FORM 1-6B MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

Section I – CDBG Recipient Information									
Recipient Name			CDBG #						
Duplication of Benefits (CDBG-CV Projects ONLY) - Has the DOB form been submitted for this									
business to OCR before/with this set up form? Yes \(\bigcirc \) No \(\bigcirc \) 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	<u>_</u>		ipient						
Is this a Start-Up or Existing	ng Business?	Start-Up 🔲	Existing						
Year Business Establishe	d								
Is the Business Located in	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 CLIENTEL								
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 Nati	onal Objectiv	e, complete the	e chart bel	ow for each job title				
to be created.									
Job Classification Title an	d Skills Required		- Time Jobs		- Time Jobs				
		Total #	Total # LMI	Total #	Total # LMI				
Tatal									
Total Average Number of Hours Worked Per Week for Part-Time Jobs:									
Average Numb									
	N	ormai 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	241	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	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- Loveleaf Cleaning, Alisa

Schaeffer

Applicant

Alisa Schaeffer, Sole Proprietor (100% owner)

Business Description

Loveleaf Cleaning, LLC is a home cleaning business that primarily used eco-conscious and "green" cleaning products prior to the pandemic. Today, the business has shifted its focus to have safety of the customer and staff at the forefront, while maintaining green cleaning supplies wherever possible.

Eligibility

Location: 128 Parish Lane, Lake Katrine NY

For-profit: Yes

Pre-COVID: Operating Current: Operating

Distress: Lost customers due to financial stress and safety concerns due to covid.

Increased expenses and decreased profit. Net profit decreased 65%

from 2019 to 2020

L/M Micro: Yes

L/M Jobs: Project retains sole proprietor's business. Qualifies due to income.

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

Use of Funds

PPE, inventory, and marketing of services to attract new clients after COVID loss.

CDBG Underwriting

This institution is an equal opportunity provider, employer, and lender.

Project Costs – Applicant will use grant funds for PPE, inventory, and marketing. 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 cleaning business was operating successfully but then faced a decrease in clientele as well as a huge spike in operating costs. With this assistance, the business appears to be financially viable moving 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 Sole proprietor business that meets LMI qualifications
- Marketing costs

Recommendation

Applicant can be conditionally approved for a grant of up to \$35,000 based on being a Microenterprise with a low-moderate income owner. Based on eligible expenses, the maximum allowable grant award could be \$10,600