

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

Section I – CDBG Recipient Information				
Recipient Name		CDBG #		
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="radio"/>	Existing <input type="radio"/>		
Year Business Established				
Is the Business Located in a NY Main Street Target Area Program?	Yes <input type="radio"/>	No <input type="radio"/>		
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)				
<input type="radio"/> LMJ- LOW/MOD CREATION 24 CFR 570.208(a)(4): Activities designed to create permanent FTE jobs, at least 51% of which employ LMI persons.				
If LMJ: <input type="radio"/> Jobs will be made available to LMI Persons <input type="radio"/> Jobs will be held by LMI persons				
<input type="radio"/> 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 IV – Job 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 V – Scope of Work – Please provide a brief scope of work for the business:

Section VI – Project Cost Information

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					

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	