NOFO Program Application

Office of Minority Economic Empowerment (OMEE)

State Small Business Credit Initiative (SSBCI) Technical Assistance (TA)

Loan TA Program

**NOFO ID: 2932-2856**

**Directions:** Fill out the program application below and submit it as part of your application to the State Small Business Credit Initiative (SSBCI) Technical Assistance (TA) Loan TA Program. Detailed information on the program and submission requirements can be found in the Notice of Funding Opportunity (NOFO). **Upload this application and any** **additional requested documentation requested below via the File Upload Option of the Smartsheet form:**  https://app.smartsheet.com/b/form/b0779000b8894141992d79a98464e833

**Applicant Legal Name:** Click or tap here to enter text.

*(Name used for UEI registration and applicant GATA pre-qualification)*

**Doing Business As (dba) Name, if applicable:** Click or tap here to enter text.

*(If not applicable, enter N/A)*

**If multiple organizations are applying, please specify primary applicant if different from above**:

Click or tap here to enter text.

**Applicant GATA ID#:** Click or tap here to enter text.

**Program Title:** Click or tap here to enter text. **Award Request**: $Click or tap here to enter text.

*(award requests should not to exceed $700,000)*

1. **Applicant Information**
2. In which of the eligible SSBCI TA Service Regions will your proposed program provide outreach and coverage? (Refer to the county list on Page 4/5 of the NOFO to determine your region):

Region 1: Northeast Region 1

Region 2: Northeast Region 2

Region 3: Northeast Region 3

Region 4: North Region I

Region 5: Central Region

Region 6: Southern Region

1. Which of the following best defines the purpose of your organization? *Select one.*

The primary purpose of our organization or a central part of our organization’s mission is to provide legal, accounting, and/or financial advisory services

Our organization regularly markets or publicizes itself as providing legal, accounting, and/or financial advisory services

At least 25% of our entity’s revenues or staff are dedicated to providing legal, accounting, and/or financial advisory services.

None of the Above

If “None of the Above” was selected, explain the purpose of your organization.

Click or tap here to enter text.

1. Is your organization a SEDI-owned business?

Yes

No

1. What required service(s) for this opportunity does your organization currently provide? *Select all that apply*.

Legal Services

Accounting Services

Financial Advisory Services

Other - Detail other service(s) your organization provides: Click or tap here to enter text.

1. Detail whether your organization plans to offer any of the other services (listed on Page 3 of the NOFO) to eligible beneficiaries outside of legal, accounting, and financial advisory services.

Click or tap here to enter text.

1. Will other sources of funding be necessary to establish/implement the proposed Loan TA Program? If yes, please indicate the source, status, and amount of those funds.

Click or tap here to enter text.

1. **Experience and Expertise**
2. What relevant experience does your organization have in providing technical assistance to small businesses or entrepreneurs? In your response, be sure to include the following:

* Indicate the number of years your organization has been in operation. Highlight any relevant experience gained during this period.
* Specify the number of years your organization has actively provided technical assistance or related services. Mention any specific types of technical assistance you offer (e.g., training, consulting, mentoring)
* Quantify the impact of your technical assistance programs: How many businesses have participated in your programs? What sectors or industries do these businesses belong to? Any notable success stories?
* Discuss the success rate of businesses that completed your technical assistance programs. Highlight any key achievements, such as revenue growth, job creation, or market expansion.
* If available, include letters of support from external partners (e.g., government agencies, industry associations, other organizations) which corroborate your organization’s expertise and effectiveness. **Any letters of support** **should be converted to PDFs and submitted via the File Upload Option of the Smartsheet form and named B.1. Letters of Support.**

Click or tap here to enter text.

1. How will the experience outlined above enable you to run a successful Loan TA Program?

Click or tap here to enter text.

1. Detail any experience, if any, your organization has had working with external partners to deliver program services?

* Please include the names of past partners and highlight the success of these partnerships in service delivery in your response.

Click or tap here to enter text.

1. Provide a description of the training programs your organization currently delivers in the region for which you are applying and highlight the impact those training programs have had in the region, if any.

Click or tap here to enter text.

1. Detail any experience, if any, your organization has working with socially and economically disadvantaged individuals (SEDI) or very small businesses (VSBs).

* Provide detailed examples of past successes in working with these populations.

Click or tap here to enter text.

1. How successful has your organization been in outreach and recruitment to small businesses or entrepreneurs in the region for which you are applying?

* Provide any data points regarding number of businesses who have successfully utilized your services throughout the region.

Click or tap here to enter text.

1. Describe your familiarity with SSBCI-supported capital programs or other federal small business lending programs, including objectives, guidelines, and eligibility criteria for the program(s).

Click or tap here to enter text.

1. Detail your success, if any, in assisting SEDI, VSB, and/or other populations in receiving loans or other capital assistance. In your response, be sure to include the following:

* The number of SEDI, VSB, and other populations assisted
* Years of experience assisting each population in receiving loans or other capital assistance.

Click or tap here to enter text.

1. **Staffing and Support**

**Staffing and Organizational Structure**

1. Detail how your organization’s current staffing structure will support the successful execution of the Loan TA Program.

Click or tap here to enter text.

1. What experience, if any, does your staff have working with eligible beneficiaries?

Click or tap here to enter text.

1. Are there any planned staffing changes or adjustments needed to ensure the successful execution of the Loan TA Program? If staffing changes/adjustments are not planned, enter **N/A**.

Click or tap here to enter text.

1. Does your organization/staff have experience implementing state and/or federal programs? If yes, be sure to include the following in your response:
   * List the program(s) your organization/staff have implemented and identify whether they were state/federal programs
   * Provide the level and years of staff experience in implementing programs
   * Provide the years in which the programs were implemented
   * Detail experience in submitting programmatic reports and tracking performance metrics

Click or tap here to enter text.

1. List the name(s) of your organization’s staff that will deliver TA services and the title/role they will have in the program.

Click or tap here to enter text.

1. Upload a copy of resumes for all staff in your organization that will be providing legal, accounting, and/or financial advisory services.

* Resumes should demonstrate any specialized expertise in providing TA and support services to eligible beneficiaries in multiple languages (if applicable).
* In the text box below, list each document submitted via the File Upload Option of the Smartsheet form as it relates to this question, including the name of all staff whose resume has been uploaded (i.e. John Doe Resume, Jane Doe Resume, etc.).
* **Do NOT leave the text box blank, do NOT type “See attached”.**

Click or tap here to enter text.

**External Partnerships**

Applicants are strongly encouraged to collaborate with external partners, including other federally funded technical assistance providers, such as the Illinois Small Business Development Centers (SBDCs), funded in part by the U.S. Small Business Administration (SBA), for the provision of a portion of resources to maximize the efficiency and effectiveness of services provided.

1. Will your organization partner with any business support organizations, economic development organizations, for-profit or non-profit professional entities, or community development financial institutions to deliver the required services for this opportunity?

Yes

No

If **yes** was selected, **list** the name of **each** external partner and the service(s) each external partner will provide below (*Example:* *ABC Organization – Accounting Services)* and upload a PDF of the **Proof of Partnership Documentation** for each external partner.

* **NOTE:** Proof of Partnership documentation should include a copy of the cover sheet found here (https://dceo.illinois.gov/aboutdceo/grantopportunities/2932-2856.html) and any executed contracts, memorandums of understanding (MOU), etc., to demonstrate the primary applicant and external partner will be working together to deliver the required TA services. **Proof of Partnership Documentation** **should be submitted via the File Upload Option of the Smartsheet form and named Proof of Partnership Documentation.**

Click or tap here to enter text.

1. How will you ensure that external partners comply with all Loan TA Program guidelines and reporting metrics?

Click or tap here to enter text.

1. **Loan TA Program Plan**
2. Provide a detailed summary of the technical assistance services that will be delivered to eligible beneficiaries. Include any available information in your response such as:

* Training and service plan overviews
* TA delivery method: web-based or class-style technical assistance
* Identify if this is a new service or if it has been delivered in prior years

Any supplemental documentation to this response may be submitted via the File upload option of the Smartsheet application.

Click or tap here to enter text.

1. Detail whether multilingual services will be incorporated into your technical assistance plan. Please specify the language(s) in which you will provide services across the region, and describe any prior experience you have in delivering these multilingual services.

Click or tap here to enter text.

1. How will you assist eligible beneficiaries improve their financial and business management skills?

Click or tap here to enter text.

1. Describe your approach to providing personalized, one-on-one assistance to eligible beneficiaries.

* In your response, outline strategies you would utilize to enhance their awareness and preparedness for navigating the application process for SSBCI and other federal programs.

Click or tap here to enter text.

1. If you will rely on external partners, how you will coordinate with your partners to ensure you collectively provide the required services set forth for the Loan TA Program. If external partners will not be utilized, enter **N/A**.

Click or tap here to enter text.

1. Provide a tentative Technical Assistance timeline that coincides with the expected grant period of 10/01/2024 through 09/30/2026. Attach any supplemental documents via the File Upload Option of the Smartsheet application.

Click or tap here to enter text.

| **Technical Assistance Services** | **Estimated Timeline** |
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1. At what location(s) will the TA services be provided? In your response:

* Identify whether your proposed TA location(s) are in a Community Development Financial Institution (CDFI) investment area by following the link here: https://cimsprodprep.cdfifund.gov/CIMS4/apps/pn-cdfi/index.aspx#?center=-98.212,38.724&level=4
* Submit a copy of the outline of the map area via the File Upload Option of the Smartsheet form.

Click or tap here to enter text.

1. Detail whether the location(s) selected for technical assistance are in an area(s) easily accessible to eligible beneficiaries.

* i.e., located in an area within close proximity to public transportation, ADA accessible, etc.

Click or tap here to enter text.

1. **Outreach and Engagement Plan**
2. Detail the impact your proposed technical assistance services will have to eligible beneficiaries in the SSBCI TA Service Region in which you are seeking to provide support.

Click or tap here to enter text.

1. Detail your outreach and engagement plan to target TA services to eligible beneficiaries in your designated service area? In your response, be sure to include the following:

* The Illinois Economic Benefit Ratio (EBR) for this program is 2.28, as noted on page 5 of the NOFO, detail your plan to target 70% of program benefits to SEDI-owned businesses and 30% of program benefits to VSBs.
* Describe how you will identify and recruit eligible beneficiaries in your region to partake in and benefit from TA services
* Include any strategies for communication and outreach efforts to eligible beneficiaries, such as public events, email campaigns, neighborhood canvassing
* Identify whether you will coordinate with any business support organizations, economic development organizations, for-profit or non-profit professional entities, or community development financial institutions.

Click or tap here to enter text.

1. Detail how your organization will deliver **legal** **services** to eligible beneficiaries in your region, either directly or through external partners.

Click or tap here to enter text.

1. Detail how your organization will deliver **accounting** **services** to eligible beneficiaries in your region, either directly or through external partners.

Click or tap here to enter text.

1. Detail how your organization will deliver **financial advisory services** to eligible beneficiaries in your region, either directly or through external partners.

Click or tap here to enter text.

1. Detail how your organization will monitor and assess the program’s success/impact on eligible beneficiaries.

Click or tap here to enter text.

Applicant Certification

Under penalty of perjury, I certify that I have examined this application and the document(s), schedule(s), and statement(s) submitted in conjunction herewith, and that, to the best of my knowledge and belief, the information submitted herewith is true, correct, and complete. I represent that I am the person authorized to submit this application on behalf of the applicant and that I am authorized to execute a legally binding grant agreement on behalf of the applicant if this application is approved for funding.

I hereby release to DCEO the rights to and use of photographs and/or any written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), contained in or provided after the grant application for the purpose of publication on DCEO's website.  I hereby also release any and all claims against DCEO, its officers, agents, employees and/or affiliates arising out of, or in connection with, the usage of photographs and/or written statements or information, regardless of format (whether they are direct quotes or paraphrased by DCEO), for the purpose of publication on DCEO's website.

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**Authorized Signature**

**Printed Name and Title:** ​Click or tap here to enter text.​

**Date:** ​Click or tap here to enter text.​

The applicant should read and understand the certification statement provided in this section.

**The individual who signs this section should be the individual that is authorized to sign the grant agreement if grant funds are awarded.** The authorized individual should sign their name, print their name and title and date of certification.

*\*Digital signatures are not accepted.*