

Guidelines

For

Microenterprise Technical Assistance Services Program

Funded By

City of Fort Bragg

With

Community Development Block Grant

Adopted: / / __

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Adopted: __/__/__

COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) MICROENTERPRISE TECHNICAL ASSISTANCE PROGRAM GUIDELINES

1.0 INTRODUCTION

The City of Fort Bragg, here after called “Grantee”, has established a Microenterprise Technical Assistance (TA) program, here after called the “Program”. The Program will allow Program participants to be more successful in their efforts to create businesses or expand existing businesses. The Program provides technical assistance services including business development workshops or classes, one-to-one business counseling, structured peer networking opportunities, access to online business training courses, and other such services as available or recommended. These TA Program guidelines have been formally adopted by the Grantee and are based on the current approved California Department of Housing and Community Development, here after called “the Department”, TA Program Guidelines Template. See **Attachment A** for copy of the Grantee’s adopting resolution.

2.0 MICROENTERPRISE TA SERVICES PROGRAM OVERVIEW

2.1 PROGRAM ADMINISTRATION

The Grantee and/or Grantee’s Program Operator will:

- Market the TA Program;
- Accept and process participant applications;
- Document participant CDBG income eligibility and eligible number of employees; and
- Ensure set up of participant files to document all provided services and associated costs.

Grantee and Grantee’s Program Operator will work with Program participants and ensure CDBG compliance with these Program Guidelines.

2.2 PROGRAM SERVICE AREA

TA services are available to all eligible businesses/persons located within the Grantee’s legal jurisdictional boundaries. These CDBG funds may not be used in entitlement jurisdictions that receive CDBG funds directly from the federal Department of Housing and Urban Development (HUD) entitlement program.

2.3 FUNDING SOURCE FOR TA PROGRAM SERVICES

The TA Program is paid for with CDBG funds provided by the federal Department of Housing and Urban Development (HUD) to the Department. As such, these funds carry a number of federal requirements that must be met as described below. These CDBG funds come to the Grantee from Department grant awards that are administered under a formal grant contract or from local CDBG program income (PI) funds administered under an approved PI Waiver.

3.0 CDBG PROGRAM REQUIREMENTS

3.1 ELIGIBLE PROGRAM APPLICANTS

All eligible applicants must meet the definition of a microenterprise. For CDBG purposes:

- A microenterprise is defined as a commercial enterprise that has five or fewer employees, one or more of whom owns the enterprise; or
- Persons developing microenterprises means persons who have expressed an interest in, or who after an initial screening process are expected to be actively working toward developing businesses, each of which is expected to be a microenterprise at the time it is formed.

Eligible applicants must have a physical business address in the Program service area. Individuals wishing to start a new business are also eligible applicants, but they must provide proof that their primary residence is located in the Program service area.

Eligible applicants documented as meeting the definition of microenterprise are here after referred to as “Program participants”.

3.2 INELIGIBLE PROGRAM APPLICANTS

An ineligible existing business applicant is one that has a physical business location outside of the service area. An ineligible person applying for the Program is one with a residence outside of the service area. Non-profits are not an eligible microenterprise business. An applicant currently participating in a Microenterprise TA or Financial Assistance program offered in the same service area as this Program is not eligible.

3.3 ELIGIBLE PROGRAM COSTS

Use of CDBG funds for TA Program services is restricted to certain eligible costs. All costs associated with funding TA must be “indirect costs”. Indirect is defined as third party costs to a Program Operator and other consultant that provides TA to Program participants. Common TA costs may provide: 1) business development workshops or classes restricted to CDBG-eligible Program participants; 2) “one on one” counseling using professional business development staff; 3) opportunities for “structured peer networking”; and 4) on-line business training courses. The Grantee’s specific CDBG TA services are outlined in Sections 5.3 to 5.6.

3.4 INELIGIBLE PROGRAM COSTS

Microenterprise “direct financial assistance” costs will not be funded under this Program. Direct financial assistance may be provided only under an approved CDBG microenterprise financial assistance program. Direct financial assistance activities are typically any costs associated with day-to-day business operations. These operations costs are ineligible, whether the business is operating out of a

private leased commercial space, their home, or a public facility.

Examples of ineligible direct financial assistance costs include but are not limited to: 1) payment of costs to produce/purchase marketing materials (printing, language translations or professional design costs); 2) payment of marketing ads or distribution of marketing materials; 3) payment of third party costs for website building or hosting; 4) payment of rents / lease payments, utilities or other business fees or operating / overhead expenses; 5) payment of purchasing real property or furniture, fixtures or equipment for the business; 6) payment of any personal or business debt; 7) payment of any cash or wages; 8) paying for credit reports; and 9) paying for loan or grant underwriting services.

In addition, payment for food or drinks offered at the TA classes or other instruction sessions are ineligible costs. Cash or like-cash payments or other undocumented TA costs are not eligible.

3.5 TIMEFRAME FOR RECEIVING TA SERVICES

Under federal regulations, a Program participant may receive TA services for up to three (3) years after completing income verification as an eligible microenterprise. It is expected that most program participants will use all microenterprise TA services well before the three year limit.

3.6 MEETING CDBG MICROENTERPRISE DEFINITION REQUIREMENT

Program applicants for this Program must meet the CDBG definition of a microenterprise business. The CDBG definition of a microenterprise business is one that has five (5) or fewer employees, including the owner(s). All employees, part time and full time, on the business payroll at the time of loan application will be counted. The term “employee” includes all owners of the business on the payroll, even if the owner’s “salary draws” are not on a regular basis. The Program requires a current CDBG income self-certification form which will be placed in the Program participant file to document the number of employees and compliance with the HUD microenterprise definition.

3.7 MEETING CDBG NATIONAL OBJECTIVE REQUIREMENT

Under federal regulations, use of CDBG funds for microenterprise activities must meet the national objective of benefit to low/moderate income (LMI) persons under the Limited Clientele definition. As such, all microenterprise owners must be documented as meeting HUD’s LMI definition prior to receiving any Program services. This is in addition to meeting the definition of a microenterprise, as described above in Section 3.6. The current CDBG income self-certification form will be used to verify income of program applicants for the microenterprise technical assistance services program (see Attachment C).

