

STATE OF CALIFORNIA
Community Development Block Grant (CDBG)
Microenterprise Financial Assistance Program
Loan/Grant Project Certification Form

DATE SUBMITTED TO CDBG:

GRANTEE (JURISDICTION) REPRESENTATIVE		
GRANTEE:	NAME OF GRANTEE'S REPRESENTATIVE PREPARING FORM:	
GRANTEE DEPARTMENT NAME:	PHONE:	EMAIL:

GRANTEE'S PROGRAM ADMINISTRATOR	
ORGANIZATION NAME:	STAFF NAME:
PHONE:	EMAIL:

BUSINESS AND BUSINESS OWNER(S)	
BUSINESS NAME:	BUSINESS PHYSICAL ADDRESS:
NAMES OF BUSINESS OWNER(S) / BORROWER(S):	
1. _____ 2. _____ 3. _____	
DUNS NUMBER:	

BUSINESS LEGAL STRUCTURE	PURPOSE OF LOAN OR GRANT
SOLE PROPRIETORSHIP: <input type="checkbox"/> Yes <input type="checkbox"/> No	START UP: <input type="checkbox"/> Yes <input type="checkbox"/> No
PARTNERSHIP: <input type="checkbox"/> Yes <input type="checkbox"/> No	EXPANSION OR RETENTION <input type="checkbox"/> Yes <input type="checkbox"/> No
CORPORATION: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>TOTAL PROJECT COSTS:</u> \$ _____ <u>TOTAL CDBG FINANCING:</u> \$ _____ <u>TOTAL OTHER SOURCES:</u> \$ _____ <u>LIST OTHER FINANCING SOURCES AND AMOUNTS:</u> 1. _____ \$ _____ 2. _____ \$ _____ 3. _____ \$ _____ 4. _____ \$ _____	<u>SOURCE OF CDBG LOAN / GRANT FUNDS:</u> Contract No: \$ _____ Program Income RLA: \$ _____

CDBG GRANT INFORMATION OR LOAN TERMS
GRANT? <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", then GRANT AMOUNT \$ _____
GRANT APPLICANT MET REQUIREMENTS IN ADOPTED PROGRAM GUIDELINES? <input type="checkbox"/> Yes <input type="checkbox"/> No

**CDBG Microenterprise Financial Assistance Program
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LOAN AMOUNT: \$	NUMBER OF MONTHS:
LOAN INTEREST RATE: %	MONTHLY PAYMENT: \$
INTEREST ONLY PAYMENTS: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "Yes", then deferral will be FOR _____ MONTHS.	

CDBG MICROENTERPRISE DEFINITION AND NATIONAL OBJECTIVE	
<p>PROJECT SATISFIES LOW/MODERATE-INCOME (LMI) BENEFIT NATIONAL OBJECTIVE BY PROVIDING DIRECT FINANCIAL ASSISTANCE TO AN ELIGIBLE MICROENTERPRISE:</p> <ul style="list-style-type: none"> Number of business employees <i>including owner(s) is five or fewer?</i> Business owner(s) is certified as Low/Mod family using 24 CFR Part 5 process (Department's Income Manual was used)? <p>Comments: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No

CDBG ELIGIBLE ACTIVITIES	
DATE OF MOST RECENT MICROENTERPRISE FINANCIAL ASSISTANCE GUIDELINE APPROVAL: _____	
<p>PROJECT COMPLIES WITH GRANTEE'S MICROENTERPRISE PROGRAM GUIDELINES:</p> <p>Comments: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>PROJECT IS WITHIN JURISDICTIONAL BOUNDARIES:</p> <p>Comments: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

CDBG FEDERAL OVERLAY REQUIREMENTS	
<p><i>By signing this document, the Grantee's Authorized Representative certifies that a proper CDBG NEPA REVIEW has been COMPLETED ON FULL SCOPE OF PROJECT?</i></p> <ul style="list-style-type: none"> Is complete original of signed Environmental Review Record (ERR) in project file? <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>By signing this document, the Grantee's Authorized Representative certifies that all FEDERAL LABOR STANDARDS REQUIREMENTS will be satisfied on this project?</i></p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>By signing this document, the Grantee's Authorized Representative certifies that all FEDERAL RELOCATION REQUIREMENTS will be satisfied on this project?</i></p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><i>By signing this document, the Grantee's Authorized Representative certifies that all FEDERAL ACQUISITION REQUIREMENTS have been satisfied on this project?</i></p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**CDBG Microenterprise Financial Assistance Program
Loan/Grant Project Certification Form (Continued)**

<p><i>By signing this document, the Grantee's Authorized Representative certifies that the PROJECT FILE contains DOCUMENTATION REGARDING COMPLIANCE WITH FEDERAL DEBARRED REQUIREMENTS?</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

SOURCE DOCUMENTATION	
<p><i>The Grantee certifies that all source documents associated with the grant or loan will be maintained at the Grantee's location for future monitoring.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

LOAN/GRANT COMMITTEE	
<p>DOES THE GRANTEE USE A LOAN/GRANT COMMITTEE AS PART OF THEIR LOAN/GRANT APPROVAL PROCESS (MICROENTERPRISE GUIDELINES MUST INDICATE THE LOAN/GRANT APPROVAL PROCESS)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If "Yes", date of Loan/Grant Committee project approval: (This date must be before submittal of Loan/Grant Certification Form to the Department.)</p>	
<p>LOAN/GRANT COMMITTEE APPROVAL MEMBERSHIP:</p>	
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:
Name:	Title:

CDBG BENEFICIARY AND ACCOMPLISHMENT DATA		
<p>BUSINESS OWNER(S) RACE/ETHNICITY DATA:</p>		
<u>Race</u>	<u>Not Hispanic</u>	<u>Hispanic</u>
White	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Black/African American & White	<input type="checkbox"/>	<input type="checkbox"/>
Asian	<input type="checkbox"/>	<input type="checkbox"/>
Asian & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan Native & White	<input type="checkbox"/>	<input type="checkbox"/>
American Indian/Alaskan & Black/African American	<input type="checkbox"/>	<input type="checkbox"/>
Native Hawaiian/Other Pacific Islander	<input type="checkbox"/>	<input type="checkbox"/>
Other Multi-Racial: _____	<input type="checkbox"/>	<input type="checkbox"/>
<p>IS THE HEAD OF FAMILY FEMALE?</p>		<input type="checkbox"/> Yes <input type="checkbox"/> No

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BUSINESS OWNER(S) AGE RANGE:

- 0-18 years
- 19-24 years
- 25-44 years
- 45-64 years
- Over 65 years

BUSINESS OWNER(S) IS:

- 80% or less (Low-Income) 50% or less (Very Low-Income) 30% or less (Extremely Low-Income)

SIGNATURE OF GRANTEE AUTHORIZED REPRESENTATIVE

(The Authorized Representative has read and certifies all information in this form is true and correct, to the best of their ability.)

NAME:

TITLE:

SIGNATURE: _____

DATE: