RFP-CASE-462836 — Community Gap Support

Question Number	Question	Answer
1	Audit requirement: Section II-A.1 of both RFPs requires 501(c)(3) organizations to provide an attestation of two years of third-party financial audits. Is this mandatory for all nonprofit bidders, including organizations that have not otherwise been required to obtain independent audits? If alternatives are permitted, what financial documentation would MEDC accept?	The two-year third-party audit attestation applies to 501(c)(3) Bidders (Section II-A.1). A 501(c)(3) Bidder that was not required to obtain a third-party audit may instead submit CPA-reviewed financial statements or IRS Form 990s for the same period.
2	Fiscal sponsorship: May a nonprofit participate through a fiscal sponsor? If so, must the fiscal sponsor serve as the applicant and contract holder, with the nonprofit delivering the proposed services?	Yes. The fiscal sponsor must serve as the Bidder and contract holder and is responsible for all contractual obligations (Section IV-B). Describe the arrangement in the proposal, identify any separate entity delivering services as a subcontractor (Section II-A.8), and include a copy of the fiscal sponsorship agreement with the Technical Proposal.
3	Audits under fiscal sponsorship: Would the fiscal sponsor's two years of third-party financial audits satisfy the requirement, or would the organization delivering the services also need its own audits? What documentation would be required to establish the sponsorship arrangement?	Yes. The Section II-A.1 requirements, including the audit attestation or alternative documentation, apply to the fiscal sponsor as the Bidder; the sponsored organization does not need its own audits. Include the fiscal sponsorship agreement with the Technical Proposal. Fiscal sponsor fees must be identified in the Price Proposal, and combined sponsor fees and indirect costs may not exceed 15% of MTDC.
4	Subcontractor requirements: If fiscal sponsorship is not permitted, may a nonprofit participate as a subcontractor under a qualified lead bidder? Would the two-year audit requirement also apply to that subcontractor?	Yes, with MEDC's prior specific written consent (Sections II-A.8 and IV-A.10). The two-year audit attestation applies only to the Bidder, not to subcontractors (Section II-A.1).
5	Applying for both opportunities: May the same organization submit separate proposals for, and receive awards under, both RFPs if the scopes of work and budgets are distinct and do not duplicate services or costs?	Yes. An organization may submit proposals under more than one of these RFPs, but only one proposal per RFP. Each proposal is evaluated separately under that RFP's criteria (Section III-D).
6	Out-of-state eligibility: May an Atlanta-based company qualify by registering to conduct business in Michigan and obtaining the required LARA certificate of good standing?	Yes. An out-of-state company may qualify by registering with LARA to transact business in Michigan and providing a Michigan certificate of good standing dated within 90 days of submission (Sections II-A.1 and III-D). All proposals are evaluated on the criteria in Section III-D, including understanding of and coordination with providers in the proposed Michigan service area.
7	Delivery requirements: May advising and training be delivered remotely or through a hybrid model? Is a Michigan office or minimum level of in-person service required?	Yes. Remote and hybrid delivery may be proposed; the RFP does not require a Michigan office or a minimum level of in-person service. Bidders must state where the team will be physically located (Section II-A.7). The Bidder remains responsible for implementation, coordination, reporting, and service delivery, including work performed by partners (Section IV-B).
8	Delivery partners: May a bidder partner with a Michigan-based organization for local coordination and individualized advising, while BizBuildr.Co provides curriculum, digital tools, and online training?	Yes. Subcontractors must be listed in the proposal (Section II-A.8), and subcontracting requires MEDC's prior specific written consent (Section IV-A.10). The Bidder remains responsible for all contractual activities (Section IV-B).
9	Qualifying experience: May relevant experience and outcomes of the founder, proposed staff, and subcontractors satisfy the experience requirements, or must that history belong to the bidding organization itself?	Yes. Relevant experience and outcomes of the founder, proposed staff, and subcontractors will be considered in evaluating the Bidder's qualifications. Identify them in the applicable sections of the Technical Proposal (Sections II-A.6, II-A.7, and II-A.8).
10	Registration timing: Does the UEI requirement also require active SAM.gov registration? Must all required registrations and certificates be in place at proposal submission, or may any be completed before award?	Full SAM.gov registration is not required to obtain a UEI. All required registrations and certificates, including the UEI and a Michigan LARA certificate of good standing dated within 90 days of submission, must be in place at submission (Sections II-A.1 and III-D).
11	Targeted service scope: May a proposal address a specific underserved population or documented service gap within Michigan rather than an entire geographic region?	Yes. Proposals may address a specific geographic area, population, or service gap (Sections I-D.1 and II-A.5(a)).
