



**Request for FY 16 Grant Proposals
Small Business Assistance Grant Program
*Subject to State Funding***

Department: Massachusetts Growth Capital Corporation
Address: 529 Main Street, Schrafft's Center, Suite 1M10
Charlestown, MA 02129

Telephone: 617 523-6262

RFP File Name: Small Business Assistance Grant Program

Contact Person: José Luis Rojas **Email:** jrojas@massgcc.com

Please submit all questions and inquiries in written form to the contact person listed above.

Schedule:

RFP Announced on **Friday, May 29, 2015**

Information Sessions for Prospective Applicants:
RSVP to: Karen Brann, 617 337-2819, or kbrann@massgcc.com

Western Mass:

June 9, 2015, 1:30 – 3:00 pm
Business Growth Center
Springfield Technical Community College
STCC Technology Park
One Federal Street, Building 101
Entrepreneurship Hall of Fame Conf. Room
Springfield, MA 01105

Eastern Mass:

June 12, 2015, 10:00 – 12:00 pm
Mass Growth Capital Corp.
529 Main Street
Schrafft's Center, Suite 1M10
Charlestown, MA 02129

Proposals due **no later than 3pm**, on **Tuesday, June 30, 2015**

Final Reports due **no later than 3pm** on **Thursday, July 16, 2015** (applies to current FY 15 grantees)

Grants awarded on or before **Monday, August 3, 2015** (subject to change)

Request for FY 16 Grant Proposals
Massachusetts Growth Capital Corporation
Small Business Assistance Grant Program
Subject to State Funding

I. Announcement

The Massachusetts Growth Capital Corporation (MGCC) is pleased to announce that it is accepting grant applications for participation in the Fiscal Year 2016 (July 2015 – June 2016) Small Business Assistance Grant Program. MGCC is seeking proposals for technical assistance and training grants to assist small businesses located in Gateway cities and other underserved communities in Massachusetts. MGCC will accept applications from not-for-profit organizations that currently provide technical assistance and training programs to small businesses and start-ups with an emphasis on underserved businesses and entrepreneurs. These grants are intended to supplement the organization's current and anticipated funding and not to be the primary funding support.

Grant proposals shall identify specific counseling and training programs that assist these small businesses to:

- Create/retain jobs;
- Secure new or increased financing for growth;
- Achieve stability and viability;
- Increase the economic vitality of the neighborhood, community or region.

Grant proposals should define the communities they serve, the strategy and marketing plan to reach these communities, current and planned programs, and performance benchmarks and metrics. As these grant proceeds can only supplement budgets, the requesting organization must have additional funding sources. Organizations are encouraged to list existing partners and other public and/or private funding sources. If the proposed program currently receives public funding, please define how this additional funding will be differentiated from the current public funding and describe the incremental results this grant will produce.

Proposed programs shall include individual and/or group counseling, training programs, loan packaging services, or direct technical assistance associated with lending or loan guarantees that advance:

- New business startups;
- Business expansion;
- Business stabilization;
- Other measurable economic growth.

The RFP is being distributed electronically on the web sites www.massgcc.com and www.msfdc.org. It is the sole responsibility of every bidder to check these sites for additions or changes to the RFP.

II. Purpose of Grant

The purpose of the Small Business Assistance Grant Program is to expand economic and entrepreneurial opportunity throughout the Commonwealth. The program is designed to complement and enhance traditional public and private small business assistance networks by providing technical assistance or training programs for underserved and disadvantaged businesses with 20 employees or less. The program seeks to facilitate small business economic viability and to improve their ability to secure private and public financing, including micro-loans. These grants may be made available to community development corporations, community development financial institutions or other not-for-profit community based organizations.

Grant funds are not intended to provide services geared primarily toward prospective ventures. Therefore, at least 85% of the clients served by the grantee organization with these funds shall be for clients who are already operating an existing business or who are within twelve months of opening a new business. Counseling and training programs should be designed to aid small business owners in starting, stabilizing and growing their businesses in measurable ways through intensive individual counseling/coaching, selective group training, loan packaging and direct lending or loan guarantees.

