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| --- |
| *Complete the following application. See below for instructions and contact information.***Organization and Contact Information** |
| Proposed Total Project Amount: $ |  |
| Which Edition are you applying for on this application?  | * Rural Edition
 | * Single Region or
* Multi-Region/Statewide\*
 |
| Which counties are serviced in this application? |  |
| You are a… | * Non-profit
 | * Local government entity
 | * Educational Institution
 | * Other:
 |  |
| Legal Name of Business: |  |
| DBA (if applicable):  |   | Business TIN/FEIN: |  |
| Mailing Address: |  |  County: |  |
| City: |  |  State: |  |  Zip (+4): |  |
| Physical Location Address (if different): |  |
| Business website: |  |  Business phone: |  |
| Who runs the program? |
| Program Contact: |  |
| Phone: |  |  Other Phone: |  |
| Email Address: |  |  Other Email: |  |
| Who do we contact if the program contact is unavailable? |
| Alternate Contact: |  |
| Phone: |  |  Other Phone: |  |
| Email Address: |  |  Other Email: |  |
| Who is in charge of paying the bills? |
| Fiscal Contact: |  |
| Phone: |  |  Other Phone: |  |
| Email Address: |  |  Other Email: |  |
| Who is authorized to sign contracts for this organization? This should be CEO, COO level. |
| Authorizer Contact: |  |
| Phone: |  |  Other Phone: |  |
| Email Address: |  |  Other Email: |  |
| Previous Related Funding |
| Have you applied or been a co-applicant for any other grants to fund for this or a similar proposal in the last 24 months? | * Yes
 | * No
 |
| Did you or your co-applicant(s) receive funding? | * Yes, applied and received funding
 | * Yes, applied and did not receive funding
 | * No, have not applied for this or similar project.
 |
| If you or your co-applicant received funding…From which entity? When? How much? |  |
|

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| **Authorization and Certification of Applicant**As an authorized representative of my organization, I understand the eligibility requirements and affirm that, if accepted, the organization is prepared to meet all financial and time expectations in order to participate. Further, the information provided in the application and any ancillary documents is true and accurate; the organization is eligible to receive funds; is in good standing with the state of Tennessee; will serve as a conduit for the associated grant; and has the financial resources to spend on the proposed project.  |
| Authorized signature: |  | Title: |  |
| Print name: |  | Date: |  |

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**Scope of Project**

1. **Description**: Provide a one to three sentence general project description. This sets the tone and prepares the reviewer for what to expect.

*Comment: The applications are reviewed to by a small team who may or may not know about your project, past performance or abbreviations.*

1. **Project Need:** (30 pts) This is where you’re starting

*Comment: Be concise – this is not the place to dump a bunch of Census Bureau information. Key points are expected.*

Clearly discuss each of the following:

* Why is this program important for the neighborhood/community?
* How and why did you choose the program(s) proposed?
* Can you demonstrate existing demand for this type of program(s)? How did you determine the gap and demand? Provide relevant data to support project, and include results from any comparable project(s).
1. **Project Impact:** (30 pts) This is where you’re going

*Comment: Provide clear information here, this is not a rehash of data points from Project Need.*

1. Which neighborhoods/communities will your program impact?
2. What is your target number of participants (include demographics breakdown if you have them)?
3. Will any additional funds be used to complete or increase the impact of this project? Are there any matching funds (in-kind, indirect or direct)?
4. How will this project be sustained after the funding period?
5. *Can your project be scaled? (+10 pts)*
6. **Project/Program Plan**: (30 pts) This is how you’re getting there
7. What structure or curriculum will you follow? How does this program/project fit into your organization’s strategy/plan of work?
8. Address each item related to your Stakeholders/Partners:
* What are the roles and responsibilities of the team/individuals implementing the program and their qualifications to implement a successful program(s)? Who manages the program? What other facilitators or support staff are involved daily?
* Who are the key partners and their roles in the project? Who from the business community will be involved and how? Who from the public sector (economic development representatives, schools and local government) will be involved and how? What is your recruitment method for participants and partners?
* Are you working (or do you have an agreement to work) with one or more existing service providers such as one of LaunchTN, regional entrepreneur centers, TSBDCs, SBA, UT-PTAC, an incubator, etc.? *If yes, how (+10 pts)?*

*Comment: Provide specific instances where you work (or will work) together.*

1. What does success look like for this project? What metrics, quantitative and qualitative, will you use to determine success? How will you track these metrics? How will you ensure economic inclusion through participation of women, minorities and veterans? You will be required to track race, gender, ethnicity and veteran status of business owners and their employees.

Rural Edition: You **must** meet the [Low- to Moderate Income (LMI) national objective](https://www.hudexchange.info/programs/acs-low-mod-summary-data/) as identified by HUD.

1. What challenges or barriers do you anticipate related to the execution of this program/project? All projects have challenges/barriers – be realistic and refrain from humblebrags.
2. What is the timeline for execution? Remember project execution is months 1 to 18 with observation and reporting from months 19 to 24.
3. **Budget:** (10 pts)This is how much it is going to cost to get there

Submit your budget using the document provided – include the appropriate administrative fee noted on budget spreadsheet and for one person from your organization to attend a meeting in Nashville during the contract term.

**Submission and Contact Information**

* Application period: **February 12 – March 30, 2018**
* Submit application online: tn.gov/ecd/topic/lifttn <<hyperlink to page>
* Questions: Please email us at ecd.bero@tn.gov with “*LiftTN: Microenterprise Question*” in the subject line. We’ll be doing a webinar that will address many questions so be sure to attend or find the recording on the website later.

**\*Intent to Apply:** Send us an email with your idea before submitting your application. Include the geographic area(s) to be covered with a brief paragraph describing the project, estimated budget and your contact information. Email it to us at ecd.bero@tn.gov with “LiftTN Intent to Apply” in the subject line **by March 16, 2018**.

**Mission:**

We are passionate about developing dynamic, diverse economies and thriving communities for generations of Tennesseans.