|  |
| --- |
|  **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 orAuthorized 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****.**