

# APPENDIX E PUBLIC BENEFIT TRACKING FORM – PROPOSED

## NDR Jobs Tracking Form for Proposed Project

Company Name: \_\_\_\_\_

List all current employee positions on payroll as of grantee funding approval and all proposed new job positions.

Project is Proposing <input type="checkbox"/> JOB CREATION Or <input type="checkbox"/> JOB RETENTION							
	Job Position Title	New, Existing, or Retained Job	Annual Hours	Annual Wages	Full/Part Time	LMI	Proposed Hire Date
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

EXISTING JOB POSITIONS	
Total Full Time	
Total Part Time	
Grand Total Full Time	

PROPOSED NEW HIRE OR RETAINED JOB POSITIONS	
Total Full Time	
Total Part Time	
Grand Total Full Time	

LMI

% LMI
#DIV/0!

I hereby certify under the penalty of perjury that all the information contained in this request for funds (including all supportive documentation) is true and correct. I understand and acknowledge that making false statement on this certification, including any documents submitted in support of it, may result in denial of application for funding.

Signature of Business Owner: \_\_\_\_\_

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

Signature of Jurisdiction Staff: \_\_\_\_\_

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

**Note:** Multiple forms may be required for businesses with lots of employees.

# **APPENDIX E** **PUBLIC BENEFIT TRACKING FORM - FINAL**

## **NDR Jobs Tracking Form for Completed Project**

Company Name:

List all employee positions on payroll, both existing and new hires resulting from NDR funds.

NAICS Code:

Date of Project Completion

Actual  
Date of  
Hire

	Job Position Title	New or Existing Job	Annual Hours	Annual Wages	Full/Part Time	LMI	Actual Date of Hire
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
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21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

**EXISTING JOB POSITIONS**

Total Full Time

Total Part Time

Grand Total Full Time

**ACTUAL NEW HIRE OR RETAINED JOB POSITIONS**

Total Full Time

Total Part Time

Grand Total Full Time

**LMI**

**% LMI**

#DIV/0!

I hereby certify under the penalty of perjury that all the information contained in this form (including all supportive documentation) is true and correct. I understand and acknowledge that making false statement on this certification, including any documents submitted in support of it, may result in repayment of loan funds.

Signature of Jurisdiction Staff: \_\_\_\_\_

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