



**Request for FY 2021 Grant Proposals  
Small Business Technical Assistance Grant Program  
*Subject to State Funding***

**Address:** Massachusetts Growth Capital Corporation  
529 Main Street, Schrafft's Center, Suite 201  
Charlestown, MA 02129

**RFP File Name:** Small Business Technical Assistance Grant Program

**Contact Person:** Alison Moronta, 617-337-2820, [amoronta@massgcc.com](mailto:amoronta@massgcc.com)

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

**Schedule:**

RFP Announced on **Wednesday, April 29, 2020**

We are offering two hour video conference information sessions on the RFP to all Prospective Applicants. Prospective Applicants can participate on the following dates and in more than one info session if needed.

RSVP to: Alison Moronta at [amoronta@massgcc.com](mailto:amoronta@massgcc.com)

**For Eastern Mass:** Tuesday, May 12, 2020, 1:00 – 3:00pm  
Video Conference Link: <https://zoom.us/j/516397469>

**For Central Mass:** Wednesday, May 13, 2020, 10:00 – 12:00pm  
Video Conference Link: <https://zoom.us/j/818188305>

**For Western Mass:** Thursday, May 14, 2020, 1:00 – 3:00pm  
Video Conference Link: <https://zoom.us/j/610748068>

The RFP is available at these websites [www.empoweringsmallbusiness.org](http://www.empoweringsmallbusiness.org), [www.msfdc.org](http://www.msfdc.org) and [www.mass.gov/mobd](http://www.mass.gov/mobd). It is the sole responsibility of every bidder to check these sites for additions or changes to the RFP.

Proposals for FY 2021 are due **no later than 5pm, on Tuesday, June 16, 2020**

FY 2020 Final Reports are due **no later than 5pm on Wednesday, July 15, 2020**  
(applies to current FY 2020 grantees)

Grants will be awarded on or before **Monday, August 31, 2020** (subject to change)

**Request for FY 2021 Grant Proposals**  
**Massachusetts Growth Capital Corporation**  
**Small Business Technical 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 2021 (July 2020 – June 2021) Small Business Technical Assistance Grant Program. MGCC is seeking proposals for technical assistance and training grants to assist small businesses located in Gateway cities, and other under-resourced and low-moderate-income 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 under-resourced and low-moderate-income businesses and entrepreneurs.

For FY 2021, MGCC is prioritizing well-defined proposals to assist small businesses and entrepreneurs impacted by COVID-19. Proposed programs must demonstrate: a) how the organizations will reach out to and assist under-resourced and low-to-moderate-income small businesses impacted by COVID-19, including those linguistically and culturally diverse small businesses and entrepreneurs; and b) how they will provide technical assistance services and connect them with local and state resources to stabilize their business operation and preserve jobs.

These grants are intended to be supplemental 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 in the following:

- Create/retain jobs;
- Secure new or increased financing for growth;
- Achieve stability and viability;
- Recover after COVID-19;
- Increase the economic vitality of the neighborhood, community or region.

Grant proposals should define the communities they serve, 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.

## **II. Purpose of Grant**

The purpose of the Small Business Technical 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 under-resourced and disadvantaged businesses with 20 or fewer employees. The program seeks to facilitate economic viability for small businesses 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 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**

- Funding for FY 2021 to be determined and 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 \$175,000.
- Collaborative joint proposals must demonstrate that the organizations propose a cohesive work plan and will work together to implement and achieve their proposed objectives.
- 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 Technical 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 Technical 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 will review and recommend proposals for approval.

## **VII. Grant Agreement**

Grants will be awarded on or before August 31, 2020. 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 Technical Assistance Grant Program may not exceed 10% of the proposed budget.

