

## Micro-Enterprise Appendix

### Benefit

Is there a separate file for each business assisted?  Yes  No

### Does each file contain:

Documentation of the size and annual income of the person's immediate household for each created/retained job claimed to be held by an LMI person?  Yes  No

Documentation of the size and annual income of the Business owner's immediate household for each owner who is an LMI person?  Yes  No

Have there been any activities, not identified in the contract, started or completed with CDBG program funds?  Yes  No

If yes, is there documentation to substantiate program benefit for the additional activities?  Yes  No

Has the Advisory Committee membership changed since Phase II documentation was approved by OCD?  Yes  No

If yes, was an update provided to the OCD?  Yes  No

### Provide the following information for ALL grants.

Business	Grant Amount:	Amount Expended	Jobs to be Created	# of Jobs Completed	Owner LMI HH
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			
	\$	\$			



**Areas Needing Improvement:**

**Required Action:**

**Areas of Non-Compliance:**

**Required Action:**