As a beneficiary of OCRA COVID-19 Response Program Funds for Economic Development from the City of Vincennes, you will need to complete a very brief survey. The City of Vincennes has been the recipient of financial assistance through the State of Indiana’s federal Community Development Block Grant Fund Program. As part of program requirements, businesses must report both the total number of employees and the number of low-to-moderate income employees. This information is needed to satisfy requirements for documentation of the number of people employed at your business. The grant is being used to assist businesses that have been negatively impacted by the COVID-19 Pandemic. You will need to complete the survey form only one time. This information is confidential; however it is subject to verification by authorized government officials.

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| County: |  |
| Gender: | Male Female |
| Age: |  |
| Is the person the Head of Household: | Yes No |
| Is the person Classified as Handicapped: | Yes No |
| Person’s Race:  (Please Circle the Appropriate Choice) | African American Asian  Native American White |
| Is the person Hispanic? | Yes No |

**First:** How many people living in your family. (A family is comprised of persons related by blood, marriage or adoption. Do not count emancipated children and their dependents.)

**Second:** Find the dollar figure that corresponds with the number you checked. Is your family’s gross yearly income above or below this figure? (Your figure should include anyone who contributes his or her income to the family.) If your figure is above, check above. If it is below, check below.

|  |  |  |  |
| --- | --- | --- | --- |
| **No. in Household** | **Income Limits** |  |  |
| One | $36,150 | Above | Below |
| Two | $41,300 | Above | Below |
| Three | $46,450 | Above | Below |
| Four | $51,600 | Above | Below |
| Five | $55,750 | Above | Below |
| Six | $59,900 | Above | Below |
| Seven | $64,000 | Above | Below |
| Eight | $68,150 | Above | Below |

|  |  |  |
| --- | --- | --- |
| Person completing the form’s signature and date: | *SIGNATURE:* | *DATE:* |