

The _____ (Municipality) hereinafter referred to as the **Grantee**, the _____ (Business), hereinafter referred to as the **Employer**, and the Vermont Department of Labor, hereinafter referred to as the **VDOL**, enter into this Employment Screening Agreement as required by the Vermont Community Development Program, hereinafter referred to as the **VCDP**, Grant Agreement # _____, awarded to the Grantee on <DATE>_____ by the Agency of Commerce and Community Development hereinafter referred to as the **Agency**.

GENERAL

This Agreement is subject to the provisions set forth in the Memorandum of Agreement between the DOL and Vermont Department of Housing and Community Development (DHCD), dated September 4, 1990.

The Grantee, the Employer, and VDOL agree to promote employment opportunities to persons of low and moderate income as defined by the United States Department of Housing and Urban Development and further delineated by the VCDP.

The term "persons of low and moderate income," hereinafter referred to as LMI, refers to persons whose family income does not exceed 80% of the median income of the county in which the VCDP grant was awarded.

At least 51% of the jobs created using VCDP funds must be filled and/or made available to persons of LMI, depending upon the terms and conditions of the applicable Grant Agreement.

To determine if income meets LMI criteria, count the income of all members of the immediate family living in and supporting the same household. Add together the total income for the prior six months and multiply by 2; this is the "annualized" family income. Compare with the median income (adjusted for family size) of the county in which the VCDP grant was awarded. If the amount is less than 80% of the median, then the person is considered to be of LMI (see sample Family Income Statement, Attachment B).

Neither VDOL nor the Grantee will be responsible for the actions of any employee hired as a result of a VDOL referral. The Employer releases the Grantee and VDOL from any liability for employees' actions.

CONTACT INFORMATION

The Grantee's contact person for this Agreement is:

Name: _____

Title: _____

Email: _____

Phone: _____

The VDOL's contact person for this Agreement is:

Name: _____

Title: _____

Email: _____

Phone: _____

The contact person at the VDOL Career Resource Center (CRC) is:

Name: _____

Title: _____

Email: _____

Phone: _____

The Employer's contact person for this Agreement is:

Name: _____

Title: _____

Email: _____

Phone: _____

THE GRANTEE AGREES TO:

1. Notify the VDOL when grant awards have been loaned or sub-granted to employers
2. Coordinate the signing of this Employment Screening Agreement; and
3. Monitor the recruitment process to assure that at least 51% of the jobs are filled by or made available to persons of low and moderate income.

THE EMPLOYER AGREES TO:

Create _____ (enter number) new positions as a direct result of the following VCDP activity:

1. Develop an **Employment Plan (Attachment A)** that provides the following information to the CRC:
 - a. the total number of job openings existing prior to the grant award to employers;
 - b. the total number of job openings;
 - c. specific job titles with description of work to be performed and minimum qualifications;
 - d. the number of employees needed to fill each job;
 - e. anticipated hiring dates and duration of employment;
 - f. part-time or full-time, temporary or permanent;
 - g. rates of pay and hours of work.
2. Ensure that at least _____ (number) of the _____ (number) jobs listed on the Employment Plan will be of appropriate skill and experience level to be offered to persons of low and moderate income, and that at least _____ (%) of these jobs will be filled by and/or made available to persons of low and moderate income as defined by the terms and conditions of the applicable Grant Agreement.
3. Provide to Grantee documentation which records and substantiates the following:
 - a. total number of applicants for the positions listed above;
 - b. the number of applicants found to be of low and moderate income;
 - c. the number of applicants found to be of low and moderate income who were hired;
 - d. race, ethnicity, gender, and handicapped status of applicants and hires as required by HUD.

[NOTE: this will actually be provided by CRC, not Employer]
4. Use the CRC as a source of employee recruitment in order to fill job openings;
5. List all job openings created by the VCDP Grant with the CRC;
6. Notify the CRC regarding the status of referrals (i.e., hired, not hired, reasons);
7. Make all decisions in hiring new employees, but give first consideration to LMI applicants, including those who were referred by the CRC.
8. The Employer understands and agrees that the Agency may request records to verify information.

THE VDOL, through the appropriate CRC, AGREES TO:

1. Provide screening, referral and placement services in accordance with the VCDP Grant Agreement, the MOU, and this Agreement. (The Employer may select and hire from these VCDP referrals or fill the positions directly as long as the agreed to percentage of the openings are filled with or made available, as the case may be, to persons of low or moderate income)
2. Prior to referral, assist the applicant in completing the **Family Income Statement (Attachment B)** to determine if income is above or below 80% of the median for the county in which the VCDP Grant was awarded;
3. Provide the applicant with a Family Income Statement which will be given to the Grantee, and maintain a copy at the CRC;
4. Make available as appropriate, employment and training resources which would include, but not be limited to: Work Opportunities Tax Credits, Workforce Innovation and Opportunities Act activities, bonding, testing services;
5. Notify the Employer of when applicants will be referred and how many will be referred;
6. Track the number of job openings, number of referrals and number of persons hired through the CRC and provide this information to the Agency upon request; and
7. Make available (through the CRC) upon request from the Agency, the Grantee, or the Employer, information regarding the number of applicants determined to be LMI, the number who did not meet the LMI criteria, the number of LMI who were hired, as well as data required by HUD regarding race, ethnicity, gender and handicapped status of applicants and hires.

