

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.

Highlighted sections in blue on the 1-6B form are relevant for CDBG CV projects only. Open round Economic Development, Small Business, and Microenterprise projects can skip these areas.

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. Duplication of Benefits (CDBG-CV Projects Only) - 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.
 - If no, also attach DOB form with 1-6B form.

Section II – Business Information

1. Business Name
Enter the name of the business that is receiving CDBG microenterprise assistance.
2. Business DUNS or UEI
Enter the nine (9) digit business DUNS number or enter UEI.
3. NAICS (Industry Code)
Enter Two digit NAICS Category. The category number refers to the **first two digits** of the 6 digit NAICS code for that business. See link here to find category code for the business:
<https://www.naics.com/search/>
4. Owner Name
Enter the name(s) of the business owners
5. Business Address
Enter the physical address for the business that is receiving CDBG assistance, include the City/Town/Village.
6. ZIP + 4
The full nine (9) digit ZIP code must be provided.
7. Type of Business
Enter the type of business, such as agribusiness, restaurant, retail, etc.
8. Total Number of Current Employees Including Owner(s)
Enter the total number of current employees (both FT and PT) including owner(s).
9. Date Business Owner Completed Entrepreneurial Training
Enter the date the business owner completed entrepreneurial training. If not completed, enter <expected completion date/TBD>
10. 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.
11. Was a Full Environmental Assessment conducted at the programmatic level for this project?
Select **Yes** if a full environmental assessment was conducted for the project.
 - a. If **Yes**, include the date a Tier 2 (Form 2-6) review was conducted on the business.Select **No** if a different environmental assessment was done (i.e. Cat Ex B)
12. 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.
13. Year Business Established
Enter the year the business was established.
14. 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**.

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If LMI, select Job will be made available to LMI Persons and/or Jobs will be held by LMI persons

Section IVa – Job Creation 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 Created
Enter the number of proposed FT/PT jobs to be created.
For Total # column, enter the total number of proposed jobs created for the corresponding FT/PT job title.
For Total #LMI column, enter the total number of proposed LMI jobs created 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 created positions proposed.
4. Normal Hours of Operation
Enter the current normal business hours of operation.

Section IVb – Job Retention Information (CDBG-CV Projects Only)

1. Retention Eligibility - Has a financial analysis been submitted for this business to OCR before/with this set up form?
Select **Yes** if a financial analysis explanation or narrative has been submitted before or with the set-up form.
Select **No** if a financial analysis has been not been submitted in any way for this business.
 - If no, also attach financial analysis explanation or narrative.
2. Full Time Jobs and Part-Time Jobs Retained
Enter the number of proposed FT/PT jobs to be retained
For Total # column, enter the total number of proposed jobs retained.
For Total #LMI column, enter the total number of proposed LMI jobs retained.
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 retained positions proposed.
4. Normal Hours of Operation
Enter the current 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 – COVID Connection (CDBG-CV Projects Only)

1. COVID 19 Summary
Please explain how the proposed business will specifically prepare, prevent, and/or respond to COVID 19. Attach additional pages as needed.

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

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5. Prepared By

Enter the name, email, phone for the person completing the form and date completed.