



CDBG Microenterprise- Technical Assistance Grant Application Exhibit II-J

Choose an item.

1. Business Background

- a. Business Name:
- b. Business Address:
- c. Ownership of Business:

2. Technical Assistance

- a. Type of Assistance:
- b. Name of person and/or company providing assistance:
- c. Description of Assistance being provided:
- d. Time Frame of Anticipated Completion:
- e. Total Cost of Technical Assistance:
 1. Total Business owner match, if required:
 2. Total Amount paid through CDBG Funds:

Submitted By:

BLF Signature

Date:

Printed Name:

(Continued on next page)

Approved By:

DOLA Signature

Date:

Printed Name: