



Community Benefits Employee Certification – Self Attestation Form

Employee Name: _____ Submission Date: _____

Last 4 Digits of SSN: _____

Employee Address: _____

City: _____ State: _____ ZIP: _____

Employee Phone: _____ Employee Email: _____

Employer Name: _____

Employer Address: _____

City: _____ State: _____ ZIP: _____

HR Contact Name: _____

HR Contact Phone: _____

HR Contact Email: _____

As part of its community benefits ordinance, the City of Duluth tracks the proportion of work hours performed on covered construction projects by certain categories of Eligible Workers. Please check all of the following characteristics that apply to you:

Woman

Person of color

Currently homeless

Received public assistance (MFIP, SNAP, Section 8, or other public benefits) in the last 12 months

Have a criminal record or conviction

Currently in, or have emancipated from, the public foster care system

Disadvantaged or at-risk youth between the ages of 18 and 24

Have a disability

Disabled veteran

Currently have a household income below 200% of federal poverty guideline (see next page)

2025 Federal Poverty Guideline

Household Size	Annual Income (200% of Poverty Line)
1	\$31,300
2	\$42,300
3	\$53,300
4	\$64,300
5	\$75,300
6	\$86,300
7	\$97,300
8	\$108,300
9	\$119,300
10	\$130,300

Government Data Practices Act Notice: The data you supply on this form is subject to the Minnesota Government Data Practices Act (Minn. Stat. Ch. 13). The data you supply will be used to administer the Community Benefits Program and is classified as private pursuant to Minn. Stat. Ch. 116J, unless more restrictedly classified by law. Completion of this form is optional - you may choose not to provide some or all of this private data, though this may limit your ability to participate in the program. This data will be kept confidential, but will be available to government personnel and other government agencies whose access is necessary to perform their official duties. If you have questions or concerns, contact Duluth Workforce Development at (218) 302-8400.

By signing below, I attest to the truth of the information reported.

Signature: _____

Printed Name: _____

Date: _____