III. Grant Amounts and Distribution

- Funds available for this grant program in FY 2016 will not exceed \$1.6 million. (subject to appropriation)
- Maximum grant amount to programs proposed by a single organization not to exceed \$85,000.
- Maximum grant amount to programs proposed as a collaborative joint proposal (defined as two or more eligible organizations sharing costs and providing complementary services in coordination with each other) not to exceed \$140,000.
- Collaborative joint proposals must have one lead organization and one person responsible for the application and administration of grant monies, as well as all reporting and communication with MGCC.
- MGCC will endeavor to assure broad geographic diversity among grantees but will not limit the number of grants awarded per region.

IV. Eligibility

For purposes of the Small Business Assistance Grant Program and this Request for Proposal (RFP), only Massachusetts-based, not-for-profit corporations are eligible for program participation. For the purposes of this program, the entity shall:

- 1) Be duly organized under Massachusetts General Laws, Chapter 180 and incorporated as such by the Secretary of State for the Commonwealth of Massachusetts, whose mission includes facilitating a community driven economic development process for small businesses.
- 2) Hold a tax exempt status under the United States Internal Revenue Code.

- 3) If the applicant cannot meet the first two criteria, then it must have an established fiduciary relationship with an organization that is both incorporated in the Commonwealth of Massachusetts and maintains a tax exempt status under the United States Internal Revenue Code. Under those circumstances where a fiduciary relationship is in force, a memorandum of agreement signed and dated by the authorized representatives of the two cooperating agencies attesting to the fiduciary relationship, along with copies of the sponsoring organization's tax exempt certificate and Certificate of Good Standing from the Massachusetts Secretary of State must be submitted with the applicant's proposal.
- 4) Demonstrate an ability to develop and manage programs as reflected in the effective functioning of the Board of Directors, operations managed by a fulltime and experienced management team, involvement of and responsiveness to community residents and constituents.
- 5) Provide evidence of fiscal stability, as documented in prepared financial statements.

V. Ineligible Activities

Ineligible for funding under the Small Business Assistance Grant Program are projects or activities which:

- Are for the private profit or benefit of an individual or a select group of individuals.
- Involve the replication of services already provided under the auspices of a federal or state agency.
- Are primarily intended to serve prospective business ventures, defined as individuals who are more than twelve months from beginning to operate a business.
- Do not have the capacity to measure status outcomes relating to business start-ups, stabilization and growth.

MGCC reserves the right to reject any and all submitted proposals and any or all parts of a proposed activity.

VI. Review Committee

Small Business Assistance Grants will be awarded by the Massachusetts Growth Capital Corporation. A Review Committee, appointed by the MGCC Board of Directors, will review and recommend proposals for approval by the Board. This Review Committee may include a technical assistance professional not applying for this grant and representation from the lending community.

VII. Grant Agreement

Grants will be awarded on or about August 3, 2015. Dates are subject to change. Upon receipt by MGCC, all proposals become public documents, to the extent required under the public records law.

If a proposal is approved for funding, the proposal and the attached work plan and budget shall become the basis for MGCC's grant award negotiations with the applicant organization to determine the precise project scope, budget and use of funds. All documents ultimately negotiated and incorporated into the Grant Agreement will be added as attachments, and references to all attachments will be written into the agreement form prior to the execution by the partner.

Grant Agreements will contain a requirement that grantee agencies release names and contact information of clients served under the grant to MGCC for the purposes of outcomes verification and other legitimate uses as defined by MGCC. Grantees also agree to cooperate with any third party evaluation that MGCC may decide to undertake of this program.

Reporting requirements, including deadlines for submission, will also be contained in the Grant Agreement.

VIII. Use of Funds – Limitation of Administration Costs

Administrative costs associated with the Small Business Assistance Grant Program may not exceed 10% of the proposed budget.

IX. Selection Criteria:

After deliberation and upon the advice of the Small Business Technical Assistance Committee of the MGCC Board of Directors, MGCC has established a set of criteria for funding. Proposals must demonstrate the ability to meet the following small business assistance priorities in order to receive funding:

- 1) Provide direct services to small business clients of whom a minimum of 60% reflect the following target populations: women and minority owned and operated businesses, immigrant and non-native English speaking populations, low or moderate income entrepreneurs, and businesses located in economically disadvantaged urban and rural communities, including Gateway Cities¹. Small business owners or entrepreneurs who are US military veterans or are starting a business as a result of unemployment are also included in the target population.
- 2) Provide a minimum of 5 hours of direct service per client per year, in addition to any indirect services provided. Direct service may include: individual counseling/coaching, selective group training, loan packaging, and/or direct lending services.
- 3) Project measurable business outcomes that can be attributed to services provided in terms of business starts, financings made or facilitated, businesses stabilized, and/or job or revenue growth.
- 4) Collect, analyze and report on baseline data and specific outcomes achieved,

¹ See MGCC website for list of Gateway Cities: www.massgcc.com

including business starts, jobs preserved, financings, job growth, and revenue growth.

In addition to the required criteria outlined above, proposals demonstrating the ability to meet these additional priorities will be given preference:

- 1) Have a well-defined service area or service population and a tested strategy to outreach to targeted businesses and entrepreneurs in that service area or population.
- 2) Enhance and complement government service providers, such as the Small Business Development Centers.
- 3) Provide services to small businesses that advance a local economic or community development plan in a low or moderate income area.
- 4) Implement collaborations, partnerships, or coordinated services that magnify the delivery of services in efficient, economical, and effective ways. In particular, preference will be given to agencies that can demonstrate strong collaborations with micro-lenders or whose funding will support micro-loan fund clients.
- 5) Target small businesses that self-identify specific assistance needed, that are poised to increase employment, or that bring a vital service (such as food or health care) to a community.

A Review Committee will evaluate proposals, seeking those that most completely meet the established criteria accompanied by credible, historic outcome metrics.

X. Submission Guidelines:

Any materials submitted will become the property of MGCC and must be made available for reproduction and may not be copyrighted.

A proposal of not more than six (6) pages, exclusive of further attachments as per the checklist included in this RFP, must include the following information:

1) Narrative

- a) **Overview:** Describe the mission of the applicant organization or partnership, the community it serves, and its outreach strategy. Describe activities and the steps taken by the applicant to demonstrate the applicant's ability to provide technical assistance, training or lending/loan packaging to the small business community, in particular businesses with 20 or fewer employees from the target populations outlined in **Section IX, 1)** above.
- b) **Staff Qualifications:** Describe the professional qualifications of the small business assistance professionals on staff and consultants regularly used for client referrals.
- c) **Business Community Challenges:** Based on the applicant's client profile,

describe the issues they face with business development, securing financing and achieving financial viability. Describe the organization's technical assistance role, training and counseling programs, or other initiatives with the small business community that create, maintain and grow the business's financial viability, ability to obtain private or public financing and/or create jobs.

- d) Partnerships and Collaboratives: Detail partnerships and collaborations that support the applicant's program, including but not limited to, how the applicant partners with their regional SBDC and other providers, including legal, accounting, tax professionals, marketing specialists, private and government lenders, and micro-lenders.
- e) Specific Grant Program & Activities: Describe the proposed program and its related activities. The proposal must include a program description that is reflected in the work plan and explains clearly the proposed budget.
- f) Data Collection and Outcome Measures Plan²: Outline how the applicant expects to define outcomes relating to business start-ups, stabilization and expansion, what indicators will be used to determine outcomes, and the methodology for collecting and reporting on performance, demographic, and outcome data. This plan should clearly relate to the categories and proposed totals in Attachments C and D.
- g) If applying organization(s) currently receives, or will receive, funding from the Commonwealth of Massachusetts for its small business assistance program, articulate how those funds are being used and how funding from the Small Business Assistance Grant Program will not be duplicative.

