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**EMPLOYMENT VERIFICATION FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (title), an authorized agent of **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (the “Grantee”) hereby certify to The Prince George’s County Economic Development Corporation that:

1. Capitalized terms used in this Certification shall have the meanings given to them in the Grant Agreement between the County and the Grantee unless otherwise described in this Certification.

2. The information provided is a true and correct representation as of my business employee total as of \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_, 20\_\_\_\_. Currently my business has \_\_\_\_\_\_\_\_\_\_\_ (insert number) Full-time employees and \_\_\_\_\_\_\_\_\_ of Part-time employees actively working.

3. The number of employees that are employed at one of the Grantee’s facilities in Prince George’s County, Maryland for at least 1800 hours per year, without a fixed term of employment, is eligible to participate in an employer-subsidized health care benefits package, is eligible for similar other benefits as other employees of the Grantee, and makes an hourly wage of at least 150% of the Federal minimum wage total \_\_\_\_\_\_ (insert number).

4. After March 9, 2020 my business made a reduction/increase of Full-time or Part-time employees totaling \_\_\_\_\_\_\_\_\_\_\_ (insert number).

**IN WITNESS WHEREOF**, the undersigned officer of the Grantee has executed this Certificate

this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_, 20\_\_.

By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_