

**FORM 1-6B**  
**MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM**

<b>Section I – CDBG Recipient Information</b>				
Recipient Name		CDBG #		
<b>Duplication of Benefits (CDBG-CV Projects ONLY)</b> - Has the DOB form been submitted for this business to OCR before/with this set up form? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please attach to this form.				
<b>Section II – Business Information</b>				
Business Name		Business DUNS		
Owner Name				
Owner Name				
Business Address				
		NY	ZIP + 4	
Type of Business				
Total Number of Current Employees Including the Owner(s)				
Date Business Owner Completed Entrepreneurial Training				
Date Business was Awarded Microenterprise Assistance by Recipient				
Is this a Start-Up or Existing Business?		Start-Up <input type="checkbox"/>	Existing <input type="checkbox"/>	
Year Business Established				
Is the Business Located in a NY Main Street Target Area Program?				Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Section III – National Objective Information</b>				
The business must meet one of the following in order to be eligible for a NYS CDBG Microenterprise 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)				
<b>LMJ - LOW/MOD CREATION</b> 24 CFR 570.208(a)(4): Activities designed to create/retain permanent FTE jobs, at least 51% of which employ LMI persons.				
If LMJ: <input type="checkbox"/> Jobs will be made available to LMI Persons <input type="checkbox"/> Jobs will be held by LMI persons				
<b>LMCMC - LOW/MOD LIMITED CLIENTELE MICROENTERPRISE</b> 24 CFR 570.208(a)(2)(iii): Activities that are carried out under 24 CFR 570.201(o) and the owner(s) /entrepreneur(s) are LMI persons.				
<b>Section IVa – Job Creation Information</b>				
If the business is proposing to meet the LMJ National Objective, complete the chart below for each job title to be created.				
Job Classification Title and Skills Required	Full – Time Jobs		Part – Time Jobs	
	Total #	Total # LMI	Total #	Total # LMI
Total				
<b>Average Number of Hours Worked Per Week for Part-Time Jobs:</b>				
<b>Normal Hours of Operation:</b>				

<b>Section IVb – Job Retention Information (CDBG-CV Projects Only)</b>					
<b>Retention Eligibility</b> – Has a financial analysis been submitted for this business to OCR before/with this set up form? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 #	Total # LMI		
				Normal Hours of Operation:	
<b>Section V – Scope of Work:</b> Please provide a brief scope of work for the business.					
<b>Section VI – COVID Connection (CDBG-CV Projects Only):</b> Please explain how the proposed business activities will prepare, prevent, and/or respond to COVID 19. Attach additional pages as needed.					
<b>Section VI – Project Cost Information</b>					
Use of Funds	Source Of Funds				
	NYS CDBG	Equity	Other	Other	Subtotal
Direct Assistance to Business					
% of Total Project Cost					
Entrepreneurial Training					
Program Delivery					
Total Amount of Funding					
<b>Section VII – Certification of Microenterprise Business Project Summary Form</b>					
I certify that, to the best of my knowledge, this project summary is an accurate and truthful reporting of project details.					
Typed Name of Chief Elected Official					
Signature of Chief Elected Official					
Date		CEO Title			
Prepared by	Name				
	E-Mail				
	Phone		Date		