

**NYS HOUSING TRUST FUND CORPORATION  
OFFICE OF COMMUNITY RENEWAL  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
ECONOMIC DEVELOPMENT PROGRAMS**

**ECONOMIC DEVELOPMENT PRE-SUBMISSION FORM**

*For information on the Office of Community Renewal's Economic Development Programs, refer to the NYS CDBG Economic Development Program Guidelines on our website [www.nysher.gov](http://www.nysher.gov). Prior to submitting a pre-submission form, contact an Office of Community Renewal Economic Developer at (518) 474-2057 to discuss the proposed project and completion of the form.*

**1. APPLICANT:**

Community Name: \_\_\_\_\_ County: \_\_\_\_\_

Chief Elected Official: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**2. SUBRECIPIENT: (if applicable)**

Name: \_\_\_\_\_

Chief Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**3. PRE-SUBMISSION PREPARER:**

Name: \_\_\_\_\_ Organization & Title: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**4. PROGRAM ACTIVITY:** (Check one)  Economic Development  Small Business  Microenterprise

**5. PROJECT SUMMARY:**

a. **Economic Development or Small Business Assistance proposals:** Provide a brief summary that includes a description of the business, its history and the type of product(s)/services, clientele, geographic area served; and, if applicable, current number of employees; the proposed project; project financing needs including the funding gap. Additionally, provide a brief, but detailed description of how the proposed project would achieve the CDBG National Objective of creating job opportunities for person from LMI families in your community. If the proposed project involves public infrastructure activities, provide a brief summary of the activity(s) proposed including the conditions that currently exist and a description of the benefit to be provided. Also include appropriate quantifiable information such as the businesses impacted.

b. **Microenterprise proposals:** Provide a brief description of the: proposed or existing program; implementation plan; and each business, if identified and/or activity seeking funding, including any unique aspects. Additionally, provide a brief, but detailed description of how the proposed project or program would achieve the CDBG National Objective and identify the local program(s) that will be used to satisfy the entrepreneurial assistance training requirement.

**6. CDBG NATIONAL OBJECTIVE:**

**a. Economic Development and Small Business proposals:**

Enter the number of jobs to be created and/or retained within a **24 month** timeframe. At least 51% of the jobs must benefit persons from low- to moderate-income households.

Business Name & Address: \_\_\_\_\_

<b>CREATED</b>	<b>RETAINED</b> (Jobs that will be lost without CDBG funding)

**b. Microenterprise Assistance proposals:**

Enter the proposed # of microenterprises to be assisted: \_\_\_\_\_

**7. PRELIMINARY BUDGET (USE & SOURCE OF FUNDS):**

PROJECT (Business) or PROGRAM:						
USE OF FUNDS	SOURCE OF FUNDS					SUB-TOTAL
	NYS CDBG					
Administration*						
Program Delivery*						
<b>TOTAL PROJECT COSTS</b>						

\* For Economic Development and Small Business Assistance Projects, program delivery and administrative costs **may not exceed \$16,000** of the total CDBG funds requested.

\* For Microenterprise Programs, administration, program delivery and training 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 requested.

I certify, to the best of my knowledge, that the information provided in the pre-submission form and the related attachments are true and accurate as of the stated date. I authorize OCR to make inquiries as necessary to verify the accuracy of the statements made and to evaluate this proposal for NYS CDBG Economic Development funding.

\_\_\_\_\_  
Chief Elected Official Signature  
or designated agent

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Date