12	Deadline timezone: What timezone applies to the October 14 questions deadline and November 6 proposal deadline?	All deadlines are Eastern Time: questions were due by 3:00 p.m. ET on October 14, 2026, and proposals are due by 3:00 p.m. ET on November 6, 2026 (Sections III-A and III-B).
13	Is there a page limit for the Technical Proposal or for attachments such as resumes and subcontractor profiles?	MEDC can accept a maximum of 30 MB per email, and PDF format is preferred. Larger submissions may be sent in multiple emails, with each subject line identifying the sequence (e.g., "message 1 of 3") (Section II-C). Proposals should be prepared simply and economically, with attachments limited to those required by the RFP or essential to understanding the proposal (Sections II and III-C). The Technical and Price Proposals may be submitted in a single email, provided they are separate, clearly labeled documents, using the subject line "RFP-CASE-462836 Technical
14	Is there a required form for the "Attestation of Good Standing with the Federal Government," or will an active SAM.gov registration printout accompanied by a signed attestation suffice?	There is no prescribed form. A signed attestation from an authorized representative confirming the organization is not suspended, debarred, or otherwise excluded from federal awards or contracts is acceptable; a copy of the active SAM.gov registration may be included as support (Section II-A.1).
15	May one bidder be awarded contracts under more than one of these RFPs, and should proposals describe how staff capacity would be allocated if so?	Yes. An organization may submit proposals under more than one of these RFPs, but only one proposal per RFP. Each proposal is evaluated separately under that RFP's criteria (Section III-D). Proposed staffing and dedicated management time must be accurate in each proposal (Section II-A.7).
16	May an out-of-state team deliver services primarily remotely? Is a Michigan office or Michigan-based staff required, and what site visits would be expected?	Yes. The RFP does not require a Michigan office or Michigan-based staff; Bidders must state where the team will be physically located (Section II-A.7). Proposals are evaluated on the criteria in Section III-D, including understanding of and coordination with providers in the proposed service area. The Contractor must participate in site visits as reasonably requested (Section I-D.10).
17	Will MEDC require specific surveys, reporting systems or instruments, or follow-up after December 2027 beyond the bidder's proposed methodology? If so, what are the requirements, and who provides any required systems?	Yes. MEDC will provide reporting instructions, templates, and metric definitions to selected contractors, and will establish surveys or evaluation instruments to assess program effectiveness and economic impact, with technical assistance and office hours. Any reporting obligations beyond the contract term will be addressed in the executed Contract.
18	Which time zone applies to the October 14 question deadline and November 6 proposal deadline, each stated as 3:00 p.m.?	All deadlines are Eastern Time: questions were due by 3:00 p.m. ET on October 14, 2026, and proposals are due by 3:00 p.m. ET on November 6, 2026 (Sections III-A and III-B).
19	For the monthly progress report and invoice, and the outcome reporting described in Section I.D.6, will MEDC provide required templates or a data dictionary? If so, can these be included with the published responses? Otherwise, should bidders propose their own formats for approval?	Yes. MEDC will provide reporting templates, instructions, and metric definitions to selected contractors; they will not be included with the published responses. Progress reports and invoices are submitted quarterly through the MEDC Salesforce portal, with email as a backup.
20	What beneficiary-level fields, if any, should be transmitted to MEDC rather than retained by the provider as supporting records? For any required client-level information, what submission route and access requirements should bidders plan for?	MEDC's reporting templates will identify the beneficiary-level information to be submitted; Contractors maintain supporting records. Information is uploaded to the MEDC Salesforce portal, with email as a backup.
21	Does MEDC require specific data sources or minimum evidence standards to demonstrate insufficient advising capacity? Will provider-capacity or service-coverage data be made available to bidders?	No specific data sources are required, and MEDC will not provide coverage data. Bidders must identify the area(s), population(s), or service gap(s) to be addressed and provide evidence that sufficient capacity is not otherwise readily accessible (Section II-A.5(a)).
22	What evidence and geographic specificity will MEDC consider sufficient to establish an eligible service gap, and how will it weigh geographic absence, inadequate provider capacity, specialized expertise shortages, and barriers affecting particular populations?	Bidders must identify the area(s), population(s), or service gap(s) to be addressed and provide evidence that sufficient capacity is not otherwise readily accessible (Section II-A.5(a)). Service gap and evidence of need is worth 20 points (Section III-D); the RFP does not sub-weight gap types.

Question Number	Question	Answer
23	Will MEDC provide baseline data on provider coverage, utilization, waiting lists, and unmet demand, or must bidders independently establish these conditions?	No. Bidders must establish and document the identified gap (Section II-A.5(a)).
24	Can a community qualify when services exist but entrepreneurs cannot reasonably access them because of language, transportation, broadband, scheduling, or eligibility barriers?	Yes. The RFP recognizes that distance, provider capacity, awareness, eligibility rules, and local differences can create gaps (Section I-B). Bidders must provide evidence that capacity is not otherwise readily accessible (Section II-A.5(a)).
