**D5**

**TEXAS CAPITAL FUND**

**Quarterly Employee Certification Report (ECR)**

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Recipient Name: |  | | |
| Company Name: |  | | |
| Period Reporting: |  | Date Submitted: |  |
| Contract Number: |  | Contract Period: |  |

|  |  |  |
| --- | --- | --- |
| Contractual Job Requirement: | | |
| 1. Creation: | 2. LMI: | 3. LMI%: |
| 4. Retention: | 5. LMI: | 6. LMI%: |
| 7. Total Jobs: | 8. Total LMI: | 9. Total LMI%: |

|  |  |  |
| --- | --- | --- |
| Calculation of Actual Jobs Created To Date: | | |
| 10. Employees Per TWC Report |  | **ALL FIELDS MUST BE COMPLETED. ATTACH ALL SUPPORTING DOCUMENTS.** |
| 11. Less Adjustments to Total on TWC Reports | < > |
| 12. Equals Eligible Employees |  |
| 13. Less Employees on Beginning Payroll | < > |
| 14. Total Jobs Created to Date |  |

|  |  |  |
| --- | --- | --- |
| Actual Job Performance To Date: | | |
| 15. Created | 16. LMI | 17. LMI% |
| 18. Retained | 19. LMI | 20. LMI% |
| 21. Total Jobs | 22. Total LMI | 23. Total LMI% |

**Incorrect reporting during the course of the TCF contract does not relieve the Grant Recipient of the requirement to comply with the Project Outcomes as stated in the TCF Contract Performance Statement.**

I hereby certify that all the information present above is true and correct and is in agreement with the Grant Recipient/Company Contract Agreement, as detailed in the TCF contract referenced above between the Texas Department of Agriculture and Grant Recipient. I also hereby certify that the Company remains committed to the TCF project and will continue to go forward with its plans to create at least the minimum number of required jobs, as provided for in the TCF Contract. I understand that an incorrect certification of the information presented above may be grounds for termination of the TCF contract by the Department.

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Authorized Representative of the Company Date

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

Chief Elected Official or Legal Counsel of the Grant Recipient Date

**The correct methodology for determining job creation and LMI has been used.**

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Grant Recipient’s TCF Contract Administrator Date