SECTION III

**ALLOWABLE ACTIVITIES**

**REQUIRED RESPONSE FORMAT**

# REQUIRED EXHIBITS

**REQUIRED RESPONSE FORMAT**

**Project Slingshot – Capital Region**

1. Applicant Agency:

2. Address:

 City:       State:       Zip:

1. Contact Person(s):

 Phone:       Fax:

# E-Mail Address:

1. Funding Request and Activity: Applicants must submit separate proposals for Activity 1: Business Mentorship Services and Activity 2: Maker Space/Incubator Services. Please place the total amount requested for the proposed activity in Column A, the total number of customers to be served in Column B and the cost per customer in Column C.

|  |  |  |  |
| --- | --- | --- | --- |
| **Services** | A. Total Amount Requested | B. Total # to be Served | C. Cost per Customer |
| Business Mentorship | $      |       | $      |
| Maker Space/Incubator |       |       |       |
|  |  |  |  |

SETA reserves the right in its sole discretion, to select the funding source from which to award grants provided that the activities identified in the proposal may be funded from that source and categories. Grant recipients will be required to adhere to the statutes, regulations, or policies applicable to the funding source under which the funding is provided.

5. Agency Status:

 Private non-profit:       Private for-profit:       Public Agency:

Other (Specify):

6. Assurances and Certification:

I, (We), the undersigned, as the duly-authorized representative(s) of the respondent agency, affirm that the information and statements contained within this proposal, to the best of my (our) knowledge, are truthful and accurate, and further, that I (we) am (are) duly authorized to submit this proposal from the respondent agency to deliver services. The corporate resolution, or other valid instrument, is attached as **Exhibit A** that certifies authority expressed.

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 Signature Signature

 Typed Name Typed Name

 Date Date

**I. EXECUTIVE SUMMARY/SYNOPSIS OF APPLICANT ENTITY’S SERVICES**

Please provide a summary of the following:

1. Purpose and goals of the proposed services;
2. Geographic area proposed to be served;
3. Needs in the geographic area, including the workforce and economic conditions in the area;
4. Applicant entity’s proposed services and the delivery model;
5. Outcomes to be achieved;
6. Impact of the outcomes on/in the geographic area;
7. Physical location, including address, layout, square footage, accessibility, and hours of operation.

**II. ALLOWABLE ACTIVITIES**

For the purposes of this RFP, SETA is only seeking applications for the services identified below. Applicants should respond only to those sections which are being proposed. Separate proposals must be submitted for Activity 1: Business Mentorship Services and Activity 2: Maker Space/Incubator Services.

 Please note: SETA reserves the right to fund portions of OR specific components of the proposed application based on the needs of the project and/or demonstrated ability/experience to provide the proposed services.

1. Overarching Goals and Values

All respondents to this RFP should address the following in their responses:

* A detailed description of the strategies to engage underrepresented groups and/or underrepresented geographic areas, including disadvantaged neighborhoods and/or rural areas within the nine-county Capital Region;
* A description of the sustainability of the services proposed; and,
* A detailed description of the ways in which the respondent will leverage existing resources and relationships with other stakeholders in the regional innovation ecosystem for the benefit of the project;
* A commitment to participating in the region’s entrepreneurial ecosystem as a partner and peer of other organizations also so engaged, and the means by which that commitment will be met.
1. Activity 1: Business Mentorship Services

Respondents proposing Activity 1: Business Mentorship Services should ensure that their responses include:

* A detailed description of how the services will connect successful executives to less experienced starting entrepreneurs;
* A detailed description of the process to ensure that executives (mentors) and mentees are making efficient, effective and productive use of each other’s time; and well matched in regard to matching mentor/mentee in similar industry sectors and ensuring a high level of entrepreneur-readiness to maximize value of mentor/mentee relationship;
* A detailed description of the respondent’s experience in providing the proposed services;
* A detailed description of the existing resources to be leveraged, and how they will enhance and/or expand the services.
1. Activity 2: Incubator / Maker Spaces

Respondents proposing Activity 2: Incubator / Maker Spaces should ensure that their responses include:

* A detailed description of how the respondent will provide physical space(s) for new companies to gather and work in close proximity with each other, including access to tools and/or equipment that is difficult to obtain but beneficial to startups;
* A detailed description of how the respondent will support or expand a Maker Space or Incubator that will attract, and connect with, startups in rural areas, not solely in urban ones; and
* An assurance that the respondent will target services to startups and entrepreneurs with the goals of accelerating entrepreneurial learning and business success;
* A detailed description of the respondent’s experience in providing the proposed services;
* A detailed description of the leveraged resources and how they will expand the services.
1. Program Management and Capacity

All respondents to this RFP should address the following in their responses:

* Organizational History - Provide a brief history of the applicant entity, including any relevant experience in providing the services solicited in this RFP. Include history, purpose, years of operation, number of staff and services provided;
* Organizational Structure - Provide an organizational chart showing the size and structure of the organization. The applicant entity must also provide an organization chart for the services it is proposing to provide, including all staff related to services, and those funded through other sources (label Exhibit B);
* Technology Plan - Describe the applicant entity’s technology plan and capacity to support the services proposed. This information should include a description of computer hardware and software, printing capability, internet capacity and other relevant telecommunications technology.
* Performance Outcomes - Describe how the applicant agency will measure services and determine success;
* Fiscal Controls - Describe the applicant entity’s fiscal accountability experience and internal fiscal system, including:
* A description of the applicant’s experience managing and accounting for grant funds;
* Type of accounting system used and a description of automated supports;
* The qualifications of the staff responsible for the preparation of the fiscal reports;
* The internal controls used in the applicant’s fiscal systems;
* How the applicant entity will repay any potential disallowed costs; and,
* A list of all credit and monitoring findings over the past three fiscal years;
* Internal Program Evaluation and Monitoring - Describe the process to be used to evaluate and monitor the proposed services, including:

a. Activities reviewed;

b. Frequency;

c. Corrective action; and,

d. Staff assigned to monitor/evaluate.

**III.** **BUDGET INFORMATION**

**A)** **Budget Form** - Complete and submit **Exhibit C**, Budget and Cost Allocation Plan. All personnel costs must identify the staff positions, annual salaries, and percentages of annual time spent on the project. Non-personnel costs should also be further outlined into specific line items (such as supplies, equipment, repairs, and mileage).

 Cost allocation plans must reflect the methodology used to prorate common operating costs to each funding source. Examples of common operating costs are infrastructure costs (e.g. rent and copier machines), as well as personnel (e.g. receptionist, fiscal staff, senior management) providing benefits to multiple funding sources.

**B) Budget Narrative –** Describe the justification for all costs built into the line-item detail of the Budget and Cost Allocation Plan (**Exhibit C**), and the methodology used to derive each cost.

**IV. REFERENCES**

Organizations not currently funded by SETA, and service providers who received funds prior to July 1, 2015, must complete **Exhibit D**, providing at least two (2) complete references from organizations/agencies (other than the Sacramento Employment and Training Agency) that the applicant has had direct involvement with or funding from for projects of similar size and scope. The following information for each reference shall be listed in the proposal:

* Reference organization’s name;
* Reference organization’s address and phone number;
* Contact person; and
* Description of services provided.

TO MAINTAIN UNIFORMITY OF RESPONSES, THE FOLLOWING EXHIBITS MUST BE LETTERED AS OUTLINED BELOW AND MUST BE ATTACHED AT THE BACK OF THE PROPOSAL. DO NOT RELETTER EXHIBITS.

THE REQUIRED EXHIBITS ARE AS FOLLOWS:

EXHIBIT A Corporate Resolution **(supplied by respondent)**

EXHIBIT B Organizational Chart **(supplied by respondent)**

EXHIBIT C Budget and Cost Allocation Plan Form

EXHIBIT D References Questionnaire Form

EXHIBIT E Current Funding Sources Form

EXHIBIT F Pending Applications Form