

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

Section I – CDBG Municipality Information					
Municipality Name		CDBG #			
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 Code)			
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	No <input type="checkbox"/>	
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="checkbox"/>	LMJ - LOW/MOD CREATION 24 CFR 570.208(a)(4): Activities designed to create/retain permanent FTE jobs, at least 51% of which employ LMI persons.				
<i>If LMJ</i>	<input type="checkbox"/> Jobs will be made available to LMI Persons		<input type="checkbox"/> Jobs will be held by LMI persons		
<input type="checkbox"/>	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.				
<i>If LMCMC</i>	Date majority of business ownership (at least 51%) was LMI verified				
Section IV – 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	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:					