This agreement will remain in effect during the period of performance of the VCDP Grant or until the MOU between VDOL and DHCD is terminated and may only be amended upon written agreement among all three parties and DHCD.

GRANTEE:

_____/_____/_____
Typed Name and Title Signature Date

EMPLOYER:

_____/_____/_____
Typed Name and Title Signature Date

DEPARTMENT OF LABOR:

_____/_____/_____
Typed Name and Title Signature Date

Employment Screening Agreement - Attachment A

EMPLOYMENT PLAN for GRANT AGREEMENT _____

Employer _____ **Grantee** _____

Employment Category	# F/T Jobs to Be Created	Job Title	Description/Qualifications	Present # Employees
Managerial				
Professional				
Technical				
Sales				
Clerical				
Craftsmen (Skilled)				
Operatives (semi-skilled)				
Laborers (unskilled)				
TOTAL				

Family Income Statement for ECONOMIC DEVELOPMENT PROJECTS

County of		Grant Agreement #/:	
*Name of Assisted Business:			
Human Resources Director:		Phone:	

To retrieve income guidelines for your community please go to <http://www.huduser.org/portal/datasets/il/i118/index.html>. Under Access Individual Income Limit Areas click on the link FY 2018 Income Limits Documentaion, click on the link for FY 2018 IL Documentation, select Vermont from the dropdown then click on select state, select the community you live in, then copy the community's name, median income and then limits under each # of persons and paste them in this form. PLEASE NOTE the income limits from HUD's website are in the following order 50%, 30% and 80%.

To calculate your family income, include the income of all members of your family living in and supporting the same household. Add the total income for the last six months and multiply by two; this is your annualized family income. Choose the row for the number of persons in your household.

FY 2018 Income Limit Area	Median Income	FY 2017 Income Limit Category	Community								Enter FAMILY SIZE Below:
			1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person	
Town of	67,900	Very Low (50%) Income Limits	25,200	28,800	32,400	35,950	38,850	41,750	44,600	47,500	Check box below which indicates the column your family income range falls within: <input type="checkbox"/> 30% of Median Income <input type="checkbox"/> 50% of Median Income <input type="checkbox"/> 80% of Median Income <input type="checkbox"/> Income Above Median Income
		Extremely Low (30%) Income Limits	15,100	17,250	20,780	25,100	29,420	33,740	38,060	42,380	
		Low (80%) Income Limits	40,250	46,000	51,750	57,500	62,100	66,700	71,300	75,900	

Please check all of the following that apply to you:

Other Categories	Racial Categories
<input type="checkbox"/> Over the Age of 62 <input type="checkbox"/> Handicapped/Disabled <input type="checkbox"/> Female Head of Household	<input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black African American <input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Asian and White <input type="checkbox"/> Black African American and White <input type="checkbox"/> Other Multi-Racial

Ethnicity Category: (must be answered in addition to racial identification)

Hispanic or Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture origin, regardless of race)
 Not Hispanic or Latino

Previously were you? Employed Unemployed

Employee/Applicant Name (print) _____

Address: _____

Signed: _____ Date: _____

The information provided is correct to the best of my knowledge. I understand that this information may be verified.

***Your employer is being assisted through the Vermont Community Development Program (VCDP). This form must be completed to comply with Federal and State regulations.**

Vermont Department of Labor

Applicant Information Release Authorization

Vermont Department of Labor

_____ (Agency Name) is hereby authorized to

Release Obtain Obtain and Release Share Mutual **(Check One)**
information regarding _____ (Applicant Name)
to or from the following sources: (Name of agency, physician, clinic, school, etc.)

The purpose of this form:

1. To help the applicant obtain suitable employment and/or training
2. To verify the applicant’s eligibility for employment and training programs
3. To assist the applicant in overcoming barriers, or obstacles to employment and training
4. To authorize exchange of information and case coordination between or among agencies serving the applicant
5. Other:

To assist with reporting employee demographic data related to the Community Development Block Grant obtained to assist with the grant agreement number: 07110-IG-2018-Bolton-16

I have read and have had explained to me the reason for this authorization, and hereby consent to the release and /or disclosure described above.

I further understand that I may revoke my permission for this disclosure or release in writing at any time.

Applicant Signature: _____ Date: _____

Parent’s Signature/Legal Guardian: _____ Date: _____

(If applicant is a minor)