

Small employers (*an employer with less than 25 employees*) may apply for a Paid Leave Oregon Assistance Grant by completing this application and grant agreement. We recommend familiarizing yourself with all of the assistance grant requirements prior to submitting an application.

Acceptance of a grant requires a commitment to pay Paid Leave employer contributions for eight calendar quarters. Failure to make these payments may result in repayment of the grant and additional penalties. The employee on leave must also have taken family, medical or safe leave or a period of seven or more working days. You can find information at paidleave.oregon.gov or request information by calling 833-854-0166.

Before completing the application for an assistance grant, please gather and be prepared the following information.

- Your Federal Employer Identification Number (FEIN) or Business Identification Number (BIN).
- First and last name of the employee taking leave and their Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN).
- Start date and end date of the approved leave.

If you hired a replacement worker:

- The replacement worker's legal first and last name; their Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN); their date of birth and start date.
- A copy of the official payroll documentation ready to be submitted.

If you incurred significant wage related costs:

- Description and amount of related cost (*such as: additional wages to an existing employee, outsourcing, certification, equipment purchase, training cost, other*).
- Please also have written documentation available to verify the wage related costs to submit. This may be receipts or sworn statements in absence of a receipt. Each document must show the date the cost was incurred.

Instructions:

- Complete this form in black or blue ink.
- Ensure all responses are legible.
- Mail the completed form and the required documents to the address at the bottom of the application. You may also complete this application online at frances.oregon.gov



Paid Leave Oregon Assistance Grant Application and Grant Agreement

EMPLOYER

Business name: _____

Federal Employer Identification Number (FEIN): _____ - _____ **OR**

Business Identification Number (BIN): _____ - _____

Do you have on average in a year less than 25 employees, including in-state and out-of-state employees, and excluding employees temporarily hired to replace an employee on leave per OAR 471-070-3150 and OAR 471-070-3160?

Yes No

CONTACT INFORMATION

First name: _____ Last name: _____

Phone number: (____) _____ - _____

Email address: _____

Language preference: _____

PHYSICAL ADDRESS

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____ City: _____

State: _____ Zip: _____

County: _____

MAILING ADDRESS *(If different from physical address)*

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____ City: _____

State: _____ Zip: _____

County: _____

Business name:	FEIN/BIN:
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EMPLOYEE INFORMATION

Provide details about your employee who is taking Paid Leave. This can be found on the "Notice of Employee filing a Paid Leave Claim" sent to you by the department after receiving your employee's claim for Paid Leave.

Legal first name: _____

Legal last name(s): _____

Social Security Number (SSN): _____ - _____ - _____ **OR**

Individual Taxpayer Identification Number (ITIN): _____ - _____ - _____

Start date for approved leave (MM/DD/YYYY): ____ / ____ / ____

End date for approved leave (MM/DD/YYYY): ____ / ____ / ____

GRANT INFORMATION

Type of grant requested: *(Select one option and complete the related section below)*

\$3,000 grant for hiring a replacement worker while employee listed above is taking Paid Leave. Employee must be taking Paid Leave for at least 7 days (fill out Section A), or

Up to \$1,000 grant for reimbursement of significant wage-related costs while employee listed above is taking Paid Leave for at least 7 days (fill out Section B).

SECTION A: REPLACEMENT WORKER (SKIP TO SECTION "B" IF YOU DID NOT HIRE A REPLACEMENT WORKER)

Legal first name: _____

Legal last name(s): _____

Social Security Number (SSN): _____ - _____ - _____

Individual Taxpayer Identification Number (ITIN): : _____ - _____ - _____

Date of birth (MM/DD/YYYY): ____ / ____ / ____

Employment start date (MM/DD/YYYY): ____ / ____ / ____

While the Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) for the employee and replacement employee are not required to apply for the grant, the numbers will be used to verify the employee is on paid leave and the replacement worker was hired per Oregon Administrative Rule (OAR) 471-070-3710. The department will request additional documentation to complete the verification if the numbers are not provided.

Business name:	FEIN/BIN:
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SECTION A: REPLACEMENT WORKER (SKIP TO SECTION "B" IF YOU DID NOT HIRE A REPLACEMENT WORKER)

You are required to provide legible copies of written documentation that verifies the above information. Details on acceptable verification documents can be found in the Employer Guidebook at paidleave.oregon.gov/resources/resources.html.

Please check the box below to confirm the following:

I have included the required written documentation to verify that a replacement worker was hired.

