



2021 - LINN COUNTY SMALL BUSINESS FIRST-TIME EMPLOYMENT YOUTH WAGE GRANT APPLICATION

OFFICE USE ONLY

Linn County will reimburse Linn County small businesses (35 employees or less) that employ first-time employment youth at a rate of \$4.00/hr for hours worked from May 1 through September 30, 2021. The maximum number of youth any one employer may hire at any one time is three (3) qualifying youth. See Reverse Side for qualifying information.

Application deadline is September 3, 2021 - Reimbursement deadline is November 5, 2021

APPLICANT: (Please Print)

MORE ON REVERSE SIDE

Name of Business: County:

Address, City, Zip: Telephone:

Contact Person: Title:

COMPANY: Corp. Partnership Proprietorship Coop. Other (if other, describe)

FIRST-TIME EMPLOYMENT YOUTH:

1. Date 1st hired: Age: Name: Address: City, Zip: Phone: 3. Date 1st hired: Age: Name: Address: City, Zip: Phone:

BOLI CERTIFICATE MUST BE INCLUDED WITH APPLICATION IF YOUTH IS BETWEEN 14 AND 17 YEARS OF AGE

2. Date 1st hired: Age: Name: Address: City, Zip: Phone:

Have you completed an I-9 for each youth listed? Y N Job Description:

Has applicant or any officer of the applicant been convicted of a crime, in receivership or adjudicated as bankrupt? Yes () No (). If yes, please explain:

REQUIRED INFORMATION:

FED I.D.#

Workers' Comp Provider:

Policy #:

General Business Liability Ins Provider:

Policy #:

AGREEMENT: By signing, I (we) hereby agree:

- All reports and documents related to this grant request are true and accurate to the best of my (our) knowledge. I (we) understand misrepresentation will result in disqualification from the program and forfeiture of any funds received. I (we) have a properly completed Employment Eligibility Verification Form I-9 for each eligible youth hired showing he/she is legal to work in the United States. I (we) certify that this company is in compliance with all State & Federal Labor Laws. I (we) are authorized signatory for the applicant.

By Title Date

By Title Date

MAIL COMPLETED APPLICATION TO:

Linn County Board of Commissioners, PO Box 100, Albany OR 97321; (541) 967-3825; FAX (541) 926-8228



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This application will provide basic information needed to review your grant request. To the extent permitted by O.R.S. 192.502(3), all details will be held in strict confidence.

GRANT QUALIFICATIONS

Linn County, using economic development funds, will reimburse Linn County small business employers (35 employees or less) that employ first-time employment youth **hired on or after May 1, 2021** at a rate of \$4.00/hr for hours worked. The program period runs from May 1 through September 30, 2021. Maximum employer reimbursement per new **employee** will be up to \$2,000; Maximum reimbursement per **employer** can't exceed \$6,000. Each youth employed must be a Linn County resident, at least 14 years of age, but not older than 19. **Youth 14 through 17 must be hired with a Bureau of Labor & Industries permit, include a copy with this application.** The employer will have to certify they are in compliance with all Federal and State youth labor laws (State Board of Labor & Industry {BOLI} rules and regulations). The maximum any one employer may hire at any one time is three (3) qualifying youth.

An employer may **obtain an application** at www.co.linn.or.us or by calling the Linn County Board of Commissioners' Office at (541) 967-3825. The deadline to submit an application is **September 3, 2021**. The application must identify the first-time employment youth by date hired, name, age, home address and phone number. The employer must have on file a properly completed Employment Eligibility Verification Form I-9 for each youth hired showing he or she is legal to work in the United States. Once an employer application is approved, the employer will be required to sign a contract with Linn County stating the terms of the program and what will be expected of the employer to receive reimbursement.

All participating employers will have until **November 5, 2021 to submit a request for reimbursement** of payroll costs at a rate of \$4.00/hr up to \$2,000 per new hire youth for work performed during the program period. Documentation must include payroll stubs indicating the participating youth by name, home address, number of hours worked, and pay per hour. **Reimbursement requests must cover a pay period of at least 30 days or may be made at the time a youth is terminated.** Payment will occur within 30 days of receipt of the request for reimbursement.

To Obtain BOLI Certificate for youth Under 18:

Bureau of Labor & Industries (BOLI)
Child Labor Unit
(971) 673-0836
www.oregon.gov/BOLI/whd/clu

To obtain an I-9 either contact:

Your **CPA** or go to www.uscis.gov



**LINN COUNTY SMALL EMPLOYER
FIRST TIME EMPLOYMENT YOUTH WAGE GRANT - 2021**

Please complete a reimbursement form for each youth.

Employer Name: _____

Employer Address: _____

Participant Name: _____

Participant Address: _____

To receive reimbursement, all information requested on this form will have to be completed and the form returned to the Linn County Board of Commissioners, P.O. Box 100, Albany, OR 97321, with wages paid documentation. If you have any questions in filling out this form, please call the Linn County Board of Commissioners at 541-967-3825. **The deadline to submit a reimbursement form is November 5, 2021.**

Reimbursement requests must cover a pay period of at least 30 days or for the entire program period, or may be made at the time a youth is terminated. Payment will occur within 30 days of receipt of the request for reimbursement.

Wage Reimbursement Information: Maximum employer reimbursement per youth is up to **\$2,000**; maximum reimbursement per employer cannot exceed **\$6,000**. *

Wage Reimbursement Period from _____ through _____

	<u>Hours</u>	<u>\$4.00 per hr.</u>	<u>Total Reimbursement*</u>
Hours Worked:	_____ X	_____ \$4.00	\$ _____

Attach documentation that the declared wages were paid. Examples, pay stub and copy of payroll check, temp employment billing statement w/ copy of payment check.

Employee Employment Information:

- () This employee is still working for your company
- () This employee has been hired into a permanent employment position
- () This employee is no longer working for your company. Their last day worked was: _____

How satisfied were you with this program?

Very Satisfied _____ Satisfied _____ Neutral _____ Dissatisfied _____ Very Dissatisfied _____

Comments: _____

I **certify** this request for wage reimbursement request is true and correct and that my company at all times relative and material to the payroll period stated herein was in compliance with all Federal and State labor laws including youth labor laws and including State Worker Compensation Law (ORS chapter 656) and State Board of Labor and Industry (BOLI) rules and regulations. I certify that the information on the employee's INS I-9 form in my file is current and correct and may be inspected by the County at any time. Employer understands and agrees that by signing a certification, the employer represents that it is addressing, as may be required, any Social Security "no-match" letters received by the Employer.

Employer Signature _____ Date _____

MAIL COMPLETED FORM TO: Linn County Board of Commissioner, PO Box 100, Albany, OR 97321