

ACTIVITY DETAIL**RECIPIENT NAME:****ACTIVITY NAME (or business to be assisted):**All activities must be completed within the specified project completion period of **24 months**.

(1) PROPOSED ACCOMPLISHMENTS	PROPOSED NUMBER:	(2) TYPE OF JOB:	CREATED
CREATED		OFFICIALS AND MANAGER	
NEW FULL-TIME JOBS TO BE CREATED		PROFESSIONALS	
NEW FULL-TIME LMI JOBS TO BE CREATED		TECHNICIANS	
NEW PART-TIME JOBS TO BE CREATED		SALES	
NEW PART-TIME LMI JOBS TO BE CREATED		OFFICE AND CLERICAL	
AVERAGE # OF HOURS WORKED PER WEEK PER PART-TIME JOB CREATED		CRAFT WORKERS (SKILLED)	
		OPERATIVE WORKERS (SEMI-SKILLED)	
		LABORERS (UNSKILLED)	
		SERVICE WORKERS	
		NUMBER OF JOBS WITH EMPLOYER SPONSORED HEALTH CARE BENEFITS:	

(3) <u>FOR MICROENTERPRISE PROGRAMS ONLY</u>	<u>PROPOSED NUMBER:</u>
TOTAL NUMBER OF NYS CDBG MICRO GRANTS TO BE ISSUED (the number of microenterprises the program will assist)	
OF THE TOTAL, ENTER THE # OF LOW- AND MODERATE-INCOME BUSINESS OWNERS TO BE ASSISTED BY THE PROGRAM (meeting the LMCMC National Objective)	

(4) PROJECT BUDGET					
USE OF FUNDS	SOURCE OF FUNDS				
	CDBG \$ Requested	Source _____	Source _____	Source _____	TOTAL
Item:	\$	\$	\$	\$	\$
Training					
Grant Administration					
Program Delivery					
TOTAL	\$	\$	\$	\$	\$

ACTIVITY DETAIL INSTRUCTIONS – ECONOMIC DEVELOPMENT & SMALL BUSINESS

Recipients must complete an Activity Detail Form. **Complete only Tables 1, 2, and 4 for Economic Development or Small Business projects.** This proposed accomplishment data will become part of the Grant Agreement between the applicant and the New York Housing Trust Fund Corporation’s Office of Community Renewal.

Table (1) Proposed Accomplishments:

Identify if the jobs to be created as a result of the proposed project meet a National Objective by being made “available to” LMI persons or if the job will be “taken by” persons from LMI households. If jobs will be “taken by” persons from LMI households a description of the businesses hiring practices must be included in the application. The businesses hiring practice must clearly outline how a minimum of 51% of the jobs to be created will be filled by persons of LMI households. Provide the proposed number of new full-time jobs to be created and the proposed number of part-time jobs to be created within 24 months. For part-time jobs, provide the average number of hours worked per week.

Table (2) Type of Job:

Identify the type of job for each full-time and part-time job listed in Section 1. Also, provide the number of jobs with employer sponsored health care benefits.

Table (4) Project Budget:

SOURCE OF FUNDS: List each of the sources of funding at the top of each column.

USE OF FUNDS: List each budget item for the project, for example: acquisition, construction, machinery & equipment, working capital, etc. Program delivery and Grant Administration costs combined should not exceed \$16,000.

ACTIVITY DETAIL INSTRUCTIONS – MICROENTERPRISE

Recipients must complete an Activity Detail Form. **Complete only Tables 1, 3, and 4 for Microenterprise Programs.** This proposed accomplishment data will become part of the Grant Agreement between the applicant and the New York Housing Trust Fund Corporation’s Office of Community Renewal.

Table (1) Proposed Accomplishments:

Provide the proposed number of new full-time jobs to be created and the proposed number of part-time jobs to be created within 24 months. For part-time jobs, provide the average number of hours worked per week.

Table (3) For Microenterprise Programs Only:

Identify the total number of NYS CDBG grants the applicant proposes to issue to microenterprises. Of the total number of grants to be issued, enter the number of business owners who will qualify as LMI.

Table (4) Project Budget:

SOURCE OF FUNDS: List each of the sources of funding at the top of each column.

USE OF FUNDS: List each budget item for the project, for example: acquisition, construction, machinery & equipment, working capital, etc. Training, Program Delivery and Grant Administration costs cannot exceed a total of **25% of the total CDBG grant** amount. Of the 25% maximum, administrative costs cannot exceed 5% of the total CDBG grant amount.