As with other microenterprise program activities, if the Grantee or Program Operator finds that the applicant income information is not accurate and the Program participant is over HUD’s income limits, then a Program applicant is

ineligible, and Program services currently being offered to Program participants must cease immediately.

3.8 OTHER CDBG FEDERAL LAWS AND REGULATIONS

There are a number of federal laws and state regulations that are triggered with the use of CDBG funding for this services Program. The Grantee is responsible for ensuring compliance with these other CDBG regulations.

National Environmental Policy Act (NEPA) federal environmental laws per regulation 24 CFR 58 are not triggered for individual Program participants, nor are there any compliance requirements for Davis Bacon and related Acts for TA activities under these guidelines. Acquisition and relocation laws are also not triggered when using CDBG funds for microenterprise TA services. However, these federal laws may be triggered as part of using the TA funds in conjunction with providing the Program participant with CDBG-funded financial assistance.

Federal regulations require that local Program Income be spent first prior to drawing down any federal funds from an open grant. If Grantee has a program Income (PI) "Waiver" for funding technical assistance services and also has a Department grant contract award for technical assistance services, the local PI waiver funds must be expended first prior to drawing down any funds from the open grant contract with the Department.

4.0 APPLICATION PROCESSING FOR TA PROGRAM SERVICES

4.1 PROGRAM MARKETING AND OUTREACH

Upon the Grantee's receipt of a Department letter releasing TA Program funding, the Grantee and/or Program Operator will conduct outreach and marketing to all businesses and individuals in the Program service area. Grantee staff and/or Program Operator will work together to develop a marketing plan for Program outreach to businesses and persons in the community regarding the availability and accessibility of the TA Program. This plan will be kept on file and updated as needed to ensure that all residents in the service area are informed about and have access to Program applications.

4.2 EQUAL OPPORTUNITY COMPLIANCE

This Program will be implemented in ways consistent with the Grantee's commitment to state and federal equal opportunity laws. No person or business shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or in part with CDBG Program funds on the basis of his or her religion or religious affiliation, age, race, color, ancestry, national origin, sex, marital status, familial status (number or ages of children), physical or mental disability, sexual orientation, or other arbitrary cause.

4.3 PROGRAM APPLICATION PROCESSING

Applications will be processed on a first come, first served basis. See **Attachment B** for a sample microenterprise TA services Program application form. The Grantee's Program Operator will accept applications and review for HUD income eligibility and allowable number of employees, per Department standards. All applicants' CDBG income self-certification forms will be provided to Grantee's staff for review.

All Program applications received, both denied and approved, will be logged and kept on file in accordance with federal records retention act. Applicants who do not meet eligibility requirements of the Program will be notified in writing with an explanation regarding ineligibility. Files will be set up for all eligible Program participants to document compliance with all CDBG regulations, Department policy, adopted guidelines, and all provided TA services.

4.4 PROGRAM PARTICIPANT / APPLICANT CONFIDENTIALITY

All personal and business financial information will be kept confidential. Program participant files with personal and business confidential information will be kept in locked secured storage units.

4.5 DISPUTE RESOLUTION / APPEALS PROCEDURE

Any person applying for a TA services through the CDBG Program has the right to appeal a denied application. The appeal must be made in writing to the Grantee. A written response to the appeal will be provided to the applicant by the Grantee within 30 days of receipt of the applicant's appeal letter.

4.6 EXCEPTIONS / SPECIAL CIRCUMSTANCES

Exceptions are defined as any action which would depart from policy and procedures stated in the guidelines.

5.0 TECHNICAL ASSISTANCE PROGRAM SERVICE DELIVERY

5.1 PROGRAM PARTICIPANT CAPACITY EVALUATION

Eligible Program participants will meet with Program Operator staff to receive a "capacity" evaluation. This evaluation process will be completed via a face-to-face interview and standard written format. The current capacity of the business owner or person wishing to start a business will be assessed. Areas of strengths and weaknesses will be identified and a steps needed to address weaknesses will be identified.

5.2 CREATING CAPACITY DEVELOPMENT WORK PLAN

Based on the capacity evaluation, the Grantee will work with the Program participant to develop a "work plan". The work plan will outline the TA needed by the Program participant and give a timeline for scheduling the services. The work plan will contain expected outcomes from the TA and explain how those

outcomes will address the capacity issues identified in the evaluation. The work plan will clearly state the expectations for the Program participant and the Grantee. All parties will sign the work plan. Copies of the work plan will be provided to all parties and included in the Program participant file.

Eligible Program participants will be provided detailed information on the TA provided with this Program. TA services will be tracked and documented in the Program participant file. The Program Operator will remain in contact with the program participant throughout the process.

5.3 BUSINESS DEVELOPMENT VIA CLASSES

Business development classes will be offered on a regular basis, when sufficient demand for the classes is present. "Mixed TA classes" (eligible CDBG participants and non-eligible CDBG participants) may be offered by the Grantee or Program Operator. When mixed TA classes are offered, the Grantee will seek prior written approval from the Department to ensure compliance with federal regulations. Some examples of topics for the classes may include: 1) business plan development or updating; 2) market analysis and marketing plan development; 3) managing employees and payroll services; 4) choosing a legal structure for a business; 4) financial management tools and cash flow projections; 5) controlling inventory and operating expenses; 6) collection of accounts payable; 7) use of the internet and other electronic resources for sales and efficiency; 8) access to capital for growing the business. Other classes may be offered based on the needs of Program participants.

5.4 BUSINESS DEVELOPMENT VIA "ONE-ON-ONE" COUNSELING

Business development "one-on-one" TA will be provided as needed, typically after a Program participant has attended microenterprise TA classes in Section 5.5.

One-on-one TA may be scheduled with Program participants a month at a time beginning at the start of each month. The one-on-one TA will cover similar topics to what is offered in the classes, but this TA will be much more detailed and specific to the Program Participant. The one-on-one TA will generally be conducted in person or via video conference call. The one-on-one TA may be conducted at the location of the Program participant or at the Program Operator's office. Notes on the TA provided at these sessions, along with time and training materials used, will be documented by the Program Operator in the program participant file.

