



PROGRAM APPLICATION

The following application is required to be submitted on or before May 17, 2024. Any application submitted after this date will be considered non-responsive and will not be considered for the Application for Funding process (Phase III).

HOST INSTITUTION INFORMATION

Host Institution Name: Address: City:
State: Zipcode: Host Organization Main POC:
Host Organization Main POC Title: Division/Department:
Host Organization Main POC Email: Host Organization Main POC Phone:
Regional Director Name: Regional Director Phone:
Regional Director Email: Additional Notes:

APPLICATION

ORGANIZATION INTRODUCTION | Please introduce your SBDC region (300 words or less)

EXECUTIVE SUMMARY | Please articulate your executive summary. (300 words or less)

LEADERSHIP & MANAGEMENT STRUCTURE | Please describe your regional organizational structure and how the regional director will be aligned to deliver SBDC services. (300 words or less)

COMMITMENT TO SUCCESS | Please describe organization's commitment to program success to include partner management engagement. (500 words or less)

APPLICANT MATCH | SBDCs are required to provide a 1:1 match that must include at least 50% in cash. Please describe your organization's plan to meet this requirement through in-kind match, applicant organization cash match, and other match.

a) In-kind match (300 words or less)

b) Applicant organization cash match (300 words or less)

c) Other match outside of the applicant organization (300 words or less)

FINANCIAL AND ADMINISTRATIVE BURDEN (Allowable on Federal Funds only) | Please describe how your organization will minimize financial and administrative burden in order to maximize service delivery. (300 words or less)

SPECIALIZED PROGRAMS | Please describe your organization's specialized programs to meet regional small business needs. EX: Childcare initiative, CEO XChange, etc. (300 words or less)

KPIS & GOALS | Address how performance on the following KPIs and goals will be achieved:

a) Unique Clients Advised (200 words or less)

b) Access to Capital (Transactions and Dollars) (200 words or less)

c) Underserved Communities (200 words or less)

d) New Business Starts (200 words or less)

e) Jobs Supported (200 words or less)

f) Government Contracts (200 words or less)

g) Sales Revenues Generated (200 words or less)

h) Maximizing Impact Total Consulting Hours (200 words or less)

ENTREPRENEURIAL NEXUS & SPECIAL INITIATIVES | Please describe how your organization will maximize partnerships and support the Florida Entrepreneurial Nexus and other special initiatives. (300 words or less)

**NETWORK EVENTS | Please describe how your organization will support network and national events.
(300 words or less)**

- a) ASBDC**
- b) Small Business Success Summit**
- c) Small Business Days at the Capitol**
- d) Professional Development Conference & Awards**
- e) National Small Business Week**

COMMITMENT TO EXCELLENCE | Please describe how your organization will embrace a statewide commitment to excellence to include things like statewide tools, supporting network best practices, collaboration, elimination of duplication, and driving innovation for network effectiveness and efficiency. (500 words or less)

**SATISFACTION OF REPORTING | Please describe how your organization will satisfy reporting requirements:
(500 words or less)**

- a) Quarterly financial & semiannual programmatic**
- b) Continuous Improvement Process**
- c) Annual closeout report**
- d) Acknowledgement of Grantor participation in regional management reviews**

STRATEGIC PLAN | Please describe how your organization will implement, support, and provide input for the statewide network strategic plan. (500 words or less)

BRANDING & MARKETING I Please describe how your organization will implement and support the network's statewide brand. (300 words or less)

REGIONAL SUPPORT | Please describe how your organization will implement a partnering and teaming narrative if needed to support all counties within the region. EX: Circuit rider locations, etc. (500 words or less)

FOSTERING INCLUSIVITY, POSITIVITY & PROFESSIONALISM | Please describe how your organization plans to foster an inclusive, positive and professional work environment both at the regional and state level. (500 words or less)

CONCLUSION | Please describe any concluding thoughts to support your proposal. (300 words or less)