



**Application**

**Application Details**

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**2424 - CDBG Economic Development- 2011 Microenterprise Development Assistance Allocation - Final**  
**2499 - CDBG- Economic Developemtn- Microenterprise Development Assistance 2011 Allocation- Sample Application**  
**CDBG- Economic Development: Microenterprise Development Assistance**

Status: Editing Submitted Date:

**Applicant Information**

**Primary Contact:**

Name:\* Dr. Test Tester  
Salutation First Name Middle Name Last Name  
 Title: Tester  
 Address: Address  
 \* City New Hampshire 22030  
City State/Province Postal Code/Zip  
 County Belknop  
 City Outside NH:  
 Phone:\* 111-111-1111  
Phone (999-999-9999) Ext.  
 alternate phone number  
 alternate phone type  
 Fax:  
 Email: [test@test.com](mailto:test@test.com)

**Organization Information**

Name: BaseLine Organization  
 Type: 501C3  
 Tax ID: 34-46654365  
 Website: www.baselineorg.com  
 Fiscal Year End:  
 Address: 45 High Street  
 City/State/Zip\* Nashua New Hampshire 03060  
City State/Province Postal Code/Zip  
 City Outside NH: Belknop  
 County: District 5 - Councilor David K. Wheeler  
 Executive Council Districts: 603-882-3616  
 Phone:\* (999-999-9999) 603-595-7414  
Ext.  
 Fax:

*This information will be used to notify the A.O on issues relating to the application and/or grant.*

**Authorized Official**

**Authorized Official Email Address**

*Don't have a DUNS #? Click [here](#) to apply.*

**DUNS Number (Required):** 99-999-9999

*Don't have a CCR #? Click [here](#) to apply.*

**CCR CAGE Number (Central Contractor Registry)**

**Project Information**

**Project Overview**

Are you using a Grant Writer  
If Yes, what is his/her name  
Grant Writer's Phone (999-999-9999)  
Grant Writer's Address  
Is this a Joint Application

**Joint Applicant**

Joint Applicant, if any  
Street Address/P.O. Box

City City County Zip Code

Contact Person  
Phone (999-999-9999)

Email  
**Sub Grantee**  
The Sponsor or Intermediary Organization (Sub grantee)  
Sub grantee DUNS#  
Street Address/P.O. Box

City City County Zip Code

Contact Person  
Phone (999-999-9999)

**Project Information**

Location of Project  
Total number of jobs Created Retained

Number of jobs that will be filled by low/moderate income beneficiaries  
Type of Economic Development Grant  
LMI Beneficiaries receiving training and technical assistance  
Expected time required for project completion  
LMI Beneficiaries receiving loans.  
LMI Beneficiaries receiving support services.  
LMI Beneficiaries receiving jobs.  
Total Unduplicated low/moderate income

beneficiaries.  
Total grant request \$0  
Project cost \$0  
Administrative costs (municipality) \$0

Total grant request/ Total number of low and moderate beneficiaries

### The Business

The Business Name

Don't know or don't have an NAICS Code? Click [here](#) to lookup or apply.

Business NAICS Codes

Don't have a DUNS #? Click [here](#) to apply.

Business DUNS #

Business TIN Number

Business Street Address/P.O.

Box

City

City

Zip Code

Contact Person

Phone

(999-999-9999)

Email

Headquarters

Type of

Business

Census

group/block/tract

## Threshold Instructions and Checklist

### Statutory Requirements (All CDBG Applications)

#### Part I – Public Noticing Requirements

Ten-calendar-day notice period met

Published in a newspaper of general circulation

Electronic or scanned tear sheet is uploaded

Documentation that Public Notice was posted in three public places is uploaded

Documentation includes dates and places posted

Documentation is signed and dated by municipality

Held prior to governing body's final action regarding the filing of the application

Public Notice states:

Specific grounds for the public hearing

Date of the public hearing

Time of the public hearing

Location of the public hearing

#### Part II – Public Hearing Requirements

Minutes of public hearing are uploaded

Handout was made available (and noted in minutes)

General explanation of CDBG was given (and noted in minutes)

Views of the Citizens were solicited (and noted in minutes)

Range of possible community development activities were described (and noted in minutes)

Amount of funds available was stated (and noted in minutes)

Submittal of CDBG application for proposed project was approved (and noted in minutes)

Chief Executive Officer (or designee) was authorized to execute any and all documents related to this CDBG project

#### Part III – Application Certification and HUD Disclosure Report

Application Certification Form complete, signed, and uploaded

HUD Disclosure Report complete, signed, and uploaded

Will project have a negative environmental impact on the project area? If yes, please contact CDFR immediately to discuss. (603) 226-2170.

