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 Madison, Wisconsin 53701-1728

**Housing Tax Credit
 Certificate of Good Faith Efforts
 Workforce Development Program**

(Due immediately after HTC development places in service when Program goal is not achieved)

The intent of this certificate is to document the good faith efforts implemented by the owner in soliciting and hiring area residents to meet Workforce Development Program goals. This Certificate assists WHEDA in determining whether an owner has implemented comprehensive good faith efforts.

I, _____, hereby acknowledge I am the authorized representative of _____, who is the owner of the HTC development shown below.

Development Name & HTC Application #:	Workforce Development Hires	
	Program Goal	Number Attained
	Minimum of 12	

The information requested below is the minimum information required by WHEDA. WHEDA may request submission of additional information regarding actions taken in efforts to meet Program goals.

**PLEASE ATTACH ANY RELEVANT SUPPORTING DOCUMENTATION OR
WRITTEN EXPLANATIONS EXCEEDING TEXTBOX/CHART SIZE**

A. Summary of Workforce Development Program Attempts

Provide a brief summary of why you believe your firm was unable to meet the minimum established Workforce Development Program goal of one area resident hire from each of the 12 divisions of labor. Include apprentices and trainees. Mention efforts made to: a) hire military veterans, and b) if pre-approved by WHEDA, retain employees that worked on another HTC development under the Workforce Development Program. If there was more than one hire in a division, include in this summary.

B. Employment Goals and Attainment

Provide details on positions you were unable to fill. The Program goal is one hire from each of the 12 divisions of labor.

Position/Type of work	Div	Number Attained	Persons Interviewed

C. Community Outreach

1. Owners and contractors are encouraged to hire in the county or ZIP code (for Milwaukee County) surrounding the HTC development, including military veterans. Describe your outreach efforts to disseminate information regarding job opportunities.

Agency Contacted and Contact Person	Phone Number	Date of Written Notification	Date of Follow-up Telephone Call

2. Identify any publications in which announcements or notifications were placed and published and the corresponding dates. If none, note “not applicable” in the chart below. (Attach photocopies of each announcement or notification to this Certificate.)

Published Announcement/Publication (please describe)	Date

3. Identify workforce development agencies, unions, trade associations or organizations that received written notifications (letters, emails, faxes, postcards, etc.). Also indicate follow-up telephone solicitations. (Attach photocopies of all written solicitations to this Certificate.)

Company Name	Phone#	Date of written notification	Date of follow-up phone call

4. Were the services of the workforce certifying agency or workforce diversity consultant used to assist in the recruitment of targeted participants? Yes ___ No ___

If yes, specify: Agency or consultant name, contact person name and title, date contacted, contact method (phone, email, written correspondence) and phone, email or address of person or firm. (Attach photocopies of each written notification to this Certificate.)

Include any details regarding online registration on the Job Center of Wisconsin website - <https://jobcenterofwisconsin.com>.

D. Providing Employment Support to Area Residents

1. Training

Explain any efforts undertaken to provide unemployed or underemployed area residents with adequate information regarding training programs available to attain skills required to work on the development.

2. Job Fairs

Describe any job fair opportunities provided for area residents.

3. Other Efforts

Describe any other efforts initiated to provide special assistance to unemployed or underemployed low-income area residents to obtain jobs on the development.

I hereby certify that I have utilized comprehensive “good faith” efforts to solicit and utilize area residents to meet the Workforce Development Program goals for this development.

Authorized Signor: _____

Printed Name & Title: _____

Date: _____

WHEDA Use

Approved: ____ Denied: ____

Reviewer's Printed Name _____

Reviewer Signature _____

Date: _____

If denied, reason(s) for denial: