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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GRANTEE INFORMATION** | | | | | | | | | |
|  | | | | | | | | | |
| Local Government Name: | | |  | | | | | | |
|  | | | | | | | | | |
| Project Title: |  | | | | | | Grant Number: | |  |
|  | | | | | | | | | |
| Local Government Contact Completing this Form: | | | |  | | | Title: |  | |
|  | | | | | | | | | |
| Primary Telephone: | |  | | | Email: |  | | | |
|  | | | | | | | | | |

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| **BUSINESS INFORMATION (to be completed by Business)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Name: | |  | | | | | | | | Contact: | | | |  | | | | | | | | Title: | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Business Address: | |  | | | | | | City: | | | |  | | | | | | State: | |  | | | | Zip: | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Telephone: | |  | | | | | | | | | | | | | Email: | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Creation and Maintenance Requirements: Complete the information below and attach the Division of Employment Security NCUI 101 Forms that correspond with the date range identified below.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **•** | Number of existing employees at the time of application (Baseline) as shown in the *Legally Binding Commitment:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **•** | Number of new full-time jobs committed as shown in *the Legally Binding Commitment:* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **•** | Highest number of jobs (new and baseline) maintained for six consecutive months: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **•** | Average annual wage of new jobs: | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
| **•** | Six-month date range that baseline and new jobs were maintained: | | | | | | | | | | | | | | | From | | |  | |  | | To | | |  | |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Benefits Provided? | | | Yes |  |  | No |  | | | |  | | If YES, what percentage of health benefits are employer paid? | | | | | | | | | | | | | | | |  | % |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If benefits provided, list in general the types available. | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | (examples may include pension, dental, vision, etc.) | | | | | | | | | | | | | | | | | | | | | |
| Describe the project’s impact on the business. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **SIGNATURES** | | | | |
|  |  |  |  |  |
| Printed or Typed Name of CEO / CFO or Authorized Business Representative | Signature of CEO / CFO or  Authorized Business Representative | Date |
|  |  |  |
| Printed or Typed Name of Chief Elected Official or Authorized Local Government Representative | Signature of the Chief Elected Official or Authorized Local Government Representative | Date |

**Please e-mail completed form to** [**reireports@commerce.nc.gov**](mailto:reireports@commerce.nc.gov)**.**