St. Louis County, MN

ST. LOUIS COUNTY, MINNESOTA

Payment Request

HUD Entitlement Programs – CDBG Microenterprise

Form **1003B**

Rev. 10-29-2024

This form is used to request payment and data collection reporting for **Microenterprise Agencies**. You must complete the **Data Collection Form** on Page 2. **Infrastructure** and **Community Facility Projects** should use **Form 1004**. **Housing Projects** should use **Form 1005**.
More Information: www.stlouiscountymn.gov/communitydevelopment

Request Information

Date:	Organization Fund/Invoice Number (Optional):
Project Name:	
Organization Name:	Contact Person:
Mailing Address:	
Phone:	Email:

Project Year:	Request Period:
Percentage of Completion:	Request for reimbursement of eligible costs totaling:

SLC Grant Award	Previous Request	Current Request	Total Request to Date	Balance Remaining
$	$	$	$	$

Narrative (Accomplishments/Status of Project during reporting period):

Attestation

I hereby certify and attest that the above-submitted costs are true and correct, that the accompanying documents are valid, and that the services described therein were duly rendered.

Authorized Recipient Name:	Title:	Date:

Contact Economic and Community Development

Duluth Office		Virginia Office	
Government Services Center 320 W 2nd Street, Suite 301 Duluth, MN 55802	Phone (218) 725-5200 Toll Free (800) 450-9278 www.stlouiscountymn.gov/communitydevelopment	Government Services Center 201 South 3rd Avenue West Virginia, MN 55792	Phone (218) 725-5200 Toll Free (800) 450-9278 www.stlouiscountymn.gov/communitydevelopment

Office Use Only

Date Received:	St Louis County Contract Number:
☐ Approved to process payment request	IDIS Number:
☐ On HOLD reason:	
Approver:	Date:

Data Collection Form (Complete all fields below only for clients not previously reported in this grant program year. In other words, a client should not be reported more than once in a program year, even if they were assisted several times during that year.)	
Organization Name:	Project Name:

Persons Served and Racial/Ethnicity Characteristics: (Complete the columns below using numbers, NOT percentages)	
Persons Served	**# Number**
Number of Extremely Low Income Served (0-30%)	
Number of Low Income Served (31-50%)	
Number of Moderate Income Served (51-80%)	
Number of Non-Low/Moderate Income Served (over 80%)	
Total Number Served**	

Female Head of Household	
Total	

Racial/Ethnic Categories	**# Total**	**# Hispanic ***
White		
Black or African-American		
Asian		
American Indian or Alaskan Native		
Native Hawaiian or Other Pacific Islander		
American Indian or Alaskan Native and White		
Asian and White		
Black or African-American and White		
American Indian or Alaskan Native and Black or African-American		
Other Multi-Racial		
Total**		

* # Hispanic – Please count how many are Hispanic in the total category as well.
** Total Households Served Must Equal the Total of Racial Categories.

Businesses Assisted (For Microenterprise Assistance activities only)	**# Expanding**	**# Relocating**	**Total**
New Businesses			
Existing Businesses			
Business Facades/Buildings Rehabilitated			
Businesses Assisted that Provide Goods or Services to Meet the Needs of a Service Area			