

Phillips County Economic Development Workforce Incentive Program Forms Packet

Checklist - Return these initial items to PCED for Approval:

- Application
- Completed Award Timeline

Checklist

Return these items to PCED upon hiring new employee:

- Proof of Phillips County Residency (Provided by employee)
- Signed Pay Slip release from employee.
- Incentive Agreement (1)
- Incentive Agreement (2)
- Quarterly Report Agreement (To be completed by employer)

Phillips County Economic Development Workforce Recruitment Incentive Program Application

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Business Name: _____	NAICS Code: _____
Annual Revenue: _____	No. Full-Time Employees: _____
Annual Payroll: _____	No. Part-Time Employees: _____
Primary Contact Name: _____	Phone Number: _____
Title/Position: _____	Email Address: _____

Business Address

Street: _____

City: _____

State: _____

Zip Code: _____

Website: _____

Have position(s) been posted to Phillips County Jobs AND ConnectNWK?

****Attach extra pages for the following questions if necessary****

Describe Business:

Does your business currently have recruitment incentives in place? Yes No

If 'yes', please list:

Phillips County Economic Development Workforce Recruitment Incentive Program Application

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Position Title: _____

How many employees are you ultimately seeking for this position? _____

Use attachments if needed

Certifications/Licensure Required: Y/N Explain: _____

Education Required: Y/N Explain: _____

Work Experience Required: Y/N Explain: _____

Use attachments if needed

Current Employee Benefits Offered: _____

Starting Hourly Wage/Annual Salary: \$ _____ **Per Hour**
\$ _____ **Salary**

Does this position have supervision responsibilities? Yes No
If yes, supervision of how many employees? _____

This position is responsible for an estimated annual revenue of: \$ _____

Use attachments if needed

Describe how a recruitment incentive would help fill this position:

Pay Slip Release Form

I, _____ hereby grant
_____ the right and
permission to release my pay slips to Phillips County Economic Development (PCED) for the purpose of
providing proof of wages/salary and incentive receipt. I understand that copies of my pay slips will be reported
to PCED quarterly from my first day of employment.

It has been stated to me that none of my personal information will be used maliciously, and my privacy will be
protected to the greatest extent by both my employer and PCED.

Employee Name _____ Date: _____

Signature _____ Date: _____

Employer Name _____ Date: _____

Employer Signature _____ Date: _____

INCENTIVE AGREEMENT (1)

THIS INCENTIVE AGREEMENT ("Agreement"), effective as of the last party to sign below, is between

_____ ("Employee") and _____ (Employer").

WHEREAS, Employer owns and operates a business known as _____, located at _____;

WHEREAS, Employer has been approved to administer workforce incentives granted to Phillips County Economic Development by Northwest Economic Innovation Center for the length of one (1) year.

WHEREAS, Employee has been hired by the above approved Employer, and is eligible for the workforce incentives administered by Phillips County Economic Development via Northwest Economic Innovation Center for the length of one (1) year.

The parties hereby agree as follows:

1. **ESTABLISHMENT OF RESIDENCY:** Employee shall establish residency within three (3) months of accepting a position with Employer. Employee shall provide proof of residency for official records.
2. **SIGNED RELEASE:** Employee shall sign a release form allowing Employer to provide Phillips County Economic Development ("PCED") with proof of legitimate payment and copies of all signed documents.
3. **DOCUMENT SHARING:** Employer shall provide Employee and PCED with copies of ALL signed documents.
4. **TAX DOCUMENTS:** Employer shall provide Employee with a 1099 Tax Form.
5. **ADDED BENEFITS:** Employer shall provide forty (40) full-time hours' worth of benefits to employee over the course of one-year in the form of an expense, as laid out in the *Requirements & Qualifications* form.
6. **LENGTH OF EMPLOYMENT:** Employee must be employed by employer for a minimum length of _____ to receive the *full* incentive.
7. **RETURN OF FUNDS:** Employee must return all incentive dollars received to Employer if they chose to terminate this Agreement PRIOR TO meeting the minimum length of employment as set forth by Item 6 above.
 - a. Employer may reserve the right to withhold all incentives, including their added contributions, until the conditions of their award timeline have been met, but must begin distributing by the six (6) months mark.
 - b. If Employer choses to terminate this Agreement at any time, Employee shall keep all incentives received, but forfeits any further incentives. Employer must return remaining incentive funds to PCED.
 - c. Employer is liable for incentive funds lost in the event of a terminated agreement and shall return all remaining incentive monies to PCED upon Employee's resignation or termination of Employee.

