

ATTACHMENT IV
BENEFICIARY OUTCOMES REPORT

CDBG
MICROENTERPRISE GRANT

Subrecipient: Northern Community
Investment Corporation

Name:	
Business Name:	

	Baseline (most recent tax return info) FY 20____:	Year 1 To Date (as of date services begin) FY 20____:	Year 2 (if applicable) FY 20____:	Year 3 (if applicable) FY 20____:
Income:				
Expenses:				
Net Profit:				

Capital (for Baseline Year only and Years 1, 2 & 3 as applicable)				
Total Debt (loan) Capital Raised:				
Total Equity (investors) Capital Raised:				
Total Personal Equity Invested:				
Total Grant Funding Raised:				

Have you merged with or purchased an existing business? Y/N				
Closure? Y/N	N/A	N/A	N/A	N/A

Staffing at Year End											
FT Positions (including self)											
PT Positions (including self)											
Salaries & Wages Paid (not including self)											
Owners Draw											
Satisfaction with Business Performance:	Baseline:	1	2	3	4	5	6	7	8	9	10
	After Assistance Provided:	1	2	3	4	5	6	7	8	9	10
Satisfaction with Personal Mgmt Performance:	Baseline:	1	2	3	4	5	6	7	8	9	10
	After Assistance Provided:	1	2	3	4	5	6	7	8	9	10

Additional Comments:
