

BUSINESS HIRING INCENTIVE PROGRAM

Dear Employer,

The Mayor's Office of Workforce Development and DESI – The Northside Workforce Center (NWC), has partnered to offer you an incentive to partner with us for your hiring needs. This effort was brought together to motivate the hiring and promote retention of individuals living in the Chicago-land area. Through this program, we offer to assist the employer by paying half of an employee's salary for the first twelve weeks of employment. To qualify for this program, the employer must meet following criteria:

- 1) The work must take place within the **Chicago City Limits**
- 2) The work activity must be in a safe environment
- 3) The employer must have an Employer Identification Number
- 4) Maximum placement of 15 individuals
- 5) Must be Full Time Employment (Not Seasonal)
- 6) Minimum Wage of **\$9** per hour
- 7) Access to same insurance, wages and benefits as other entry level employees in the same or similar title.

As professionals, we recognize how busy you may be, so the process of becoming a partner and receiving your funds has been made simple. You must complete the documents provided by the NWC showing that you agree with the criteria as stated above. NWC will verify that the new hire meets the qualifying criteria set by the Mayor's Office. A time sheet must be sent to the center at the end of the 12 weeks and a check will be sent directly to your Payroll Department. Really, it's just that simple.

If you feel this program would benefit your company and you would like to learn more about it, please contact the following representative from DESI's Northside Workforce Center.

Corey Person
Business Relations Manager
4740 N. Sheridan
Chicago, IL 60640
773-334-4747 x 227
773-334-9771 Fax

Northside Workforce Center
4740 North Sheridan Road
Chicago, IL 60640
773/ 334-4747
773/ 334-9745 (Fax)

Garfield Career Center
10 South Kedzie
Chicago, IL 60624
773/722-3885
773/ 722-4943 (Fax)

Mid-South Center
715 E. 47th St.
Chicago, IL 60653
773/538-5627
773/ 528-8849 (Fax)

Pilsen
1657 S. Blue Island Ave.
Chicago, IL 60608
773/ 243-5100
312/ 243-7810 (Fax)

Southwest Center
7500 S. Pulaski Rd., Bldg 100
Chicago, IL 60652
773/ 884-7000
773/ 838-7810 (Fax)

Westside Center
3500 W. Grand Ave.
Chicago, IL 60651
773/227-7117
773/ 227-0319 (Fax)



Mayor Daley's

WorkNet
Chicago

Mayor's Office of Workforce Development



Mayor Daley's WorkNet Chicago Business Hiring Incentive Program (BHIP) Participant Enrollment Form

I. Enrollment and eligibility information should be completed before employment start date. (Please print or type)

Social Security# _____ - _____ - _____	Application Date: _____	
Last Name: _____	First Name: _____	M.I. _____
Address: _____		Zip code: _____
Telephone#: (_____) _____ - _____	Date of Birth: _____ / _____ / _____	
Ward: _____	Gender: _____	male female
Agency Referral: Yes _____ No _____ Agency name: _____		
Reverse Referral: Yes: _____ No: _____ Employer Referral: Yes _____ No _____ (Referral sections on page 2):		

II. Eligibility Criteria and Characteristics

Targeted Population Characteristics: <input type="checkbox"/> Ex-Offender <input type="checkbox"/> TANF Recipient <input type="checkbox"/> CHA Resident <input type="checkbox"/> Person with Disability <input type="checkbox"/> Veteran <input type="checkbox"/> Limited English proficient <input type="checkbox"/> Resident of High Poverty Zone <input type="checkbox"/> Homeless <input type="checkbox"/> Other barriers not identified but approved by MOWD	Enrolled in other Primary Workforce Development or Human Services Program: <input type="checkbox"/> WIA Adult <input type="checkbox"/> WIA Youth <input type="checkbox"/> MOWD Corporate Funded Program Name: _____ <input type="checkbox"/> CHA <input type="checkbox"/> CDBG <input type="checkbox"/> Other _____	Race/Ethnicity: <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other/Multiracial _____
Primary Source of Income: <input type="checkbox"/> TANF <input type="checkbox"/> SSI/SSA <input type="checkbox"/> Foster Child (18 & over) <input type="checkbox"/> Homeless Individual <input type="checkbox"/> Link Card Recipient <input type="checkbox"/> Family Support <input type="checkbox"/> Support by someone else (non relative) <input type="checkbox"/> Earned Income <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> Other _____	Record Total Family Earned Income: \$ _____ Family Size: _____ Family Status: <input type="checkbox"/> Single <input type="checkbox"/> Head of Household <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow/Widower	Supportive Service Needs: <input type="checkbox"/> Transportation <input type="checkbox"/> Child Care <input type="checkbox"/> Domestic Violence Services <input type="checkbox"/> Housing Assistance <input type="checkbox"/> Health Services <input type="checkbox"/> Clothing <input type="checkbox"/> General Advocacy <input type="checkbox"/> Other _____
Work History: <input type="checkbox"/> No previous History <input type="checkbox"/> Currently Employed (must fill out employment information) <input type="checkbox"/> No work in last 6 months <input type="checkbox"/> Has worked in last 6 months (must fill out employment infor.)	Employment Information: (most recent) Employer Name: _____ Employer Address: _____ City: _____ State: _____ Zip: _____ Job Title: _____ Dates Worked: _____ To: _____ Hours per week: _____ Starting Wage: _____ Ending Wage: _____	

**Mayor Daley's WorkNet Chicago
Business Hiring Incentive Program
Participant Enrollment Form**

III. Certification of Participant Information

I certify that the information provided regarding my program eligibility is true. In addition, I agree to cooperate with the Mayor's Office of Workforce Development and all contracted Program staff with follow-up information regarding my eligibility, enrollment in other Workforce Development or Human Services programs, and employment status. I, the participant, also authorize the release of information in regards to verification of any of the above information as it relates to my participation in the Business Hiring Incentive Program.

Participant Signature: _____ Date: _____

Delegate Agency (Referral) Certification

I certify that the information provided regarding the (referred) participant's eligibility is true. Documentation has been reviewed to verify that participant eligibility and population criteria are met. Eligibility documentation for this participant will be maintained and furnished upon request. For the participant who is currently enrolled in one of the Mayor's Office Of Workforce Development or Chicago WorkNet programs, where the eligibility meets the BHIP requirements for target population and low income, eligibility will be considered met. As an authorized representative for the (referring) Delegate Agency I understand that we may be held responsible for liability of any nature including cost and expenses due to inaccurate determination of eligibility as it relates to the Business Hiring Incentive Program.

Delegate Agency Staff Signature: _____

Date: _____ Delegate Agency Phone #: _____

IV. Employer Referral Information

Name of Company:	Company Contact:
Address:	Federal Employer Identification Number:
	Referring Agency's Name:
Phone #:	Referring Agency's Phone #:

Hired or Potential Hire (Reverse) Referral information

Participant's Name: _____

Position: _____ Start Date: _____

Hourly Rate: \$ _____

**Mayor Daley's WorkNet Chicago
Business Hiring Incentive Program (BHIP)
Participant Enrollment Form Instructions:**



The Participant Enrollment Form is multi-purpose. The form is utilized to determine a participant's eligibility for BHIP. It also will be use by WorkNet Agencies for Reverse Referrals. A Reverse Referral is when an agency, has a participant who will be or has been hired by an employer and the agency is recommending both for participation in BHIP. The referring agency will be required to determine and verify that the participant and business meet the BHIP program criteria for each and record appropriate information for both. For participation in BHIP, the completed form must be sent to one of the administering agencies to have them accept the client and to expedite an Employer Agreement with-in the required program timeframe. They will follow up with the referring agency.

I. Section 1: Participant Basic Information.

- A. Participant's information: Record social security number, name, address, and birth date, etc...
 - B. Referrals: When a referral is being made checked yes and the print agency name. The form should be completed by the agency with the participant and each must sign on the back. The signatures attest to the certification that the information provided regarding the (referred) participant's eligibility is true. Also documentation has been reviewed to verify that participant eligibility and population criteria are met.
 - C. Reverse referral and/or Employer referral: Check yes to refer a participant who is a potential or recent hire. The information section on the second page correlating to the referral should be completed. The AA will use the basic information for appropriate follow up.
- II. Section two, Eligibility Criteria and Characteristics: Check appropriate boxes for each question to determine income and population criteria are met. Participant must meet both, the low-income criteria and a target population characteristic.

1. Determine target population characteristic(s).

Target Population:

- Ex-Offender
- TANF Recipient
- CHA Resident
- Person with Disability
- Veteran
- Resident of High Poverty Zone
- Limited English Proficient
- Homeless
- Other Barriers not identified but Approved by MOWD

2. Determine if enrolled in other primary Workforce Development program that are listed. The verification of enrollment in a primary program designated to serve populations similar to the BHIP targeted population will be considered as meeting the target population criteria for this program.

3. Program eligible low-income level is based on the Community Development Block Grant (CDBG) approved income guidelines.

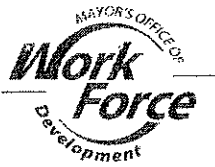
Low Income Limits:

Household	Low Income
1 person	\$26,400
2 person	\$30,150
3 person	\$33,950
4 person	\$37,700
5 person	\$40,700
6 person	\$43,750
7 person	\$46,750
8 person	\$49,750

4. Income eligibility should be verified. When a participant is enrolled in a Workforce Development program, which is not based on income level, or not lower than the BHIP income requirements, income eligibility should be verified.
5. Collected and verified documentation for enrollment should be maintained in your agency's participant file.

III. Certification sections: Appropriate signature for participant and agency are required in these areas to certify that participant eligibility and population criteria have been reviewed and met.

IV. Referral Sections: Employer and Reverse referral information is completed when referring a participant who is a potential or recent hire. The referred employer must meet the BHIP employer criteria. Hired participants are required to be referred with-in one week of hire date or referral may not be accepted. The form can also be utilized when an employer has an individual who they are interested in hiring and wants to participate in BHIP. They will call the agency to make a reverse referral.



Mayor Daley's WorkNet Chicago
Business Hiring Incentive Program (BHIP)
Employer Agreement Form

Agreement Between

Administrating Agency: Phone:
Address: FAX:
Company:
Address:

Employer Information

Type of Firm: Internal Agreement Number:
Company Contact Person:
Title: E-mail:
Phone: Fax:
Workman's Compensation Policy #: and Carrier:
Employer FEIN:
Number of Total Employees: Number of BHIP Employees this year:

Occupations Covered By This Agreement

Table with 6 columns: Job Title, Hourly/Reimbursement Rate (50%), Total Hrs., # of Positions, Reimbursement Per Position, Total Per Position. Includes rows 1, 2, 3 and a Grand Total row.

Positions must pay a minimum of \$9.00 per hour and be a full time permanent position (32 hours minimum).

Employer Certification:

I understand and will abide by this agreement and all provisions of reference and made part of this agreement as contained on the reverse side of this agreement.

Signature: Printed Name:
Title: Date Signed:

Administering Agency Approval

Signature: Printed Name:
Title: Date Signed:

**Mayor Daley's WorkNet Chicago
Mayor's Office of Workforce Development
Business Hiring Incentive Program
Agreement Provisions**

