

**ATTACHMENT C**  
**Micro-Enterprise Outcome Report**  
**FY25-26**

Individual Name: DDS Number:

Business Name: EIN/FEIN:

Did a DDS Provider manage your funds? Yes No Provider Name:

**Summary/Status of Business**

What is the legal status of the business?

Total Employees: Total Employees Supported by DDS:

How does the business create revenue?

How much revenue has the business generated this year?

What is the plan for expenses after spending awarded Micro-Enterprise funds?

**Business Growth**

What barriers/challenges have you faced in developing the business?

How are the problems being addressed?

Strengths of the business:

Describe your contact with small business supports, what advice was provided?