to the terms of an Employment Incentive Program (EIP) grant agreement to document certain statistical data of persons employed during (Company)'s participation with (City/County)'s Employment Incentive Program (EIP). This form is used to compile statistical data only.

Self-Certification Results

How many employees belong to the following groups (Category)?

(Required)

Category	#Employees
Hispanic	
Non-Hispanic	
Total	

(Required)

Category (Jobs)	#Employees	Total Hours/Week
Full-time LMI		NA
Part-time LMI		

(All jobs presumed to be held by LMI persons)

(Required)

Category	#Employees
Asian	
Asian-Black	
Asian-Pacific Islander	
Asian-White	
Black	
Black-White	
Native American	
Native American-Black	
Native American-White	
Pacific Islander	
White	
Other Multi-Racial (specify)	
Total	

(Required)

Category	#Employees
Officials/Managers	
Professionals	
Technicians	
Sales	
Office/Clerical	
Craft workers	
Operatives	
Laborers	
Service workers	
Total	

Number of jobs with employer sponsored health care benefits: _____

(If applicable)

Category	#Employees
Disabled	
Female Head of Household	

Number unemployed prior to taking jobs created under this activity: _____

AUTHORIZED COMPANY OFFICIAL AND (IF APPLICABLE) GOVERNMENT AGENCY EMPLOYEE ASSISTING WITH CERTIFICATION:

Authorized Company Official:

Date _____ Signature _____ Title _____

(If Applicable)

Authorized Government Agency/Educational Institution _____

Date _____ Signature _____ Title _____