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***Fostering AAPI Entrepreneurship TA Grant 2019-2020***

**Sub-grant Application**

**I. Organization**

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| **1. Organization Name** |  | | | | | | |
| **2. Street Address** |  | | | | | | |
| **3. City** |  | **4. State** | |  | | **5. Zip** |  |
| **6. Phone Number** |  | **7. Website** | |  | | | |
| **8. Executive Director** |  | | | | | | |
| **9. Primary Contact & Title**  **Phone Number & Email** |  | | | | | | |
| **10. Organization EIN Number** |  | | **11. Year Founded** | |  | | |
| **12. Please describe how your organization’s work aligns with National CAPACD’s mission and vision. If applicable, please describe how your organization has historically engaged with National CAPACD.** | | | | | | | |

**II. Program Description**

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| --- | --- | --- | --- | --- | --- | --- |
| **13. Name of program for which you are requesting support** | |  | | **14. Year Program Started** | |  |
| **15. What are your current services related to entrepreneur support?** (select all that apply) | | | | | | |
| 1-to-1 Counseling on:  ☐ Start-up Assistance  ☐ Business Planning  ☐ Managing a Business  ☐ Financial education  ☐ Marketing/Sales  ☐ Legal Issues  ☐ Business Accounting  ☐ Tax Planning  ☐ Other: Please list below | Group Education on:  ☐ Starting a Business  ☐ Business Planning  ☐ Managing a Business  ☐ Financial education  ☐ Marketing/Sales  ☐ Legal Issues  ☐ Business Accounting  ☐ Tax Planning  ☐ Other: Please list below | | Access to Capital:  ☐ Loan packaging assistance  ☐ Offering micro-loans  ☐ Underwriting, issuing and servicing small business loans  ☐ Leveraging capital for lending | | Other:  ☐ Coordinating a business expo  ☐ Business corridor management  ☐ Façade improvement program  ☐ Development of Chambers or Business Improvement Districts  ☐ Advocacy on behalf of small businesses  ☐ Other: Please list below | |
| ☐ We do not currently operate any entrepreneur support activities as listed above, but are interested in starting a program and are seeking technical assistance to do so. (If you checked this box, skip to Question 18) | | | | | | |
| **16. Use this space to further describe your current program activities (or for those seeking to establish a new program – proposed program activities). What makes this program unique or necessary?** | | | | | | |
| **17. How do these above-described activities align with your organizational mission, vision and strategic plan?** | | | | | | |

**III. Grant Request**

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| **18. Select the TA category for which you are applying.**  (select only one) | ☐ Business Counseling Only  ☐ Business Lending Only  ☐ Business Counseling & Lending Combined |
| **19. Please briefly describe your short-term and long-term goals for participation in this TA Program. Highlight areas of support that you would like to request from the TA providers, including any specific questions or gaps in knowledge or issues areas for which you would want TA.** | |
| **20. Please share why you feel this TA is appropriate now.** | |
| **21. Defining Success: All selected participants will be required to report on metrics such as: # of hours of counseling provided, # of clients served, # of businesses started, # of jobs created, systems, built, etc. Does your organization agree to track such metrics and what systems do you have in place if any to track and report programmatic outcomes? What help will you need to put into place such systems?** | |

**IV. Service Demographic Information**

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| **22. Total number of clients served by organization in calendar year (CY) 2018** |  |
| **23. Total number of clients served by entrepreneur support programs in CY 2018**  (if you offered entrepreneur support programs) |  |
| **24. Total number of low- and moderate-income clients served by entrepreneur support programs in CY 2019** (if you offered entrepreneur support programs) |  |
| **25. Total number of clients who started a business (self-defined) in CY 2018**  (if you do not track, indicate ‘0’) |  |
| **26. Total number of clients who reported increased revenue in CY 2018**  (if you do not track, indicate ‘0’) |  |
| **27. Total number of clients who reported increased knowledge in CY 2018**  (if you do not track, indicate ‘0’) |  |
| **28. Percent (%) of your entrepreneur clients in CY 2018 whom were AAAPI**  (if you do not track, indicate ‘0’) |  |
| **29. Percent (%) of your entrepreneur clients in CY 2018 whom are limited English proficient** (if you do not track, indicate ‘0’) |  |
| **30. What counties/cities do you serve?** | |
| **31. Describe your target client population and why this community is a priority for receiving entrepreneurial support services.** | |

**IV. Organizational and Program Capacity**

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| **32. # of Paid Full-time Staff for organization** |  | **33. # of Full-time Staff for program** | |  | |
| **34. Please provide a list of all primary staff for your program below (add rows as needed). If you are applying for the business lending category, please include any relevant finance staff.** | | | | | | |
| *Name (First, Last)* | *Title* | | *% FTE on Program* | | *Role* | |
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| **35. Further describe the current staff capacity and experience to effectively deliver the program, including the project lead. For those applying for the ‘business lending’ category, be sure to include information about any relevant finance department staff.** | | | | | | |
|  | | | | | | |
| **36. # of years Executive Director/CEO within organization and within the leadership role** | |  | | | |
| **37. Describe formal and informal partnerships with other organizations, if any, and how these partnerships help the program further its goals.** | | | | | |

**V. Financial (to be completed by ‘Business Lending’ category applicants only)**

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| **38. Please describe any systems already in place to support business lending activities within your organization. What additional systems do you believe need to be developed to allow you to expand your lending capabilities?** |
| **39. Explain how your finance department is organized; list the name, title, qualifications and responsibilities for those primarily responsible for financial functions/report. What kind of financial database system does your organization currently use?** |
| **40. Do you currently have a line of credit to lend? Please describe how your organization is able to leverage additional resources if at all. What barriers, if any, does your organization face in accessing mainstream funding?** |

**VI. Attachments**

The main components of your grant application are the following. Please submit:

1. This grant application form
2. Most recent IRS Form 990 or audited financial statements
3. IRS 501(c)(3) determination letter or fiscal sponsor agreement with a 501(c)(3) nonprofit
4. Current organizational chart