Go to Section C

SECTION B: WAGE-RELATED COSTS (FILL OUT SECTION "B" IF YOU DID NOT HIRE A REPLACEMENT WORKER)

Provide a list of your wage-related costs incurred due to an eligible employee's use of leave and the amount. **You will not be reimbursed for anything exceeding \$1,000 in wage-related costs.**

Description of Cost	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
Total	\$

Check this box if you have additional wage-related costs. Attach a separate piece of paper to your application with additional information.

You are required to provide written documentation to verify the wage-related costs listed above, such as receipts, personnel or payroll records or sworn statements. Details on acceptable verification documents can be found in the Employer Guidebook at paidleave.oregon.gov/resources/resources.html.

Confirm the following:

I have included the required written documentation to verify the wage-related costs listed.

SECTION C: GRANT PAYMENT METHODS

If approved, your payment will be mailed to the address on file. Please check the box below to confirm this. If you would like to receive your payment by direct deposit, file your Paid Leave Oregon Assistance Grant Application online at frances.oregon.gov.

Payment mailed to address on file

Business name:	FEIN/BIN:
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CERTIFICATION

- I certify under penalty of law that the information I have provided is true and correct to the best of my knowledge and belief. I understand the law provides penalties for making false statements in order to obtain benefits through the Paid Leave Oregon program.
- I acknowledge I am committing to pay employer contributions to Paid Leave Oregon for a period of eight calendar quarters after approval of this grant in accordance with OAR 471-070-3750 and the attached Grant Agreement.
- I certify under penalty of law that I have on average in a year less than 25 employees, as per OAR 471-070-3160 including in-state and out-of- state employees. This number excludes the number of temporary employees hired to replace an employee out on paid leave.
- I acknowledge that Paid Leave Oregon will verify my status as a small employer at the time of this application and that a future audit of my employer size may occur.
- I acknowledge that I may be required to repay an assistance grant in accordance with OAR 471-070-3850 and the attached Grant Agreement for reasons that include the following:
 - If amendments to a previous wage report result in a reassessment of my employer size and I was actually a large employer at the start of my employee's paid leave
 - If the department determines that the information on the documentation provided was inaccurate, misleading, or false, I was ineligible for the grant or did not meet the application requirements.

Name (print): _____

Signature: _____

Date: _____

Provide all required information and documents. Missing information or documents can cause a delay in processing your application.

Mail this application, the grant agreement, and any required documentation to:

Attn: Paid Leave Oregon Equivalent Plans
Oregon Employment Department
875 Union St NE
Salem, OR 97311

Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll free). TTY users call 711. You can also send an email to paidleave@oregon.gov.

This Grant Agreement (“*Agreement*”) is between the State of Oregon, acting through the Oregon Employment Department (“*Department*”), and _____ (*employer name*) (“*Employer*”) for the purpose of providing a grant to help with Employer’s costs to employ a replacement worker, or reimbursement of significant wage-related costs, incurred when an eligible employee has taken Paid Leave under ORS chapter 657B. This Agreement becomes effective only when it has been signed by an authorized representative of Employer and the Department has issued a payment for the grant amount. The effective date of this Agreement is the date on the first grant payment.

The Agreement includes the Paid Leave Oregon Assistance Grant Application and the Paid Leave Oregon Adjustment Grant (“*Application*”), which is incorporated by this reference, as applicable. To the extent that there is any conflict between the Application and this Agreement, this Agreement controls. Pursuant to ORS 657B.200, the Oregon Employment Department is authorized to make grants from the Paid Leave Oregon Trust Fund.

1. Grant Terms and Conditions

A.

1. If, after review of the Application, the Department determines that Employer is eligible and the Application was accurate, the Department agrees to issue a grant to Employer in the following amounts, depending on applicability:
 - i. Up to \$3,000 to apply to the cost of hiring a replacement worker for an eligible employee on leave; or
 - ii. Up to \$1,000 for significant wage-related costs incurred during the time an eligible employee takes leave; and
 - iii. An additional amount, not to exceed a total grant of \$3,000, equal to the difference between the grant for significant wage-related costs and the cost of a replacement worker for an eligible employee who has extended their leave period.
4. All grants are subject to the requirements of this Agreement, ORS chapter 657B, and applicable administrative rules. Terms used in this Agreement have the same definitions as the same term under ORS chapter 657B and applicable administrative rules.
5. The Department has no obligation to issue a grant unless all of the following conditions are met:
 - i. The certifications made in the Application and this Agreement by Employer, or a person authorized to submit an application on behalf of Employer, are true and correct.
 - ii. The Department has sufficient funds currently available and authorized for expenditure to finance the costs of this Agreement.

- B.** The Department may terminate this Agreement immediately upon notice to Employer under any of the following circumstances:

1. The Department fails to receive sufficient funding, appropriations or other expenditure authorizations to allow the Department, in its reasonable discretion, to continue making payments under this Agreement.
 2. There is a change in federal or state laws, rules, regulations or guidelines such that the replacement or significant wage-related worker cost funded by this Agreement is no longer eligible for funding.
 3. The Department determines that the employer size was incorrectly reported by the employer.
 4. The Department determines that the Employer willfully misreported or omitted information to the Department in order to receive the grant.
- C. The Department, in its sole discretion, may terminate this Agreement for its convenience upon thirty (30) days written notice to Employer.
- D. This Agreement may be terminated at any time by mutual written consent of the parties.
- E. E. The laws of the State of Oregon (without giving effect to its conflicts of law principles) govern all matters arising out of or relating to this Agreement, including, without limitation, its validity, interpretation, construction, performance, and enforcement. Any party bringing a legal action or proceeding against any other party arising out of or relating to this Agreement shall bring the legal action or proceeding in the Circuit Court of the State of Oregon for Marion County. Each party hereby consents to the exclusive jurisdiction of such court, waives any objection to venue, and waives any claim that such forum is an inconvenient forum. If a claim must be brought in a federal forum, then it must be brought and adjudicated solely and exclusively within the United States District Court for the District of Oregon and applies to a claim brought against the State of Oregon or the Department only to the extent Congress has appropriately abrogated the State of Oregon's sovereign immunity and is not consent by the State of Oregon to be sued in federal court.
- F. F. The Department and Employer are the only parties to this Agreement and are the only parties entitled to enforce its terms. Nothing in this Agreement gives, or is intended to give, any benefit or right to third persons, whether directly or indirectly.

2. Acknowledgments, Agreements and Certifications *(Fields to be completed by Employer or person authorized to submit an application on behalf of Employer.)*

- I certify that Employer has on average in a year less than 25 employees, as determined under ORS 657B.360 and OAR 471-070-3150 and 471-070-3160.
- I certify that Employer hired a replacement worker to replace an eligible employee, who took leave under ORS chapter 657B and applicable rules, from _____ / _____ / _____ (date MM/DD/YYYY) to _____ / _____ / _____ (date MM/DD/YYYY).
- I certify that the Employer incurred significant additional wage-related costs in the amount of \$_____ (amount of significant wage-related costs) during a period that an employee took leave under ORS chapter 657B.

- I acknowledge and agree that, pursuant to ORS 657B.200, 657B.150, and applicable administrative rules, Employer will pay employer contributions to the Department for a minimum of eight calendar quarters, beginning with the first calendar quarter immediately following approval of the Grant.
- I acknowledge and agree that the Department has the right to request and obtain supporting documents and any other information regarding the Application or Employer that it determines necessary in connection with this Agreement.
- I acknowledge and agree that Employer is obligated to repay the grant, in accordance with OAR 471-070-3850 or other applicable law, under any of the following circumstances: if it is determined that Employer is not eligible for the grant under ORS chapter 657B and applicable rules; if information submitted by or obtained from Employer in the Application or otherwise is inaccurate, misleading or false; if Employer fails to pay employer contributions to the Department for a minimum of eight calendar quarters; or if Employer fails to comply with this Agreement.

3. Grant Contract Acceptance

- I am authorized to submit an Application and enter into this Agreement on behalf of the Employer. I have attached documentation that verifies my authority to sign on behalf of Employer.

Signatures:

The Department and Employer (*“the Parties” collectively or “Party” individually*) have executed this Agreement as of the date Employer (*or authorized person*) checks the box below and submits this form. Each Party hereby acknowledges that it has read this Agreement, understands it, and agrees to be bound by it.

- By checking this box, Employer is indicating acceptance of the grant along with all the terms, conditions, acknowledgements, agreements and certifications included in this Agreement, and Employer agrees to be legally bound by the Agreement. This Agreement constitutes the entire and only agreement between Employer and the Department for this grant, and supersedes any prior or contemporaneous agreements, representations, and understandings with respect to this grant program and the subject matter of this Agreement. No modification, amendment, or waiver of any provision of this Agreement shall be effective unless in writing and either signed or accepted electronically by the party against whom the modification, amendment, or waiver is to be asserted.

STATE OF OREGON acting by and through its Oregon Employment Department

Full name: _____

Title: _____

Date: _____