

FORM 1-4B

MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM INSTRUCTIONS

A microenterprise is defined as a commercial enterprise that has five (5) or fewer employees, one (1) or more of which is the principal and owns the enterprise at the time of application.

For all microenterprises awarded after January 1, 2009, the Microenterprise Business Project Summary Form must be submitted when requesting funds for the first time for each microenterprise. The Microenterprise Business Project Summary Form should be submitted with a Request for Funds Form (Form 1-4) and a Disbursement Form (Form 1-4A). The Requests for Funds Form, Disbursement Form, and the Microenterprise Business Project Summary Form may be faxed to your OCR Economic Developer for processing. Retain a copy of the forms for your files.

1. RECIPIENT INFORMATION

Recipient Name – Enter the name of the recipient (City, Town, Village of).

Project Number – Enter the OCR assigned project number.

2. BUSINESS INFORMATION

Business Name – Enter the name of the microenterprise.

Business DUNS # – Enter the DUNS number for the microenterprise. A DUNS number can be obtained at www.dnb.com or by calling 1-800-234-3867. The business can obtain the DUNS # at no cost, since they are a recipient of federal funds.

Name of Business Owner(s) – Enter the name(s) of the owner(s) of the microenterprise.

Business Address – Enter the street address, including zip code, of the microenterprise.

Type of Business – Enter the type of business.

Total Number of Current Employees Including Owner(s) – Enter the total number of employees employed by the microenterprise at the time of application, including the owner(s). This includes all part-time and full-time employees currently on payroll.

Date Business Owner Completed Entrepreneurial Training – Enter the date the microenterprise owner completed the entrepreneurial training requirement. The training requirement must be satisfied by at least one owner prior to the drawdown of project-specific microenterprise funds.

Date Business was Awarded Microenterprise Grant by Recipient – Enter the date the microenterprise was awarded a NYS CDBG Microenterprise Program grant from the Recipient.

Start-Up or Existing Business – Check the corresponding box for whether the microenterprise is a new (start-up) or existing business. If the microenterprise was in existence prior to receiving assistance, provide the year the business was established.

NY Main Street Program Target Area – Check yes or no for whether or not the microenterprise is located in a NY Main Street Program Target Area.

3. **NATIONAL OBJECTIVE INFORMATION**

Each business must meet the definition of the National Objective selected and evidence must be provided by the microenterprise and retained in the project file. Check the box that corresponds with the National Objective being claimed.

If a microenterprise will be creating jobs (LMJ), at least 51% of the jobs must either be held by and/or made available to persons from low- and moderate- income families. Identify if the position(s) to be created will be made available to LMI person(s) or if the job(s) will be filled by LMI person.

- “available to” – A job is considered to be made available to a LMI person if the position does not require any special skills acquired from substantial training or work experience, and education beyond high school is not a prerequisite to employment. Also, the assisted business must take actions to ensure that LMI persons receive first consideration for filling such jobs.
- “held by” – A job is considered to be taken by a LMI person if, at the time their employment starts, that person is a member of a family whose income falls at or below the applicable Section 8 Program income limits. (Reference www.huduser.org/datasets/il.html for the most current limits.)

4. **JOB INFORMATION**

Complete this chart only if the business is proposing to meet the LMJ National Objective.

Job Classification Title and Skills Required – Enter the job title and description of the position. The description should clearly define the skills and experience required of the job title, if any.

Full-time – Enter the number of jobs in each title that will be full-time. Enter the number of full-time jobs that will be made available to or taken by low- and moderate- income persons.

Part-time – Enter the number of jobs in each title that will be part-time. Enter the number of part-time jobs that will be made available to or taken by low- and moderate- income persons.

Total – Leave this area blank. (This field self populates.)

Average Number of Hours worked Per Week for Part-Time Jobs – Enter the average number of hours worked for part-time positions.

5. PROJECT COST INFORMATION

Use of funds – Enter all uses of funds for the project.

Sources of funds – Enter all sources of funds committed to the project and the respective amounts designated to each use.

Project Total – Leave this area blank. (This field self populates.)

% of Total Project Cost – Leave this area blank.

Program Delivery – Enter the amount of CDBG funds allocated to the delivery of this microenterprise business project.

Training Reimbursement – Enter the amount of CDBG funds allocated to the reimbursement of the owner’s cost to complete the Entrepreneurial Training Program.

Total Amount of Funding – Leave this area blank. (This field self populates.)

6. CERTIFICATION OF MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

Typed Name of Form Preparer – Enter the name and title of the preparer of the Microenterprise Business Project Summary Form.

Signature of Chief Elected Official – The Chief Elected Official must sign and date the form.