

COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION  
Special Economic Development  
**YEAR 2026- BUSINESS ASSISTANCE DATA FORM**

**This form to be completed by the CDGA-funded agency**

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

Specify type of assistance provided to the Business:

- Technical Assistance;
- Direct Financial Assistance;
- Assistance to a Micro Enterprise (a business with 5 or fewer employees, one or more of whom own the business).
- Other \_\_\_\_\_

**PLEASE NOTE:** CDGA funded agency **MUST** provide detailed information and backup documentation on assistance provide to business.

**Check one of the following: The CDGA assistance was directly linked to:**

- A **new business** resulting in the creation of new jobs (full time or part time), which were low or moderate income persons at time of placement, (an *Employee Data Form* must be completed for the **Owner or new Hire(s)**), or;
- A **business expansion** (i.e; physical expansion of a business) resulting in the creation of new jobs (full time or part time), which were low or moderate income persons at time of placement, (an *Employee Data Form* must be completed for **new Hire(s)**), or;  
\*\*\*Documentation indicating number of employees and titles prior to business expansion. Subject to CDGA verification\*\*\*
- A **Micro Enterprise** (a business with 5 or fewer employees, one or more of whom owns the business) which were low or moderate income persons at time of placement, (an *Employee Data Form* must be completed for the **Owner and new Hire(s)**)

CDGA-funded assistance was provided to the for-profit business \_\_\_\_\_ month, day, year;  
or, month, day, year the CDGA assistance was completed \_\_\_\_\_.

Name of Business \_\_\_\_\_ (Print)

Type of Business \_\_\_\_\_ (Print)

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email address \_\_\_\_\_

Dun and Bradstreet # (DUNS) \_\_\_\_\_ **(Required)**; include documentation/  
verification business is not debarred from receiving Federal funds

Population Characteristics of the business owner your CDGA funded organization provided assistance to:

White  Hispanic/Latin American \_\_\_\_\_  African American

Asian American \_\_\_\_\_  Native American

Male \_\_\_\_\_ Female \_\_\_\_\_ Head of Household: Yes \_\_\_\_\_ No \_\_\_\_\_

Does file documentation exist to substantiate all of the above information  Yes  No.

Where is the file documentation for all of the above information maintained and available for the City and/or HUD to review? \_\_\_\_\_

\_\_\_\_\_  
**Director's Signature (CDGA funded Agency)**

\_\_\_\_\_  
**Date**