COMMUNITY DEVELOPMENT GRANTS ADMINISTRATION
Special Economic Development
**YEAR 2027- 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**