

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 <input type="checkbox"/> No <input type="checkbox"/> 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 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"/> |
| Section III – National Objective Information | | | | |
| 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) | | | | |
| LMJ - LOW/MOD CREATION 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 | | | | |
| LMCMC - LOW/MOD LIMITED CLIENTELE MICROENTERPRISE 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. | | | | |
| Section IVa – Job Creation Information | | | | |
| 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 | | | | |
| Average Number of Hours Worked Per Week for Part-Time Jobs: | | | | |
| 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 <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: | |
| | | | | | |
| Section V – Scope of Work: Please provide a brief scope of work for the business. | | | | | |
| | | | | | |
| Section VI – COVID Connection (CDBG-CV Projects Only): Please explain how the proposed business activities will prepare, prevent, and/or respond to COVID 19. Attach additional pages as needed. | | | | | |
| | | | | | |
| Section VI – Project Cost Information | | | | | |
| Use of Funds | Source Of Funds | | | | |
| | NYS CDBG | Equity | Other | Other | Subtotal |
| | | | | | |
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| | | | | | |
| Direct Assistance to Business | | | | | |
| % of Total Project Cost | | | | | |
| Entrepreneurial Training | | | | | |
| Program Delivery | | | | | |
| Total Amount of Funding | | | | | |
| Section VII – Certification of Microenterprise Business Project Summary Form | | | | | |
| 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 | | |