# FORM 1-6B MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

Section I – CDBG Recipient Information									
Recipient Name			CDBG #						
<b>Duplication of Benefits</b>									
business to OCR before/with this set up form? Yes ☐ No ☐ If no, please attach to this form.									
Section II – Business Information									
Business Name	Business DUNS								
Owner Name									
Owner Name									
Business Address									
	NY ZIP + 4								
Type of Business									
Total Number of Current E	mployees Including the Owner(s)								
Date Business Owner Completed Entrepreneurial Training									
Date Business was Award	ded Microenterprise Assis	stance by Rec	ipient						
Is this a Start-Up or Existi	ng Business?	g Business? Start-Up 📗 Existing 🔲							
Year Business Establishe	d								
Is the Business Located in	n a NY Main Street Targe	t Area Progra	ım?	Yes 🗌	No 🗌				
Section III – National Objective Information									
The business must meet one of the following in order to be eligible for a NYS CDBGMicroenterprise									
grant. Check whether the business will create at least one LMI job or if the owner(s) qualify as low- to									
moderate-income. (Select LMJ or LMCMC)									
LMJ - LOW/MOD CREATION 24 CFR 570.208(a)(4): Activities designed to create/retain									
	obs, at least 51% of whic		•						
	l be made available to LM				LMI persons				
	MOD LIMITED CLIENTE								
Activities that are carried out under 24 CFR 570.201(o) and the owner(s) /entrepreneur(s)are LMI									
persons.									
Section IVa - Job Creati	on Information								
If the business is propos	ing to meet the LMJ Nat	ional Objectiv	e, complete the	e chart bel	ow for each job title				
to be created.									
Job Classification Title and Skills Required			- Time Jobs		- Time Jobs				
		Total #	Total # LMI	Total #	Total # LMI				
Total									
Average Numb									
Normal Hours of Operation:									

Section IVb – Job Retention Information (CDBG-CV Projects Only)										
Retention Eligibility - Has a financial analysis been submitted for this business to OCR before/with this set										
up form? Yes ☐ No ☐ If no, please attach to this form  Full – Time Jobs Part – Time Jobs					Average Number of Hours Worked Per Week for					
						Part-Time Jobs:				
Total #	Total # LMI	Total #	otal # Total # LMI							
						Normal Hours of Operation:				
Section V – Scope of Work: Please provide a brief scope of work for the business.										
								proposed business		
activities will	l prepare, prever	nt, and/or res	spond to C	OVID	19. Atta	ach additional	pages as need	led.		
Section VI	I – Project Cost	Information	n							
		Source Of Funds								
Us	e of Funds	NYS	CDBG	E		Other	041	Culatatal		
			WIG GDDG		uity	Other	Other	Subtotal		
Direct Assi	istance to Busin	ess								
% of Total	l Project Cost									
Entreprene	eurial Training									
Program D	Delivery									
Total Amount of Funding										
Section VII – Certification of Microenterprise Business Project Summary Form										
I certify that	t, to the best of	my knowledg	e, this proje	ect sur	nmary is	s an accurate a	nd truthful repor	ting of project details.		
Typed Name of Chief Elected Official										
Signature of Chief Elected Official										
Date			CEO T	itle						
•	Name									
Prepared b	E-Mail									
	Phone					Date				

# Ulster County Economic Development Alliance P.O. Box 1800, 244 Fair Street Kingston, NY 12402-1800

Tel: 845.340.3556



# Memorandum

To: Sarah Haley, Chair of Ulster County Economic Development Alliance

CC: Timothy Weidemann, President, Ulster County Economic Development Alliance,

Lindsay Simonson, Assistant Ulster County Attorney

From: Kate Heidecker, Deputy Director Ulster County Economic Development

Date: November 4th, 2021

Re: Ulster County CARES Small Business Assistance Program - Black Eyed Suzie's Upstate

## <u>Applicant</u>

Cheryl Paff, 60% owner

## **Business Description**

Cheryl started Black Eyed Suzie's as a small business in 2013, catering parties and operating a traveling food stand with an ever-changing local, seasonal menu all over the Hudson Valley. The business opened a brick-and-mortar location in Saugerties in 2015. The business experienced at least a 1% reduction in net profit from tax year 2019 to tax year 2020 as evidenced by federal income tax returns. The business reduced its operating hours for at least four consecutive weeks during the period March 1, 2020 to September 30, 2021, or otherwise substantially changed its business operations due to COVID-19 during that period. The business made capital expenditures for Personal Protective Equipment (PPE) to address COVID-19 of at least \$1,000.00 during the period March 1, 2020 to April 30, 2021. Business closed their dining room and shifted to a prepared meal program with home delivery. Business is planning to relocate to a new space at the end of 2021 and expand their operation, focusing their efforts on prepared meals.

#### Eligibility

Location: 230 Partition Street, Saugerties NY 12401

For-profit: Yes

Pre-COVID: Operating Current: Operating

Distress: Business is a café / catering business which experienced profit loss from 2019 to

2020 and closed its doors due to COVID-19 protocols.

L/M Micro: Yes L/M Jobs: Yes

Minority-Owned Business: Yes Woman-Owned Business: Yes Veteran-Owned Business: No

# Use of Funds

Funds would be used to purchase new equipment to allow expansion of the current meal delivery program and to start a grab and go retail shop. Funding would be used for payroll of new employees.

# **CDBG Underwriting**

**Project Costs** – Applicant will use grant funds for purchasing equipment and payroll within 120 days of grant agreement execution. Documentation of business-related costs will be required prior to disbursement and must be eligible and reasonable.

**Commitment of Other Sources of Funds** – None required.

**No Substitution of CDBG Funds for Non-Federal Funds** – There are no other non-federal grant sources available to assist in post-COVID business restoration costs.

**Financial Feasibility** – The business has seen strong growth despite the challenges of COVID. CDBG grant funds will allow business to regain capacity by addressing space restrictions and expanding home delivery food service through continuing COVID volatility. With this assistance, the business appears to be financially sound going forward.

**Reasonable Return on Equity** – There is nothing in the company's historical operating performance that suggests that the proposed grant would produce an unreasonable return on equity or result in profitability substantially in excess of industry standards.

**Pro Rata Disbursement of CDBG Funds** – No matching funds are required. Documentation of all project expenditures will be required prior to the disbursement of CDBG funds.

#### Connection to Coronavirus

Per Ulster County's application to the CDBG-CV program, the proposed project meets the following program goals:

- Support of Ulster County business that meets LMI qualifications
- Investment in equipment to grow business and hire new employees
- Expenses related to buying equipment to have COVID safe operation

# Recommendation

Applicant can be conditionally approved for a grant of up to \$35,000 based on being a Ulster County business who employees low-moderate income staff. Based on eligible expenses, the maximum allowable grant award could be \$34,600.