



Department of Economic Development
Division of Business and Community Services

COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM EMPLOYMENT SUMMARY SHEET

SECTION I

Company _____ Date: _____

Grantee: _____ Project No: _____

County: _____

LMI SUMMARY

NUMBER PERSONS IN FAMILY	1	2	3	4	5	6	7	8+
COUNTY LMI LEVEL (insert income limits appropriate to family size.)								
# of EMPLOYEES @ LMI LEVEL* (all persons below the moderate income limit)								

*As noted on the Employment Status Statement, if an employee's income is between Moderate and Low (Between Column B & C), Low and 30% of Median (Between Column A & B) or below 30% of Median (Column A) the employee is considered LMI.

SECTION II

1. Total Current Employees: _____

2. Total Employees (New or Retained) Applicable to This Project: _____

3. Total Employees Filling Out Salary Sheet: _____

(Employees not completing the income form are considered non-LMI)

4. Total # Employees @ LMI Level _____ Or _____ %

5. Total Minorities _____ Total Handicap (Disabled) _____

Total Female Head of Household _____ Total Elderly _____

Total Applicants unemployed immediately prior to position _____

SIGNATURE OF ADMINISTRATOR: _____

Attachments: 1. Current company employee listing, including date of hire, and title.

2. Employment Status Statements for # 3 above