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**2021-2022 WSMA Grant Opportunities**

Statewide & Urban Grants for Nonprofit Microenterprise Development Organizations (MDOs) and Others Throughout Washington

***APPLICATION QUESTIONS IN WORD***

**Application Structure & Questions to be completed in the WSMA Portal**

*Tab 1: Contact Information*

1. Organization Information (if an account is not already set up)
* Organization Name
* Organization Address
* Organization City, State, Zip
* Organization Phone
* Contact Name
* Contact Address
* Contact Phone
* Contact Email
1. Organization's Washington State Legislative and Congressional District

*Tab 2: Project Information*

1. Which WSMA grant opportunity are you applying for? Statewide or Urban (select one)
2. Project Name
3. Is your organization an Existing MDO, Embedded MDO, Emerging MDO or Other? Please see Section B - Definitions in the Program Guidelines
4. Tell us about your agency/organization with specific focus on your ability to provide business training, technical assistance and/or access to credit services or financial support for microbusinesses in Washington State. If your project will benefit both microbusinesses and larger small businesses please specify the anticipated numbers of each type of business to be assisted. (*2,000 character limit*)
5. Geographic location, including counties and cities served. If applicable, tell us about your efforts to reach and impact geographic areas that have not previously been served by other providers. (*1,500 characters*)
6. Regarding your outreach, engagement and services for BIPOC-owned businesses in your service area, identify the communities you serve below. Check all that apply
* American Indian or Alaskan Native
* Asian
* Black or African American
* Hispanic or Latino
* Native Hawaiian or Pacific Islander
* White
* Other/Mixed Race
1. Does the executive director of your organization identify as BIPOC?
2. Identify the communities below for which you currently provide dedicated services and/or seek to provide with this grant funding (check all that apply).
* Office of Minority and Women Business Enterprises (OMWBE) certified
* Veteran Owned Businesses
* Women Owned Businesses
* Minority Owned Businesses
* Entrepreneurs with disabilities
* People exiting the justice system
* People who identify as LGBTQ+
1. WSMA is committed to ensuring that equal opportunity is provided to Black, Indigenous, People of Color (BIPOC), veterans, woman-owned enterprises, entrepreneurs with disabilities, justice involved entrepreneurs and others historically shut out from opportunities, funding, training programs and financing opportunities. Explain your collaborations with relevant and diverse community stakeholders in planning, implementation, and evaluation of the work. Also describe how your current or intended programs ensure diversity, equity and inclusion in your leadership, staffing, delivery of services and your sensitivity to the issues of race and gender. (*2,500 characters*).
2. Please specify other MDOs and Resource Partners (defined in Section B of the RFP) with which your organization collaborates to meet the business training, technical assistance and financial needs of the business owners you serve. (*1,500 characters*).
3. How do you intend to use WSMA grant funds? Select all that apply.
* ***Training***: Provide webinars, workshops, or training programs that build the capacity of small businesses to attract new customers, manage their finances, fine tune their operations, apply for financing, etc.
* ***Technical Assistance:*** Assistance to small businesses that includes but is not limited to support for accessing federal and state loans/grants, business coaching, helping businesses with implementing their business plans, troubleshooting, improving marketing strategies or accessing financing, etc.
* ***Microlending or Access to Financing:*** Providing microloans or access to financing for Microenterprises. Note: Technical assistance, business counseling, outreach, and/or loan processing costs, etc. can be covered but not the loan amount itself.
1. Describe how this funding will impact the people and/or communities served. Impact is measured differently for different communities. Some examples might include quality of life, increased revenue, new employees, wealth creation, new location, greater confidence expressed by businesses served, stability, hopefulness, etc. How do you define impact and what do you expect to be the impact of your proposed project? (*2,500 characters*)
2. What are your specific project activities? For example, the name, number and type of webinars, kinds of technical assistance, specific groups or individuals to be served, new geographic location being reached or support provided within a specific industry sector, etc. Please be as detailed as you can. We want to know what you will do with the funds, should your project be selected. (*2,000 characters*)
3. Provide a description of how you document programs and track your progress, who you serve and the results of your work. Identify the specific platforms, software, spreadsheets, or other tools that enable your organization to measure progress. (*2,000 characters*).

*Tab 3: Funding Request*

1. Amount requested: Application requests will be between $5,000 and $60,000. This amount is the amount requested from WSMA only, not the Total which includes the 25% Cash Match. For more information and an example, please see Sections 4 and 11 of the RFP Guidelines. Applicants are encouraged to request the maximum your program requires.
2. Fund Request Form: Please use the format provided below:

**2021-2022 WSMA Statewide & Urban Grants Funding Request Form**

Instructions: Please use the format below (**2021-2022 WSMA Statewide & Urban Grants for Nonprofit Microenterprise Development Fund Request Form**) by copying it to a new document (Word preferred) and saving to your computer. You can also download the Word version on our website ([LINK](https://www.wamicrobiz.org/microenterprise-grant-opportunities)). Once you fill in your budget justification AND amounts, you can then save this document on your computer. You will then upload this document to the portal using the upload graphic that appears after you click Save Draft (see instructions under Section 12: Q&A Tips for Grant Application Portal Success below).

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| **2021-2022 WSMA Statewide & Urban Grants for Nonprofit Microenterprise Development Organizations Funding Request Form****Applicant Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****▢ Statewide or ▢ Urban *(Select ONLY one)*****Project Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Budget Justification:** Personnel/Associated taxes and benefits: Materials: Facilities: Travel: Consultant(s):Other:  |
| **Description**  | **Funds Requested from WSMA** | **Matching Funds (25%) provided by the applicant.** *Example: If your total project costs $10,000 you will only be able to apply for 75% ($7,500) of the costs from WSMA and match with your own funding the additional 25% ($2,500)* | **Project Total** |
| ***Personnel*** | $ | $ | $ |
| ***Associated taxes & benefits*** | $ | $ | $ |
| ***Materials*** | $ | $ | $ |
| ***Facilities***  | $ | $ | $ |
| ***Travel*** | $ | $ | $ |
| ***Consultant(s)*** | $ | $ | $ |
| ***Other (specify in Budget Narrative***  | $ | $ | $  |
| ***TOTALS***  | **$** | **$** | **$** |

*Tab 4: Anticipated Outcomes*

Outcomes are vital for understanding the impact of these funds. Identify the projected unduplicated outcomes (people being served and work being paid for specifically with these funds) of your proposal.

Jobs & Businesses

Jobs created with these funds (*Note to Applicant: A new business creates a job. If an existing self-employed person gets support through training or technical assistance and hires a person, it is two jobs*.)

Jobs Saved

Businesses Started

Businesses Expanded

Total Business (existing and start-up) Served

Business Training Series

# of sessions to be provided

# of businesses (existing and start-up) served

Total hours of instruction

Business Workshops/Webinars (stand alone)

# of sessions provided

# of businesses (existing and start-up) served

Total hours of instruction

Technical Assistance (1:1 and small group)

# of sessions provided

# of businesses (existing and start-up) served

Total hours of technical instruction

Access to Financing, (Loans/Grants)

# of businesses (existing and start-up) served

# of referrals to local/regional lenders as a result of the project

# of loans/grants applied for

# of loans/grants funded

Total amount funded/received

Demographics of those served:

# Veteran owned businesses

# of BIPOC (Black, Indigenous & People of Color) Businesses Served:

# of Women Served (who identify as such):

# of entrepreneurs with disabilities served

# of businesses owned by people exiting the justice system

# of LGBTQ+ Served (who identify as such)

# OMWBE certified businesses

*Tab 5: Attachments to Upload*

1. Organizational Budget (not the project budget) for most recent fiscal year
2. A Commitment of Matching Funds Letter certifying the source and availability of matching funds, certified by electronic signature.
3. Organization (or fiscal sponsor) IRS 501c3 Letter of Determination. The IRS determination letter notifies a nonprofit organization that its application for federal tax exemption under Section 501(c)(3) has been approved. If you do not currently have a 501c3 filed with the IRS, you must have a fiscal agency with a 501c3 to serve as your fiscal sponsor. Nonprofit or quasi-governmental applicants with different formal IRS designations will also be considered.

*Tab 6: Certifications & Attestation*

1. I certify this nonprofit does not discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran's status, pregnancy or genetic information.
2. I certify that my non-profit is active and does not have any compliance or regulatory issues with state or federal agencies, as of the date of signature.
3. I certify that I am authorized to submit this proposal to WSMA on behalf of the organization.

Please Note: By entering your name, title, and date into the WSMA Grant Portal, you are: 1. Representing that you are an officer or other agent duly authorized to enter into legally binding agreements. 2. Agreeing to submit this WSMA grant application in an electronic form which shall be bound by its contents as an electronic transaction. 3. Agreeing that your insertion of this data constitutes an electronic signature.