- 1) **REIMBURSEMENT OF WAGES:** The EMPLOYER will be reimbursed 50% of the employee's wages for up to a maximum of 12 weeks. The cumulative reimbursement shall not exceed \$3,500.00 per employee. Employers' with participants terminated prior to the completion of 12 weeks will be reimbursed up to the last day of the participants' employment. This Business Hiring Incentive Program cannot be combined with any other city incentive, wage reimbursement or subsidy program for the same employee during the covered time frame.
- 2) **REIMBURSING EMPLOYER FOR COSTS:** An EMPLOYER request for reimbursement under this agreement must be submitted to the Administering Agency. To qualify for reimbursement in accordance with the terms of this agreement, accurate time, attendance and payroll records furnished by the Employer to the Administering Agency must support all wages paid during the incentive period.
- 3) **CONDITIONS OF EMPLOYMENT:** Positions must be permanent and full-time (guaranteed minimum 32 hours per week). BHIP employees must receive the same employment benefits as non-BHIP employees in similar positions. A limit of 15 employees or 25% of EMPLOYER'S workforce (whichever is reached first) may be reimbursed by BHIP within a program year. The EMPLOYER may not terminate an employee in anticipation of this agreement. Individuals hired, as a part of this program may not replace workers on a lay-off, strike, nor partially or fully replace existing workers. Individuals hired must not have previously worked at this EMPLOYER'S site as an employee or agent of any other contracted employer (e.g. a temporary help firm).
- 4) **SIMILAR TREATMENT:** Terms and conditions of employment afforded to individuals hired under this agreement must be in compliance with applicable federal, state and local laws, including those relating to compensation, safe and health working conditions, and equal employment opportunity. The EMPLOYER, at its own expense, must pay participants for all wages and fringe benefits allowed to regular, unsubsidized employees, including entitlement to workman's compensation. The employing company hereby certifies that it is in overall compliance with all generally applicable federal, state, and local labor laws.
- 5) **HOLD HARMLESS CLAUSE:** The EMPLOYER shall hold harmless the Administering Agency and MOWD, their officers, agents and employees, from liability of any nature of any kind including cost and expenses, for or on any account of any or all suits or damages sustained by any person(s) or property resulting in whole or part from the negligent performance of this agreement. The rights and remedies of Administering Agency, MOWD, and City of Chicago described herein shall not be exclusive and are in addition to any and other rights and remedies provided by law under this agreement.
- 6) **RECORDS:** The EMPLOYER shall maintain records, including personnel records, time sheets and payroll records, related to the EMPLOYER agreement for a period of five (5) years after the final payment. These records shall be available during normal business hours for examination by MOWD, and the City of Chicago. However, if audit or litigation has begun within the five (5) year period, all records must be maintained until written notice is given that records may be destroyed.
- 7) **TERMINATION:** This agreement may be terminated, in whole or in part, for convenience, nonperformance, lack of funding, or for cause upon written notification. If terminated for convenience, the Administering Agency or MOWD shall give the employer written notice setting forth the exact date of termination. If terminated for cause, the Administering Agency or MOWD shall give the EMPLOYER ten (10) days written notice of the deficiencies. If not corrected within ten (10) days, the contract may be terminated immediately.

Employer Certification:

I understand and will abide by this agreement and all provisions of reference and made part of this agreement as contained in this agreement. The authorized individuals who signed the first page must initial below to validate this agreement.

Authorized Employer Initials: _____

Date Initialed: _____

Administering Agency Initials: _____

Date Initialed: _____



**Mayor Daley's WorkNet Chicago
Business Hiring Incentive Program
Employer Agreement Instructions:**

The Employer Agreement is used to formalize an agreement between the Business/Employer and Administering Agency regarding the Business Hiring Incentive Program. The employer must be located in Chicago and meet the Conditions of Employment as per the Agreement Provisions. The agreement records employer specifics as it applies to their employment needs, program incentive expectations, and the acknowledgement and agreement to the BHIP agreement provisions. The employer's basic information is recorded, and an agreement on positions, wages and wage reimbursement levels are established. The Administering Agency is responsible for the negotiation and acceptance of the Employer Agreement and subsequent incentive reimbursements. Please be cognizant of your agency's available level of Incentive Funds and plan accordingly.

Instructions:

- A. Agreement Between: Administering Agency name and Business/Employer name and address.
- B. Employer Information: General company and contact information.
 1. Internal Agreement Number is to be used by the agency to assign an agreement tracking number that may be used to associate participants to fiscal documents. For example: the first two digits will identify the program year, the next digits would be the administering agency's initials, and two or three digits to identify the sequential numbering of the agreement.
 2. Number of Total Employees is the number of full time employees with the company at that location.
 3. Number of BHIP Employees this year: Record any previous BHIP hires for the program year. Note: Then determine maximum the number of employees allowable to be hired through BHIP for the program year. Subtract the BHIP number from total employees to give you the number of unsubsidized employees. Then calculate 25% of the total unsubsidized number or 15 employees maximum, whichever is less will be the maximum hire number. Determine that the number of hires on this agreement do not exceed the maximum allowable number of BHIP hires for the year. Otherwise adjust the number accordingly.
- C. Occupation Section:
 1. List Job Titles, per hour rate, reimbursement rate which is 50% of hourly rate, total hours for 12 weeks for position, total # of positions, and reimbursement per position (not to exceed \$3500). If 12-week reimbursement for position exceeds \$3500 adjustment to total hours should be made to not exceed the maximum amount.
 2. Total Per Position: Calculate total maximum reimbursement amount for the position, Total per Position = # of Positions (x) Reimbursement Per Position.
 3. Grand total at the bottom of section. Sum the Grand Totals for, # of Positions and Total Per Positions (for Total Wage Reimbursement). (Make sure the combined number of positions does not exceed maximum number allowable hires for the year)
 4. .)
- D. Employer Certification Section and Administering Agency Approval: Sections requires signature and date of Employer and Administering Agency to make the agreement valid.
- E. Employer Certification on Agreement Provision (page 2): Employer and Agency Initials, and Dates validate the Agreement Provisions.



Mayor Daley's WorkNet Chicago Business Hiring Incentive Program (BHIP) Employment and Retention Information Form

1 PERSONAL INFORMATION

NAME: _____
Last *First* *Middle Initial*

ADDRESS: _____
Street

_____ *City* _____ *State* _____ *Zip*

TELEPHONE #: (____) _____ - _____ SOCIAL SECURITY #: _____ - _____ - _____

RELEASE of INFORMATION: I the above named individual as a participant in the Business Hiring Incentive Program, authorize my employer to release information regarding my employment to the Administrative Agency or the Mayor's Office of Workforce Development.

Signature: _____

Date: _____

2 EMPLOYMENT INFORMATION

COMPANY NAME: _____

ADDRESS: _____
Street

_____ *City* _____ *State* _____ *Zip*

Health Insurance Provided
by Employer: (check one)

YES NO

HIRING MANAGER: _____

TELEPHONE # (____) _____ - _____ FAX # (____) _____ - _____

PAY SCHEDULE

Weekly

Bi-Weekly

Monthly

Other (explain)

START DATE: ____ / ____ / ____ HOURLY WAGE: \$ ____ HOURS per WEEK: ____

JOB TITLE: _____

3 INITIAL EMPLOYER VERIFICATION

I confirm that the information in Section #2 above is correct, and that the above-named employee has been employed at our firm.

Signature of Authorized Representative of Employer

Name of Authorized Representative of Employer (please PRINT)

Title

Date

IS THIS INDIVIDUAL STILL EMPLOYED? YES NO If No, Last day worked: _____ (*see below)

4 12-WEEK RETENTION VERIFICATION

Signature of Authorized Representative of Employer

Name of Authorized Representative of Employer (please PRINT)

Title

Date

IS THIS INDIVIDUAL STILL EMPLOYED? YES NO If No, Last day worked: _____ (*see below)

5 6 MONTH RETENTION VERIFICATION

Signature of Authorized Representative of Employer

Name of Authorized Representative of Employer (please PRINT)

Title

Date

IS THIS INDIVIDUAL STILL EMPLOYED? YES NO If No, Last day worked: _____ (*see below)

(If you have any questions regarding this form, please call your Administrative Agency contact.)



**Mayor Daley's WorkNet Chicago
Business Hiring Incentive Program
Employment and Retention Form Instructions:**

This multi-purpose form is used for employment verification, scheduled follow-up of participant's employment status and partial documentation for wage reimbursement. The Administering or Delegate Agency should have Section #1 completed and the participant sign the release of information portion during the same session when the Participant Enrollment Form is being completed.

Section 1 through 4 is required to be completed by the employer in order to receive wage reimbursement. The form is to be returned for the incentive period to the administering agency by the employer with a cover letter requesting reimbursement for this participant. To receive a reimbursement in accordance with the provisions of the Employer Agreement, accurate time, attendance, and payroll records furnished by the Employer to the Administering Agency must support all wages paid during the incentive period.

Section #1, Personal Information: The participant's personal information is recorded, and the release of information area is signed and dated by the participant (during the same session when completing the participant enrollment form for BHIP).

Section #2 and #3 are completed and signed by the employer to document a participant hire.

Section #2, Employer Information: Employer completes company information and the participant's hire information

Section #3, Initial Employer Verification: The employer signs off on this area verifying the information that has been furnished.

Section #4, 12-Week Retention Verification: The form is sent to the employer for the 12-Week follow up. The employer completes and signs off on this area to verify the participant's 12-week employment status.

Section #5, 6-Month Retention Verification: The form is sent to the employer for the 6-month follow up. The employer signs off on this area to verify the 6-month employment status.

When an individual is no longer employed prior to the completion of 12 weeks, employer outreach should be done. It would be beneficial to have a discussion with the employer to determine how the agency may better serve them for the next hire. Wage reimbursement on a participant released prior to the completion of the agreed incentive period will be determined based on the total hour worked, up to the last day of employment.