25	What evidence would establish that low participation reflects an actionable access or awareness gap rather than insufficient demand for advising?	Bidders should provide evidence such as provider coverage or capacity data, wait times, eligibility or access barriers, language or cultural barriers, and documented unmet demand (Section II-A.5(a)). Evidence is evaluated under the Service Gap and Evidence of Need criterion (Section III-D).
26	If another provider expands capacity within an awarded service area, what process will MEDC use to determine whether the contractor should maintain, redirect, or modify its services?	MEDC monitors service coverage through check-ins and reporting (Section I-D.10). If conditions in an awarded area change, MEDC will work with the Contractor to determine whether services continue, are redirected, or are modified under the Contract.
27	Are there required reporting templates, metric definitions, or verification standards? How should bidders count unique clients and attribute outcomes when multiple providers assist the same business?	Yes. MEDC will provide reporting templates and metric definitions to selected contractors, including procedures for identifying unique businesses and avoiding duplicate reporting when multiple providers contribute to an outcome.
28	How will MEDC evaluate comparable experience gained outside Michigan, and what evidence should demonstrate its relevance to the proposed communities?	Experience outside Michigan may be considered when it demonstrates the Bidder's ability to perform the services in the RFP. Bidders should show how that experience applies to the proposed Michigan communities, including knowledge of Michigan's small business ecosystem, local relationships, and delivery capacity in the proposed areas (Sections II-A.5(c) and II-A.6).
29	What verification standard applies to historical outcomes, and should bidders distinguish client-reported results from independently documented results?	Bidders should provide accurate, supportable historical outcomes and state whether each result is client-reported, from internal records, or independently verified. Supporting documentation may be included. MEDC will consider the relevance, credibility, and support for reported outcomes (Section II-A.6).
30	How should bidders attribute historical outcomes when multiple organizations contributed to the same client's advising, financing, or business development?	Bidders should identify the services they provided and distinguish outcomes directly attributable to their work from those achieved through broader partnerships. MEDC will consider the Bidder's demonstrated contribution (Section II-A.6).
31	For consortium or subcontracted delivery models, how will MEDC assess the prime bidder's experience relative to its delivery partners' experience?	Bidders should identify each organization's responsibilities, qualifications, and experience and explain how the structure supports delivery (Sections II-A.6 through II-A.8). The prime Bidder's capacity to manage the partnership and its responsibility for contract performance are also considered (Section IV-B).
32	What evidence will MEDC accept to demonstrate market research and training quality, including anonymized work samples, curriculum assessments, client implementation results, and reference evaluations?	Bidders may include relevant examples such as anonymized research reports, curriculum materials, training evaluations, implementation outcomes, and performance summaries, while protecting confidential client and proprietary information (Section II-A.6).
33	Will MEDC provide an authoritative directory of relevant ecosystem providers, including their service areas, eligibility requirements, and capabilities?	No. Bidders are expected to demonstrate an established understanding of, and working relationships with, the providers in their proposed service area, including their services and capacity (Sections II-A.5(c) and II-A.5(d)); this is evaluated under the Ecosystem Understanding and Coordination criteria (Section III-D).
34	What consultation with existing providers is expected before submission, and are documented interviews, service maps, or partner acknowledgments required?	None required. Bidders must demonstrate understanding of the Hubs and other providers in their service area and explain how their services complement them (Section II-A.5(c)).
35	How will MEDC distinguish complementary capacity from duplication when providers offer similar services but differ in availability, specialization, language, or delivery location?	Services are complementary when they add capacity, specialized expertise, language or cultural access, or geographic reach not otherwise readily accessible to the target population. Bidders should explain how their services differ from and coordinate with existing providers (Sections II-A.5(a) and II-A.5(c)).
36	May bidders serve entrepreneurs who have already received assistance from another provider but require additional depth, continuity, or specialized expertise?	Yes, when additional depth, continuity, or specialized expertise is needed and services complement rather than duplicate current assistance (Section I-D.3).
37	Does MEDC expect a coordinated program identity or shared outreach materials, and how should awardees communicate their role alongside existing providers?	No shared program identity or standardized outreach materials are required. Contractors should coordinate outreach with existing providers to minimize duplication and clearly identify their organization and MEDC-supported services. MEDC may provide acknowledgment and communications guidance during implementation.
38	What constitutes a completed warm referral for performance reporting: an introduction, confirmed acceptance, a scheduled appointment, or delivery of the receiving provider's service?	A completed warm referral is a direct introduction or connection to an appropriate provider, with confirmation that the referral was received or accepted; providing contact information alone does not qualify. Scheduled appointments or services delivered may be tracked as subsequent outcomes. MEDC will provide reporting definitions during implementation.