#### Part IV – Residential Antidisplacement and Relocation Assistance Plan (RARA)

Plan submitted and uploaded

Certification of compliance with the Uniform Relocation Act (URA) and Section 104(d) of the Act, as amended

Minutes of the hearing at which the Plan was adopted are uploaded

#### Part V – Housing and Community Development Plan (HCDP)

Current (HCDP) is uploaded and is less than three years old

Plan is referenced in the narrative of the application

Plan identifies community development and housing needs which currently exist or are anticipated to exist in the next three years

Plan identifies short- and long-term objectives which are consistent with federal and state objectives

Plan states that as a matter of policy, the municipality will minimize the involuntary displacement of households from their neighborhoods

Minutes of the hearing at which the Plan was adopted are uploaded

Statutory public hearing requirements have been met

Statutory public notice requirements have been met

Date HCD Plan was adopted/readopted

## Thresholds Attachments

Attachment	DescriptionFile Name	TypeFile Size
1. A PDF of the original newspaper tear sheet, evidencing the newspapers name and date published		null
2. Documentation that the Public Notice has been posted in three (3) places within the community (or proposed project area if County is applying), and names of posted areas listed, signed and dated by municipality		null
3. Minutes of public hearing		null
4. Copies of Intergovernmental Agreements related to the application, that addresses which municipality will be administering the grant if awarded		null
.		
5. Completed HUD Disclosure Form 2880		null
6. Adopted RARA Plan		null
7. Current HCD Plan less than 3 years old		null
8. Most recent Audit from Grantee		null
9. Most recent Audit from Subrecipient		null
10. Map of proposed project site or service area		null
11. Non profit corporation articles of agreement and by-laws (non profit affordable housing development and non profit owner occupied service facility);		null

## Project Description

### Project Description

#### Executive Summary \*

*Provide a brief description, which is fully explained below.*

*Note: 200 character limit*

#### Detailed Narrative Description of the Project.\*

*Provide a full description of the project, including, but not limited to:*

*1. A description of the organization's experience in providing services to microenterprises*

*2. An outreach/marketing plan*

*3. Process for screening participants to determine eligibility for beneficiary status*

*4. A description of any screening and training to determine entrepreneurial potential and gaps in entrepreneurial skills*

*5. A description of business skill and peer training provided, including training outcomes*

*6. A description of any business technical assistance provided, including both scope and time of the assistance provided and identification and qualifications of the technical assistance providers*

*7. A description of any support services provided*

*8. A description of lending services provided, including the following:*

*a. a letter of commitment of lending funds and a lending budget;*

*b. cost of capital to borrower;*

*c. underwriting and lending guidelines, including screening procedures for approving loans;*

*d. procedures for loan origination, closing, disbursement and collection, including procedures for identifying problem loans;*

*e. organization's loan collection history and availability of a loan loss reserve, if any.*

*Note: 8000 character limit.*

*To save or edit this form, click Save or Edit button in the upper right hand corner of the screen. Need more help? Click Help in the upper left hand corner of the screen.*

### Management Capacity of Microenterprise Development Assistance Provider

**Please describe the organization's experience in providing business skills training to owners of microenterprises.\***

*Note: 2000 Character Limit.*

**Please describe the organization's experience in providing technical assistance to owners of microenterprises.\***

Note: 2000 Character Limit.

Please describe the organization's experience in providing support services to owners of microenterprises.\*

Note: 2000 Character Limit.

Please describe the organization's experience in providing loans to owners of microenterprises.\*

Note: 2000 Character Limit.

Please describe the organization's experience in loan processing, tracking and collection.\*

Note: 2000 Character Limit.

**Public Benefit**

How many low and moderate income beneficiaries will be served by this project?

Of those served, how many are from special needs groups?

How many loans will be made to qualified beneficiary businesses?

How many jobs will be created?

How many jobs will be retained?

Of those jobs created or retained, how many will be filled by low and moderate income persons?

How will beneficiary income improvement be documented?\*

Note: 2000 Character Limit.

**User Demand\***

Document the user demand by listing the following:

1. A listing of users waiting for service and historical statistical data of service usage
2. The need for services including training, technical assistance, credit and support services.

Note: 500 Character Limit.

