



# Submitting the Neighborhood Stabilization Program 2: Sub-recipient, Contractor, and Vendor Employee Hours Worked Log to CCLRC (Otherwise known as the Section 1512 Report)

## Why do I need to fill out this new report?

The project you are contracted for is being funded by the Neighborhood Stabilization Program 2. The Neighborhood Stabilization Program 2 (otherwise known as NSP 2) is funded by the American Reinvestment and Recovery Act (ARRA, or the Recovery Act). ARRA provides for transparency and accountability in the use of Recovery Act Funding which is required by what is called Section 1512.

## What is Section 1512?

Section 1512 requires recipients and sub-recipients to report on the nature of projects undertaken with Recovery Act funds, **and the numbers of jobs created and retained on those projects.** You will be notified by CCLRC whenever your firm enters a contract for work on an NSP 2-funded project. This information is then made available to the general public so they are able to see where their tax dollars are being spent.

## When is the report due?

Your Section 1512 **NSP 2: Sub-recipient, Contractor, Vendor Employee Hours Worked Log** is due **when you submit your invoices** and projects are completed and submitted for reimbursement to the Cuyahoga Land Bank .

For example if you are submitting a separate invoice for an asbestos survey you will need to submit a Section 1512 report when this work has been completed and this invoice is submitted.

## How do I fill out the report?

**NSP 2: Sub-recipient, Contractor, Vendor Employee Hours Worked Log** reports can be downloaded from the CCLRC website at <http://cuyahogalandbank.org/forms>.

These reports need to be filled out completely. Reports **that are not filled out correctly or not submitted with invoices may hold up your payment request.** Please provide the following information:

**ALL FIELDS ARE REQUIRED (if a field is not applicable to your business you should enter N/A)**

**Step 1: At the top of the report please enter the Parcel Number, Project Address and the Contract Amount.**

Cuyahoga Land Bank				Neighborhood Stabilization Program 2: Sub-recipient, Contractor, and Vendor Employee Hours Worked Log			
ALL FIELDS ARE REQUIRED							
Parcel Number		Project Address		Contract Amount			
Instructions:							

**Short Cut:** Once you have downloaded the report we recommend that you fill out Section 1 and save the document as a **template** so for each new project you will only need to fill out the top portion (see Step 1-including parcel #, address, and contract amount), Section 2 (see Step 4 below) and sign and date.

**Step 2: Fill out the following fields**

- Organization Name
- Organization Street Address, City, State, Zip
- DUNS Number (Dun and Bradstreet Number if applicable)
- Federal Tax ID # (FTI)
- Payroll Contact Name, Email, Phone Number

<b>Instructions:</b>			
Please fill out the organization information, project name and location and contact information in Section 1. The payroll contact should be the person that handles the certified payroll for your organization.			
<b>1. Organization Information</b>			
Organization Name		Payroll Contact	
Street Address		Payroll Contact Email	
City, State, Zip		Payroll Phone Number	
DUNS # <small>(enter N/A if you don't have one)</small>		Federal Tax ID # (FTI)	
The information requested below is required for the following federal reports: HUD 2516 annual report, Section 3- 60002 annual report, and Section 1512 quarterly report			

**Step 3: Select your answers for the following fields from the drop down boxes provided.**

*This information is required for reporting on our federally funded grants.*

- Construction/Non-construction-** please select one depending on your business type
- Race/Ethnicity of Owner-** please select from one of the six racial and ethnic codes provided that best represents the majority owner in your business
- Certified MBE?** - Please select yes if you are currently certified Minority Business Enterprise
- Certified FBE?** - Please select yes if you are currently a certified Female Business Enterprise
- Section 3 Certified?** - Please select yes if you are currently Section 3 Certified
- Certified CSB?** - Please select yes if you are currently Certified Cleveland Small Business

The information requested below is required for the following federal reports: HUD 2516 annual report, Section 3- 60002 annual report, and Section 1512 quarterly report					
Construction/Non-construction		Certified MBE?		Section 3 Certified?	
Race/Ethnicity of Owner		Certified FBE?		Certified CSB?	

## Step 4: Fill out the following fields under Section 2:

**Report Date:** YEAR and QUARTER- please select from drop down boxes when this project is being submitted for payment

Instructions:									
Please fill out the name of each employee who worked on this project which is being invoiced to the NSP 2 program. Please attach all certified payroll receipts with a copy of this form and submit with your invoice for payment. This is only for projects designated and eligible under the NSP 2 program. Please enter information in * columns. The ARRA Funded FTEs are automatically calculated for you. DO NOT INSERT new columns. Please start a new workbook if you need additional space for workers. SIGN AND DATE AND SUBMIT TO THE LAND BANK. Questions about this form please contact Millie Davis, Compliance and Monitoring Manager (216) 698-8843 or email MDavis@cuyahogalandbank.org.									
2. Job Counting and Employee Information									
Report Date:	YEAR:	2011	Quarter:						

### Name of the Employee and Job Title

**Is this Employee a New Hire as of this project? Yes or No-** select from a drop down box

\*Meaning- is this the person's first day on the job? This could include seasonal workers being brought back after unemployment

**If this is a New Hire are they Section 3? Yes or No-** select from a drop down box

\*Section 3 is determined by household size- the employee is considered low income if their total income last year was not greater than the amount listed here:

1- \$36,300	5-\$56,000
2-\$41,500	6-\$60,150
3-\$46,650	7-\$64,300
4-\$51,850	8-\$68,450

### Employee's home address (street, city, and zip)

**Enter the number of hours your company considers a full-time- work week** (usually 40 hours)

**Enter the total number of hours worked in this 13 week quarter for each employee**

\*Meaning how many hours over the 13 week period you selected above have the employees worked or is expected to work). If you have a full-time 40 hour per week salary employee this will be 520 hours (13 weeks x 40 hours per week).

**Enter the total number of hours worked for this project ONLY.**

\*Meaning number of hours this employee worked on this specific project being invoiced

The last two columns are automatically calculated for you and report calculates the NSP 2 Funded FTEs (full time equivalents) for the reported quarter. This is number the Land Bank must report to HUD for the money that was spent on the project.

*Name of Employee, Title/Job Duty	IS THIS EMPLOYEE A NEW HIRE AS OF THIS PROJECT? YES or NO	IF THIS IS A NEW HIRE ARE THEY SECTION 3? YES or NO	*Employee Home Address (Street, City, Zip) NOT THE COMPANY ADDRESS	* Enter the number of hours your company considers a full time work week (usually 35 or 40 hours per week)	*Enter the total number of hours worked in this 13 week quarter for each employee (Example: weeks x 40 hrs/wk= 520 hours this quarter)	* Enter the total number of hours worked for this project ONLY	This column is automatically calculated for you This is the % of employee's time that is spent on this project funded by NSP 2.	This column is automatically calculated for you NSP2 Funded FTEs
Example: John Demo, Contractor	NO	YES	123 Main Street, Cleveland 44113	40	520	40	8%	0.08
							#DIV/0!	#DIV/0!

**Step 5: Don't forget to sign and put the date at the bottom left-hand corner.**

The undersigned below certifies that to the best of their knowledge, the information submitted in this report is true and accurate and complies with the contract signed between parties who perform work paid for by the Neighborhood Stabilization Program 2.	
Authorized Signature	
Date	_____

*If you should have any questions please contact Millie Davis, Compliance and Monitoring Manager, CCLRC 216.698.8843 or [Mdavis@cuyahogalandbank.org](mailto:Mdavis@cuyahogalandbank.org)*