

FORM 1-4

REQUEST FOR FUNDS

SECTION I-CDBG RECIPIENT INFORMATION		
Project Number	Drawdown Number	Total Amount Requested
Name & Address of Recipient		

SECTION II-FINANCIAL INFORMATION (CDBG FUNDS ONLY)				
BUDGETED ACTIVITIES	A Total Amount Budgeted	B Total Amount Requested Prior to this Draw	C Total Amount Requested for this Draw	D Balance Remaining After this Draw
1. ADMINISTRATION				
	% of Total Grant	% of Column A		
2. PROGRAM DELIVERY (TOTAL)				
a. Program Delivery – Housing Rehabilitation				
b. Program Delivery – all Other Activities				
	% of Total Grant	% of Column A		
3. PROGRAM ACTIVITY (IES)				
a. Engineering				
	% of Total Grant	% of Column A		
4. TOTAL				
5. BALANCE OF CDBG FUNDS IN ACCOUNT			Remarks	
6. AMOUNT REQUESTED AND NOT RECEIVED				
7. AMOUNT REQUESTED AND RECEIVED (4B-6B)				

SECTION III - LOCAL APPROVAL (AUTHORIZED SIGNATURES ONLY)		
Date	Signature	Title
Date	Counter Signature	Title

SECTION IV- OFFICE OF COMMUNITY RENEWAL APPROVAL (OFFICE USE ONLY)	
Date Received _____ IDIS # _____	Approved: _____ IDIS Input Date: _____ IDIS Voucher: _____
1) Request per OCR Approved Budget and Project Schedule: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, provide an explanation)	
2) <input type="checkbox"/> Verified authorized signatures and the availability of funds	
3) <input type="checkbox"/> Release of Funds/Concurrence Approval Date: _____	
4) <input type="checkbox"/> Not on Funds suspended list	
5) Evidence of Davis Bacon Compliance: <input type="checkbox"/> Received Date Received: _____ <input type="checkbox"/> N/A for this Project <input type="checkbox"/> N/A for this request	
I have reviewed the required documentation and authorized the processing of this Request for Funds: CD/ED: _____ Date: _____	
Comments: _____	

FORM 1-4B

MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

1. RECIPIENT INFORMATION

Recipient Name: _____ Project #: _____

2. BUSINESS INFORMATION

Business Name: _____ Business DUNS #: _____

Name of Business Owner(s): _____

Business Address: _____ Type of Business: _____

Total Number of Current Employees Including Owner(s): _____ Date Business Owner Completed Entrepreneurial Training: _____

Date Business was Awarded Microenterprise Grant by Recipient: _____

Please check the box which describes the business:

- Start-Up Existing Business
The year the business was established: _____

Is the business located in a NY Main Street Program Target Area?

- Yes No
-
-

3. 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 low- to moderate-income job or if the owner(s) is low- to moderate-income.

- LMJ- LOW/MOD CREATION** 24 CFR 570.208(a)(4): Activities designed to create permanent full-time equivalent (FTE) jobs, of which 51% benefit low- and moderate- income persons.

- Jobs will be “made available” to LMI persons

OR

- Jobs will be “held by” LMI persons

- 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 low- and moderate- income persons.

Recipient Name: _____ Business Name: _____

4. JOB INFORMATION

If the business is proposing to meet the LMJ National Objective, complete the chart below for each job classification to be created.

Job Classification Title and 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: _____				

5. PROJECT COST INFORMATION

Use of Funds	Source Of Funds				
	NYS CDBG	Equity			Subtotal
Project Totals					
% of Total Project Cost					
Program Delivery					
Training Reimbursement					
Total Amount of Funding					

6. CERTIFICATION OF MICROENTERPRISE BUSINESS PROJECT SUMMARY FORM

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

 Typed Name of Form Preparer Title

 Signature of Chief Elected Official Date