



COVID -19 BUSINESS RECOVERY INITIATIVE

EMPLOYMENT CERTIFICATION

I, _____ (name), _____ (title), an authorized agent of _____ (the "Grantee") hereby certify to Prince George's County, Maryland, a body corporate and politic (the "Grantor") 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. Attached hereto is a true and correct Employee Roster Form as of _____, 20____. As of this date, there are _____ (insert number) Full-time employees of Grantee working in Prince George's County, Maryland.
3. Each of the Employees is 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.
4. Grantee has hired _____ (insert number) Full-time employees who work in Prince George's County, MD and also reside in Prince George's County, MD during the previous twelve (12) months.

IN WITNESS WHEREOF, the undersigned officer of the Grantee has executed this Certificate this ____ day of _____, 20____.

By: _____

Name: _____

Title: _____

Date: _____