Overview

Applicants have requested a PDF document that lists the questions included in the online Small Business Support Hubs application. In order to accommodate this request, the MEDC has created an application reference document. This document lists the questions, the formatting of the question within the online application, and whether the question is required/optional.

Note: Only applications submitted via the online portal will be considered for review and award. Applicants are encouraged to reference the online portal throughout the open application period and to save their applications as "draft" until complete and ready for submission. The online application portal can be found here: https://www.michiganbusiness.org/services/small-business-support-hub/.

Profile

Question	Question Type	Required/Optional
Legal Entity Name	Text	Required
Entity Type	Radio Button	Required
Address (Address, City, State, Zip, County)	Text	Required
Employee Identification Number	Text	Required
Primary Point of Contact	Text	Required
Email	Text	Required
Primary Phone Number	Text	Required
Authorized Signer Full Name	Text	Required
Authorized Signer Title	Text	Required
Authorized Signer Email	Text	Required
Individual Responsible for Submitting Compliance Reports to MEDC (First and Last Name)	Text	Required
Email	Text	Required
MSF Background Certification Form – Upload	File Upload	Required

Application

Eligibility		
Question	**Question Type**	**Required/Optional**
Please certify that your organization meets the following eligibility criteria: • Self-identified as an entrepreneurial hub* • Able to demonstrate a history of serving as an entrepreneurial hub • A non-profit organization • Headquartered in Michigan • In good standing with the State of Michigan • Registered or have the ability to register for a federal UIE number • Eligible to do business with the federal government Support Text: *An entrepreneurial hub is defined as an entity that has a physical space that provides training and resources to entrepreneurs through a combination of direct service (i.e., on-site through staff, contractors, or strategic partnerships), remote service (i.e., off-site through field staff, contractors, or strategic partnerships), and referral relationships (i.e. organizations, entities or individuals with distinct or complementary technical or culturally competent expertise) to support the launch, sustainability and/or growth of entrepreneurs. The types of training and resources provided to entrepreneurs through Hubs include one-on-one coaching, consultations, workshops, seminars, cohort-based learning, incubation activities, accelerator activities, networking and mentorship opportunities and events.	Check Box; If any of the boxes aren't checked "STOP – You are ineligible for this program"	Required

Can your organization certify its ability to work with businesses that have been disproportionately impacted by COVID-19? *
 	
* Being disproportionately impacted by COVID-19 means:
1) The business (either the owner's or majority owner's home address of the business address) is located in one of the following geographic areas:
  A) 2015 CDFI Investment Tract
  B) 2020 Qualified Census Tract
  C) Rural Michigan Counties, as defined by the Office of Rural Development (2023)
	Yes/No	Required

2) The business meets US Treasury definition of SEDI-owned 3) The business can demonstrate a disproportionate negative impact as a result of COVID-19.		

Organizational History		
Question	**Question Type**	**Required/Optional**
In 200 words or less, please summarize the purpose of your organization.	Narrative, Word Count limited (200)	Required
How long has your organization been in operation?	Narrative; Word Count limited (200)	Required
Describe your organization's key staff related to this project. Include technical expertise, roles, responsibilities, and number of years with your organization.	Narrative; Word Count Limited (500)	Required
Describe your organization's strategy for investing in the growth and success of your team.	Narrative; Word Count Limited (200)	Required
How many total businesses has your organization served in the past 24 months?	Number Value	Required
Describe the current programs, services, and technical assistance your organization offers to support small businesses and entrepreneurs.	Narrative	Required
If desired, upload Programmatic Support Information	Optional Attachment	Optional
If desired, provide web links to programmatic information	Optional Attachment/ Text Box	Optional
How is programming developed within your organization? Your answer should reflect the following: understanding local small business needs, designing and delivering services in an inclusive way, using a data driven approach, harvesting best practices to drive continuous improvement.	Narrative	Required