5.5 BUSINESS DEVELOPMENT VIA "PEER-TO-PEER" COUNSELING

The Grantee may choose to allow the Program Operator to organize Peer-to-Peer TA if a sufficient number of program participants with similar types of businesses are enrolled in the TA Program. If offered, Peer-to-Peer TA will be provided in a formal meeting format similar to the classes in Section 5.3. The Peer-to-Peer meetings will be facilitated by the Program Operator. Topics for

discussion at the meetings will generally be provided by the members of the group which may include small group exercises and projects to facilitate participants working together to identify and find solutions to common problems experienced in their respective fields.

The date and time for each meeting should be documented with sign-in sheets. Discussion notes, activities conducted and outcomes at the meetings should be documented in Program participant files.

5.6 BUSINESS DEVELOPMENT VIA ONLINE COMPUTER TRAINING

Program participants may obtain approval from the Program Operator to complete business development classes online. The topics for the online classes being requested must be in support of the capacity evaluation objectives. A list of eligible online training classes will be provided by the Program Operator. Any online training or class not on the approved list must be reviewed and approved in writing by the Program Operator. The Program Operator will vet and approve all on-line training classes prior to authorizing them for Program Participants.

Online classes may be taken remotely or in the Program Operator's office. Classes will be paid for directly by the Program Operator to the third party vendor. Documentation of completion of the online class is required and will be filed in the Program participant file.

5.7 COMPLETION OF CAPACITY DEVELOPMENT WORK PLAN

Program participants commit to completion of TA services as outlined in the capacity building evaluation and plan document. The Program Operator will commit to providing the TA in the capacity building evaluation and plan. The Program participant, the Program Operator, and the Grantee understand that the CDBG microenterprise TA services are a limited public resource. Therefore, if a Program participant does not consistently complete their business development classes, one-on-one TA counseling sessions, peer-to-peer meetings, or online classes, they may be disqualified from receiving any further CDBG microenterprise TA. Disqualification will be in writing and fully documented in the Program participant file.

6.0 PROGRAM OVERSIGHT BY GRANTEE

6.1 OVERSIGHT OF PROGRAM OPERATOR

Grantee staff will serve as the primary contact with the Department. If the Grantee determines that they wish to hire an outside consultant to administer the program, the Grantee will be responsible for securing services of a qualified Program Operator for implementation of this TA Services Program prior to starting any activities under these guidelines. The scope of work for the Program Operator will include administration and documentation required for TA services in these guidelines and for CDBG compliance with implementation of TA services.

6.2 TRACKING TA SERVICES OF PARTICIPANTS

The Grantee's staff oversees and monitor all work conducted by the Program Operator. Monthly or quarterly meetings will be conducted to review the Program status: 1) marketing efforts; 2) applications received; 3) eligible program participants being served; 4) successful program participant stories; 5) demand for different services and need for more resources or partners; 6) review of program tracking forms (**see Attachment D**; 7) review of Department reports and funds request for reimbursement of TA Services; and 8) preparation for Department monitoring of grant contract and TA Services. As per the executed agreement between the Grantee and the Program Operator, all required reports under open grant contracts or PI will be reviewed and approved by the Grantee staff prior to Grantee submittal to the Department.

ATTACHMENT A

GRANTEE'S EXECUTED RESOLUTION ADOPTING GUIDELINES

[TO BE INSERTED AFTER CITY COUNCIL ADOPTION]

DRAFT

ATTACHMENT B

GRANTEE'S CDBG MICROENTERPRISE TECHNICAL ASSISTANCE SAMPLE PROGRAM APPLICATION FORM

Page 1 of 3

Program Operator West Company utilizes a 2-part Application Form comprised of (1) the U.S. Small Business Administration's Counseling Information Form, as follows, and (2) the HCD Self-Certification form included as Attachment C.



U.S. Small Business Administration Counseling Information Form

OMB Approval No.:3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputter:

1. Name of the Office Providing the Service _____ 1a. Type of Client: ☐ Face to Face ☐ Online ☐ Telephone
2. City/State of Office Location _____

PART I: Client Request for Counseling

3. Client Name (Name of the person completing the form/representative of the business) (Last, First, MI)		4. Email	
5. Telephone Primary _____ Secondary _____		6. Fax _____	
7. Street Address/PO Box (Give business address if currently in business)		8. City	9. State 10. Zip +4
<p>11. I request business counseling service from the Small Business Administration (SBA) or an SBA Resource Partner. I agree to cooperate should I be selected to participate in surveys designed to evaluate SBA services. I permit SBA or its agent the use of my name and address for SBA surveys and information mailings regarding SBA products and services (Yes <input type="checkbox"/> No <input type="checkbox"/>). I understand that any information disclosed will be held in strict confidence. (SBA will not provide your personal information to commercial entities.) I authorize SBA to furnish relevant information to the assigned management counselor(s). I further understand that the counselor(s) agrees not to: 1) recommend goods or services from sources in which he/she has an interest, and 2) accept fees or commissions developing from this counseling relationship. In consideration of the counselor(s) furnishing management or technical assistance, I waive all claims against SBA personnel, and that of its Resource Partners and host organizations, arising from this assistance. Please note: The estimated burden for completing this form is 18 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.</p>			
12. Preferred date & time for appointment Date: _____ Time: _____		13. Client Signature _____ Date: _____	

PART II: Client Intake (To be completed by all Clients)