ALL PARTIES IN AGREEMENT

Employer: _____ Date: _____

Employee: _____ Date: _____

Witness: _____ Date: _____

INCENTIVE AGREEMENT (2)

THIS INCENTIVE AGREEMENT (“Agreement”), effective as of the last party to sign below, is between Phillips County Economic Development (“PCED”) and _____ (Employer”).

WHEREAS, Employer owns and operates a business known as _____, located at _____;

WHEREAS, Employer has been approved to administer workforce incentives granted to PCED by Northwest Economic Innovation Center for the length of one (1) year.

The Employer hereby agrees as follows:

1. **ESTABLISHMENT OF RESIDENCY:** Employer shall require proof of Employee establishing residency in Phillips County within three (3) months of accepting a position with Employer and provide said proof to PCED.
2. **SIGNED RELEASE:** Employee shall sign a release form allowing Employer to provide PCED with proof of legitimate payment, proof of residency, and proof that Employer provided matching benefits.
3. **DOCUMENT SHARING:** Employer shall provide Employee and PCED with copies of all signed documents.
4. **TAX DOCUMENTS:** Employer must provide a 1099 Tax Form to Employee.
5. **ADDED BENEFITS:** Employer shall provide forty (40) full-time hours’ worth of benefits to employee over the course of one-year in the form of an expense, as laid out in the *Requirements & Qualifications* form.
6. **LENGTH OF EMPLOYMENT:** Employee must be employed by employer for a minimum length of _____ to receive the *full* incentive.
7. **RETURN OF FUNDS:** Employee must return all incentive dollars received to Employer if they choose to terminate this Agreement prior to meeting the minimum length of employment as set forth by Item 6 above.
 - a. Employer may reserve the right to withhold all incentives, including their added contributions, until the conditions of their award timeline have been met, but must begin distributing by the six (6) months mark.
 - b. If Employer chooses to terminate this Agreement at any time, Employee shall keep all incentives received, but forfeits any further incentives. Employer must return remaining incentive funds to PCED.
 - c. Employer is liable for ALL incentive funds lost in the event of a terminated agreement and shall return all remaining incentive monies to PCED upon Employee’s resignation or termination of Employee.

ALL PARTIES IN AGREEMENT:

Employer: _____ Date: _____

PCED Representative: _____ Date: _____

Witness: _____ Date: _____

QUARTERLY REPORT AGREEMENT

(Employer-PCED Agreement)

I, _____ agree to submit a quarterly report Phillips County Economic Development (PCED) for the purpose of providing the following:

1. Proof of wages/salary to date
2. Receipt of Incentive Funds to date
3. Distribution of 40-Hour Matching Benefits to date

The quarterly report due dates will be determined based on the incentivized employee's first day of employment. **Official first day of employment:** _____

Quarter #1 Due Date: _____

Quarter #2 Due Date: _____

Quarter #3 Due Date: _____

Quarter #4 Due Date: _____

It has been stated to me that none of my personal information, nor the information of my business, will be used maliciously, and my privacy will be protected to the greatest extent by PCED.

Employer Name _____ Date: _____

Employer Signature _____ Date: _____

PCED Representative _____ Date: _____

PCED Rep. Signature _____ Date: _____