Microenterprise Business Set Up Form

Municipality Name			CDBG #		
Business Name			dba		
Business Owner		%	Business Owner		%
Business Owner		%	Business Owner		%
Business Address					
Start-Up or Existing Business? Select		Home-based business? Select		Seasonal business? Select	
Previously Awarded CDBG funds? Select			Minority or Woman Owned business (MWBE)? Select		
# of Employees Including Owner(s)		NAICS Code	Select	UEI #	
Business Award Date		Training Completion Date		Tier II Date Review (if applicable)	

National Objective	Select	If LMCMC	• date 51% of ownership verified as LMI		• tax returns uploaded to Procorem ☐

If LMJ, indicate proposed job creation accomplishments below.		Average hours worked per week for any Part-Time jobs		
Job Classification Title	Skills Required	# Full-Time Jobs to create	# Part-Time Jobs to create	LMI Status
	Select			Select
	Select			Select
	Select			Select

Scope of Work
How does the selection of this business and project scope of work align with the local program design?

Use of Funds	Source of Funds			
	CDBG	Equity	Other	Subtotal
Select				0.00
Select				0.00
Select				0.00
Select				0.00
Direct Assistance to Business	0.00	0.00	0.00	0.00
Owner Equity %		0%		
Program Delivery				0.00
Total Amount of Funding	0.00	0.00	0.00	0.00

I certify that, to the best of my knowledge, this project summary is an accurate and truthful reporting of project details.

Recipient Name		Title	
Recipient Signature		Date	
Prepared By - Name		Date	

Microenterprise Business Set Up Form Instructions

This form is business specific and must be submitted prior to any NYS CDBG disbursements.

1. Municipality 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., 555ME300-26.
3. Business Name and dba
   Enter the name of the business receiving funding. If there is an LLC that operates under a different name, enter the name of the LLC in the business name field and then the name the business operates under in the dba field, i.e. John Smith Paper dba Custom Paper Products
4. Business Owner(s)
   Enter name and percentage of ownership for each owner
5. Business Address
   Enter the physical address for the business that is receiving CDBG assistance, include the City/Town/Village.
6. Start-up or Existing Business
   A start-up is defined as a business that has been in operation for less than 6 mos. Select start-up or existing from the dropdown.
7. Home-based Business
   A business is considered home-based if operated out of a business owner(s) residence. Select yes or no from the dropdown.
8. Seasonal Business
   A business is considered seasonal if the majority of its revenue is generated during a limited window of the year or regular services are suspended during a window of the year. Select yes or no.
9. Previously Awarded Business
   The business has received Microenterprise funding before the current award regardless of municipality or year. Select yes or no.
10. Minority or Women Owned Business (MWBE)
    A business is defined as a MWBE is owned, operated, and controlled by women and/or members of designated minority groups. Select yes or no.
11. Total Number of Current Employees Including Owner(s)
    Enter the total number of current employees (both FT and PT) including owner(s).
12. 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/
13. Business UEI
    Enter the Unique Entity ID, a 12-character alphanumeric code issued through SAM.gov Entity Registration Portal.
14. Business Award Date
    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.
15. Training Completion Date
    Enter the date the business owner completed entrepreneurial training.
16. Tier II Date Review (if applicable)

For programs that performed a Full Environmental Assessment, include the date that a Tier II, site-specific environmental review was completed.

17. National Objective
    Low/Mod Job Creation (LMJ) for businesses that plan to create 1 Full-Time Equivalent. Low/Mod Clientele (LMCMC) for businesses where the majority (at least 51%) ownership is held by a low/mod person. Select either LMJ or LMCMC.
18. If LMCMC:
    • date 51% of ownership verified as LMI - If business is meeting the National Objective of LMCMC, include date that income eligibility was determined.
    • tax returns uploaded to Procorem - The National Objective of LMCMC is determined by the business owner(s) most recent tax returns. Indicate that the business owner(s) tax returns have been submitted to the municipality's Procorem work center by checking the box.
19. If LMJ, indicate proposed job creation accomplishments below
    In the provided table, list each position that will be created under Job Classification Title. Under Skills Required, indicate if the position will require any experience, education, or skills. Under # Full-Time jobs to create and # of Part-Time jobs to create, indicate how many full-time and part-time job will be hired for that position. Under LMI Status, select whether the position will be considered a low/mod (entry level) position.
20. Average hours worked per week for any Part-Time jobs
    If LMJ, for any part-time jobs, enter the average number of hours per week for the created positions proposed.
21. Scope of Work
    Provide a scope of work for the business. Include details on business services, the type of business (e.g. flower shop, bakery, bike shop), use of CDBG funding, impact of funding, how the funds will help the business expand or relocate, and any other relevant details. The scope of work must provide context on the project to help understand the impact of CDBG funds.
22. How does the selection of the business and project scope of work align with the local program design?
    Referencing the Program Design Plan, provide corresponding details on how the business award furthers economic development opportunities and supports local need.
23. Use of Funds
    Using the dropdowns, please indicate the use of CDBG funding. If ‘Other’ is selected, include details in Scope of Work portion of the form.
24. Source of Funds
    For each source of funds, enter the budgeted amount. Equity match must be at least 10% of CDBG funding.
25. Recipient Name
    Enter the typed name of the municipal employee (e.g. clerk, planner, treasurer).
26. Title
    Enter the title of the municipal employee
27. Recipient Signature
    Enter a digital signature of the municipal employee
28. Date
    Enter the date the municipal employee certified the business information
29. Prepared By
    Enter the name of the person responsible for completing the form
30. Date
    Enter the date the form was prepared