**Return to Earn Initiative**

**Employer Application and Agreement**

The Bay Consortium Workforce Development Board has been awarded a $171,156 grant from the Commonwealth of Virginia to assist small businesses (fewer than 100 employees) with helping employers provide a hiring bonus of up to $1,000 ($500 match) to cover circumstances that maybe a barrier to employment (child care, transportation, or other barriers to employment). This initiative will match up to $500 per hire up to 25 hires per business that pay either in a lump sum or in installments to offset the ongoing costs of child care, transportation or other barriers to employment. The position must pay at least $15.00 per hour and qualify as a W-2, either full-time or part-time. The source of funding is the US Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act, Title I. Reimbursement is available for allowable hiring bonuses incurred June 1, 2021 – December 31, 2021.

Our region includes Accomack, Caroline, Essex, Fredericksburg, King and Queen, King George, King William, Lancaster, Mathews, Middlesex, Northampton, Northumberland, Richmond, Spotsylvania, Stafford and Westmoreland. Funds are being made available on a first-come-first basis, in order of applications received by jurisdictional basis by Jackie Davis at [jdavis@baywib.org](mailto:jdavis@baywib.org). Questions welcome by email or 804-333-4048 ext. 2.

|  |  |
| --- | --- |
| **Business Name** |  |
| **Business Address** |  |
| **Contact Person** |  |
| **Contact Phone Number** |  |
| **Contact Email Address** |  |
| **Time Period of New Hires** |  |
| **Locality** |  |
| **Industry Sector (2 Digit NAICS)** |  |
| **Number of Employees** |  |

The hiring wage is $15.00 or greater.

I am not currently disbarred from receiving federal or state funds.

I am current on all state obligations.

**Signature and Certification**

BY MY SIGNATURE I VERIFY: (1) THAT THE INFORMATION IN THIS APPLICATION IS ACCURATE TO THE BEST OF MY KNOWLEDGE AND FURTHER, THAT ONLY COSTS INCURRED AFTER MARCH 1, 2020 WILL BE SUBMITTED FOR REIMBURSEMENT FOR ACTIVITES APPROVED IN THIS APPLICATION (2) THAT I HAVE THE AUTHORITY TO SUBMIT THIS APPLICATION ON BEHALF OF THE NAMED BUSINESS AND (3) I CERTIFY THAT THE BUSINESS (CONTRACTOR) IS AWARE OF AND WILL COMPLY WITH THE FEDERAL WORKFORCE INNOVATION AND OPPORTUNITY ACT ASSURANCES AND CERTIFICATIONS THAT ARE POSTED AT THIS SITE, [BCWDB WIOA ASSURANCES AND CERTIFICATIONS](https://vcwbay.com/wp-content/uploads/BCWDB-WIOA-Assurances-and-Certifications-3-25-2020.pdf)AND INCORPARTED HEREIN BY REFERENCE. THESE FUNDS WILL BE RESCINDED AND COLLECTION ACTION WILL BE INITATED IF FUTURE AUDIT ACTIVITY DETERMINES VIOALTION OF ANY TERMS OF THE AGREEMENT, INCLUDING FALSE STATEMENTS.

|  |  |
| --- | --- |
| **Typed Name** |  |
| **Signature** |  |
| **Title** |  |
| **Date** |  |

**Attachment A – Reimbursement Request**

To be reimbursed for the matching funds of the hiring bonus, employer must provide records of employees hired who received funding support through the Return to Earn initiative, including hiring date, hourly wages position title, Full/Part-Time employee, the total amount provided to the employee as an incentive to hire and the time period by employer and what the match funding is being requested.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name | Hire Date | Title | Full/Part-Time | Time Period | Incentive Amount | Incentive Match | Total Incentive |
| Ex. John Doe | 6/1/2021 | Cashier | Full | 30 days | $500 | $500 | $1,000 |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

***For the Bay Consortium Workforce Development Board only:***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Jackie Davis, Executive Director Date

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Reimbursement Amount | Initials Program | Payment Date | Check Number | Initials Fiscal |
|  |  |  |  |  |  |

**Bay Consortium Workforce Development Board**

**Return to Earn Initiative Self-Attestation Form**

|  |  |
| --- | --- |
| **IDENTIFYING INFORMATION** | |
| **Applicant’s Name** |  |
|  | *Last First MI* |
| **Address** |  |
| **City/State/Zip** |  |
| **Application Date** |  |
|  |  |

**I HEREBY CERTIFY UNDER PENALTY OF LAW THAT THE FOLLOWING INFORMATION IS TRUE:**

|  |
| --- |
| * I am currently unemployed |
|  |
|  |
|  |

**I ATTEST THAT THE INFORMATION STATED ABOVE IS TRUE AND ACCURATE, AND UNDERSTAND THAT THE ABOVE INFORMATION, IF MISREPRESENTED, OR INCOMPLETE, MAY BE GROUNDS FOR IMMEDIATE TERMINATION AND/OR PENALTIES AS SPECIFIED BY LAW.**

|  |  |
| --- | --- |
|  |  |
| *APPLICANT’S SIGNATURE and DATE* | *APPLICANT’S PHONE NUMBER* |
|  | |
| *APPLICANT’S ADDRESS* | |
|  | |
| *SIGNATURE OF PARENT/GUARDIAN (if under 18 years old)* | |

The above Self-Certification is being utilized for verification of the following eligibility criteria:

|  |
| --- |
| * Attestation from the individual being hired that they are currently unemployed |
|  |
|  |
|  |

|  |  |
| --- | --- |
| **CERTIFICATION** | |
| I certify that the individual whose signature appears above provided the information recorded on this form. | |
| *Staff Signature/Date* |  |
|  |  |

“The Virginia Career Works Bay Consortium Region is an Equal Opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD: VA Relay Center: 711 or 800.828.1120. This workforce product was 100% supported with U.S. Department of Labor Employment and Training Administration Workforce Innovation and Opportunity Act funds awarded to the Bay Consortium Workforce Development Board by the Virginia Community College System. This does not necessarily reflect the official position of the VCCS or DOLETA.”