2) Attachments to be provided by respondent:

- a) Work Plan (**Attachment A**): Prepare a Work Plan that covers the dates of the proposed program activity beginning no earlier than July, 2015 and ending no later than fiscal year end, June 30, 2016. The Work Plan must reflect the applicant's proposed activities, as well as the tasks and staff necessary to achieve the proposed program's objectives within the time allotted.
- b) Proposed Small Business Grant Program Budget. (**Attachment B** - Form included in RFP)
- c) Performance Data/ Demographic Profile (**Attachment C** - Form included in RFP): Complete attached chart for the program year just completed. In the far right column enter the planned numbers of clients to be served in the coming program year. If joint proposal, complete one form per agency and a composite form for the partnership which counts the total number of clients served jointly.
- d) Outcomes and Indicators (**Attachment D** - Form included in RFP): Complete attached chart and provide historical data for the past year that outlines results

² See MGCC website for Definition of Terms for Small Business Assistance Outcome Measures and Examples of Outcome Measurement Indicators for Small Business Assistance Providers: www.massgcc.com

(measurable outcomes and indicators) attributable to your current small business assistance program. In the far right column enter the planned outcomes for the coming program year. If joint proposal, complete one form per agency and a composite form for the partnership which counts the total number of clients served jointly.

NOTE: *Please retain information regarding name and contact information for clients assisted in order to facilitate program evaluation and assessment.*

- e) Attach the resumes of key personnel (staff or consultants), especially those delivering direct service **(Attachment E)**.
- f) 2015 Certificate of Good Standing from the Secretary of the Commonwealth **(Attachment F)**: One Certificate is needed for each organization submitting or participating in a proposal. This certificate demonstrates that the organization is incorporated in the Commonwealth of Massachusetts and is in compliance with the necessary state filings. To apply for a certificate online please visit:

<http://www.sec.state.ma.us/cor/corpweb/corcert/certinf.htm>

If selected, the applicant must also execute the Grant Agreement. All documents ultimately negotiated and incorporated into the agreement will be added as attachments, and references to all attachments will be written into the Grant Agreement prior to execution by the parties. Execution of a grant agreement with selected grantee is subject to negotiations relative to performance specifications and payment.

3.) Other Required Materials

- a) Verification and Authorized Signature **(Attachment G - Form included in RFP)**
- b) Current Board of Directors list **(Attachment H)**
- c) Map of service area **(Attachment I - Form included in RFP)**. Please outline in ink your particular service area.
- d) U.S. IRS Tax Exempt Certification (Determination Letter) **(Attachment J)**
- e) Most recent audited financial statement or review **(Attachment K)**
- f) Current year-to-date organizational financial statement (Income and Expense Statement and Balance Sheet) **(Attachment L)**
- g) Memorandum of Understanding from fiscal sponsorship agency (if applicable) **(Attachment M)**

XI. Program Application Conditions & Deadline

An application will not be considered if it fails to meet the minimum requirements. The requirements are as follows:

- 1) Proposal Format: Grant proposals should be simple and clear, using 12 point black type and 1" margins. Each proposal should be no more than 6 pages, plus forms and attachments. Please submit all proposals to MGCC in the following format:
 - a) One electronic copy (Microsoft Word or Adobe Acrobat); *please send complete application and attachments in a single file if possible.*
 - b) Six (6) unbound paper copy proposals (one with original signature and audit or review)

NOTE: *Facsimile submissions will not be accepted*

- 2) Deadline: The proposal in both of the above formats must be received by no later than 3pm, on Tuesday June 30, 2015. Both formats must be delivered to:

Karen Brann, Executive Assistant
Massachusetts Growth Capital Corporation
529 Main Street, Schrafft's Center, Suite 1M10
Charlestown, MA 02129
Email: kbrann@massgcc.com

- 3) Provision of all items identified on the attached checklist
- 4) Signature of the Chief Executive Officer of the single applicant organization or of the lead applicant organization.

XII. Program Reporting

While MGCC recognizes that outreach, marketing, networking, and introductory sessions are a necessary part of a comprehensive small business assistance program, we do not wish to overburden grantees with data collection and reporting requirements not directly tied to the mission of the grant program. Thus, MGCC will not be requesting data on intake, assessment, or short term assistance of less than 5 hours of direct contact with clients. Neither will we require reporting relating to hours of service, customer satisfaction, or learning outcomes.