14. Race (Mark one or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American		15. Ethnicity <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		16. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		17. Do you consider yourself a person with a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
18. Veteran Status: <input type="checkbox"/> Non-Veteran <input type="checkbox"/> Veteran <input type="checkbox"/> Service-Disabled Veteran		18a. Military Status <input type="checkbox"/> Member of Reserve or National Guard <input type="checkbox"/> On Active Duty					
19. Referred by? (Mark all that apply) <input type="checkbox"/> SBA District Office <input type="checkbox"/> SBDC <input type="checkbox"/> Other Client <input type="checkbox"/> Magazine/Newspaper <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Lender <input type="checkbox"/> USEAC <input type="checkbox"/> Educational Institution <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Business Owner <input type="checkbox"/> SCORE <input type="checkbox"/> Local Economic Development Official <input type="checkbox"/> Television/Radio <input type="checkbox"/> SBA Web site <input type="checkbox"/> WBC <input type="checkbox"/> Chamber of Commerce <input type="checkbox"/> Internet (please indicate website) _____							
20a. Are you currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if no, skip to 30)							
20b. If yes, are you currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes to 20b, please go to Appendix A on page 3 to indicate the markets to which your company currently exports (mark all that apply).							
21. Name of Business _____							
22. Type of Business (choose primary category) <input type="checkbox"/> Mining <input type="checkbox"/> Manufacturing <input type="checkbox"/> Real Estate & Rental & Leasing <input type="checkbox"/> Professional, Scientific & Technical Services <input type="checkbox"/> Utilities <input type="checkbox"/> Finance & Insurance <input type="checkbox"/> Health Care & Social Assistance <input type="checkbox"/> Management of Companies & Enterprises <input type="checkbox"/> Information <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Accommodation & Food Services <input type="checkbox"/> Agriculture, Forestry, Fishing & Hunting <input type="checkbox"/> Construction <input type="checkbox"/> Public Administration <input type="checkbox"/> Arts, Entertainment & Recreation <input type="checkbox"/> Administrative & Support <input type="checkbox"/> Retail Trade <input type="checkbox"/> Educational Services <input type="checkbox"/> Transportation & Warehousing <input type="checkbox"/> Waste Management & Remediation Services <input type="checkbox"/> Other Services (except Public Administration)							
23. Business Ownership What percentage of your business is male or female owned? % Male _____ % Female _____		24. Date Business Started?(MM/YYYY)		25. Do you conduct business online? <input type="checkbox"/> Yes <input type="checkbox"/> No		26a. Are you a home based business? <input type="checkbox"/> Yes <input type="checkbox"/> No 26b. Are you 8(a) certified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
27a. Total No. of Employees (Full & PT) _____ 27b. Of total employees, how many are engaged in the exporting aspect of your business? (Full & PT) _____		28a. For your most recent full business year, what were your: Gross Revenues/Sales \$ _____ +Profits/-Losses \$ _____ 28b. Amount of your Gross Revenues/Sales related to exporting \$ _____		29. What is the legal entity of your business? <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other (specify) _____			
30. What is the nature of counseling you are seeking? (Choose primary category) <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Technology/Computers <input type="checkbox"/> Business Plan <input type="checkbox"/> Customer Relations <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Financing/Capital (such as applying for a loan, building equity capital) <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Franchising <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Buy/Sell Business <input type="checkbox"/> International Trade <input type="checkbox"/> Describe specific assistance requested in the space provided _____							

SBA Form 641 (1/2011)

ATTACHMENT B

GRANTEE'S CDBG MICROENTERPRISE TECHNICAL ASSISTANCE SAMPLE/DRAFT PROGRAM APPLICATION FORM

Page 2 of 3



U.S. Small Business Administration Counseling Information Form

OMB Approval No.: 3245-0324
Expiration Date: 11/30/2013

Client Number: _____
Location Code: _____
Initials of Data Inputter: _____

Funding Source

Part III: Counselor Record

31. Client Name (Please use the same name from original 641 Part I) (Last, First, MI)		32. Email	
33. Telephone Primary _____ Secondary _____		34. Fax	
35. Street Address /P.O. Box		36. City	
37. State		38. Zip	
39a. Is the client currently in business? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, skip to 44) 39b. Is the client currently exporting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please turn to Appendix A on page 3 to indicate the markets to which your client currently exports (mark all that apply).		40. Date Business Started? (MM/YYYY)	
41a. Total No. of Employees: (Full & PT) _____ 41b. Of total employees, how many are engaged in the exporting aspect of client's business?: (Full & PT) _____		42a. As of the most recent full business year, what were the client's annual: Gross Revenues/Sales \$ _____ +Profits/-Losses\$ _____ 42b. As of the most recent full business year, how much of your client's Gross Revenues/Sales were related to exporting? \$ _____	
43. SBA or Resource Partner Service Contributed to the Following: (Mark all that apply)			
SBA Loan Amount \$ _____ Non-SBA Loan Amount \$ _____ Amount of Equity Capital Received \$ _____ No. of Government Contracts/Subcontracts _____ Annual Value of Government Contracts/Subcontracts Received \$ _____		Certifications <input type="checkbox"/> 8(a) <input type="checkbox"/> HUBZone <input type="checkbox"/> Women Owned Small Business <input type="checkbox"/> Other (specify state, local, etc) _____	
SBA Financial Assistance <input type="checkbox"/> Export Express <input type="checkbox"/> Export Working Capital Loan <input type="checkbox"/> Community Advantage <input type="checkbox"/> Micro loan <input type="checkbox"/> SBIR <input type="checkbox"/> Other (SBIC, 7(a) 504, etc) _____			
44. What was the nature of the counseling you provided the client? (Choose primary category) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"> <input type="checkbox"/> Start-up Assistance (How do I start a small business?) <input type="checkbox"/> Business Plan <input type="checkbox"/> Financing/Capital (such as, applying for a loan, building equity capital) <input type="checkbox"/> Managing a Business <input type="checkbox"/> Please specify other counseling provided _____ </div> <div style="width: 33%;"> <input type="checkbox"/> Human Resources/Managing Employees <input type="checkbox"/> Customer Relations <input type="checkbox"/> Business Accounting/Budget <input type="checkbox"/> Cash Flow Management <input type="checkbox"/> Tax Planning </div> <div style="width: 33%;"> <input type="checkbox"/> Marketing/Sales (promotion, market research, pricing, etc.) <input type="checkbox"/> Government Contracting (including certifications) <input type="checkbox"/> Franchising <input type="checkbox"/> Buy/Sell Business </div> <div style="width: 33%;"> <input type="checkbox"/> Technology/Computers <input type="checkbox"/> eCommerce (using the Internet to do business) <input type="checkbox"/> Legal Issues (such as, Should I incorporate?) <input type="checkbox"/> International Trade </div> </div>			
45. Referred Client to (mark all that apply): <input type="checkbox"/> WBC <input type="checkbox"/> SBA District Office <input type="checkbox"/> Export/Import Bank <input type="checkbox"/> Dept of Commerce <input type="checkbox"/> Other _____ <input type="checkbox"/> SCORE <input type="checkbox"/> USEAC <input type="checkbox"/> OPIC <input type="checkbox"/> Dept of State <input type="checkbox"/> SBDC <input type="checkbox"/> State Trade Agency <input type="checkbox"/> Dept of Agriculture <input type="checkbox"/> U.S. Trade & Development Agency			
46. Type of Session <input type="checkbox"/> Face to Face <input type="checkbox"/> Online <input type="checkbox"/> Update <input type="checkbox"/> Telephone <input type="checkbox"/> Prep		47. Language(s) Used: <input type="checkbox"/> English <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Spanish	
48. History <input type="checkbox"/> New Case <input type="checkbox"/> Follow-up <input type="checkbox"/> One Time		49. Date Counseled (MM/YYYY)	
50. Counselor(s) Name (If multiple counselors, list lead counselor first and separate each additional counselor name by a semi-colon):		51. Contact Hours Total contact hours that a client received _____	
51a. Travel Hours Total amount of time it takes to travel to a client's location for counseling _____		51b. Prep Hours Total amount of preparation spent by all of the counselors for a client _____	
52. Did more than one counselor participate in this counseling session? Yes ___ No ___ If yes, how many counselors? _____			
53. Counselor's Notes: 			

ATTACHMENT B

GRANTEE'S CDBG MICROENTERPRISE TECHNICAL ASSISTANCE SAMPLE/DRAFT PROGRAM APPLICATION FORM

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U.S. Small Business Administration Counseling Information Form

OMB Approval No.: 3245-0324
Expiration Date: 11/30/2013

Client Number:
Location Code:
Initials of Data Inputter:

Appendix A to Questions 20b. & 39b.

If your company is currently exporting, please indicate the countries to which your company exports: (Mark all that apply)

Asia	Africa	Caribbean	Central America	North America
<input type="checkbox"/> Afghanistan <input type="checkbox"/> Bahrain <input type="checkbox"/> Bangladesh <input type="checkbox"/> Belarus <input type="checkbox"/> Bhutan <input type="checkbox"/> Brunei <input type="checkbox"/> Burma <input type="checkbox"/> Cambodia <input type="checkbox"/> China <input type="checkbox"/> East Timor <input type="checkbox"/> Georgia <input type="checkbox"/> Hong Kong <input type="checkbox"/> India <input type="checkbox"/> Indonesia <input type="checkbox"/> Iran <input type="checkbox"/> Iraq <input type="checkbox"/> Israel <input type="checkbox"/> Japan <input type="checkbox"/> Jordan <input type="checkbox"/> Kazakhstan <input type="checkbox"/> Korea, North <input type="checkbox"/> Korea, South <input type="checkbox"/> Kuwait <input type="checkbox"/> Kyrgyzstan <input type="checkbox"/> Laos <input type="checkbox"/> Lebanon <input type="checkbox"/> Macau <input type="checkbox"/> Malaysia <input type="checkbox"/> Maldives <input type="checkbox"/> Micronesia <input type="checkbox"/> Mongolia <input type="checkbox"/> Nepal <input type="checkbox"/> Oman <input type="checkbox"/> Pakistan <input type="checkbox"/> Philippines <input type="checkbox"/> Qatar <input type="checkbox"/> Russia <input type="checkbox"/> Saudi Arabia <input type="checkbox"/> Singapore <input type="checkbox"/> Sri Lanka <input type="checkbox"/> Syria <input type="checkbox"/> Tajikistan <input type="checkbox"/> Taiwan <input type="checkbox"/> Thailand <input type="checkbox"/> Turkey <input type="checkbox"/> Turkmenistan <input type="checkbox"/> United Arab Emirates <input type="checkbox"/> Uzbekistan <input type="checkbox"/> Vietnam <input type="checkbox"/> Yemen	<input type="checkbox"/> Algeria <input type="checkbox"/> Angola <input type="checkbox"/> Benin <input type="checkbox"/> Botswana <input type="checkbox"/> Burkina Faso <input type="checkbox"/> Burundi <input type="checkbox"/> Cameroon <input type="checkbox"/> Cape Verde <input type="checkbox"/> Central African Republic <input type="checkbox"/> Chad <input type="checkbox"/> Comoros <input type="checkbox"/> Congo <input type="checkbox"/> Democratic Republic of Congo <input type="checkbox"/> Cote d'Ivoire <input type="checkbox"/> Djibouti <input type="checkbox"/> Egypt <input type="checkbox"/> Equatorial Guinea <input type="checkbox"/> Eritrea <input type="checkbox"/> Ethiopia <input type="checkbox"/> Gabon <input type="checkbox"/> Gambia <input type="checkbox"/> Ghana <input type="checkbox"/> Guinea <input type="checkbox"/> Guinea-Bissau <input type="checkbox"/> Kenya <input type="checkbox"/> Lesotho <input type="checkbox"/> Liberia <input type="checkbox"/> Libya <input type="checkbox"/> Madagascar <input type="checkbox"/> Malawi <input type="checkbox"/> Mali <input type="checkbox"/> Mauritania <input type="checkbox"/> Mauritius <input type="checkbox"/> Morocco <input type="checkbox"/> Mozambique <input type="checkbox"/> Namibia <input type="checkbox"/> Niger <input type="checkbox"/> Nigeria <input type="checkbox"/> Rwanda <input type="checkbox"/> Sao Tome and Principe <input type="checkbox"/> Senegal <input type="checkbox"/> Seychelles <input type="checkbox"/> Sierra Leone <input type="checkbox"/> Somalia <input type="checkbox"/> South Africa <input type="checkbox"/> Sudan <input type="checkbox"/> Swaziland <input type="checkbox"/> Tanzania <input type="checkbox"/> Togo <input type="checkbox"/> Tunisia <input type="checkbox"/> Uganda <input type="checkbox"/> Zambia <input type="checkbox"/> Zimbabwe	<input type="checkbox"/> Anguilla <input type="checkbox"/> Antigua & Barbuda <input type="checkbox"/> Aruba <input type="checkbox"/> Bahamas <input type="checkbox"/> Barbados <input type="checkbox"/> Virgin Islands (British) <input type="checkbox"/> Cayman Islands <input type="checkbox"/> Cuba <input type="checkbox"/> Dominica <input type="checkbox"/> Dominican Republic <input type="checkbox"/> Grenada <input type="checkbox"/> Haiti <input type="checkbox"/> Jamaica <input type="checkbox"/> Montserrat <input type="checkbox"/> Netherlands Antilles <input type="checkbox"/> St. Kitts and Nevis <input type="checkbox"/> St. Lucia <input type="checkbox"/> St. Vincent and the Grenadines <input type="checkbox"/> Trinidad and Tobago	<input type="checkbox"/> Belize <input type="checkbox"/> Costa Rica <input type="checkbox"/> El Salvador <input type="checkbox"/> Guatemala <input type="checkbox"/> Honduras <input type="checkbox"/> Nicaragua <input type="checkbox"/> Panama <div style="text-align: center;">Europe</div> <input type="checkbox"/> Austria <input type="checkbox"/> Azerbaijan <input type="checkbox"/> Albania <input type="checkbox"/> Armenia <input type="checkbox"/> Belgium <input type="checkbox"/> Bosnia-Herzegovina <input type="checkbox"/> Bulgaria <input type="checkbox"/> Croatia <input type="checkbox"/> Cyprus <input type="checkbox"/> Czech Republic <input type="checkbox"/> Denmark <input type="checkbox"/> Estonia <input type="checkbox"/> Finland <input type="checkbox"/> France <input type="checkbox"/> Germany <input type="checkbox"/> Greece <input type="checkbox"/> Hungary <input type="checkbox"/> Iceland <input type="checkbox"/> Ireland <input type="checkbox"/> Italy <input type="checkbox"/> Latvia <input type="checkbox"/> Liechtenstein <input type="checkbox"/> Lithuania <input type="checkbox"/> Luxembourg <input type="checkbox"/> Macedonia <input type="checkbox"/> Malta <input type="checkbox"/> Moldova <input type="checkbox"/> Monaco <input type="checkbox"/> Montenegro <input type="checkbox"/> Netherlands <input type="checkbox"/> Norway <input type="checkbox"/> Poland <input type="checkbox"/> Portugal <input type="checkbox"/> Romania <input type="checkbox"/> Serbia <input type="checkbox"/> Slovak Republic <input type="checkbox"/> Slovenia <input type="checkbox"/> Spain <input type="checkbox"/> Sweden <input type="checkbox"/> Switzerland <input type="checkbox"/> Turkey <input type="checkbox"/> Ukraine <input type="checkbox"/> United Kingdom <input type="checkbox"/> Vatican City	<input type="checkbox"/> Bermuda <input type="checkbox"/> Mexico <input type="checkbox"/> Canada <div style="text-align: center;">South America</div> <input type="checkbox"/> Argentina <input type="checkbox"/> Bolivia <input type="checkbox"/> Brazil <input type="checkbox"/> Chile <input type="checkbox"/> Colombia <input type="checkbox"/> Ecuador <input type="checkbox"/> Guyana <input type="checkbox"/> Paraguay <input type="checkbox"/> Peru <input type="checkbox"/> Suriname <input type="checkbox"/> Uruguay <input type="checkbox"/> Venezuela <div style="text-align: center;">Oceania</div> <input type="checkbox"/> Australia <input type="checkbox"/> New Zealand <input type="checkbox"/> Cook Islands <input type="checkbox"/> Fiji <input type="checkbox"/> Kiribati <input type="checkbox"/> Marshall Islands <input type="checkbox"/> Nauru <input type="checkbox"/> Palau <input type="checkbox"/> Papua New Guinea <input type="checkbox"/> Samoa <input type="checkbox"/> Solomon Islands <input type="checkbox"/> Tonga <input type="checkbox"/> Tuvalu <input type="checkbox"/> Vanuatu <div style="text-align: center;">Other</div> <input type="checkbox"/> Subcontractor for Exporter <input type="checkbox"/> Sell to fill-freight

Please note: The estimated burden for completing this form is 23 minutes. You are not required to respond to any collection information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to: U.S. Small Business Administration, 409 3rd Street, SW, Washington, DC 20416, and to: Desk Officer SBA, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C., 20503. OMB Approval (3245-0324). PLEASE DO NOT SEND FORMS TO OMB.

SBA Form 641 (1/2011)

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Adopted: __/__/__

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ATTACHMENT C

DEPARTMENT'S CURRENT CDBG INCOME SELF-CERTIFICATION FORM Page 1 of 2

Microenterprise Program SELF-CERTIFICATION of Income for <input type="checkbox"/> City of / <input type="checkbox"/> Town of / <input type="checkbox"/> County of _____ CDBG Funded Activity

Program Activity: ☐ Technical Assistance ☐ Support Services

Page 1 to be filled out by Participant

Part I: Confidential Participant / Beneficiary HUD Demographic Data <small>(This section is voluntary.)</small>

Ethnicity (Select One)	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> Hispanic
Race (Select One)		
<input type="checkbox"/> White	<input type="checkbox"/> Am. Indian/Alaskan Nat. & White	
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Asian & White	
<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American & White	
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Am. Indian/Alaskan & Black/African	
<input type="checkbox"/> Nat. Hawaiian/Other Pacific Isl.	<input type="checkbox"/> Other Multi-Racial	
Other Demographic Data (Select each that Applies)		
<input type="checkbox"/> Female Head of Household	<input type="checkbox"/> Single / Non Elderly	
<input type="checkbox"/> Participant Disable	<input type="checkbox"/> Related/Single Parent	
<input type="checkbox"/> Veteran	<input type="checkbox"/> Related/Two Parent	
<input type="checkbox"/> Elderly	<input type="checkbox"/> Other (_____)	

