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 **SFY17**

 **Request for Application**

**ILLINOIS PROCUREMENT TECHNICAL ASSISTANCE CENTER**

Enclosed you will find a Request for Application (RFA) package for the Illinois Procurement Technical Assistance Center program. The Illinois Department of Commerce is requesting applications from Illinois universities, colleges and non-profit business development organizations interested in operating an Illinois Procurement Technical Assistance Center (PTAC). A separate application package covers the Illinois Small Business Development Centers (SBDC).

The minimum annual funding request for an Illinois Procurement Technical Assistance Center is $70,000. Applications must cover a twelve month period, (July 1, 2016 – June 30, 2017), and must include a minimum of 75% cash matching contribution. Each Illinois PTAC is expected to provide a minimum of 1,000 hours of one on one consultation per $70,000 in program funds received from The Department of Commerce. The total amount of program dollars awarded are subject to the availability of state and federal appropriations.

For those applicants proposing to cover the counties of Boone, Ogle, Stephenson, Winnebago, McHenry, Lake and Northen Cook, including the northern stateline of Illinois, there is FY16 funding available for a PTAC effective January 1, 2016 through June 30, 2016. Please indicate in your application your ability to operate a PTAC Center during that time period. For instruction on how to submit a scope of work and budget detail for the 6 month funding, please contact Illinois PTAC Manager Sheri Ericson at (217) 524-4146 or Sheri.Ericson@illinois.gov.

Please review the entire request for application package before you begin to complete your application.

Each applicant must complete the application sections 1, 2, 3, 5, 6B, 8 and 9 within this application template. Sections 4, 6A, 6C and 7 do not require any input, as they have been completed for you or are not applicable to this program. However, when submitting the application include the entire application section 1-9 and any required attachments clearly labeled.

Your detailed application, including narrative and budget, must be in a single document submitted as an e-mail attachment to mark.petrilli@illinois.gov at the Illinois Department of Commerce **by 5:00 PM (CST) Thursday, October 8, 2015**.

If you have any questions regarding the RFA package, please contact Illinois PTAC Manager Sheri Ericson at (217) 524-4146 or Sheri.Ericson@illinois.gov.

 **PURPOSE AND INTENT**

**Introduction**

The Illinois Department of Commerce and Economic Opportunity, in partnership with the U.S. Department of Defense and the Defense Logistics Agency (DLA), administers the business assistance program dedicated to providing Illinois companies and entrepreneurs with quality business advice, information, training and technical assistance. The program covered by this Request for Application (RFA) includes the Illinois Procurement Technical Assistance Center (PTAC) small business assistance services. The Department of Commerce is seeking applications from eligible applicants interested in operating an Illinois Procurement Technical Assistance Center. A separate application package covers the Illinois Small Business Development Centers (SBDC).

**Eligible Applicants**

This Request for Application package is intended to solicit applications from qualified Illinois universities, colleges, chambers of commerce and other non-profit business development related organizations that are interested in operating an Illinois PTAC. The program's primary purpose is to provide information and guidance to assist Illinois small businesses in the area of government procurement and to accelerate the growth potential of viable, long-term, entrepreneurial ventures and small businesses in order to create and retain jobs in Illinois.

 Entities listed in the System for Award Management (SAM) “Excluded Parties List System (EPLS)” are not eligible for an award. An entity that employs any person listed in the SAM’s EPLS [**https://www.sam.gov/portal/SAM/#1**](https://www.sam.gov/portal/SAM/#1)is not eligible for an award.

**Rules and Regulations**

The Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (“Final Guidance”), located at 2 C.F.R. 200 *et seq.*, supersedes and combines the requirements of Office of Management and Budget (OMB) Circulars A-21, A-87, A-102, A-110, A-122, and A-133. Any reference to the OMB Circulars are subject to the Final Guidance. The Final Guidance regulations may be viewed at [http://www.ecfr.gov/cgi-bin/text-idx?SID=31c16b2c5bf9fe1fba6fda6e634d6fdf&mc=true&node=pt2.1.200&rg n=div5](http://www.ecfr.gov/cgi-bin/text-idx?SID=31c16b2c5bf9fe1fba6fda6e634d6fdf&mc=true&node=pt2.1.200&rg%20n=div5). The most current versions of the OMB grants management circulars can be easily accessed at this frequently updated site: [www.whitehouse.gov/omb/circulars/index.html](http://www.whitehouse.gov/omb/circulars/index.html). We encourage each center director and fiscal staff to become familiar with the applicable federal regulations and use them as a reference.

**Service Delivery**

 The Illinois Department of Commerce’s regional focus facilitates reduced administrative costs, the maximum use of available resources and stronger regional coordination of all small business assistance services to better meet regional needs.

 Applicants requesting funding through this RFA application must clearly demonstrate how small business and entrepreneurs' needs have been assessed and how the program services will be provided to address these needs throughout the regional service area. The applicant’s service area must be clearly defined by county lines or The Department of Commerce’s defined regions (except in Cook County which may be defined by street intersections). The Department of Commerce reserves the right to adjust the funding levels where it is determined to be in the best interests of the client base, the service area and the Illinois PTAC.

 The consolidation of resources will help to reduce administrative costs, enhance regional cooperation and foster synergy among all programs. In order to effectively service an area, applicants may propose the use of “circuit riders”, “satellites”, video and/or internet advice and/or other methods of communication. Institutions are encouraged to establish coalitions with other service provider organizations within the region in order to deliver program services in the most effective and efficient manner possible. Special consideration will be given to those applications which best demonstrate cost sharing, cooperation, coordination and consolidation within their respective regions. Applicants should indicate in the narrative if they are also submitting a separate funding application for an Illinois Small Business Development Center and/or one or more of the specialized SBDC services initiatives.

**Collaborative Resources**

The Illinois PTAC is a collaborative effort between universities, colleges, economic development groups, business organizations and local, state and federal governments to serve the management and technical assistance needs of Illinois small businesses and entrepreneurs. Applications must clearly demonstrate how the applicant will assess and coordinate these various resources in order to provide quality assistance. In order to effectively administer and deliver services the applicant is expected to secure additional support and cash resources beyond the minimum levels required in the RFA. The applicant will receive credit in the application review process for leveraging additional cash resources. Applicants are encouraged to detail these resources within the application narrative as part of the coordination/cooperation section.

**OPERATION REQUIREMENTS**

**Staffing for PTAC**

 The preferred staffing requirements are that each PTAC shall have, at minimum, one Professional Full Time staff 100% dedicated to the program. The preferred staffing requirements of a fully operating PTAC are three full time employees: one full time director who devotes approximately 60% of his/her time to advice and 40% to managing the center and performing outreach responsibilities; one full time business advisor who spends 75% of his/her time providing one on one business guidance and 25% of his/her time assisting with training programs and other special activities; and one full time support staff person supporting all PTAC services.

 The total work hours available for a full time professional are 1,950 hours, based on a 37.5 hours work week at 52 weeks/year. Allowing for 300 hours of holiday, sick, and vacation time and 40 hours for professional and personal development, each professional staff has a total of 1,500 hours of available time.

 In addition, each center should have several part time and/or volunteer assistants available on a continuing and regular basis. This could include college student interns, faculty, professional small business experts, and private sector consultants. Time and effort for all resources must be properly documented. All staff and service providers will be required to sign an appropriate Conflict of Interest Statement upon execution of the annual center agreement.

 The staffing recommendations can be modified based upon area client demand, resources provided by host organizations, and program emphasis. Some centers may depend more heavily upon outside consultants, while others will prefer to develop their own expertise. However, each Illinois PTAC funded through this RFA must maintain at least one professional business advisor, dedicated 100% to the program. In certain locations, satellite centers may operate with less than full time staffing if circumstances are thoroughly justified in the application.

 Each center host organization must notify the Department of Commerce Illinois PTAC in writing within three business days of receipt of a director/professional staff's departure notice. The Illinois PTAC retains the right to review the personnel change of director to determine whether support will be continued beyond the quarter during which the change occurs.

 Prior to the interview process, copies of resumes/applications of the top candidates seeking to fill the position of center director and professional staff shall be forwarded to the Illinois PTAC for review. The Illinois PTAC Program Manager or designee shall be in attendance at the actual interview session of the final candidates and be afforded the opportunity to discuss and make recommendations on the candidates. The Illinois PTAC reserves the right for the final approval and hiring of director/professional staff candidate, however, reasonable approval will not be withheld.

 Sample position descriptions are included in Appendix A.

**Staff Development**

Center directors are required to participate in all meetings designated by the Illinois PTAC. Business advisors, coordinators, and professional staff are strongly encouraged to attend. These meetings provide an excellent opportunity for training, networking, planning, and exchanging information.

 All center directors, advisors, and professional staff are required to obtain the initial Certified Business Development Advisor designation within the first two years of joining the program. The certification process is maintained thorough the Illinois Entrepreneurship and Small Business Growth Association (IESBGA). All full-time professionals are expected to recertify every three years after the initial certification has been awarded. All full-time professional staff are required to complete a minimum of 40 hours of professional development training each year. All centers must utilize the Neoserra system to track professional development hours for staff.

 In addition to the network meetings, the Illinois PTAC may require center director’s attendance at other training meetings such as those held by IESBGA. The centers shall also identify individual training needs and make the necessary training available for center staff.

**Recognition and Identity**

Ilinois PTAC recognition is crucial to the long term success of the program in Illinois. All centers are required to adhere to the following policies and guidelines. More detailed recognition and branding guidelines will be provided to all successful applicants and will be available on the CenterConnect website.

 Each center will identify and promote itself as an “Illinois Procurement Technical Assistance Center (or PTAC) at (Host Institution)” both verbally and in writing. The standard logo is to be used on all flyers, websites, email signatures, letterhead, disclaimers, advertisements, forms and promotional items. The logo must be prominent and adhere to the program logo guidelines. The color of the logo must be maintained unless an exception is pre-approved by the Illinois PTAC management. As required by program specific guidelines, acknowledgement of the support of the Illinois Department of Commerce shall appear on all materials listed above.

 Center business cards must display the logo in the prescribed format on the front of the card. The center should also be properly identified as “Illinois Procurement Technical Assistance Center” (or PTAC) at (Host Institution) along with the name of the individual.

 Signage is an important component of identity and recognition. In addition to directional signage, prominent identification of each center as an Illinois PTAC is required as detailed in the program guidelines.

 In order to maintain a consistent and uninterrupted flow of emails to the Centers, each successful applicant may create and maintain a generic email address in the following appropriate formats:

* Illinois PTAC @ (host name)
* PTAC @ (host name)

**Knowledge of Client Needs and Expectations**

Each center must demonstrate is has a systematic process or processes to analyze the needs of its small business community. Further, the center must demonstrate it utilized the results of the analyses to develop and deliver programs to meet identified needs. The needs analysis is not required to be a formal research effort, nor must it be a state or regional-wide analysis. It must, however, be designed to obtain information from relevant public, private and educational institutions, as well as from owners of small businesses and entrepreneurs in order to identify and develop valuable services for the Illinois PTAC to offer.

 Research on client needs and expectations should include a systematic process for gaining customer knowledge. The process should:

* use multiple listening posts
* determine key customer requirements
* determine product/service features of importance to customers

The objective is to identify and segment customers, markets, and key stakeholders and to determine requirements, expectations, products, services and preferences for each.

**Market Sector Focus**

Each Illinois PTAC must identify its specific market sector (i.e. manufacturing, energy, retail, agri-business, etc...) and demographic focus (i.e. rural, women, etc...) and strengths. The applicant must clearly identify its key strengths and how the applicant plans to share these strengths and its special market sector focus with the other members of the Illinois PTAC/SBDC Network. The market sector focus should be based on the strengths of the local economy as well as the abilities and strengths of the local PTAC.   The support and expertise housed within the host institution will also play an important role in determining the key market sector focus of the PTAC.

**Marketing**

Each center shall implement a marketing and outreach program designed to inform its various stakeholder groups and existing and prospective small business owners and entrepreneurs of the services available through the center. An annual marketing plan outline is required with the application.

 Ongoing outreach and communication with stakeholders such as state and federal legislators are critical to educating them about the services available to their constituents. Regular communication regarding center impact and accomplishments with key stakeholders is required. Each center shall host at least two events per year in which state and/or federal legislators and other key stakeholders are invited to visit the center. Each center is also strongly encouraged to participate in all the Illinois PTAC sponsored conferences, exhibits, expositions and workshops.

 The PTAC banner is provided to each center as a marketing tool and must be be prominently displayed in a public place within the center office. Each center will provide a link from its website home page to the home page of The Department of Commerce Illinois PTAC.

**Resources**

Each center shall compile and maintain a listing of all area business assistance resources, including governmental, educational and private sector resources. Business clients with adequate financial resources or firms whose requirements are beyond the capacity of the center or resource staff shall be referred to private consultants and other professionals. Each center shall refer clients equitably to at least three available private consultants. Such equitable distribution should prevent over-reliance on any one private consultant or professional. Centers/staff shall not receive compensation for any such referrals, either directly or indirectly.

**Advisory Board**

Successful applicants shall create and/or maintain a board of advisors comprised of local/regional small business owners and other small business-related members such as lenders, equity investors, chamber of commerce representatives, other economic development individuals, educational institution personnel, governmental representatives, and other appropriate individuals who reflect the applicant’s market sector focus. When two or more center programs within the Illinois SBDC Network are hosted by the same organization, one board of advisors can be utilized to support all center programs.

 The local center advisory boards shall meet at least twice per year. Advance notice of the center’s advisory board meetings and member listing shall be submitted to the Illinois PTAC office. All meetings of the center’s advisory board must comply with the Open Meetings Act.

**Financial**

Each center must utilize an automated financial management system to maintain accurate and up-to-date financial records. This system must incorporate all program costs and written documentation must be maintained for back-up. Host institutions are subject to pertinent federal OMB Circulars, which govern administrative and financial management of the programs.

 Each center must utilize either an existing in-house, automated financial management system or an appropriate financial management software program to maintain accurate and up-to-date financial records. This financial management system must incorporate all program costs, including both Grant funds and cash match, into one ledger to insure that costs are tracked separately within the host institution. All program costs must be encumbered or expended by the last day of the cooperative agreement. A separate account must be established to be used solely for program income and each program has different requirements for reporting and maintaining program income.

 Time and effort performance must be documented for all individuals contributing their time toward delivery of center services and who appear in the Cooperative Agreement as being paid with the Department of Commerce funds or cash match dollars. Time and Effort Certification forms must be completed and signed, at minimum, on a monthly basis and kept on file at the local center office for fiscal monitoring. Time and effort documentation must specify how time was spent in direct support of the center operations.

 Submission of a copy of the organization’s general ledger and chart of accounts will be required in conjunction with an annual financial review. Documentation for costs incurred will also be solicited on a random basis throughout the grant period to insure compliance with rules and regulations. A lack of appropriate fiscal documentation may result in disallowed costs.

**Program Income**

Program income is defined as gross income (total receipts before costs) earned by the recipient that is directly generated by an Illinois PTAC or PTAC supported activity or earned as a result of the award. A recipient is any center that receives funding from the Illinois Department of Commerce through the Illinois PTAC Program.

 **Earning Program Income**

PTAC services are expected to be provided to clients at no or nominal cost. Generally, program income should only be earned to provide a particular service to clients. A PTAC shall not charge a commission, percentage, brokerage or other fee that is contingent upon the success of the client securing a Government contract. Recipients are responsible for establishing a separately identifiable program income account to facilitate tracking and reporting program income.

 **Accounting for and Reporting Program Income**

To facilitate reporting program income as specified in Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Section VII, the recipient shall track by what means program income is earned. The recipient must be able to separate total program income earned during each period of performance into categories such as training fees, conferences attendance fees, etc. The recipient shall also track how program income is spent, and be able to separate program income expenditures by cost category including personnel, fringe, travel, equipment, supplies, contractual, other, and indirect costs.

 **Spending Program Income**

Program income earned shall be used to further eligible program objectives, as applicable. Program income may not be used to fund other programs and must be spent in accordance with applicable cost principles. Costs financed by program income do not count towards satisfying agreement cost sharing or matching requirements. Program income, when earned, must be fully expended prior to the end of each award year. For the purposes of this award, all program income earned shall be expended prior to the end date of each award year. No program income shall be carried forward to the following program year.

 **Program Income Reporting**

Program income is to be reported quarterly on the form provided. Total program income earned and spent should be separated by source, i.e., specify the amount of program income earned through training fees, conferences, etc.

 **Final Program Income Report Only**

As part of the final program income written report, the recipient shall provide details to identify the following: how program income was earned by source type, how it was spent by expense type, why it was necessary to charge a fee and how the program income was used to further program objectives.

**Offices**

Each center shall maintain a visible, professional, fully equipped, Americans with Disabilities Act (ADA) compliant office location, with a separate and publicly listed phone number, so as to be easily accessible to small business clients. Each facility shall have adequate parking for business clients. Signage will clearly indicate the Illinois PTAC’s location. The location of a center must be thoroughly described and justified in the application narrative. A center's location should be convenient to its constituent base. A proposed center located in a convenient, business like environment will receive special consideration in the application review process. Co-location of multiple programs at one location is also strongly encouraged.

**Hours and Holidays**

All centers shall be open for service and operate on a full-time, 5-day per week basis excluding weekends and holidays. Special consideration shall be given to applications which offer extended evening and/or weekend hours. The total number of holidays (days closed) during the program year shall not exceed 12 in a 12 month period. Center closures exceeding one working day shall require formal notification of the Illinois PTAC lead office.

**Office Support**

The CenterConnect extranet site was developed to keep all Illinois PTAC/SBDC Network information current and easily accessible. The Operations Manual, policy notes, forms, logos, recognition and identity requirements, and the Illinois SBDC directory are a small sampling of what is available on the CenterConnect site. URL links for dynamic information and publications such as OMB circulars and other relative documents are provided on CenterConnect. Publications available through the Business Information Center, as well as Certified Business Development Advisor Modules, can also be found on CenterConnect. All employees at all Centers are strongly encouraged to check the site frequently for the Weekly Connection newsletter and other pertinent information that is posted regularly. Successful applicants will be provided access to this website.

**Reporting**

Each center must maintain records in accordance with specific program guidelines and policies including the use of the current client tracking management information system (Neoserra), Fiscal Reporting in Grantee Reporting System (GRS) and Grantee Reports for the Department to monitor the grant.

The components that are captured by the reporting system are:

Neoserra

* Economic Impact Reporting/Job Count FTE Certification Reporting - Signed verification for all economic impact results must be secured from center clients and maintained in the center’s client files. Economic impact results must be maintained in the designated client tracking management information system (Neoserra) as it occurs. Required specified information must be secured from clients for each reported job created and each reported job retained as a result of the center services. All centers must use the economic impact survey feature to secure information on reported economic impact from clients.
* Success Stories - Each center is responsible for developing success stories (as they occur) and reporting them in the designated client tracking management information system.
* Management Training Reports (888’s) - Shall be entered into the designated electronic management information system within five (5) business days of completion of the training event. Co-sponsored Management Training Reports shall also be completed for all co-sponsored events and entered into the MIS within five (5) business days of the event.

Grantee Reporting System (GRS)

* Grant Costs - Reporting of grant costs is to be done on an ongoing basis via GRS, more frequent reporting of costs are encouraged.
* Match Costs - Reporting of match costs are to be done on an ongoing basis via GRS, more frequent reporting of costs are encouraged.
* Cash Requests - Reimbursement requests are to be done on an ongoing basis via GRS, more frequent cash requests are encouraged to facilitate cash flow.
* Program Income Reporting - Earnings by the Grantee, including interest income, realized from Grant supported activities must be reported to the Department on an ongoing basis and expended only for purposes specified in the Scope of Work via GRS.

Department Required Reports

* Grantee Report (GR) – Submission of the GR is required at a minimum on a quarterly basis, but will be outlined in the Welcome Package’s Reports Deliverable Schedule. The report is required for the Department of Commerce to monitor the expenditures and progress of the grant.
* Final Grantee Report (FGR) - Submission of the FGR is required within 30 days of the end of the grant period or the effective date of the termination of this agreement, whichever comes first. The Grantee must report on the expenditure of Grant Funds provided by the grant and required cash matching funds. The report will be prepared based upon final entries into GRS and Neoserra. The Grantee is responsible for taking the necessary steps to correct any deficiencies disclosed by such FGR, including such action as the Department, based upon its review of the report, may direct. Submission of this report shall include a Property Inventory Form, if required.
* Program Income Report - Earnings by the Grantee, including interest income, realized from Grant supported activities, must be reported to the Illinois PTAC lead center on a quarterly basis and expended only for purposes specified in the Scope of Work. Reporting is done via the program income report document which will be provided to successful applicants of this RFA process.
* Final Program Income Report - Earnings by the Grantee, including interest income, realized from Grant supported activities, must be reported to the Illinois PTAC lead center at the end of the program year and expended only for purposes specified in the Scope of Work. Reporting is done via the program income report document which will be provided to successful applicants of this RFA process. Grantee will detail how program income was incurred and how the funds were expended during the program year.

**Client Files**

Each center must maintain a system of files which is both functional and efficient. Complete paperless information about each client must be securely maintained. All information must be easily retrievable. Centers should maintain paperless files to the fullest extent possible.

The following standards are applicable to center client files:

* All one time client files need to be maintained in alphabetical order
* A single electronic or hard copy file will be maintained for each one-time and ongoing client containing:
* Request for Consultation (RFC) Form with an original signature or facsimiles
* Client Activity Record (CAR)
* advice history log (if ongoing) with all hand written notes (printed copies of the advisor notes are optional)
* referral sheets (if applicable)
* economic impact verification documents (if applicable)
* copies of correspondence from the client
* copies of reports provided for client
* other materials as appropriate
* Client files must be maintained securely to preserve the confidentiality of their contents.
* General information requests should be maintained separately and organized by program year.
* Business Advisor notes for each session should contain complete information including:
	+ the date services were provided
	+ who attended the session
	+ what was the primary focus of the session
	+ what actions/steps had been accomplished since the last meeting
	+ what are the items that need addressed before the next meeting
	+ the next meeting date
* All economic impact results (i.e. debt financing, export dollars, equity investments, jobs created, jobs retained, new business starts, contracts, grants) must be verified by the client and attributed to the services provided by the center. The impact information must be for a specific amount.

**Training Files**

The following standards are applicable to center training files. A single folder will be maintained for each training activity, in the order of presentation and will include:

* + Management Training Report, SBA form 888
	+ attendee list
	+ training evaluation forms and summary
	+ brochures or other marketing material
	+ financial information

**Personnel Files**

Each center shall maintain personnel files on all full and/or part-time staff. Personnel files shall include a copy of the signed Conflict of Interest Statement and resume. The original signed Conflict of Interest Statement shall be submitted with the annual Cooperative Agreement to the Illinois PTAC Lead Center Office. Signed monthly (at minimum) Time and Effort sheets are required on all staff included as part of the cooperative agreement.

**PROGRAM REQUIREMENTS**

Each application shall include projected performance measures for each of the indicators as required the Scope of Work. Applicants shall submit the performance measures covering a 12 month period.

 **Additional Resources**

 Each Illinois PTAC shall secure and provide the following additional resources and services:

* volunteer and/or student resources (where available) to provide administrative support to the Illinois PTAC
* access to counselors and/or education programs which can provide specialized in-depth assistance.
* faculty advisors (where available)
* an updated reference library that includes: a current file of resource directories of federal, state and local resources available to small businesses and an extensive list websites with links.
* linkages with financial institutions, professional associations, management groups, trade associations, chambers of commerce, economic development councils and appropriate consultants.
* access to educational opportunities through community colleges, universities, public libraries, and other local, state, and federal resources.

Small businesses which participate in Illinois PTAC activities may have requests for services that are beyond the expertise of the PTAC business advisor. In such cases, the PTAC shall assist the small business client by directing and arranging for assistance from other cooperating service providers or private sector resources.

**Education and Training**

The Illinois PTAC will provide clients with counseling and information regarding marketing their products and services to DoD, other federal agencies, and state and local governments. Recipients must assist, as appropriate, their clients with understanding federal, state and local government requirements applicable to contracting for services, manufacturing, construction or other markets. The recipient services will include, but are not limited to:

* + Identifying marketing opportunities for clients consistent with the client’s products and services.
	+ Advising and assisting clients in the preparation and proper submission of applications, certifications, registrations, etc. in order for them to do business with government entities.
	+ Advising and assisting clients with the preparation and submission of bids and proposals.
	+ Advising and assisting clients concerning post award functions. As a minimum, the assistance should include production, quality systems, accounting system requirements and contract payments, transportation, packaging, subcontracting, property and wide area work flow.
	+ Educating clients in the following areas:
	+ Federal, state and local Government laws, policies and procedures. Emphasis should be placed on requirements and procedures used by DoD and other Federal agencies in the acquisition of commercial products and services.
	+ DoD Pilot Mentor-Protégé Program and similar Government programs.
	+ Electronic Business (eBusiness) Recipients must provide clients with information and assistance pertaining to the application of eBusiness tools and technologies as they relate to conducting business with the Federal Government. This includes the routine exchange of procurement information (e.g. solicitations, offers, contracts, purchase orders, invoices, payments, and other contractual documents) exchanged via information and computer technologies between the private sector and the Federal Government.
	+ Advising and assisting clients in pursuing and securing subcontracting opportunities from government prime contractors including those that have subcontracting plan obligations pursuant to FAR clause 52.219-9 or similar clauses.
	+ Providing any other procurement technical assistance-related training that may directly assist clients in obtaining or performing on government contracts and subcontracts.
	+ Maintain regulations and publications, either printed or on electronic media, (or identify sources for obtaining) that govern Federal, state and local government procurement, as applicable. Assist clients in understanding and using these regulations and publications.

In no event shall Illinois PTAC’s compete with,or duplicate, small business educational programs offered by local colleges, chambers of commerce, private sector organizations, associations or other small business assistance providers. Applicants are encouraged to participate in and/or co-sponsor training with these entities to extend outreach and productivity. Final responsibility for the quality of the training rests with the PTAC.

The PTAC may not market on behalf of clients. Employee development related training (e.g., vocational type training, basic writing skills) for client personnel is considered a cost of doing business and is not an allowable cost under the program. All services offered by the PTAC must be specifically related to government procurement. The PTAC is not to provide general business training or small business development counseling. For example, the PTAC shall not offer clients training on topics such as access to loans, ISO 9000, Lean, Six Sigma, or manufacturing, except where the manufacturing assistance specifically relates to compliance with government-specific requirements. The PTAC should consult the PTAC lead center if there is any question regarding the acceptability of any service or training offered to clients under the program.

**Screening and Referral**

Each Illinois PTAC is expected to provide basic screening of businesses to determine their potential to successfully export their products or services to international markets or may need assistance in the area of general business matters.

Businesses which demonstrate the desire and ability to pursue such market expansion shall be referred to an Illinois SBDC International Trade Center. Businesses which demonstrate a need for general business training or small business development shall be referred to an Illinois Small Business Development Center. Regular follow-up contact is required for all referrals.

**Disaster Operations Plan**

Each service center must have in place a disaster plan in coordination with the host institution to ensure delivery of services to small businesses in its area of operations, and such plans must be kept on file and available for review by the Illinois PTAC. Plans should be reviewed annually and updated as needed. Illinois PTACs individually, and in cooperation with federal agencies as well as state and local entities, are encouraged to provide disaster recovery assistance to support impacted small businesses in local economies.

**SCOPE OF WORK**

Due to federal and state requirements and guidelines the “Scopes of Work” for the Illinois PTACs must track several program outputs and outcomes (economic impact). Although the program will continue to emphasize the importance of one-on-one business advice and other outputs for program clients, the ultimate factors for determining the success of the programs are the outcomes that have resulted from the assistance provided by the Centers.

The Performance Indicators have been identified in Section 5 and 6 at the ***back*** of this Application Package. Please enter the projected Annual Performance Measures for each of the Performance Indicators in those sections of the application cover page.

**Performance Indicator(s):** At a minimum, all performance indicators (program goals) will be tracked for each center. Applicant may also include additional performance indicators and measures if desired.

**Performance Measure(s):** Specific quantitative measures must be projected for each performance indicator included. These measures will be used to evaluate the program’s effectiveness and to assess whether or not all activities have been completed and objectives met. The recommended minimums for certain performance indicators are noted in parenthesis ( ).

**ILLINOIS PROCUREMENT TECHNICAL ASSISTANCE CENTER GOALS**

The Illinois Procurement Technical Assistance Center (PTAC) Program has developed the following major program goal areas and indicators, which serve to guide the delivery of services to Illinois small businesses. Please use indicators provided in this section when completing performance indicator/measures form. Additional proposed goals, performance indicators and measures may be included, using the same format provided. Although the results in economic impact may not be under the direct control of the PTAC, the Center must submit projected results for this area.

**Economic Impact Results from PTAC Assistance**

The area of economic impact is where the return on investment and the value added by the program is tracked. All Economic Impact information myst be verifiable and documented.

Performance Indicators:

* Number of new jobs created
* Number of jobs retained
* Number of contracts secured
* Dollar value of contracts secured

**Business Advice**

The recipient shall provide Illinois businesses with quality procurement advice and technical assistance. One-on-one advising has been proven to be the most effective method to relate information about contracting opportunities. Specific issues will be addressed for each individual client.

Performance Indicators:

* Number of new clients (minimum 100)
* Number of active clients
* Number of advising hours (minimum 1,000 per $70,000)

**Business Training**

Recipients shall provide procurement training and promote program services to Illinois businesses. Training sessions, seminars, and conferences should focus on topics of interest to a targeted population with possible interest in government contracting opportunities. Co-sponsored events are encouraged, when feasible, to maintain ongoing education and utilize available resources throughout the SBDC Network. Recipients are encouraged to participate in such a way to be recognized by event organizers. This would include hosting an event, being allotted time on the agenda as a speaker or having exhibit space.

Performance Indicators:

* Number of participated events (minimum 12)

**Public Relations/Marketing Efforts**

The development of an overall evaluation and marketing scheme of the services provided by the center.

* Number of Success Stories submitted through the year via the designated Illinois PTAC Client Information Tracking System (minimum 6)

**Professional Development/Training**

Center personnel shall participate in on-going personal and professional training programs. Center personnel should actively network with other PTACs and participate in other associated activities and training opportunities, business organizations and educational seminars to maintain the highest level of current information related to government contracting and business development.

Performance Indicators:

* Number of hours of professional development training (40 per staff)

**Definitions -** The following definitions, in addition to those contained in the DoDGARs and 2 CFR Part 220, 2 CFR Part 225 and 2 CFR Part 230 apply for the purpose of this application. Definitions referenced to be found in Amendment 8 - Appendix B can be found at: <http://www.dla.mil/SmallBusiness/Documents/SCAA2013.pdf>

* **Active Client.** See Solicitation for Cooperative Agreement Applications (SCAA), dated April 12, 2013 Amendment 8 - Appendix B.
* **Applicant.** An eligible organization that applies for funding.
* **Bid Matching.** A type of procurement technical assistance provided by matching profiles such as words, stock numbers, federal supply classes, item names, NAICS codes, CAGE codes, either collectively or separately for the purpose of determining if a solicitation (bid) offered by the Federal, State and/or local government is of interest to a client or business.
* **Cash Match -** Each grantee is required to ensure no less than a seventy-five (75%) percent cash matching contribution. This cash outlay shall not include indirect costs, in-kind contributions, or program income derived from activities supported in whole or in part with Federal, State or match funds. Direct cash match committed by the applicant organization (i.e., personnel services, fringe benefits, consultants, etc.) may be included in the cash match only to the extent that these costs were committed as part of the specific direct line costs verified by the Certifying Representative prior to funding. Further, the cash match shall not include: (1) Funds contributed from other Federal sources; (2) Program income or fees collected from recipients of assistance, whether collected by the lead SBDC or other service centers. (3) Amounts committed by the applicant organization for unidentified and/or contingent costs in the budget proposal. The cash match must be committed up front and identified by source and amount in the grantee budget. In addition, the contributors, requirements, specifications, or deliverables must be clearly identified in the application. The cash account allocated to the program, as well as the entire budget, must be under the direct management of the Center Director. The availability of this cash contribution for program operations must be certified by the official from the applicant organization who signs the agreement. All cash match must be verifiable back to the SBDC ledger.
* **Client.** An individual or a business that is seeking or may potentially seek to market its products and/or services as a prime contractor or subcontractor to DoD, other federal agencies, and state or local governments that has received Procurement Technical Assistance from a PTAC.
* **Commercial and Government Entity (CAGE) code.** The CAGE Code is a five position code that identifies contractors doing business with the Federal Government, NATO member nations, and other foreign governments.
* **Consultant Services.** Services obtained from a third party, who is a not an “eligible entity” to supplement PTAC personnel (except those being donated or otherwise provided to the PTAC at no costs). Consultant services are those services that are central to the purposes of the cooperative agreement and directly benefit PTAC clients in the areas such as counseling and training. Consultant services are subject to the limit stated in SCAA Section III.
* **Contact Hours.** The amount of time spent directly advising/interacting with a business or individual client.
* **Contractor Services.** A distinction is made between “Consultant” and “Contractor” services for the purposes of the 10 percent limit stated in SCAA Section III. Unlike “Consultant Services”, “Contractor Services” do not supplement PTAC personnel. For example, Contractor Services may include information technology support contractors or facility maintenance services. When entering into contracts, all recipients shall follow procurement procedures as required by 32 C.F.R. §32.44, §33.36, or §34.31, as applicable.
* **Contributions/Donations.** Funds received by the PTAC with no conditions and may be used as match or overmatch in the year expended. Federal funds or amounts reported as match may not be used as contributions to others.
* **Cooperative Agreement.** A legal instrument reflecting the relationship between the Illinois Department of Commerce and a Recipient when the principal purpose of the relationship is to transfer a thing of value to the Recipient to carry out a public purpose of support or stimulation and substantial involvement is expected between the awarding agency and the Recipient when carrying out the activity contemplated in the agreement.
* **Counseling Time.** See Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Amendment 8 - Appendix B.
* **Covered Small Business.** A small business concern that received a DoD contract pursuant to a solicitation that included the provision at 252.219-7000, Advancing Small Business Growth.
* **Data Universal Number System (DUNS) number.** The 9-digit number assigned by the Dun and Bradstreet Information Services to identify unique business entities.
* **Data Universal Numbering System+4 (DUNS+4) number.** The DUNS number assigned by Dun and Bradstreet plus a 4-digit suffix that may be assigned by a parent (controlling) business concern. This 4-digit suffix may be assigned at the discretion of the parent business concern for such purposes as identifying subunits or affiliates of the parent business concern.
* **Documentation Standards.** See Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Amendment 8 - Appendix B.
* **FAR.** The Federal Acquisition Regulation. The FAR is issued as Chapter 1 of Title 48, CFR.
* **Follow-up Counseling session.** A counseling session held with an active client, subsequent to the initial counseling session.
* **Initial counseling session.** The first counseling session held by a PTAC with an individual or business firm that is not yet an active client by definition in Amendment 8 – Appendix B.
* **Job Created.** A new position, not in existence prior to the grant, to be developed and filled, or an existing unfilled position to be filled; the position could not be filled **but for** the assistance provided.
* **Job Retained.** An existing position projected to be maintained that otherwise would be eliminated **but for** the assistance provided. Note: a job previously reported as retained during the course of a previous grant cannot be projected again as retained in the current grant application if the end date of the previous grant is less than 24 months prior to the date of the current application.
* **New Client.** See Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Amendment 8 - Appendix B.
* **Participated Event.** See Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Amendment 8 - Appendix B.
* **Prep Time.** The amount of time spent preparing and researching information for a business or individual client.
* **Program Income.** See Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Amendment 8 - Appendix B.
* **PTAC Lead Center.** The entity established by the PTAC Recipient Organization that has a current Cooperative Agreement with DLA to administer and operate the statewide PTAC Program. The Recipient Organization receives the federal funds and is responsible for establishing a PTAC network for a defined area.
* **Registered in the SAM database.** This means that all mandatory information, including the DUNS number or the DUNS+4 number, if applicable, and the corresponding Commercial and Government Entity (CAGE) code, is in the SAM database, the DUNS number and the CAGE code have been validated, and all edits have been successfully completed.
* **Satellite Office**. A satellite office supports and contributes to the mission of the PTAC, but is physically located at a site different than that of the recipient. Unlike a subrecipient, (32 C.F.R. §32.2) or subgrantee (32 C.F.R. §33.3), a satellite office is an integral part of the award recipient’s organization. Notwithstanding whether or not the costs for the satellite office are tracked separately, the costs for the satellite location(s) will be included directly in the applicant’s budget and set forth within the appropriate object cost categories.
* **Service area.** The geographical area (measured at the county or equivalent level) where clients or potential clients reside or regularly do business for whom the applicant proposes to provide procurement technical assistance.
* **Service-disabled veteran-ownedSmall Business (SDVOSB).** A business concern that meets the definition of Service-disabled veteran-owned small business in FAR 2.101.
* **Small business concern.** A business concern that meets the definition of a small business concern in FAR 2.101. For additional information see Solicitation for Cooperative Agreement Applications (SCAA) issued April 12, 2013, Amendment 8 - Appendix B.
* **Small disadvantaged business concern.** A business concern that meets the definition of small disadvantaged business concern in FAR 2.101.
* **System for Award Management (SAM) database.** The primary registrant database for the U.S. Federal Government. SAM collects, validates, stores and disseminates data in support of agency acquisition missions. SAM can be accessed at <https://www.sam.gov/portal/public/SAM/>
* **Total Program Cost (TPC).** Total charges made to the program including the Federal and recipient’s share of cost, and expended program income.
* **Veteran-owned small business concern**. A business concern that meets the definition of Veteran-owned small business concern in FAR 2.101.
* **Wide area workflow**. A paperless contracting application to eliminate paper from the receipt/acceptance and invoice/payments process of the contracting lifecycle.
* **Woman-owned small business concern.** A business concern that meets the definition of woman-owned small business concern in FAR 2.101.

**APPENDIX A**

**POSITION DESCRIPTION**

 **ILLINOIS PROCUREMENT TECHNICAL ASSISTANCE CENTER DIRECTOR**

The total work hours available for a full time professional are 1,950 hours, based on a 37.5 hours work week at 52 weeks/year. Allowing for 300 hours of holiday, sick and vacation time and 150 hours for professional and personal development, each Professional Full Time Staff has a total of 1,500 hours of available time. Each Center shall provide a minimum of 1,000 hours of direct one-on-one consultation per $70,000 of funding secured from the Illinois Department of Commerce. Each PTAC shall have, at minimum, one 100% staff dedicated to the program.

**SPECIFIC DUTIES**

A. conduct on-site plant surveys to assess the potential of a firm to perform successfully in the Federal market

B. conduct research, using reference material, government publications, and contacts with Federal buying installations, to identify the segments of the Federal market that match each firm's product mix and administrative and technical capabilities

C. provide guidance to firms to help them fill out a range of required government forms and review government requirements and contract terms with firms and explain the meaning and significance of these requirements and terms

D. follow up and troubleshooting assistance in every aspect of Federal government contracting from contract award through successful contract completion

E. establishes and maintains contacts within the Federal acquisition system, and call on these contacts for help in providing assistance to firms

F. provide bid leads to firms to market their products and/or services to federal agencies

G. provides specifications and standards to firms and assists them in understanding solicitation requirements

H. provide guidance to firms that want to pursue special business certifications such as women-owned, minority-owned, DBE, 8 (a) or other special designations they may be deemed qualified.

**QUALIFICATIONS**

A. B.A. or B.S. degree or equivalent experience.

B. basic knowledge of manufacturing, quality control and processes

C. good communication skills

D. ability to master technical literature

E. general background in business management, and/or small business ownership,

 purchasing and/or contract administration

Instructions

All questions in the following sections must be completed by the applicant. Additional documentation should be attached as necessary to adequately respond to the question or to provide the detail requested.

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| Section 1: Applicant Information - Instructions |

**Question #1.1:** Provide the applicant’s legal name which is reflected on its Federal W-9 form. If the applicant is a Limited Liability Company with a tax classification of "C" - the IRS acceptance letter needs to be submitted along with the W-9 in order for the vendor to be certified.

**Question #1.2:** Provide the applicant's business address, including the 9-digit zip code.

**Question #1.3:** Complete this section by indicating the Chief Officer of the applicant. If the applicant organization has more than one chief officer, please attach additional documentation providing all names and appropriate contact information.

**Question #1.4:** Provide a brief explicit description of the applicant indicating the type of business, business history, typical clientele, etc. The applicant description should not exceed 200 characters.

**Question #1.5:** Provide the applicant’s North American Industry Classification System (NAICS) Code. The NAICS (pronounced Nakes) was developed as the standard for use by Federal statistical agencies in classifying business establishments for the collection, analysis, and publication of statistical data related to the business economy of the U.S. If you do not know your NAICS Code, you may look it up at: <http://www.naics.com>.

**Question #1.6:** If applicable, provide the applicant’s website address.

**Question #1.7:** Provide the applicant’s Federal Employer Identification Number (FEIN). The FEIN is also known as a Federal Tax Identification Number, and is used to identify a business entity. Generally, businesses need a FEIN. If your business does not have a FEIN, you may apply for it at <http://www.irs.gov/>. You are required to have a FEIN in order to be eligible for a grant award.

**Question #1.8:** N/A

**Question #1.9:** A DUNS Number is a unique nine-digit sequence recognized as the universal standard for identifying and keeping track of over 100 million businesses worldwide. Provide the applicant’s DUNS number. If your business does not have a DUNS number, you may request one at: <https://iupdate.dnb.com/iUpdate/companylookup.htm>.

**Question #1.10** Indicate the start date and end date of the applicant’s fiscal year (accounting year) with month and day.

**Question #1.11:** Check the appropriate box if the applicant's business is a female or minority-owned business. A female or minority-owned business is defined as a business at least 51 percent owned and controlled by persons who are female or minority-owned. Minority is defined as the following race/ethnic groups: Black / African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. If minority-owned, then check the appropriate race/ethnic group box that applies.

**Question #1.12;** Indicate the number of people that you expect will be served by the grant by each race/ethnic group that is listed.

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| Section 2: Applicant History - Instructions |

**Question #2.1:** Complete this section with information on any grants received from the state of Illinois by the applicant within the last 3 years from the date of this application. Applicant must provide the information detailed below for each grant received. However, if applicant received more than 10 grants within the last 3 years the information below is only required for any grants that have or had programmatic and/or financial issues.

Agency: List the name of the agency from which the grant was received.

Grant #: List the number related to the grant.

Grant Amount: List the total amount of the grant.

Grant Term: List the term to include the beginning and end date of the grant.

General description of grant: Provide a brief description of the grant project.

Issues: Provide a description of any financial or programmatic issues that were identified with this grant by either the grantor agency and/or grantee. State whether the issues are resolved or unresolved. If the issues are unresolved, state the reason why and provide a current status.

**Question #2.2:** If the applicant's organization has operated under any other names or FEIN numbers during the past 3 years from the date of this application, this information must be provided in this section.

**Question #2.3:** Indicate which key staff positions have changed within the past twelve months from the date of this application. Provide additional documentation for the requested information for any vacancies, new hires, layoffs, and terminations. Also provide the same information for any changes relating to key staff positions that may become involved with the administration and/or management of potential grants.

**Question #2.4:** Indicate in the list provided the type of documentation that the applicant's organization will maintain to support and allocate staff costs to the grant. Any staff costs incurred need to be adequately supported to ensure appropriate allocation to the grant.

**Question #2.5:** Indicate whether a previous business existed for less than two years. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

* If yes, provide name(s) of each business and reason(s) supporting why the business is no longer in existence. Be as descriptive as possible for reason(s) why the business is no longer in existence. Attach additional supporting documentation to support your response to this question.

**Question #2.6:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

* If yes, identify the nature (including case number and venue) of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.7:** Indicate yes or no and provide additional information in subsequent question. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

* If yes, describe the proceedings and provide the current status. Be as descriptive as possible and attach additional supporting documentation to support the response to this question.

**Question #2.8:** Indicate any debt owed to the state by listing the specific reason(s) and amount(s). Attach additional documentation to explain the debt owed to the state. Principal is defined as any officer or member of the governing board of the applicant, as well as any individual in the organization who exerts significant control over the activities of the applicant or who has the authority to make decisions on behalf of the applicant.

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| Section 3: Proposal Information - Instructions |

**Question #3.1:** Indicate the date on which the applicant is submitting this proposal.

**Question #3.2:** Provide a short title that accurately describes the proposal. The title should be limited to approximately 40 characters.

**Question #3.3:** Provide a brief description of the proposed project that summarizes the use of the grant award. The description should not exceed 550 characters. The brief project description should be consistent with the information provided in the attached Scope of Work. The description provided here may be used on The Department’s website.

**Question #3.4:** Complete this section with the address of the proposed project location.

**Question #3.5:** Identify the area(s) served if the project location serves more than one location or if it serves a geographical region. Identify these areas by cities, towns, villages, counties or other defined programmatic or geographical regions.

**Question #3.6:** Complete this section by providing the name, business address and other required business contact information of the individual that will serve as the primary project contact. This person will serve as the primary contact from application intake through closure of the grant, if awarded by The Department of Commerce. Please note that The Department of Commerce may publish copies of applications on its public website so it is preferable that you submit your business contact information. If the applicant does not have a business to use for contact information, then please provide personal information (home address, personal cell phone number, personal email address) as an attachment to the application.

**Question #3.7:** Indicate the projected project time period with a start and end date.

**Question #3.8:** Identify the funding sources for the proposed project. The applicant must identify the amount of funding the applicant is proposing to provide to the project, any secured funding from other sources, and the amount of funding being requested from The Department of Commerce. The total project cost should be the sum of all three sources of funds. The project costs in this section should be consistent with the information provided in the attached Budget.

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| Section 4: Scope of Work - Instructions |

N/A

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| Section 5: Performance Measures - Instructions |

* The applicant should provide the target numbers for each performance measures required by the program, the measure(s) are listed in this section.

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| Section 6A: Current Employment Level - Instructions |

N/A

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| Section 6B: Projected Employment Impact - Instructions |

**Entries are needed only in Row 1 and Row 9 for this grant program.**

1. **Purpose of the FTE Value Table**

The Department of Commerce uses Section 6. Projected Employment Impact of the standard grant application form to document the estimated economic benefits of a proposed grant project based on the projected employment impact. The FTE (Full Time Equivalent) Value Table in Section 6 standardizes The Department of Commerce process for collecting and reporting job count data for projected (estimated) jobs at the grant level. This promotes consistency and integrity in the reporting of The Department of Commerce job count statistics.

Section 6 of the application form requires applicant organizations to provide projected jobs data that estimates a grant's impact on employment levels, in the following manner:

1. identify the estimated number of projected positions to be created and/or retained,
2. assign each projected position to one of four Full Time Equivalent (FTE) categories, and
3. complete an average annualized wage calculation for permanent full time positions for both jobs created and jobs retained. For The Department of Commerce purposes, an FTE is a measurement unit for assigning a numerical value to an individual employment position (both projected and/or certified jobs; both created and/or retained jobs). For example, while The Department of Commerce assigns an FTE value of 1.0 to a permanent full time position, other categories of positions that are estimated to involve a fewer number of hours to be worked over the course of a year will be assigned a lower FTE value of either .5 or .25. The Department of Commerce uses this approach so that a job count that includes various categories of jobs is more accurate and is not inflated or overstated.

Applicants should be realistic when estimating the number of projected FTEs that may result directly from a grant. For example, when projecting FTEs, the applicant must consider that if approved for funding the grantee will be required at a later date to certify FTE data for all created and retained positions, using The Department of Commerce Job Count FTE Certification Form. Please remember that the FTE count includes only positions that are a direct result of a grant, meaning the positions would not be created or retained **but for** The Department of Commerce grant provided.

1. **Forms and/or Data Needed to Complete this Table**

The applicant must identify the total estimated number of projected positions that will be a direct result of The Department of Commerce grant during the term of the grant. Within this total number, the applicant must identify the estimated number of ***created*** positions. Within the number of created positions, the applicant must identify the FTE category (ies) that the positions most closely match. Also, within the total number of projected positions, the applicant must identify the estimated number of ***retained*** positions. Within the number of retained positions, the applicant must identify the FTE category (ies) that the positions most closely match. These estimated position numbers for projected positions must be then entered into the FTE Value Table, per the specific instructions, below.

**3. Specific Instructions for Entering Data into the FTE Value** **Table**

**Entries are needed only in Row 1 and Row 9 for this grant program.**

The FTE Value Table produces job count data for projected positions that includes: created FTEs, retained FTEs, number of permanent full time FTEs for jobs created, number of permanent full time FTEs for jobs retained, an average of the annualized salaries of permanent full time FTEs for jobs created, an average of the annualized salaries of permanent full time FTEs for jobs retained, and other related employment impacts.

The FTE Value Table was designed in Word format. An applicant is required to enter data in the cells in Row 1, Row 7 and Row 8, only (note that Row 8 is optional). However, the Table will perform automatic calculations for Rows 2 through 6. Therefore, ***do not attempt to enter or edit data in Rows 2 through 6*.**

To enter data into the form, place the cursor in the blue box within the cell and enter the relevant number key(s) -- ***do not use the Enter key***. To move from one cell to another in the Table, use the keyboard's Tab key or the right or left arrow keys.

**Row 1: Number of positions in defined FTE category**: The applicant must assign the estimated number of projected positions to each of the optional FTE categories. For example, applicants must assign the estimated number of projected positions to be *created* into the proper FTE category (Columns A, B, C or D) in the Created Position Box. Likewise, the applicant must assign the estimated number of projected positions to be *retained* into the proper FTE category (Columns E, F, G, or H) in the Retained Position Box. Note that a count of an individual projected position must be placed into either the Created Position box, or the Retained Position box -- an individual FTE position count cannot be placed in *both* boxes. If no jobs are projected in an FTE category, the applicant should place a zero (0) in that cell.

For each projected position, select the FTE category closest to the expectations for the position:

* **Permanent Full Time Position**: approximately 52 weeks/year X 40 hrs. per week = 2,080 hrs.
* **Permanent Part Time Position**: approximately 52 weeks/year X 20 hrs. per week = 1,040 hrs.
* **Temporary Full Time Position**: approximately 26 weeks/year X 40 hrs. per week = 1,040 hrs.
* **Temporary Part Time Position\***: approximately 26 weeks/year X 20 hrs. per week = 520 hrs.

\*Only include Temporary Part Time Positions that have a minimum of 200 hours of work expected for the position.

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| Key DefinitionsEmployee: An individual that agrees to participate in an employer/employee business relationship and provide services for the employer in return for a defined salary or wage. Contingency workers, or workers on contract status with the grantee, may also be included in a grantee's FTE count, if the grantee can certify the FTE data for these positions, as required on the Job Count FTE Certification Form. The site of employment must be located in the state of Illinois. Projected Job: A planned or forecasted position to be filled at a future point in time, during the term of the grant agreement, as a direct result of a grant.Certified Job: A position that was proven to be created or retained and was a direct result of a grant; the position must be confirmed by the employer and certified by the grantee on the Job Count FTE Certification Form by identifying: the name of the employer, the position title, either the name of the employee or a payroll identification number, the start date of the position, the annualized salary or wage rate, and the FTE category designation. Created Job: A new position, not in existence prior to the grant, to be developed and filled, or an existing unfilled position to be filled; the position could not be filled but for the grant provided.Retained job: An existing position projected to be maintained that otherwise would be eliminated by the grantee but for the grant provided. Note: a job previously reported as retained during the course of a previous grant cannot be projected again as retained in the current grant application if the end date of the previous grant is less than 24 months prior to the current application date. However, a job reported as retained during the course of a previous grant can be reported as retained in the current grant application, if the end date of the previous grant occurred more than 24 months prior to the date of the current application.FTE Category Definitions for Reported Positions: Applicants must use the definitions below to understand the typical differences in positions, including: a) the level of anticipated permanency -- an estimated time duration for the position category, and b) the degree of full time status -- the estimated average amount of work hours expected in a standard work week for the position category, in the respective organization or industry. Permanent: A position that is typically intended to last indefinitely in duration and does not have a finite ending date; for The Department of Commerce purposes, a position with an estimated duration of at least 12 months.Temporary: A position that is typically short-term in duration and will last only for a specified period of time; for The Department of Commerce purposes, a position with an estimated average duration of significantly less than 12 months (example: a seasonal job).Full time: A position typically expected to work the full number of hours in a standard work week, as defined by the employer or industry; for The Department of Commerce purposes, a full time position typically involves approximately 40 hours per week.Part time: A position typically expected to work significantly fewer hours per week than the hours required in a full time position; for example, 20 hours per week could be a typical part time work schedule.  |

**Row 2: Automatic Calculation of FTE Subtotals:** The Table automatically calculates these values based on the numbers entered above, ***so do not attempt to edit the cells in this row***. The Table will automatically convert projected position counts into an FTE count according to the type of position. For example, the Table assigns a value of 1.0 to each permanent full time position that is expected to offer approximately 2,080 hours of work per year. However, for the other three categories that typically do not involve permanent work hours of a standard 2,080 hour work year, the table will assign a value for each projected position that is a lesser pro-rated portion, or fraction, of an FTE (example: the Table assigns a .5 value for each Permanent Part time, and Temporary Full time position; while assigning a value of .25 for each Temporary Part time position).

**Rows 3 - 6: Automatic calculations for FTEs created, FTEs retained, permanent full time jobs created, and permanent full time jobs retained:** The Table automatically calculates these values based on the numbers entered above, ***so do not attempt to edit the cells in these rows***.

**Row 7-8: Average Annualized Salaries for Permanent Full Time Jobs Created and Permanent Full Time Jobs Retained**: The applicant must complete a manual calculation for rows 7 and 8, and place the calculated value(s) into the Table**.** The average annualized wage or salary amount must be calculated by adding the estimated annualized wages for all positions reported to yield a total salary amount, and then dividing the total salary amount by the number of estimated positions (not the number of FTEs). Average wages for created jobs and retained jobs should be calculated separately. Wages for part time or temporary jobs should be disregarded for purposes of this calculation. For this calculation, all hourly wage values for full time jobs must be converted to an annualized value (for example, multiply the hourly wage by the estimated number of hours per week, multiplied by 52 weeks in a year).

Example:The applicant plans to create 10 new positions as a direct result of the grant. Five positions will be paid salaries of $20,000 annually, while the other five will be paid salaries of $40,000 annually. The total salary amount is $300,000 (5 X $20,000 + 5 X $40,000). The number of positions is 10. Thus, to calculate the average salary, divide $300,000 by 10, yielding the average salary amount of $30,000.

**Row 9: Other Employment Impacts**: This is an optional text field where you can identify other significant employment impacts that are not reported as an FTE value. These impacts may include a positive impact on non-certified jobs, or other positive economic impacts with the applicant organization or elsewhere in the Illinois economy. This area can also be used to identify the number of Temporary Part time Positions that do not meet the minimum requirement of 200 hours of work per position.

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| Section 6C: Projected Construction Jobs Impact- Instructions |

N/A

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| Section 7: Budget - Instructions |

N/A

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| Section 8: Program Specific Information - Instructions |

* **Executive Summary** must be answered in the text box provided or listed separately and attached to the application. If listing separately please label accordingly.
* **Center Requirements 1-9** must be answered in the text box provided or listed separately and attached to the application. If listing separately please label accordingly.
* **Performance Measures** must be answered in the text box provided or listed separately and attached to the application. If listing separately please label accordingly.
* **Budget Forms**
* Budget pages (Budget Justification/Personnel and Budget Detail Form) must be completed.
* The initial preparation of your budget should begin with the completion of the Budget Justification/Personnel grid and end with the completion of the Budget Detail Form. All information should be clear and concise and checked for accuracy and completeness. A maximum of 30% flexibility of your each budget category is allowable without doing a formal budget modification during the course of the agreement. It is important that budget amounts be estimated as close as possible to actual costs to minimize the necessity for formal modifications to the agreement.
* **Budget Justification/Personnel Form**
* Column 1 - List the names and titles for all key personnel including center director, special program directors, advisors, trainers and other professionals.
* Column 2 - List the grant funds requested for each position listed in column 1
* Column 3 - List the proposed cash match for each position listed in column 1
* Column 4 - List the Total Annual Salary of the position listed in column 1
* Column 5 - List the number of months the position listed in column 1 is dedicated to the grant, if full time the number of months should be 12
* Column 6 - List the level of effort in percentage for position listed in column 1
* Column 7 - List the Total Amount required for the position listed in column 1
* The Total Cost Row at the bottom of the grid will automatically calculate for columns 2, 3, 4 and 7.
* These fields will also automatically populate the Personnel row in the Budget Detail Form below this grid.

**Budget Detail Form**

To complete the Budget Detail Form please enter your information to only the gray text areas within each of the budget categories in Application.

List the Host Organization

* + 1. **Personnel**

Grant Funds Requested, Proposed Cash Match and Total will automatically populate based upon entries in the Budget Justification/Personnel Form. Please fill in PFTE (Permanent Full Time Equivalent) field.

**B.** **Staff Fringe Benefits**

Complete the Grant Funds Requested and Proposed Cash Match for Fringe Benefits for both full time staff and part time staff. Complete the percentage rate for full time staff and part time staff. The total column for full time staff and the total column for part time staff will automatically calculate as well as the total Fringe Benefits row. Attach a copy of the fringe rate schedule or rate agreement. If none, please list fringe benefits. Fringe benefits may include employer share of social security (FICA), retirement, group insurance, unemployment insurance and worker's compensation. Do not include those fringe benefits treated as indirect costs in the negotiated indirect cost rate agreement.

**C.** **Travel**

List travel expenses for all personnel employed by the program. Divide costs according to In State and Out Travel including the state grant funds requested and proposed cash match for both types of travel. Complete the mileage rate and number of miles for In State and Out of State and the number of projected number of miles planned. Provide detail regarding the purpose of travel, destination, mode of transportation, mileage, per diem rates, number of trips and number of travelers, divided into the In State Detail and Out of State Detail fields. List Grant Funds Requested and Proposed Cash Match and the Total column will automatically calculate as well as the Total Travel row. Travel for consultants should not be included in this section. Each out-of-state and out-of-country travel request must be identified separately and completely justified in the narrative. Specific procedures for approval of out-of-state and out-of-country travel will be provided upon execution of a cooperative agreement.

Travel should include, at a minimum, expenses to be incurred attending all designated meetings of the Illinois SBDC Network, which are required training for all directors.

**D.** **Equipment Purchase**

Complete the Grant Funds Requested and Proposed Cash Match for each piece of equipment separately on the provided rows. The total column for each piece of equipment purchased will automatically calculate as well as the Total Equipment row.

 Approval is required prior to equipment purchase. For the purpose of this RFA, equipment is defined as all tangible personal property of a non-consumable nature having a useful life of more than one year and an acquisition cost of $1,000 or more per unit. Each item of equipment costing over $1,000 must be identified and explained in the budget detail.

**E.** **Supplies**

Complete the Grant Funds Requested and Proposed Cash Match for supplies categorized in the provided rows. Separate the types of supply items such as general office, computer supplies and training supplies and add any other type of supply in the blank rows available. The Total column for each supply category will automatically calculate as well as the Total Supplies row. For the purpose of this RFA supplies are consumable items such as copy paper, pens, pencils, paperclips. Requests in excess of $500 must be identified and fully justified in the narrative.

**F.** **Contractual Services**

Complete the Grant Funds Requested and Proposed Cash Match for each contractual service in the provided rows. The Total column for each contractual service will automatically calculate as well as the Total Contractual Services row.

 Describe and list all contractual purchases (except consultant services, which are to be detailed in Line "G" Consultant Services) directly benefiting the program. Include specific line items detailing the expenses of facility costs, equipment rental and, data processing costs. The type of services, square footage for space or number of hours and hourly rate for contract services should be described. Any other significant subcontracting (especially those over $2500) must be further identified and justified in the narrative.

**G.** **Consultant Services**

Complete the Grant Funds Requested and Proposed Cash Match for each consultant services in the provided rows. The Total column for each consultant services will automatically calculate as well as the Total Consultant Services row.

 Describe services being provided and include name of consultant when available. Please include the number of hours and rate of pay. Identify expenditures for the purchase of professional and technical services related to the management or operation of the program. Total allowable consultant costs cannot exceed 10% of Total Program Costs.

**H.** **Other Direct Costs**

Complete the Grant Funds Requested and Proposed Cash Match for any Other Direct Costs in the provided rows. The Total column for each Other Direct Costs category will automatically calculate as well as the Total Other Direct Costs row.

 List any direct costs not included in Lines "A" through "G." This category may include, but is not limited to: computer software, copying services, periodicals,Facility costs, i.e., rent and utilities, telecommunications charges, postage, office equipment rental (copiers and other office machinery), subscriptions, dues, printing costs, building maintenance costs, marketing and advertising costs which are not on contract, and conference or membership fees.

**I.** **Total Budget**

This row will automatically calculate upon entry of costs above.

|  |
| --- |
| Section 9: Applicant Certification - Instructions |

The applicant should read and understand the certification statement provided in this section. The individual that 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. Please note the certification authorizes The Department of Commerce to publish a copy of the completed application on The Department of Commerce’s website.

|  |
| --- |
| Submission of Application |

Performance Periods: Twelve Months – July 1, 2016-June 30, 2017

Funding Periods: Twelve Months – July 1, 2016-June 30, 2017

Application Due Date: Thursday, October 8, 2015 - 5:00 P.M. (CST)

Application Format: Following completion of Sections 1, 2, 3, 5, 6B and 8 within this application template, this document must be submitted via e-mail to the contact below. The Department reserves the right to reject applications that are not complete and do not follow the specified format and instructions.

Application Submission: Electronic submission to:

 **Department of Commerce and Economic Opportunity**

 **Illinois Small Business Development Center (SBDC)**

 **Mark Petrilli**

**Mark.Petrilli@illinois.gov**

RFA Questions: **Contact:**

 **Sheri Ericson or Rod Hollenstine**

 **Phone: 217/524-4146 Phone: 217/524-6105**

**Sheri.Ericson@illinois.gov****Rodney.Hollenstine@illinois.gov**

**IDENTITY PROTECTION ACT (5 ILCS/179)**

**PERSONAL INFORMATION PROTECTION ACT (815 ILCS 530)**

The Department of Commerce and Economic Opportunity is committed to protecting the privacy of its vendors, grantees and beneficiaries of programs and services. At times, The Department will request social security numbers (SSNs) or other personal identifying information. Federal and state laws, rules and regulations require the collection of this information for certain purposes relating to employment and/or payments for goods and services, including, but not limited to, grants. The Department of Commerce also collects confidential information for oversight and monitoring purposes.

Furnishing personal identity information, such as a social security number, is voluntary; however, failure to provide required personal identity information may prevent an individual or organization from using the services/benefits provided by The Department of Commerce as a result of state or federal laws, rules and regulations.

****Illinois Department of Commerce and Economic Opportunity

Grant Application Cover Page

**ILLINOIS PROCURMENT TECHNICAL ASSISTANCE CENTER**

Department Use Only:

Application #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grant #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| Section 1: Applicant Information |
| --- |
| 1.1 | **Legal Name of Applicant:** *(Attach copy of W-9)* |   |
| 1.2 | **Address of Applicant:***(Include your extended 9-digit zip code):* |       |
| 1.3 | **Chief Officer:***(If more than one, attach a list with all Officers)* | Name: |       |
|  |  | Title: |       |
|  |  | Address: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
|  |  | E-Mail: |       |
| 1.4 | **Description of Applicant:***(200 Character maximum)* |       |
| 1.5 | **NAICS Code:** |       | *(6-digit Industry Classification Code)* |
| 1.6 | **Applicant Website:** |       |
| 1.7 | **Applicant FEIN:** |       |
| 1.8 | **Applicant SSN:***(Enter only if applicant is individual and does not have a FEIN)* | N/A |
| 1.9 | **Applicant’s DUNS Number:** |       |
| 1.10 | **Applicant Fiscal Year:** | From:       | To:       |

|  |  |  |
| --- | --- | --- |
| 1.11 | If applicable, indicate the following.  | [ ]  Women-Owned [ ]  Minority-Owned |
| If minority-owned, then check the appropriate race/ethnic group box. | Black / African Americans | [ ]  |
| Hispanic Americans | [ ]  |
| Native Americans | [ ]  |
| Asian-Pacific Americans | [ ]  |
| Asian-Indian Americans | [ ]  |
| 1.12 | Indicate the number of people expected to be served by the grant in the appropriate race/ethnic group box below.  |
| **Race/Ethnic Group** | **# People Served by Grant** |
| Black / African Americans |       |
| Hispanic Americans |       |
| Native Americans |       |
| Asian-Pacific Americans |       |
| Asian-Indian Americans |       |
| Other: |       |

| Section 2: Applicant History |
| --- |
| 2.1 | Have you received a grant from the State of Illinois within the last 3 years? | [ ]  Yes [ ]  No |
|  | Provide total number of grants received from the State of Illinois within the last 3 years. |       |
|  | If yes, provide the following for each grant received in last 3 years: | Agency: |       |
|  |  | Grant #: |       |
|  |  | Grant Amount: |       |
|  |  | Grant Term: |        |
|  |  | General Description: |       |
|  |  | Issues: |       |
| 2.2 | If applicable, list all Names and FEINs that are registered to your organization or have been registered during the past 3 years. |
|  | **Name** | **FEIN** |
|  |       |       |
|  |       |       |
|  |       |       |
| 2.3 | In the past twelve months, have there been any changes in the following key staff? Check all that apply. Provide detail for any boxes checked including names of the person who left the position and the name of their replacement. Indicate the number of months the position has been vacant if the position is currently vacant. |
|  | [ ]  | CEO/Executive Director/Chief Elected Official |
|  | [ ]  | CFO/Controller |
|  | [ ]  | Grant Administrator |
|  | [ ]  | Grant Administrative Support Staff *(i.e. Reporting, correspondence, document control)* |
|  | [ ]  | Bookkeeper/Accountant for Grant |
|  | [ ]  | No Changes |
|  | Provide detail for any checked boxes: |
|  |       |
| 2.4 | If your proposed budget includes any staff costs for this grant, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant. |
|  | [ ]  | Time sheets |
|  | [ ]  | Cost allocation plans |
|  | [ ]  | Certifications of time spent |
|  | [ ]  | Other, please describe:       |
|  | [ ]  | None |
| 2.5 | Has the applicant or any principal formed a business that existed for less than two years? | [ ]  Yes [ ]  No |
|  | If yes, provide name(s) of the business and reason(s) that it existed for less than two years. |
|  |       |
| 2.6 | Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a party to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business? | [ ]  Yes [ ]  No |
|  | If yes, identify the nature (including case number and venue) of the action and the disposition.  If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. |
|  |       |
| 2.7 | Is the applicant or any principal the subject of any proceedings that are pending, or to the best of applicant’s knowledge, threatened against applicant and/or any principal that may result in any adverse change in applicant’s financial condition or materially and adversely affect applicant’s operations? | [ ]  Yes [ ]  No |
|  | If yes, provide requested information. |
|  |       |
| 2.8 | Does the applicant or any principal owe any debt to the State? | [ ]  Yes [ ]  No |
|  | If yes, list reason and amount: |
|  |       |

| Section 3: Proposal Information |
| --- |
| 3.1 | **Submittal Date:** |       |
| 3.2 | **Project Title:** |       |
| 3.3 | **Brief Project Description:** *(Complete attached Scope of Work)**(550 Character maximum)* |
|  |       |
| 3.4 | **Project Location:** | Street Address: |       |
|  |  | City: |       | County:       |
|  |  |  |  |  |  |
| 3.5 | **Areas Served:** |       |
| 3.6 | **Project Contact:** | Name: |       |
|  |  | Title: |       |
|  |  | Address: |       |
|  |  | Phone: |       |
|  |  | Fax: |       |
|  |  | E-Mail: |       |
| 3.7 | **Project Period:** | Start Date: |       | End Date: |       |
| 3.8 | **Project Costs:***(Complete attached Budget)* | Funding provided by the applicant: |       |
|  |  | Secured funding from other sources: |       |
|  |  | Funding requested from Department of Commerce |       |
|  |  | **Total Project Cost** | $0 |

| Section 4: Scope of Work |
| --- |

**ILLINOIS PROCUREMENT TECHNICAL ASSISTANCE CENTER**

Description of project: Annual operation of an Illinois Procurement Technical Assistance Center to assist Illinois companies in selling their products/services to local, state, and federal government agencies.

Grantee will complete the following tasks:

| DESCRIPTION OF TASKS | Estimated Completion Date |
| --- | --- |
| **Task 1.** Assess small businesses readiness for government contracting.  | Ongoing |
| **Task 2.**  Provide accurate and timely procurement information | Ongoing |
| **Task 3.** Provide one on one business consultation and guidance.  | Ongoing |
| **Task 4.** Conduct procurement training and education to meet identified needs. | Ongoing |
| **Task 5.** Promote program services to businesses and stakeholders.  | Ongoing |
| **Task 6.** Participate in professional development programs as needed.  | Ongoing |
| **Task 7.** Track client activity, successes and results.  | Ongoing |
| **Task 8.** Develop center resources and programs as needed.  | Ongoing |

| Section 5: Performance |
| --- |
| **Performance Indicator** | **Projected Performance Measures** |
|  |  |
|  |  |
|  |  |
| **ILLINOIS PTAC** |  |
| **Number of contracts secured**  |       |
| **Dollar value of contracts secured**  |       |
| **Number of new clients (minimum 100)**  |       |
| **Number of active clients**  |       |
| **Hours of one on one consultation (minimum 1,000 per $70,000)** |       |
| **Number of participated events (minimum 12)** |       |
| **Number of hours of professional development (40 per PFTE)** |       |
| **Number of success stories submitted (minimum 6)** |       |

| Section 6A: Current Employment Level |
| --- |
| **Number of permanent full-time individuals currently employed by applicant** | N/A |
| **Number of permanent part-time individuals currently employed by applicant** | N/A |

|  |
| --- |
| **Section 6B: Projected Employment Impact (FTE Value Table)** |
|  | **Created Positions in FTE Categories:** | **Retained Positions in FTE Categories:** |
| Column A | Column B | Column C | Column D | Column E | Column F | Column G | Column H |
| Permanent Full Time | Permanent Part Time | Temporary Full Time | Temporary Part Time | Permanent Full Time | Permanent Part Time | Temporary Full Time | Temporary Part Time |
| Row 1 (To be completed by applicant) | # of positions in each FTE category(A - H) |       | N/A | N/A | N/A |       | N/A | N/A | N/A |
| Row 2 | Auto calculation of FTE subtotals | 0.00 | N/A | N/A | N/A | 0.00 | N/A | N/A | N/A  |
|  |
| Row 3 | Auto Calculation: **Created FTEs:** | N/A |  |
| Row 4 | Auto Calculation: **Retained FTEs:** | N/A |
| Row 5 | Auto Calculation: **Permanent Full Time Jobs Created:** | 0.00 |
| Row 6 | Auto Calculation: **Permanent Full Time Jobs Retained:** | 0.00 |
| Row 7 (cell to be completed by applicant) | Manual Calculation: **Average of Annualized Salaries for Permanent Full Time Jobs Created:** | N/A |
| Row 8 (cell to be completed by applicant) | Manual Calculation: **Average of Annualized Salaries for Permanent Full Time Jobs Retained:** | N/A |
| Row 9 (cell to be completed by applicant) | Other anticipated employment impacts of DCEO grant: |       |

| **Section 6C: Projected Construction Jobs Impact** |
| --- |
| **Projected number of construction labor hours for project** | N/A |
| **Projected number of construction FTE’s for project**  | N/A |

|  |
| --- |
| **Section 7: Budget** |
| N/A |

| Section 8: Program Specific Information |
| --- |

Refer to the Instruction and Introduction when completing the following.

## Executive Summary

Prepare a one page executive summary, which provides an overview of the major highlights and key points of the application. The participating agencies and the amount of funding requested for each program should also be included in this clear, succinct and concise summary.

## Center Requirements

#### Staffing

An organizational chart of the center(s) and of the host institution is required. Resumes should be provided on all key program staff (e.g. center director, business specialist, coordinator, etc.). The specific duties and responsibilities of staff should be defined. Describe how staff impacts the delivery of center services.

* 1. **Recognition and Identity**

Describe your plan to implement the PTAC recognition and identity standards.

##### Knowledge of Client Needs and Expectations

Describe the systematic process or processes used to analyze the needs of center clients and the small business community.

* 1. **Market Sector Focus**

Fully describe the market sector focus for the planned Procurement Technical Assistance Center. Clearly identify the key strengths of the applicant and how the applicant plans to share these strengths and special market sector focus with the other programs. Each Illinois PTAC must identify its specific market sector and demographic focus and strengths. This focus should be based on the strengths of the local economy as well as the abilities and strengths of the local PTAC. The support and expertise housed within the host institution will also play an important role in determining the key market sector focus of the PTAC.

##### Marketing

Provide an outline of the plans to market the services and programs of the center(s) to the appropriate client base.

##### Resource Partners

Describe how the center will leverage and coordinate area business assistance resources to provide services to the entire area to be served. Please indicate in this section if you are also submitting an application package for the Illinois Small Business Development Center.

* 1. **Advisory Board**

Describe the make-up of the center Advisory Board and how it will be utilized to support the center. Please indicate how often the Advisory Board will meet and include a list of members and organizations/sectors represented, if available.

* 1. **Financial Management**

Identify the fiscal agent for the center program(s). Describe your organization’s fiscal procedures and controls and responsible staff in the following areas: reconciliation of cash accounts, segregation of program income, maintenance of property control records, time and effort certification, bookkeeping procedures, and the maintenance of general ledgers.

##### Office Operations

Identify the location, address and operating hours of the center(s). Provide a description of how clients will be serviced when professional staff is out of the office. Include a description of the facility along with parking arrangements, accessibility and signage.

**Performance Indicators/Measures Form**

Complete separate performance indicators/measures in Section 5 of this application package for each program area addressed. Provide a detailed narrative describing how the projected outputs and outcomes were determined. Please thoroughly support and justify the projected performance measures included in Section 5.

| **Section 8: Program Specific Information** |
| --- |
| **Budget**Refer to the Instruction and Introduction when completing the following.**NOTE: ALL BUDGET FIGURES MUST BE ROUNDED TO THE NEAREST DOLLAR.****BUDGET JUSTIFICATION FORM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name and Position Title** | **Grant Funds Requested** | **Proposed Cash Match** | **Total Annual Salary** | **No. Mos.** | **% Time on PTAC Program** | **Total Amount Required for Program** |
| (1) | (2) | (3) | (4) | (5) | (6) | (7) |
|       |       |       |       |    |    % | $0 |
|       |       |       |       |    |     % | $0 |
|       |       |       |       |    |     % | $0 |
|       |       |       |       |    |     % | $0 |
|       |       |       |       |     |     % | $0 |
|       |       |       |       |     |     % | $0 |
|       |       |       |       |     |     % | $0 |
|       |       |       |       |    |    % | $0 |
|       |       |       |       |     |     % | $0 |
|       |       |       |       |     |     % | $0 |
|       |       |       |       |     |     % | $0 |
|       |       |       |       |    |    % | $0 |
|       |       |       |       |    |    % | $0 |
| **Total Cost** | $0 | $0 | $0 |  |  | $0 |

|  |  |  |  |
| --- | --- | --- | --- |
| **BUDGET DETAIL FORM**HOST: |  |  |  |
|        |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Description** | **Grant Funds Requested** | **Proposed Cash Match** | **Total** |
| A. Personnel |   |   |   |
| (Personnel list above will automatically populate these field) |   |   |   |
|   |   |   |   |
| PFTE =       |   |   |   |
| **Total Salaries and Wages** | **$0** | **$0** | **$0** |
|   |   |   |   |
| B. Fringe Benefits |   |   |   |
| Full time staff     % rate |        |        | $0  |
| Part time staff     % rate |        |        | $0  |
|   |   |   |   |
| **Total Fringe Benefits** | **$0** | **$0** | **$0** |
|   |   |   |   |
| C. Travel |   |   |   |
|   |   |   |   |
|  In-State Detail:       |        |        | $0 |
|   |   |   |   |
|  Out-of-State Detail:       |        |        | $0 |
|   |   |   |   |
| Mileage Rate:       in state       # of miles |   |   |   |
| Mileage Rate:       out of state       # of miles |   |   |   |
|   |   |   |   |
| **Total Travel** | **$0** | **$0** | **$0** |
|   |   |   |   |
| D. Equipment |   |   |   |
|  (list equipment items, quantity and cost) |   |   |   |
|        |        |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|   |   |   |  |
| **Total Equipment** | **$0** | **$0** | **$0** |
|   |   |   |   |
| E. Supplies |   |   |   |
| General Office supplies |       |       | $0 |
| Computer supplies |        |        | $0 |
| Training supplies |        |        | $0 |
|       |        |        | $0 |
|       |       |       | $0 |
|   |   |   |  |
| **Total Supplies** | **$0** | **$0** | **$0** |
|  |  |  |  |
| F. Contractual Services |   |   |   |
|        |        |        | $0 |
|        |        |        | $0 |
|        |       |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|   |   |   |  |
| **Total Contractual Services** | **$0** | **$0** | **$0** |
|   |   |   |   |
| G. Consultant Services |   |   |   |
|       |        |        | $0 |
|       |       |       | $0 |
|       |        |        | $0 |
|       |        |        | $0 |
|       |       |       | $0 |
|   |   |   |  |
| **Total Consultant Services** | **$0** | **$0** | **$0** |
|   |   |   |   |
| H. Other Direct Costs |   |   |   |
|  (List items) |   |   |  |
|        |        |        | $0 |
|        |        |       | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
|        |        |        | $0 |
| **Total Other Direct Costs** | **$0** | **$0** | **$0** |
|   |   |   |   |
| **TOTAL BUDGET** | **$0** | **$0** | **$0** |

 |
| **Section 9: Applicant Certification****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 The Department of Commerce 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 The Department of Commerce, contained in or provided after the grant application for the purpose of publication on The Department of Commerce's website.  I hereby also release any and all claims against The Department of Commerce, 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 The Department of Commerce), for the purpose of publication on The Department of Commerce’s website. |
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| Signature | Name & Title | Date |