MGCC will require a six (6) month report on performance and demographic data (templates to be provided) and a final report at the end of the grant period. Deadlines for submitting these reports will be included with the Grant Agreement.

Final reports will include the following elements (subject to modification):

- 1) A comparison of planned to actual performance, demographic, and outcome measures (Templates to be provided).
- 2) Business success stories that illustrate community economic revitalization or development.
- 3) Narrative that references Work Plan and answers questions such as: What worked well, what did you learn, and what were the challenges in providing assistance to your small business clients?

- 4) Description of methodology used for verifying baseline and outcome data, including which indicators were used to validate business start-up, stabilization and growth, and how follow-up was conducted (phone, internet, face to face; survey, interview, document verification, etc.)

FY2016 Small Business Assistance Grant Application Checklist

To be included with Proposal:

- Application Cover Sheet (Form included in RFP)
- Narrative (6 page maximum)
- Application Checklist (Form included in RFP)
- Work Plan (Attachment A - Form included in RFP)
- Proposed Project Budget (Attachment B – Form Included in RFP)
- Performance Data/ Demographic Profile (one for each agency participating in the grant) (Attachment C – Form Included in RFP)
- Outcomes and Indicators (one for each agency participating in the grant) (Attachment D – Form Included in RFP)
- Resumes of key personnel delivering direct service (Attachment E)
- 2015 Certificate of Good Standing from the Secretary of the Commonwealth (one for each agency participating in the grant) (Attachment F)
- Verification and Authorized Signature (Attachment G – Form included in RFP)
- Current Board of Directors list (Attachment H)
- Map of Service Area (Attachment I – Form included in RFP)
- U.S. IRS Tax Exempt Certification/ Determination Letter (Attachment J)
- Most recent Audited Financial Statement or Review (Attachment K)
- Current year-to-date organizational Financial Statement: Income & Expense/Balance Sheet (Attachment L)
- Memorandum of Understanding from fiscal sponsorship agency (if applicable) (Attachment M)

Application Cover Sheet

Name of Applicant Organization		Funding Amount Sought for Small Business Assistance: \$	
Mailing Address	City/Town	State	Zip Code
Telephone	Fax	Applicant Web Address	
Name/Title of Primary Contact			
Contact e-mail address/ phone (if different from above)		Certified CDFI Yes ___ No ___ Certified CDC Yes ___ No ___	
Brief Summary of Applicant Agency/Partnership (100 words or less)			
Brief Summary of Small Business Assistance Grant Program (100 words or less)			

Attachment A

WORK PLAN
July 1, 2015 – June 30, 2016

Name of Agency: _____

Goal: _____

Objective: _____

Activities	Tasks	Staff/Inputs	Timeline

NOTE: *Work plan should reflect program narrative and budget*

ATTACHMENT B

Small Business Assistance Grant Budget				
	Column A	Column B	Column C	Column D
	(Lead) Agency:	(Partner Agency):		
Cost Elements	Annual Project Budget	Annual Project Budget	Total Other Funding Sources	MGCC Funding Request
Direct Personnel Costs				
Staff (include % of staff time on project)				
Total Staff				
Consultants (include pay rate)				
Total Consultants				
Total Personnel				
Non-Personnel Direct Costs (e.g. program related materials, supplies, food, travel)				
Total Non-Personnel Direct Costs				
Total Direct Costs				
Administrative Overhead/ Indirect Costs (e.g. utilities, rent, audit, administrative staff)				
TOTAL PROJECT COST				
NOTE: Above Columns A + B = C + D				
Revenue Elements	Amount	Amount	Status	Award Date
Identified Sources				
Projected Fees				
Matching Funds				
Contributions				
Contracts/ Grants (list separately)				
1.				
2.				
3.				
4.				
5.				
6.				
TOTAL Projected Revenue				

NOTES:

1. Do NOT monetize in-kind contributions
2. Administrative Overhead/Indirect Costs = 10% of total budget)
3. Budget should reflect narrative and work plan

Attachment C

Performance Data/ Demographic Profile Name of Agency: _____	# of Clients (past year)	% of Total	Proposed Totals (7/15 – 6/16)
NOTE: Only report on clients with 20 or fewer employees receiving 5+ hours of <u>direct service</u> during the reporting year			
Total number of business clients receiving services		100%	
<ul style="list-style-type: none"> Of the total # of clients, how many primarily received/will receive 1:1 T.A./counseling 			
<ul style="list-style-type: none"> How many primarily participated in/will participate in workshops/training (unduplicated from 1:1) 			
Women			
Black/African American, Hispanic/Latino, Asian, Native American			
Immigrants/non-native English speakers			
Businesses located in low/moderate income community (as defined by HMDA/CRA – use: www.ffiec.gov/geocode)			
Low/Moderate income business owners (use HUD guidelines)			
Owners starting businesses as a result of becoming unemployed			
US military veterans			
Total Unduplicated Target Population <i>(2015-2016 => 50% of total client population)</i>			
Prospective business owners (>1 year from starting a business)			
Pre-Start-Up clients (within 1 year of start-up)			
Start-Up clients (business operating/generating revenue)			
Established business clients (is/was profitable and employing at least 1 FTE)			

NOTES:

1. Please only report on clients receiving 5+ hours of **direct service** during the reporting year. (Do not report on intake or assessment only clients.) Clients with more than 20 employees are not covered under the terms of this grant.
2. Please report on status of clients as of the beginning of service during grant period
3. 1:1 t.a./counseling + workshop/training clients should equal total number of business clients served
4. Prospective + pre-start-up + start-up + established businesses should equal total number of business clients served. (Prospective business owners >1 year from start-up are not covered under the terms of the grant.)

Attachment D

Outcomes and Indicators	# of Clients (past year)	% of Total	Proposed Totals (7/15 – 6/16)
Name of Agency: _____			
NOTE: <i>Only report on clients with 20 or fewer employees receiving 5+ hours of direct service during the reporting year</i>			
Total number of business clients receiving services		100%	
New businesses (to be) created/acquired as a result of services			
• Indicators (please list):			
Businesses (to be) stabilized (meaning clients whose businesses were experiencing losses or other problems who are now financially or legally stable)			
• Indicators (please list):			
Businesses that grow/increase revenue as a result of services			
• Indicators (please list):			
Businesses that do not report positive outcome (including on-going clients)			
FTE jobs (to be) created as a result of services			
FTE jobs (to be) preserved as a result of services (applies to businesses stabilized)			
Businesses (to be) receiving financing (either directly or from loan packaging services)			
Total value of loans (to be) closed	\$	100%	\$
• # of Direct loans			
• # of Indirect loans (loan packaging)			
• \$ Value of direct loans	\$		\$
• \$ Value of indirect loans	\$		\$
• \$ Value of smallest and largest loans closed	\$	\$	

NOTES:

1. *Business starts + stabilization + growth + no positive outcome = total number of clients served*
2. *# direct loans + # indirect loans = total # of loans closed*
3. *\$ direct loans + \$ indirect loans = total \$ value of loans closed*

Verification and Authorized Signature

I verify that I am authorized to commit my organization and to make this application on behalf of the organization. I certify that the above information is correct and that the statements made herein, including all attachments and exhibits, are true and correct to the best of my knowledge. I understand that this application may be disqualified if it does not contain all required information. I understand that all materials submitted as part of the application are subject to disclosure under the Massachusetts Public Records Law, to the extent that this law applies.

I acknowledge and agree that the Massachusetts Growth Capital Corporation has no obligation, and retains the sole discretion to fund or choose not to fund the proposal set forth herein, and that MGCC's receipt of the proposal does not imply any promise of funding at any time.

Signature	Name (print)
Title	Date
Organization Name	Organization Address

Attachment I

Map of the Commonwealth of Massachusetts

(Please indicate your service area in pen)

