

**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        |   |          |