

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?