

FORM 1-6B
MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM INSTRUCTIONS

This form is business specific and must be submitted prior to/along with any NYS CDBG funds requested.

Section I – CDBG Recipient Information

1. Recipient Name
Enter the City/Town/Village/County that was awarded the CDBG microenterprise funds.
2. CDBG #
Enter the OCR assigned CDBG project number, i.e., 555ME300-15.
3. COVID-19 Related
Select Yes or No.
If Yes, select Microenterprise and/or Small Business.
4. Approved revised program design plan on file with the OCR?
Select Yes if a revised program design plan has been submitted to OCR after the time of application.
Select No if program design plan has remained the same since time of application.
5. If CDBG-CV Project – Has the Duplication of Benefits (DOB) form been submitted for this business to OCR before/with this set up form?
Select Yes if a DOB form has been submitted before or with the set-up form.
Select No if a DOB form has not submitted in any way for this business.

Section II – Business Information

1. Business Name
Enter the name of the business that is receiving CDBG microenterprise assistance.
2. Business DUNS
Enter the nine (9) digit business DUNS number.
3. Owner Name
Enter the name(s) of the business owners
4. Business Address
Enter the physical address for the business that is receiving CDBG assistance, include the City/Town/Village.
5. ZIP + 4
The full nine (9) digit ZIP code must be provided.
6. Type of Business
Enter the type of business, such as agribusiness, restaurant, retail, etc.
7. Total Number of Current Employees Including Owner(s)
Enter the total number of current employees (both FT and PT) including owner(s).
8. Date Business Owner Completed Entrepreneurial Training
Enter the date the business owner completed entrepreneurial training. If not completed, enter <expected completion date/TBD>
9. Date Business was Awarded Microenterprise Assistance by Recipient
Enter the date the business was formally awarded by the municipality, through resolution or other formal approval process. This date should be prior to submission of this form.
10. Is this a Start-Up or Existing Business?
Select Start-Up (if in operation for less than six (6) months at the time of application) or Existing.
11. Year Business Established
Enter the year the business was established.
12. Is the Business Located in a NY Main Street Target Area Program?
Select Yes or No.

Section III – National Objective Information

1. LMJ – Low/Mod Creation OR LMCMC – Low/Mod Limited Clientele Microenterprise
Select either LMJ or LMCMC.
If LMJ, select Job will be made available to LMI Persons and/or Jobs will be held by LMI persons

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Section IV – Job Information

1. Job Classification Title and Skills Required
Enter the job titles and skills required for the positions proposed to be created
2. Full-Time Jobs and Part-Time Jobs
Enter the number of proposed FT/PT jobs proposed.
For Total # column, enter the total number of proposed jobs for the corresponding FT/PT job title.
For Total #LMI column, enter the total number of proposed LMI jobs for the corresponding FT/PT job title.
3. Average Number of Hours Worked Per Week for Part-Time Jobs
For any PT jobs, enter the average number of hours per week for the positions proposed.
4. Normal Hours of Operation
Enter the normal business hours of operation.

Section V – Scope of Work

1. Scope of Work
Provide a brief scope of work for the business. Also include any relevant details for the proposed project. Include details for all project activities, not just those funded by CDBG.

Section VI – CDBG-CV Projects Only

1. COVID 19 Summary
Provide a brief summary of how the proposed business will specifically prepare, prevent, and/or respond to COVID 19.

Section VII – Project Cost Information

2. Use of Funds
Enter each use of funds for the total project.
3. Source of Funds
For each source of funds, enter the budget for each corresponding use of funds.

Section VIII – Certification of Microenterprise Business Project Summary Form

1. Typed Name of Chief Elected Official
Enter the typed name of the CEO
2. Signature of Chief Elected Official
Enter the signature of the CEO
3. Date
Enter the date of CEO signature
4. CEO Title
Enter the title for the CEO
5. Prepared By
Enter the name, email, phone for the person completing the form and date completed.