To what degree will the project reduce the local demand on social services?\*

Note: 500 Character Limit.

**Project Budget**

**Project self-sufficiency \***

Please provide a plan for project self-sufficiency with milestones and goals.

Note: 2000 Character Limit.

**Salaries and Benefits**

Row	Name	% on Project	CDBG	Non-CDBG
		%	\$0	\$0
		%	\$0	\$0
		%	\$0	\$0
	<b>Totals</b>		<b>\$0</b>	<b>\$0</b>

**Grant Administrator (Consultant)**

Row	CDBG	Non-CDBG
Grant Administrator	\$0	\$0

**Operations**

Row	CDBG	Non-CDBG
Rent	\$0	\$0
Telephone	\$0	\$0
Utilities	\$0	\$0
Supplies	\$0	\$0
Equipment	\$0	\$0

Printing	\$0	\$0
Advertising	\$0	\$0
Travel	\$0	\$0
Legal	\$0	\$0
Audit	\$0	\$0
Other	\$0	\$0
Grant Writing Fee	\$0	\$0
<b>Totals</b>	<b>\$0</b>	<b>\$0</b>

### Column Definition- Fields

- Other 1
- Other 2
- Other 3
- Other- uses 1
- Other- uses 2

### Project Sources and Uses

Row	CDBG	Bank Financing	Equity Financing	Other 1	Other 2	Other 3	Total
Training	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Technical Assistance	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Lending	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Support Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Administration	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Sub-Total</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
CDBG Admin Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Totals</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

### Sources

Row	CDBG	Bank Financing	Equity Financing	Other 1	Other 2	Other 3	Total
Sources Committed	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sources Pending	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Totals</b>							<b>\$0</b>

### Sources and Uses - Assumptions

*This is a list of the total amounts contributed by each source and the list how those funds will be used. Below is a listing of the eligible uses of CDBG funds and the requirements to keep in mind when documenting the cost of use:*

*Three categories of assistance may be provided to public and private organizations, as follows:*

- (1)credit (including direct loans and loan guarantees, establishing revolving loan funds and facilitating peer lending programs) for the establishment, stabilization and expansion of microenterprises;*
- (2)technical assistance, advice and business support services (including assistance, advice and support relating to developing business plans, securing funding, conducting marketing, and otherwise engaging in microenterprise activities) to owners of microenterprises and persons developing microenterprises; and*
- (3)general support (such as peer support programs and counseling) to owners of microenterprises and persons developing microenterprises.*

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### Sources and Uses assumptions

### Business Attachments

Attachment	Description	File Name	Type	File Size
Organizational by-laws				null
Organizational Chart				null
Job Descriptions of Proposed Staff				null
Job Descriptions and Resumes for Current Staff Applicable to the Proposed Project				null

## Other Attachments

### Project Specific Thresholds

**All Project Compliance Requirements:**

Most recent Audit from Grantee is included

Most recent Audit from Subrecipient is included

**Economic Development - Microenterprise Assistance Development Thresholds:**

Firmly committed match funds at a minimum of 1:2 ratio.

Lending and technical assistance must be available to recipients.

One (1) eligible beneficiary served for each \$5,000 requested.

**National Objective of Benefit to Low and Moderate Income persons:**

*Criteria for meeting the National Objective of Benefit to Low and Moderate Income persons: Please check which one or more criteria will be used.*

**Job creation or retention: at least 60% of the jobs created or retained, computed on a full time equivalent basis, will be held by or made available to low- and moderate-income persons (for training programs, the jobs may be aggregated).**

**Limited clientele: 100% of the benefit of the CDBG assistance will go to low- and moderate-income persons.**

### Municipal Certification

*To the best of my knowledge, the data in this application is true and correct, and this application submittal has been authorized by the governing body of the municipality. The municipality will comply with all federal and state laws, rules, regulations and requirements, including those in PART Cdfa 300 - CDBG Administrative Rules.*

*Furthermore, I certify that:*

*The municipality affirmatively furthers fair and affordable housing; and Where applicable, the proposed project is consistent with the municipal master plan, the Housing and Community Development Plan (HCDP), the Residential Antidisplacement & Relocation Assistance (RARA) Plan and that all planning and zoning requirements have been met; and Where applicable, the municipality shall provide adequate funds to operate and maintain the public facility or improvement after the completion of the project.*

**Certification**

**Name of Designated CEO/Authorized Official**

**Title of Designated CEO**

**PDF of Signed Municipal CEO Certification**