

**EMPLOYER CONFIDENTIAL INFORMATION RELEASE FORM SUMMARY - FFY
EMPLOYMENT INCENTIVE PROGRAM – (City/County)**

Income Limits

(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 the (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	#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	

(If applicable)

Category	#Employees
Disabled	
Female Head of Household	

Number of jobs with employer sponsored health care benefits: _____

Number unemployed prior to taking jobs created by this Company: _____

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 _____

(Required)

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

(Required)

Category (LMI status as a % of Median Income)	#Employees
Extra Low Income (30% or less)	
Low Income (31%-50%)	
Moderate Income (51%-80%)	
Non-LMI (80% or greater)	
Total	

(Required)

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