Part II: Confidential Participant / Beneficiary Income Certification <small>(Must be completed and signed before microenterprise services are provided.)</small>

<p>1) Number of Employees & Owners:</p> <p>The total number of employee(s) is: _____. The total number of Owner(s) is: _____. Combined Employee(s) and Owner(s) = _____.</p> <p>2) Number of Family Members & Gross Income:</p> <p>My total family size consists of _____ members, and the total gross annual income* for all adult members is \$ _____.</p> <p><small>*Gross annual income must include all sources of income (wages, child support, SSI, unemployment, pension, income from assets, etc., but <u>does not</u> include the income of live-in aids, per 24 CFR 5.403).</small></p> <p>I certify that the information given on this form is true and accurate to the best of my knowledge. I am aware that there are penalties for willfully and knowingly giving false information on an application for Federal or State funds, which may include immediate repayment of all Federal or State funds received and/or prosecution under the law. I understand that the information on this form is subject to verification by state and federal personnel as part of compliance monitoring.</p> <p>Participant / Beneficiary Signature: _____ Date: _____</p> <p>Participant / Beneficiary Name (print): _____</p> <p>Participant Physical Home Address: _____, City _____</p>

HCD Revised: August, 2015

Page 1 of 2

ATTACHMENT C

DEPARTMENT'S CURRENT CDBG INCOME SELF-CERTIFICATION FORM

Page 2 of 2

Microenterprise Program SELF-CERTIFICATION Verification by	
<input type="checkbox"/> City of / <input type="checkbox"/> Town of / <input type="checkbox"/> County of _____	CDBG Funded Activity

Page 2 to be filled out by Program Operator

Microenterprise Program Information:

Name of Microenterprise Program Operator: _____

Source of CDBG funding: ☐ Grant #: _____ - Or - ☐ PI Waiver Fiscal Year: _____

Microenterprise Business Size (# of Employees & Owners) Verification:

- Business has: ☐ No employees, as the Participant does not have an operating business
☐ Five or fewer employee positions with owners
☐ More than five employee positions with owners **NOT ELIGIBLE for CDBG ASSISTANCE**

Microenterprise Participant/Beneficiary Income and Location Verification:

Effective Date of the Income Limit Chart being used: _____

- Family is: ☐ 30% or less (Extremely Low Income)
☐ 31%-50% (Low Income)
☐ 51%- 80% (Moderate Income)
☐ Over 80% of median income: **NOT ELIGIBLE for CDBG ASSISTANCE**

Program Operator must:

- 1) Print the current HCD Income limits from the HCD website (NOT HUD's); and
- 2) Circle the applicable family size and annual income on HCD limit printout and place in participant file.
- 3) Must complete confidential demographic data, if participant/beneficiary leaves blank.

Participant / Beneficiary Name: _____

Participant / Beneficiary Physical Home Address: _____ ☐ In Jurisdiction Limits

Business Physical Address: _____ ☐ In Jurisdiction Limits

NOTE: Physical location of business must be in Jurisdiction. If no business, then Participants / Beneficiary must live in Jurisdiction.

Program Operator Certification: I certify that Participant / Beneficiary demographic data provided is true and correct, to the best of my knowledge. I certify that, using the current HCD annual income publication compared to stated family size and gross income, resulted in the income level indicated above. I certify that the information regarding microenterprise business size is correctly indicated above. I certify that the residency of the Participant / Beneficiary and business address is true and correct per the requirements of 24 CFR 570.486(b) and/or (c) as applicable.

Note: This completed certification whether Participant / Beneficiary receives microenterprise TA or Support Services or not, must be maintained in the Confidential Program file for review at time of monitoring.

Program Operator Name (printed) _____

Job Title _____

Signature: _____

Date: _____

Eligibility is valid until (three years after certification signed) Date: _____

HCD Revised: August, 2015

Page 2 of 2

ATTACHMENT D

GRANTEE'S APPLICANT AND PROGRAM PARTICIPANT TRACKING FORMS FOR TECHNICAL ASSISTANCE

Page 1 of 3

As the local Small Business Development Center (SBDC), current City of Fort Bragg Microenterprise Assistance Program Operator West Company uses a U.S. Small Business Administration system to track all client activities. The tracking system is described below, and sample forms are provided on the following two pages. The system formerly known as WebCATS is now called Neoserra, a CRM (customer relationship management) system.

WebCATS is a robust, relational web-based client activity tracking system provided free of charge to West Company by the NorCal SBDC network. West Company uses the WebCATS database to record all client information and activity, and then uses that data to generate reports, track the success of all client outreach efforts, and summarize the effects of West Company's work in the community. The sophisticated WebCATS system tracks every interaction with a client from the very first request for services to every workshop attendance and counseling session, and also captures important client milestones such as jobs created or increases in sales. WebCATS has the ability to create reports from subsets of client data, and provide very detailed information about client activity from a vast number of perspectives.

Please see the attached samples of the Webcats Client Counseling Record and Client Activity by Client report. As indicated, the Counseling record summarizes the discussions of the individual one-on-one counseling sessions. These records are produced monthly for each client and are filed in the individual client file. The Client Activity by Client report is a documented listing of all individual sessions, scope of works produced, conference training, milestones completed and capital infusion records. Each activity is listed by date including one-on-one counseling hours, workshop training hours, milestones,

and capital infusion totals. The Client Activity by Client report will be produced quarterly and filed in the individual client file.

