

REQUEST FOR APPLICATIONS  
NEIGHBORHOOD BASED ACTIVITIES  
*Small Business Assistance Program*

FY 2012

**APPLICATION FORM**

PARTS 1 AND 2

**Part 1: Organizational Profile and Capacity**

Use Part 1 of the application to provide basic information about your organization and to demonstrate its project management and administrative capacity.

**Total Points Available in Part 1:**

**100**

1. Provide basic information about your organization.

<b>Name of Organization</b>	
<b>Year Established</b>	
<b>Overall Organizational Service Area</b>	
<b>Primary Contact Person/Title</b>	
<b>Site Address(es)</b>	
<b>Mailing Address (if different)</b>	

Phone	
Fax	
Email	
Website	http://
Mission	

**Application Certification:**

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Signature of Authorized Representative (staff) Date

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Signature of Governing Board President or Chair Date

2. Provide information about the key staff at your organization who will have responsibility for this activity (add additional rows if necessary).				Points Available: 15
				Score:
Key Staff	Name	Title	Job Responsibilities	Years with organization
Number of Full-time Staff	2008	2009	2010	2011
Number of Part-time Staff				
Number of Staff Departures (excluding interns)				



<p>4. Provide information to demonstrate that your Board possesses: (1) skills and/or experience related to, community development, and neighborhood revitalization, and (2) legal, business, and management skills required to oversee a significant small business support activity in partnership with the District government. As appropriate, describe key Board initiatives within the past three years that demonstrate these capabilities</p>	<p><b>Word Limit: 300</b></p>	<p><b>Points Available: 15</b> (5 pts for 1 and 10 pts for 2)</p>
<p>&lt;insert response here&gt;</p>		<p><b>Score:</b></p>

5. Please provide the following financial information about your organization.				Points Available: 10
				Score:
	2008	2009	2010	2011
Annual Operating Budget				
Operations Surplus (deficit)				
Total Assets				
Net Assets				

6. Describe your organization's systems for managing finances and performance data <insert response here>	Word Limit: 300	Points Available: 10
		Score:

7. Please provide information about your organization's major sources of funding (over \$10,000).					Points Available: 10	
					Score:	
2009		2010		2011		
Funder	Amount	Funder	Amount	Funder	Amount	

8. Provide contact information for three references from funding sources or other entities who are well acquainted with your organization's ability to achieve positive outcomes within a budget and who are willing to provide detailed information about your organization's capacity and performance <sup>2</sup> .			
	Organization	Contact Person	Telephone
a.			
b.			
c.			

<sup>2</sup> DHCD reserves the right to act as its own reference (in addition to those listed) for any applicant.



9. Provide information about your organization's recent activities, demonstrating success in implementing performance-based outcomes. <sup>3</sup> Highlight recent accomplishments related to the proposed activity. Add additional rows and expand cells as necessary.					Points Available: 10
					Score:
Activity Name	Partner Organizations	Budget	Target Population	Start/End Dates	Outcomes/Deliverable Products

<sup>3</sup> Activities listed should have start dates no earlier than 2007

<p>10. Describe the methods used by your organization to ensure that quality control is maintained in services provided. Expand cell as necessary.</p>	<p><b>Word Limit: 200</b></p>	<p><b>Points Available: 5</b></p>
<p>Score:</p>		
<p>&lt;insert response here&gt;</p>		
<p>11. Describe your organization's systems for program management and tracking of accomplishments. Expand cell to an additional page as necessary.</p>	<p><b>Word Limit: 200</b></p>	<p><b>Points Available: 10</b></p>
<p>Score:</p>		
<p>&lt;insert response here&gt;</p>		

<p>12(a) Describe recent challenges faced by your organization and the process used to address those challenges.</p> <p>12(b) What are the most significant challenges facing your organization today, and how do you plan to respond?</p>	<b>Word Limit: 300</b>	<b>Points Available: 10</b>
		<b>Score:</b>
<p>&lt;insert response here&gt;</p>		

<p><b>Part 2: Proposed Activities and Outcomes for Small Business Support</b></p> <p>Use Part 2 of the application to demonstrate both your knowledge of the need for this activity and your organization's ability to address those needs.</p>		<p><b>Total Points Available in Part 2:</b></p> <p style="text-align: center;"><b>100</b></p>
<p>1. Describe your organization's marketing and outreach plan for the services and activities proposed. The plan should include a description of all marketing tools which will be used and how use of those tools will increase awareness of the availability of business support services. (Expand cell to additional page as necessary).</p>	<p><b>Word Count: 500</b></p>	<p><b>Points Available: 10</b></p> <p><b>Score:</b></p>
<p>&lt;insert response here&gt;</p>		

<p>2. Describe your organization's targeted commercial area. What are its greatest needs? On what data are your assumptions based? Note: applicants would do well to study DHCD's Action Plan target areas, and as applicable, Great Streets, DC Office of Planning Initiatives and/or other District priorities for data to support the needs documented.</p>	<p><b>Word Limit:</b> <b>400 words</b></p>	<p><b>Points Available: 15</b></p>
<p>&lt;insert response here&gt;</p>		<p><b>Score:</b></p>

<p><b>3(a)</b> Describe in detail the Business Support Services and /or Activities your organization proposes to undertake, through responding to this RFA. Provide some detail on the process by which these activities and services will be conducted. Explain how these activities and services address the community needs identified in #2 above.</p>	<p><b>Word Limit:</b> <b>800 words</b></p>	<p><b>Points Available: 25</b></p>
		<p><b>Score:</b></p>
<p>&lt;insert response here&gt;</p>		

**3(b)** Please provide a brief work plan for the proposed activity in the space below (add additional steps as necessary).

Major Tasks	Start Date	Complete Date
1.		
2.		
3.		
4.		
5.		
6.		

4. Use the spaces below to list expected outcomes (including job creation, tax revenue, new businesses, etc.) from the activity proposed in #3 above and provide an estimate of the total budget necessary to achieve those outcomes. Expand cells and add rows as necessary.

**Points Available: 15**  
**Score:**

Outcomes

Budget			
Cost Categories	Required DHCD Funding	Other Funding	Total Costs
Personnel			
Consultants (specify type)			
Other (specify)			
Total Costs			

5. Describe your organization's experience in delivering similar outcomes, including the budgets required to deliver those outcomes.	Word Limit: 300 words	Points Available: 15
		Score:
<insert response here>		



6. Describe how your organization will leverage resources to support and enhance the outcomes envisioned by this project.	<b>Word Limit:</b> 300 words	<b>Points Available: 10</b>
<insert response here>		<b>Score:</b>

<p>7. Describe how your organization's proposed activities and services fit in with other revitalization efforts in the targeted commercial area. Explain how the activities and services proposed are not duplicative with initiatives funded through other District agencies.</p>	<p><b>Word Limit:</b> 300 words</p>	<p><b>Points Available:</b> 10</p>
		<p><b>Score:</b></p>
<p>&lt;insert response here&gt;</p>		