How is programming evaluated within your organization? Your answer should reflect the following: community and economic impact and frequency.	Narrative	Required
How does your organization currently help small businesses navigate local, regional and statewide resources? Examples of resources include, but are not limited to, your regional Small Business Development Center/Small Business Association, Michigan Works! offices, Michigan Rehabilitation Services (MRS), APEX (formerly PTAC) offices, trade or industry specific organizations, lending institutions, municipalities, downtown development authorities, independent consultants, etc.	Narrative	Required
Can your organization certify its ability to work with minority owned businesses? * Support Text: **Minority-owned business:** at least 51% owned by such individuals or, in the case of a publicly owned business, at least 51% of the stock is owned by one or more such individuals (i.e., the management and daily operations are controlled by those minority group members.) Asian Pacific - A U.S. citizen whose origins are from the Asian Pacific region. These countries include the following: Cambodia; China; Guam; Japan; Korea; Laos; Malaysia; the Philippines; Samoa; Thailand; Tibet; Taiwan; the U.S. Trust Territories of the Pacific or the Northern Marianas; and, Vietnam. Hispanic -A U.S. citizen of true-born Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Argentina, Belize, Bolivia, Brazil, Central America, Chile, Colombia, Costa Rica, Cuba, Dominican Republic, Ecuador, Guatemala, Guyana, Honduras, Mexico, Nicaragua,	Yes/No	Required

Panama, Paraguay, Peru, South America, Uruguay, Venezuela. Asian Indian - A U.S. citizen whose origins are from the Asian Indian region. These countries include Bangladesh; India; Indonesia; Nepal; Pakistan; Sri Lanka. Black / African - A U.S. citizen having origins in any of the Black racial groups of Sub-Sahara Africa. These countries include Angola; Benin; Botswana; Burkina-Faso; Burundi; Cameroon; Cape Verde; Central African Republic; Chad; Comoros; Democratic Republic of Congo (DRC); Cote d'Ivoire; Djibouti; Equatorial Guinea; Eritrea; Ethiopia; Gabon; Gambia; Ghana; Guinea; Guinea-Bissau; Kenya; Lesotho; Liberia; Madagascar; Malawi; Mali; Mauritania; Mauritius; Mozambique; Namibia; Niger; Nigeria; Rwanda; Sao Tome &Principe; Senegal; Seychelles; Sierra Leone; Somalia; South Africa; Swaziland; Tanzania; Togo; Uganda; Western Sahara; Zambia; and Zimbabwe. Native American - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part. Middle East / North African - A U.S citizen whose origins are from the Middle East or North Africa such as; Iran, Iraq, Saudi Arabia, Turkey, Algeria, Egypt, Morocco, Libya or Syria.		
Of the total small businesses served by your organization in the past 24 months, what percentage (%) were minority owned?	Numerical Value (percentage)	Required

Program Proposal		
Question	**Question Type**	**Required/Optional**
In detail, describe your organization's proposal.	Narrative Question (1000 words limit)	Required

In support of your proposal, what strategic partnerships have you identified? Use the fields below to identify individual organizations and upload letters of support. Note: Letters of support may not exceed one page per entity. Letters of support should include a short description of the organization, as well as an outline of the scope of work for this funding opportunity. A maximum of 5 letters of support will be accepted per application.		
Strategic Partner Name	Text	Optional
Letter of Support	Upload	Optional
In total, how many businesses will be served by this proposal?	Numerical Value	Required
Organizations who are selected for the Delivery of Programming and Services will also be awarded to receive a proportional allocation of funding to provide direct grants to small businesses who have participated in their programming/services. Organizations can opt in or opt out of receiving a lump sum award for direct business grants. Please indicate your organization's preference below. *Support Text: Reference the Small Business Support Hubs Program Guidelines for a full description of "Eligible Activities" associated with direct grants to eligible small businesses.	Radio Button Opt In/Opt Out	Required
If your organization has "opted in" to providing direct business grants, indicate the funding allocation that you would be willing to administer. Factors to consider: • Grant awards to an individual business may not exceed $20,000 • Grants must relate to eligible programs or services provided by the Hub. Eligible grant recipients must have completed an eligible program or service within the previous six months in order to receive a grant. • Grant funding must support business operations or growth needs as identified by the Hub. Eligible expenses include purchase of equipment, inventory, software, hardware; highly specialized consulting services, or	Radio Button Ranges: Option 1: $50,000 - $100,000 Option 2: $100,000 - $200,000 Option 3: $200,000 - $300,000 Option 4: $300,000 - $400,000 Option 5: $400,000 - $500,000	If *Opt In on the previous question – than required.

other services which cannot be contracted by 12/31/2024. Grant funds used to pay certification or licensing fees must result in receipt of corresponding certification or license by 9/30/2026. • An eligible small business may only receive one small business grant.		
Select the eligible costs your organization is applying for. **Strengthening the Hub** *Eligible costs associated with Strengthening the Hub include: personnel, upgrades to systems and technology, purchase of supplies, hardware, and software, and more.* **Delivery of Programming and Services** *Eligible costs associated with Delivery of Programming and Services include: small business training, 1:1 business coaching, workshops, seminars, licensing of programming, curriculum or online learning platforms, deployment of support services that may be delivered by the Hub or a third-party contracts, and more. Eligible activities also include direct grants to small businesses; however, hubs will have the ability to "opt out" of direct grants if they wish.*	Check Box Strengthening the Hub, Delivery or Programming & Services *Applicant can check both	Required
Strengthening the Hub - Budgetary Breakdown	**Question Type**	**Required/Optional**
Itemize the expenses that will be incurred in terms of "Strengthening the Hub" for the Small Business Support Hubs program Note there are a maximum of 10 rows. Consolidate expenses accordingly. Additionally, all expenses must be focused on supporting individuals disproportionately impacted by COVID-19. Within application – note: Table will have four columns – all required. Column 1: Expense Type (Drop down list) Column 2: Short Description (Narrative) Column 3: Total Dollar Amount Requested (Numerical Value) Column 4: Is this expense focused on supporting individuals disproportionately impacted by COVID-19? (Check yes, required)	Table Expense Types: 1- Personnel, 2-Purchase of upgrades to systems and technology, 3- Purchase of fixtures, furniture & equipment. 4- Purchase of supplies, hardware & software, 5- Professional development and Training, 6- Marketing Expenses, 7- Personnel related to direct grants to small businesses, 8 - Other	Required

Max of up 10 rows		
What is the total funding request associated with the Strengthening the Hubs eligible costs identified above?	Numerical Value; Sum of Values listed above	Auto populated by table
If awarded funding for the Strengthening the Hub, how would your organization manage the expenses in order to ensure long-term sustainability of the investment?	Narrative	Required
Delivery of Programming & Services - Budgetary Breakdown	**Question Type**	**Required/Optional**
Itemize the expenses that will be incurred in terms of "Delivery of Programming and Services" for the Small Business Support Hubs program Note there are a maximum of 10 rows. Consolidate expenses accordingly. Additionally, all expenses must be focused on supporting individuals disproportionately impacted by COVID-19. Within the application – note: Table will have four columns – all required. Column 1: Expense Type (Drop down list) Column 2: Short Description (Narrative) Column 3: Total Dollar Amount Requested (Numerical Value) Column 4: Is this expense focused on supporting individuals disproportionately impacted by COVID-19? (Check yes, required) Max 10 rows	Table Expense Types: 1- Small Business Training, 2 – Licensing of programs, curriculum, online learning platforms or other educational tools, 3- Deployment of support services that may be delivered through the Hub or through third-party contractors, 4 - Other	Required
What is the total funding request associated with the Delivery of Programming and Services eligible costs identified above?	Numerical Value	Auto populated by table
If awarded funding for the Delivery of Programming and Services, how would your organization measure and determine success?	Narrative	Required
If awarded funding for Delivery of Programming and Services, how do you intend to maximize the investment to last beyond the funding timeline of this grant?	Narrative	Required

Total Small Business Support Hubs Grant Request *Support Text: Note, if your organization "opted in" to administer direct grants to small businesses, this value does not include the proportional allocation that may be awarded. The proportional allocation will be **in addition** to the value populated above.	Numerical Value, Sum of Strengthening the Hubs & Programming and Services (All colored in pink)	Auto populated
Keeping your Program Proposal and the Total Small Business Support Hubs Grant Request in mind, what are your anticipated spending projections and outcomes for years 1, 2, and 3? Note: spending projections will be listed in percentages (%). Years 1, 2, and 3 should total 100 percent (%) when answer is complete.	Table	Required
Year 1: Short Description of Anticipated Outcomes Achieved		Required
Year 1: Percentage of Funding		Required
Year 2: Short Description of Anticipated Outcomes Achieved		Required
Year 2: Percentage of Funding		Required
Year 3: Short Description of Anticipated Outcomes Achieved		Required
Year 3: Percentage of Funding		Required
If selected for award for the Small Business Support Hubs program, I understand that my organization will need to submit a formal budget, using a template provided by the MEDC, prior to entering into an official grant agreement. This template will be made available to awardees upon selection.	Check Box	Required

Program Timeline and Execution		
Question	**Question Type**	**Required/Optional**
MEDC anticipates that disbursement of funds will begin January 2024 and will need to be identified and under contract to subrecipients and small businesses by 12/31/24. All work must be completed by 12/31/26. Grant funding, after award, cannot be reallocated to another small business.	Yes/No	Required

Does your organization have the ability to operate within the anticipated timeline and constraint?		
Given the aggressive timeline, what can the MEDC do to better support you in achieving success?	Narrative	Optional