## **IX. Selection Criteria:**

MGCC has established a competitive review process known as the Small Business Technical Assistance Review Committee. All awards are subject to the Small Business Technical Assistance Committee of the MGCC Board of Directors and the Executive Office of Housing and Economic Development (EOHED). 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 Cities<sup>1</sup>. 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 strategy for addressing the small business needs as they recover from the circumstances related to COVID-19.
- 3) 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.
- 4) Project measurable business outcomes that can be attributed to services provided in terms of business starts, financings made or facilitated, businesses stabilized, jobs created or retained, and/or revenue growth.
- 5) Collect, analyze and report on baseline data and specific outcomes achieved, including business starts, jobs created or retained, financings, 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) Propose for FY 2021 a well-defined proposal and work plan to assist small businesses and entrepreneurs impacted by COVID-19. Proposed programs must demonstrate: a) how the organizations will reach out to and assist under-resourced and lo-moderate-income small businesses impacted by COVID-19, including those linguistically and culturally diverse small businesses and entrepreneurs; and b) how they will provide technical assistance services and connect them with local and State resources to stabilize their business operation and preserve jobs.
- 2) 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.
- 3) Enhance and complement government service providers, such as the Small Business Development Centers.
- 4) Provide services to small businesses that advance a local economic or community development plan in a low or moderate income area.
- 5) 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.
- 6) Target small businesses that self-identify specific assistance needed, are poised to increase employment, or bring a vital service (such as food or health care) to a community.
- 7) Provide English for Speakers of Other Languages-ESOL educational programs to immigrant-owned businesses and their employees to increase English proficiency and build capacity of Massachusetts' immigrant-owned small businesses. MGCC will

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<sup>1</sup> See MGCC website for list of Gateway Cities: [www.empoweringsmallbusiness.org](http://www.empoweringsmallbusiness.org)

consider uses of funding for tools to support programs for simultaneous interpretation.

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) Provide a narrative on COVID-19 strategy changes for the organization's activities using the funds, particularly tactical changes related to the delivery of services or business outreach.

- g) Data Collection and Outcome Measures Plan<sup>2</sup>: 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.
- h) 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 1, 2020 and ending no later than fiscal year end, June 30, 2021. 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 (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) **2020 Certificate of Good Standing from the Secretary of the Commonwealth (Attachment F): Certificate must be from 2020 and one Certificate is needed**

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<sup>2</sup> See MGCC website under Tools for Grantees for Definition of Terms for Small Business Assistance Outcome Measures and Examples of Outcome Measurement Indicators for Small Business Assistance Providers:  
<https://www.empoweringsmallbusiness.org/what-we-offer/small-business-technical-assistance-grant-program/tools-grantees>

**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:
  - One electronic copy (Microsoft Word or Adobe Acrobat); ***please send complete application and attachments in A SINGLE FILE if possible.***
  - **NOTE:** *Facsimile submissions will not be accepted*
- 2) Deadline: The proposal in the above formats must be received **no later than 5pm, on Tuesday, June 16, 2020.**

Electronic files must be sent to:

Alison Moronta, Loan Officer and Grant Program Manager

[amoronta@massgcc.com](mailto:amoronta@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) Narrative that references proposal Work Plan and answers: What worked well, what did you learn, and what were the challenges in providing technical assistance to your small business clients and achieving your goals? Note any particular activities that successfully addressed the needs of small businesses recovering from COVID-19.
- 3) Description of methodology used for verifying outcome data, including which indicators were used to validate business start-up, stabilization, growth, job creation and retention, and how follow-up was conducted (phone, internet, face to face; survey, interview, document verification, etc.)
- 4) Changes in key staff or organizational changes that impact the small business program during the grant period. (Resumes for key staff to be required)
- 5) Indicate any partnerships developed with other organizations (i.e. other MGCC grantees, financial institutions, funders, peer-to peer, city programs, etc.) during the grant period.
- 6) If your organization has received any media attention or organized any events related to this grant, provide a report on those promotional activities. Media refers to: print (newspaper, newsletter, flyers, brochures, etc.), TV, radio, social media (Facebook/twitter/LinkedIn).

- 7) Report on professional development that the business technical assistance provider(s) attended during the grant period.
- 8) Business success story that illustrates a business in start-up, stabilization or growth stage and the economic impact of the provision of technical assistance services. It should include a brief description and relevant history of the business and the business owner, challenge, technical assistance solution and the economic impact. (Templates to be provided)

## **FY 2021 Small Business Technical Assistance Grant Application Checklist**

To be included with Proposal: (Incomplete applications will not be accepted)

- 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)
- 2020 Certificate of Good Standing** from the Secretary of the Commonwealth (one for each agency participating in the grant) (Attachment F) To apply for a certificate online please visit: <http://www.sec.state.ma.us/cor/corpweb/corcert/certinf.htm>
- 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) Must indicate all service communities and cities.
- 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: **Must include both Income & Expense and Balance Sheet statements** (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:<br>\$   |          |
| 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)   |           | Check all that apply:<br>Certified CDFI    Yes ___    No ___<br>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)                                      |           |  |          |
| Briefly describe how your strategy will address the recovery of small business from COVID-19. (100 words or less) |           |  |          |

**Attachment A**

**WORK PLAN**  
FY 2021 (July 1, 2020 – June 30, 2021)

Name of Agency: \_\_\_\_\_

Goal: \_\_\_\_\_

| Objectives | Required Activities | Staff/Inputs | Timeline | Projected Outcomes |
|------------|---------------------|--------------|----------|--------------------|
|            |                     |              |          |                    |
|            |                     |              |          |                    |
|            |                     |              |          |                    |
|            |                     |              |          |                    |

**NOTE:** *This is the required format for the work plan. Work plan should be consistent with the program narrative and the proposed budget. Please note in projected outcomes if a particular objective or activity addresses small businesses recovering from COVID-19*

**ATTACHMENT B**

| Small Business Technical Assistance Grant Budget  |                       |                       |                             |                      |
|---|-----------------------|-----------------------|-----------------------------|----------------------|
| Organization Name:  | 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 |
| <b>1. Direct Personnel Costs</b>  |                       |                       |                             |                      |
| Staff (include % of staff time on project)  |                       |                       |                             |                      |
|   |                       |                       |                             |                      |
|   |                       |                       |                             |                      |
| Total Staff   |                       |                       |                             |                      |
| Consultants (include pay rate)  |                       |                       |                             |                      |
|   |                       |                       |                             |                      |
| Total Consultants   |                       |                       |                             |                      |
| <b>Total Personnel (Total Staff &amp; Consultants)</b>  |                       |                       |                             |                      |
| <b>2. Non-Personnel Direct Costs</b> (e.g. program related materials, supplies, food, travel) |                       |                       |                             |                      |
|   |                       |                       |                             |                      |
|   |                       |                       |                             |                      |
| <b>Total Non-Personnel Direct Costs</b>   |                       |                       |                             |                      |
| <b>Total Direct Costs (1+2)</b>   |                       |                       |                             |                      |
| <b>3. Administrative Overhead/ Indirect Costs</b> (e.g. utilities, rent, audit, admin staff)  |                       |                       |                             |                      |
| <b>4. TOTAL PROJECT COST (TOTALS 1+2+3)</b> (A+B=C+D)   |                       |                       |                             |                      |
|   | Column E              | Column F              |                             |                      |
| FUNDING SOURCES/REVENUE ELEMENTS  | Lead Agency Amount    | Partner Agency Amount | Status                      | Award Date           |
| <b>Identified Funding Sources</b>   |                       |                       |                             |                      |
| Projected Fees  |                       |                       |                             |                      |
| Matching Funds  |                       |                       |                             |                      |
| Contributions   |                       |                       |                             |                      |
| Contracts/ Grants (list separately)   |                       |                       |                             |                      |
| 1.  |                       |                       |                             |                      |
| 2.  |                       |                       |                             |                      |
| <b>MGCC (Total requested from column D)</b>   |                       |                       |                             |                      |
| <b>5. TOTAL PROJECTED REVENUE</b>   |                       |                       |                             |                      |
| <b>NOTE: Above Columns (A + B = E + F)</b>  |                       |                       |                             |                      |
| <b>Funding Gap (If total project cost A+B is NOT equal to total projected revenue E+F)</b>    |                       |                       |                             |                      |

**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
4. If there is a funding gap, explain below this budget how the organization will cover the total project cost.

| <b>Attachment C: Performance Data/ Demographic Profile</b><br><b>Name of Agency:</b> _____   | <b># of Clients</b><br>(past year FY 2020) (7/19 – 6/20) | <b>% of Total</b> | <b>Proposed Totals</b><br><b>FY 2021</b><br>(7/20 – 6/21) |
|--|--|-------------------|---|
| <b>NOTE:</b> Only report on clients with 20 or fewer employees receiving 5+ hours of <u>direct service</u> during the reporting year. Please report on status of clients as of the beginning of service during grant period. |  |                   |   |
| <b>Total number of business clients receiving services (a + b)</b>   |  | <b>100%</b>       |   |
| <b>a.</b> Of the total # of clients, how many primarily received/will receive 1:1 T.A./counseling  |  |                   |   |
| <b>b.</b> How many primarily participated in/will participate in workshops/training (unduplicated from 1:1)  |  |                   |   |
| <b>c.</b> How many participants do you anticipate being directly tied to the recovery of COVID-19? Refer to those clients from <b>(a + b)</b>  |  |                   |   |
| Women  |  |                   |   |
| <b>Black/African American, Hispanic/Latino, Asian, Native American (d + e)</b>   |  |                   |   |
| <b>d.</b> Of those, Black/African American, Hispanic/Latino, Asian, Native American, how many were women   |  |                   |   |
| <b>e.</b> Of those, Black/African American, Hispanic/Latino, Asian, Native American, how many were men   |  |                   |   |
| Immigrants/non-native English speakers   |  |                   |   |
| Businesses located in low/moderate income community (as defined by HMDA/CRA – use: <a href="http://www.ffiec.gov/geocode">www.ffiec.gov/geocode</a> )  |  |                   |   |
| Low/Moderate income business owners (use HUD guidelines)   |  |                   |   |
| Owners starting businesses as a result of becoming unemployed  |  |                   |   |
| US military veterans   |  |                   |   |
| Total Unduplicated Target Population or New clients served: (Clients from FY19 MINUS FY20 Clients should be equal or more than 50% of total clients served)  |  |                   |   |
| <b>1.</b> Prospective business owners (>1 year from starting a business)   |  |                   |   |
| <b>2.</b> Pre-Start-Up clients (within 1 year of start-up)   |  |                   |   |
| <b>3.</b> Start-Up clients (business operating/generating revenue)   |  |                   |   |
| <b>4.</b> Established business clients (is/was profitable and employing at least 1 FTE)  |  |                   |   |

**Attachment C-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. 1:1 t.a./counseling + workshop/training clients should equal total number of business clients served (a+b) should be equal to total clients served
3. **Prospective + pre-start-up + start-up + established businesses (1+2+3+4) should equal total number of business clients served.**

| <b>Attachment D: Outcomes and Indicators</b><br>Name of Agency: _____  | <b># of Clients</b><br>(past year)<br>FY 2020<br>(7/19 – 6/20) | <b>% of Total</b>  | <b>Proposed Totals</b><br><b>FY 2021</b><br>(7/20 – 6/21) |
|--|--|--------------------|---|
| <b>NOTE:</b> Only report on clients with 20 or fewer employees receiving 5+ hours of direct service during the reporting year                            |  |                    |   |
| <b>Total number of business clients receiving services</b>   |  | <b>100%</b>        |   |
| 1. New businesses (to be) created/acquired as a result of services   |  |                    |   |
| <ul style="list-style-type: none"> <li>Indicators (please list):</li> </ul>  |  |                    |   |
| 2. Businesses (to be) stabilized (meaning clients whose businesses were experiencing losses or other problems who are now financially or legally stable) |  |                    |   |
| <ul style="list-style-type: none"> <li>Indicators (please list):</li> </ul>  |  |                    |   |
| 3. Businesses that grow/increase revenue as a result of services   |  |                    |   |
| <ul style="list-style-type: none"> <li>Indicators (please list):</li> </ul>  |  |                    |   |
| 4. 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%               | \$  |
| <ul style="list-style-type: none"> <li># of Direct loans</li> </ul>  |  |                    |   |
| <ul style="list-style-type: none"> <li># of Indirect loans (loan packaging)</li> </ul>   |  |                    |   |
| <ul style="list-style-type: none"> <li>\$ Value of direct loans</li> </ul>   | \$   |                    | \$  |
| <ul style="list-style-type: none"> <li>\$ Value of indirect loans</li> </ul>   | \$   |                    | \$  |
| <ul style="list-style-type: none"> <li>\$ Value of smallest and largest loans closed in FY 2020</li> </ul>   | Smallest Loan<br>\$  | Largest Loan<br>\$ |   |

**Attachment D -NOTES:**

1. *Business starts (1) + stabilization (2) + growth (3) + no positive outcome (4) = total number of clients served*
2. *# direct loans + # indirect loans = total # of loans closed.*
3. *\$ direct loans + \$ indirect loans = total \$ value of loans closed*

**Attachment G**

**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.

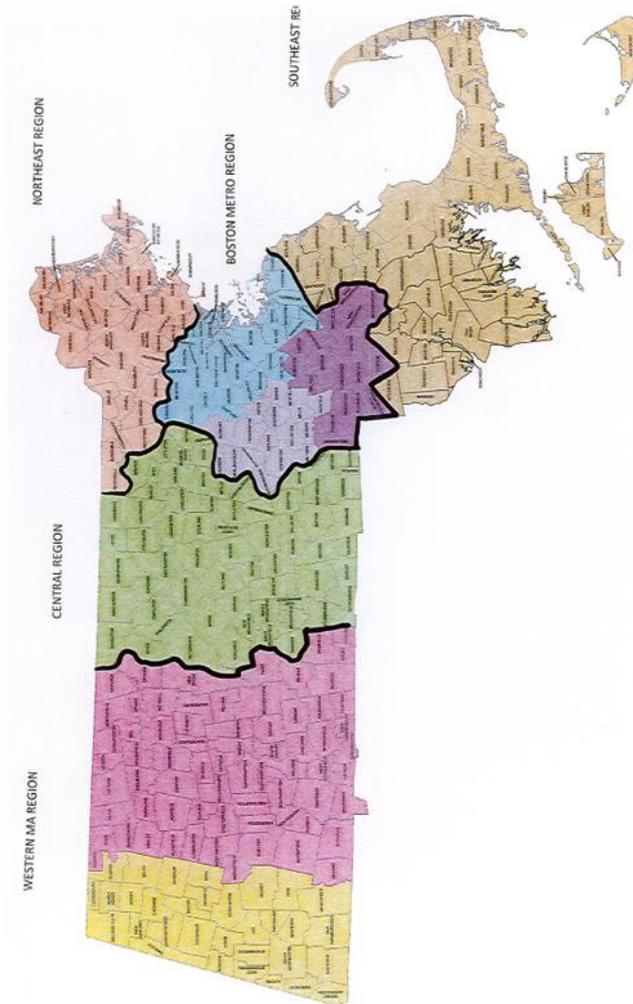
I acknowledge and agree that the Massachusetts Growth Capital Corporation (MGCC) has no obligation and retains the sole discretion to fund or choose not to fund the proposal set forth herein, and that MGCC's receipt of the proposal does not imply any promise of funding at any time.

|                   |                      |
|-------------------|----------------------|
| Name (Print)      | Signature            |
| Title             | Date                 |
| Phone             | Email                |
| Organization Name | Organization Address |

**Attachment I**

**Map of the Commonwealth of Massachusetts**

*(Please indicate your service area in pen)*



From your service areas, please list all the cities/towns, and/or neighborhoods that your organization will target with this grant.

Primary Service Areas:

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Secondary Service Areas:

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