



Attachment B: Meeting LMJ National Objective

All CDBG-funded activities must meet a CDBG program national objective. The national objective for this program is to retain jobs and/or benefit areas with low-and moderate- income (LMI) persons. To be eligible for this grant, the business must meet the Low Mod Job Creation & Retention (LMJ) criteria. The business meets the national objective if it creates or retains permanent jobs, at least 51 percent of which (computed on a full-time equivalent basis) will be made available to or held by LMI persons, the identified LMI staff reside in an eligible census tract with at least 70 percent LMI persons, OR the business is in an eligible census tract (refer to *Eligibility Checklist* for details) and the job will be located within that same census tract.

Please complete all the information below for the business.

BUSINESS INFORMATION

Business owner name(s): _____

Business name: _____

Total number of current employees: Full-Time: _____ Part-Time: _____

Describe the financial impact that the business is facing that requires grant assistance. The answer should demonstrate how the grant funds will assist the business in creating new job(s) or retaining their staff.

I hereby certify under penalty of perjury that the above information I have provided in this application is true & correct. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature of Participant

Date

DISCLAIMER: The submittal of information herein does not guarantee any award of funding from the City of Rialto or constitute a financial commitment thereof. Grant funds are subject to applicable federal and local funding limitations and the City of Rialto's verification of various eligibility requirements.

SECTION A.1-COMPLETE ONLY IF GRANT FUNDS WILL BE USED TO RETAIN STAFF

INCOME CERTIFICATION

Per HUD requirements the business must demonstrate 51 percent of jobs (computed on a full-time equivalent basis) are retained and/or created and will be made available to or held by LMI persons or that LMI staff reside in an eligible census tract with at least 70 percent LMI persons. **The business is required to have all employed staff complete the Participant Data Form on Pages (4-5) to demonstrate that it meets the LMI requirement.** You will need the information collected from these forms to complete the *Employee Table* below.

EMPLOYEE TABLE

Using the information gathered from the **CDBG Participant Data Form** complete the table below for all staff the business employs. Attach additional sheets if needed.

	Employee Name	Job Title	Hourly Wage	Average Hours Worked Weekly	Frequency of Pay	Household Size
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						

I have attached payroll records/registers as documentation to support the information provided above.

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SECTION A.2-COMPLETE ONLY IF GRANT FUNDS WILL BE USED TO CREATE JOBS

If the business intends to use grant funds to create jobs, please submit the listed documents. If documents are not currently available, the business will need to work with program staff to provide them as they become available.

Documents to Submit

- Job Description
- Applicant Resume(s)
- Job postings (social media, career websites etc.)
- Proof that the business made efforts to make the job available to low-and moderate- income (LMI) persons.
- Once the position has been filled:
 - Resume
 - *CDBG Participant Form* (if filled by LMI person)
 - *Payroll Register/Report & Timecards*

THIS SECTION TO BE COMPLETED BY PROGRAM STAFF ONLY.

Employee Name	Full/Part Time	Frequency of Pay	Average Weekly Hours	Annual Income	LMI?	Income Level

Staff Signature

Date

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City of Rialto CDBG Participant Data Form

The business is required to have all employed staff complete the Participant Data Form

PARTICIPANT INFORMATION

Name			
Address			
Phone Number		<input type="checkbox"/> Home	<input type="checkbox"/> Cell
Job Description	Title:	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time

PARTICIPANT AND HOUSEHOLD BACKGROUND

Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female		
Age	<input type="checkbox"/> 18-24	<input type="checkbox"/> 25-61	<input type="checkbox"/> 62+	
Household Size <i>number of persons living in the same house</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4 <input type="checkbox"/> _____
Total Household Income <i>see chart below</i>	<input type="checkbox"/> Extremely Low	<input type="checkbox"/> Very Low	<input type="checkbox"/> Low	<input type="checkbox"/> Other
Is the head of your household female?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

Total Household Income Chart

1. Find your Household Size.
2. In that row, circle the range where your Total Household Income lies.

FY 2024 Income Limits	Persons in Family							
	1	2	3	4	5	6	7	8
Extremely Low Income 30%	\$21,550.00	\$24,600.00	\$27,700.00	\$31,200.00	\$36,580.00	\$41,960.00	\$ 47,340.00	\$ 52,720.00
Very Low Income 50%	\$35,900.00	\$41,000.00	\$46,100.00	\$51,250.00	\$55,350.00	\$59,450.00	\$ 63,550.00	\$ 67,650.00
Low Income 80%	\$57,400.00	\$65,600.00	\$73,800.00	\$82,000.00	\$88,600.00	\$95,150.00	\$101,650.00	\$108,250.00

ADDITIONAL ELIGIBILITY INFORMATION

Are you disabled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you currently homeless?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Are you a senior?	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Do you receive income from any of these sources?	<input type="checkbox"/> CalWorks	<input type="checkbox"/> CalFresh	<input type="checkbox"/> MediCal	
	<input type="checkbox"/> Social	<input type="checkbox"/> General	<input type="checkbox"/> Other:	

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RACE AND ETHNICITY

RACE <i>check one</i>	HISPANIC ETHNICITY <i>check if yes</i>
<input type="checkbox"/> White	<input type="checkbox"/>
<input type="checkbox"/> Black/African American	<input type="checkbox"/>
<input type="checkbox"/> Asian	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/>
<input type="checkbox"/> Black/African American & White	<input type="checkbox"/>
<input type="checkbox"/> Asian & White	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/>
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/>
<input type="checkbox"/> Other Multi-Racial	<input type="checkbox"/>
<input type="checkbox"/> Decline to State	<input type="checkbox"/>

ACKNOWLEDGMENT AND DISCLAIMER

The abovementioned program is funded, in part, by the U.S. Department of Housing and Urban Development (HUD). HUD monitors the City as to the income and ethnicity of program participants. The information being requested is only for monitoring and auditing purposes, as required by HUD. It is not intended for public dissemination.

This application must be completed and signed by the participant or the participant's legal guardian who seeks to receive benefits from the program listed above. Proof of residence and household income may be requested.

I hereby certify under penalty of perjury that the above information I have provided in this application is true & correct. I acknowledge and understand that the information provided here will be relied upon for purposes of determining my eligibility for this program. I acknowledge that a material misstatement fraudulently or negligently made in this or in any other statement made by me may constitute a federal violation and may result in the denial of my participation in this program.

Signature of Participant

Date