ATTACHMENT D

GRANTEE'S APPLICANT AND PROGRAM PARTICIPANT TRACKING FORMS FOR TECHNICAL ASSISTANCE

Page 2 of 3

WebCATS Report -- Counseling Record (1062)

Page 1 of 1

COUNSELING RECORD (1062)				
A. Location Code 448252	B. SBDC Code MENDO	C. Client No. MEND0611	D. Date of Contact 2/27/2013	E. Type of Action Follow-up [3]
F. Name of Company Client, New			G. Name of Inquirer (Last, First, MI) Client, New	
H. Address of Company/Inquirer PO Box 1234			I. City/Town Fort Bragg	J. State CA
K. Zip Code 95437-1234		L. Telephone Number (707) 123-1234		
BUSINESS INFORMATION		STATUS INFORMATION		
M. Type of Business Service Establishment [?]		P. Ownership Gender Woman-Owned [2]		
N. SIC/NAICS CODES SICS: NAICS: 311812		Q. Inquirer Background a. Race: White/Caucasian [5] b. Hispanic? Not of Hispanic Origin [2]		
O. SBA Client (Undefined) []		R. Ownership Military Status Non-veteran [4]		
S. Area of Counseling Provided Business Plan		BP []		
T. Contact Hours 1	U. Preparation Hours 0.25	V. Travel Hours 0	W. COUNSELOR NUMBER ZZZZZZ	
X. COUNSELOR(S) (unknown counselor)		Y. RESOURCE (Undefined) [?]		
Z. Problems/Comments/Recommendations				
<p>New client needs assistance preparing a feasibility analysis for starting a bakery.</p> <p>** Description of what occurred in the session: New Client provided information about her financial situation, the kind of help she needs and her vision for the business.</p> <p>** An analysis of the problem to be solved: Before she embarks on establishing a new bakery, New Client needs to understand the financial implications of the business.</p> <p>** Actions taken to solve the problem identified: Walked her through the feasibility analysis spreadsheet</p> <p>** Follow-up action to be taken before the next session: Complete the feasibility analysis spreadsheet</p> <p>** _____ Number of hours left on scope of work</p>				

<https://norcal.outreachsystems.com/report.asp>

02/27/13

Adopted: __/__/__

ATTACHMENT D

GRANTEE'S APPLICANT AND PROGRAM PARTICIPANT TRACKING FORMS FOR TECHNICAL ASSISTANCE

Page 3 of 3

Client Activity by Client
New Client.

New Client

P.O. Box 1234

Fort Bragg, CA 95437-4510

DATE	SESSION	COUNSELOR	FUND	TYPE/AREA	PREP	TRAVEL	CONTACT	TOTAL
3/2/2009	273679	000340	SBA	Admin/12	0.25	0.00	0.00	0.25
3/2/2009	273680	000340	SBA	Initial/12	0.75	0.00	1.00	1.75
8/9/2010	299024	000479	SBA	Follow-up/1	0.25	0.00	1.50	1.75
8/23/2010	5732	000479	SBA	Scope of Work				
8/23/2010	299722	000479	SBA	Follow-up/1	0.25	0.00	1.50	1.75
9/7/2010	19691	000479	SBA	Conference	Training Time (hrs): 3			
9/14/2010	19692	000479	SBA	Conference	Training Time (hrs): 3			
9/28/2010	19694	000479	SBA	Conference	Training Time (hrs): 3			
10/19/2010	19703	000479	SBA	Conference	Training Time (hrs): 3			
10/20/2010	302727	000479	SBA	Follow-up/BP	0.25	0.00	1.50	1.75
10/26/2010	19702	000479	SBA	Conference	Training Time (hrs): 3			
11/4/2010	303605	000479	SBA	Follow-up/3	0.25	0.00	2.50	2.75
11/5/2010	303775	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
5/11/2011	20799	000479	SBA	Conference	Training Time (hrs): 2			
6/7/2011	20882	000479	SBA	Conference	Training Time (hrs): 1.5			
10/13/2011	324332	000479	SBA	Follow-up/2	0.25	0.00	1.50	1.75
11/16/2011	31348	000479	SBA	Milestone	Change in Profits			
3/8/2012	333294	000479	SBA	Follow-up/1	0.25	0.00	1.00	1.25
3/13/2012	334548	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
3/19/2012	334192	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
3/28/2012	334271	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
4/1/2012	16681	000479	SBA	Scope of Work				
4/11/2012	335257	000479	SBA	Follow-up/1	0.25	0.00	1.00	1.25
4/18/2012	7289	000479	SBA	Investment	Owner Investment, approved \$30,000.00			
4/18/2012	335561	000479	SBA	Follow-up/1	0.25	0.00	1.00	1.25
4/26/2012	335936	000479	SBA	Follow-up/3	0.25	0.00	1.50	1.75
5/3/2012	336751	000479	SBA	Follow-up/5	0.25	0.00	0.50	0.75
5/10/2012	337009	000479	SBA	Follow-up/3	0.25	0.00	1.50	1.75
5/16/2012	337212	000479	SBA	Follow-up/1	0.25	0.00	1.00	1.25
5/22/2012	7364	000479	SBA	Investment	Private Non-Institution, approved \$3,500.00			
5/22/2012	33421	000479	SBA	Milestone	Started Business			
5/22/2012	33422	000479	SBA	Milestone	Jobs Created			
5/24/2012	337642	000479	SBA	Follow-up/1	0.25	0.00	1.00	1.25
5/29/2012	337761	000479	SBA	Follow-up/7	0.25	0.00	1.00	1.25
6/1/2012	337937	000479	SBA	Follow-up/3	0.25	0.00	2.00	2.25
6/12/2012	338800	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
6/19/2012	338971	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
6/26/2012	339655	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
7/8/2012	340326	000479	SBA	Follow-up/3	0.25	0.75	3.00	4.00
8/6/2012	341978	000479	SBA	Follow-up/7	0.25	0.00	1.00	1.25
8/14/2012	342386	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
10/3/2012	345301	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
12/18/2012	350243	000479	SBA	Follow-up/3	0.25	0.00	1.00	1.25
2/25/2013	352989	000479	SBA	Follow-up/BP	0.25	0.00	1.00	1.25
TOTAL CLIENT SESSIONS: 30					8.00	0.75	36.00	44.75
TOTAL CLIENT ACTIVITY: 44								

Adopted: __/__/__