

MAINE DEPARTMENT OF ECONOMIC & COMMUNITY DEVELOPMENT
 CDBG 2021 Micro-Enterprise Grant Program
 APPLICATION

A. APPLICANT BUSINESS

Business Name:		Phone:	
Business Address:			
*City, ZIP:		E-Mail:	

Business Owner(s):		Phone:	
Owner(s) Address:			
City		E-Mail:	
COUNTY/ZIP:		Annual Household Income:	Household Size:
Predominant Household Race:	White	African American	Asian
		American Indian	Other

DUNS #: _____
*This must be the number for the specific **Business to be assisted**:*
 Applicant DUNS (Dunn & Bradstreet) #: (visit <http://fedgov.dnb.com/webform> to obtain a number)

Does the business have active and valid state licenses/registrations, if applicable?
 YES _____ NO _____

Have you received any funding from the CDBG program in the past? YES _____ NO _____

Number of employees (Including Owners): _____

Will the CDBG assistance result in the creation of at least one new job (Including Owner)?
 Yes _____ No _____

Do you have a business plan? Yes _____ No _____

B. BUSINESS INFORMATION

1. Provide a clear description of your business and business activities.

2. Please provide a clear description of the proposed working capital costs to be funded.
Maximum \$10,000

--

3. Please describe how this assistance will help start, sustain and/or grow your business.

--

D. ATTACHMENTS

1. The owner's most recent personal federal income tax return(s) documenting income eligibility.

This form must be fully completed, signed and dated, and requested attachments included for your application to be accepted as complete.

Applicant Certifications

As the applicant I certify under the penalties of perjury that:

- 1. To the best of my knowledge and belief, all information contained in this application and all attached documentation is true and correct and current as of the date signed below;**
- 2. I will comply with all applicable State and federal laws and regulations;**
- 3. I acknowledge that I am applying for and may receive Federal Community Development Block Grant funds and that the State of Maine, and the Federal Government are hereby authorized to verify the information contained herein.**
- 4. There are no actions, suits or proceedings pending or, to the knowledge of the applicant, threatened against or affecting the applicant and/or business at law or in equity before any court or administrative officer or agency which might result in any material adverse change in the business or financial condition of the applicant.**
- 5. I certify that I have not received previous CDBG assistance.**

Signature of Applicant Date:

Printed Name:

Signature of Co-Applicant: Date:

Printed Name: