

**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/UEI                 |                                   |                              |                             |
| Owner Name(s)  |  |                                   |                                   |                              |                             |
| Business Address   |  | Street Address                    |                                   |                              |                             |
|  |  | City                              | NY                                | ZIP + 4                      |                             |
| Type of Business   |  | NAICS Industry Category           |                                   |                              |                             |
| Total Number 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 <input type="checkbox"/> No <input type="checkbox"/>   |  |                                   |                                   |                              |                             |
| If YES, what date was the Tier 2 review conducted on the business?   |  |                                   |                                   |                              |                             |
| Is this a Start-Up or Existing Business?   |  | Start-Up <input type="checkbox"/> | Existing <input type="checkbox"/> |                              |                             |
| 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 <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) |  |                                   |                                   |                              |                             |
| <input type="checkbox"/>   | <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  |  |                                   |                                   |                              |                             |
| <input type="checkbox"/>   | <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   | Skills Required  | Full – Time Jobs                  |                                   | Part – Time Jobs             |                             |
|  |  | Total #                           | Total # LMI                       | Total #                      | Total # LMI                 |
|  |  |                                   |                                   |                              |                             |
|  |  |                                   |                                   |                              |                             |
|  |  |                                   |                                   |                              |                             |
|  |  |                                   |                                   |                              |                             |
|  |  |                                   |                                   |                              |                             |
| <b>Total</b>   |  |                                   |                                   |                              |                             |
| <b>Average Number of Hours Worked Per Week for Part-Time Jobs:</b>   |  |                                   |                                   |                              |                             |
| <b>Normal Hours of Operation:</b>  |  |                                   |                                   |                              |                             |

