FORM 1-6B MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

Section I – CDBG Recipient Information									
Recipient Name			(CDB	G #				
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 \(\bigcap\) No \(\bigcap\) If no, please attach to this form.									
Section II – Business Information									
Business Name	Business DUNS/UEI								
Owner Name(s)									
Business Address	Street Address								
	City NY ZIP + 4								
Type of Business	NAICS Industry Category								
	mber of Current Employees Including the Owner(s)								
Date Business Owner Completed Entrepreneurial Training									
Date Business was Awarded Microenterprise Assistance by Recipient									
Was a Full Environmental Assessment conducted at the programmatic level for this project? Yes No									
If YES , what date was the Tier 2 review conducted on the business?									
	or Existing Business? Start-Up								
Year Business Established									
Is the Business a NYS certified M/WBE firm? Yes, M/BE Yes, W/BE No							🗖		
Is the Business Located in a NY Main Street Target Area Program? Yes No No									
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									
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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	OLIU D		Full -	- Tin	ne Jobs		Part –	Time Jobs	
	Skills Require	a	Total #	#	Total #L	MI	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 No If no, please attach to this form. Full – Time Jobs Part – Time Jobs Average Number of Hours Worked Per Week for											
i uii — i	lifie Jobs	rait –	Tillie Jobs		Part-Time Jobs:						
Total #	Total # LMI	Total #	Total # I	LMI	1 1110 11110 00110						
						Normal	Hours of Ope	eration:			
Section V – Scope of Work: Please provide a brief scope of work for the business.											
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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 VII – Project Cost Information											
Section vii	- Project Cos	t informatio	on								
		Source Of Funds									
Use of Funds		NYS	CDBG	Fo	uity	Other	Other	Subtotal			
					laity	Other	Other	Gubtotai			
Direct Assis	stance to Busine	ess									
% of Total	Project Cost										
Program D	-										
	unt of Funding										
	I – Certification		nternrise	Rusi	ness Pi	roject Summ	ary Form				
			<u>-</u>					ting of project details			
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											
	or Chief Elected	Official		1							
Date			CEO Ti	tle							
Prepared by	Name										
	E-Mail										
	Phone					Date					