39	Are referral agreements or partner commitment letters required at submission, and will MEDC facilitate engagement where agreements cannot be secured before the deadline?	No. The RFP does not require referral agreements or commitment letters at submission. Bidders should describe their coordination approach, including existing or anticipated relationships (Section II-A.5(d)). Bidders are responsible for securing the partnerships needed to deliver their proposed services; MEDC does not facilitate partnership agreements.
40	Will MEDC prescribe a referral platform or minimum data exchange requirements, and what client-consent provisions must govern information shared between providers?	Bidders should describe how they will coordinate referrals, maintain client records, and protect confidential client information.
41	When a receiving provider lacks capacity, declines a referral, or does not respond, what responsibility remains with the contractor, and what escalation support will MEDC provide?	The Contractor should make reasonable efforts to complete the connection; if a receiving provider lacks capacity, declines, or does not respond, the Contractor should document the outcome and identify an alternate resource.
42	Will MEDC provide training or designated contacts for navigating state and federal resources, and what eligibility screening is expected before referral?	Yes. MEDC can provide training or referrals to appropriate contacts as needed to help Contractors navigate state and federal resources. Before making a referral, Contractors should conduct reasonable screening to confirm the business is likely eligible for the resource (Section I-D.4).
43	Must all proposed personnel be hired and committed at submission, or may bidders identify contingent hires and positions to be filled after award?	The Project Manager and assigned staff must be identified by name and title, with resumes (Section II-A.7). The RFP does not address contingent hires; staff substitutions after award require MEDC's prior approval (Section IV-D).
44	Does MEDC expect minimum dedicated staffing or Project Manager time, and may personnel support other funded programs if their allocations are documented?	The RFP does not set minimum staffing levels; Bidders must state the dedicated management time of the Project Manager and other key personnel (Section II-A.7). Yes, personnel may support other funded programs if their time allocations are documented and costs are not charged to more than one funding source.
45	How will MEDC evaluate language, cultural, industry, and regulatory expertise, and may qualified referral relationships satisfy specialized needs that arise infrequently?	These are evaluated under the Staffing Model and Specialized Expertise criterion (Section III-D); describe relevant qualifications (Section II-A.7). Qualified referral relationships may meet infrequent specialized needs if the proposal describes how referrals are made and tracked.

Question Number	Question	Answer
46	May licensed platforms or external experts deliver market research or specialized technical assistance, and when must those arrangements be disclosed and approved as subcontracting?	Yes. Platforms or external experts that deliver contracted services are subcontractors and must be listed in the proposal; subcontracting requires MEDC's prior specific written consent (Sections II-A.8 and IV-A.10).
47	What approval process and anticipated turnaround apply to personnel or subcontractor replacements, and may qualified temporary coverage be used while approval is pending?	MEDC may require replacement of unacceptable subcontractors (Section IV-A.10). The RFP does not specify a turnaround time or address temporary coverage.
48	Will MEDC establish standard definitions for unique clients, advising hours, business starts, revenue growth, jobs, and capital acquired, or will approved bidder-proposed definitions govern?	MEDC will provide standardized definitions for program metrics, including businesses served, one-on-one technical assistance, new business starts, revenue growth and follow-on funding, employment outcomes, and capital acquired.
49	Will MEDC require client-level records, aggregate reports, or both, and what formats, submission methods, and reporting frequency should bidders anticipate	Both may be required. MEDC's reporting templates will specify required client-level and aggregate information. Reports are uploaded quarterly to the MEDC Salesforce portal, with email as a backup (Section IV-D), and MEDC will provide guidance and office hours.
50	How should contractors prevent double-counting across ecosystem partners, and will MEDC provide a common identifier or reconciliation process?	Each Contractor may report the services it provides to a business, but economic impact outcomes may not be duplicated. MEDC's reporting definitions will address duplicate reporting (see Q27).
51	What evidence is required for sensitive outcomes such as revenue, employment, and financing, and are documented client attestations acceptable when source records are unavailable?	MEDC will provide metric definitions and documentation guidance to selected contractors, including when client attestations may be used in place of source records (see Q48).
52	How will MEDC evaluate outcomes that mature after the contract period, and will contractors be expected or funded to conduct subsequent follow-up reporting?	MEDC evaluates outcomes reported during the contract term using its standardized metric definitions (see Q48). Any reporting obligations beyond the term will be addressed in the executed Contract.
53	Does MEDC have minimum expectations or evaluation benchmarks for clients served, direct advising hours, service intensity, or cost per client, including differences between rural and urban delivery?	No. The RFP does not establish minimum benchmarks for clients served, advising hours, or cost per client. Bidders report projected advising capacity (hours and clients) and cost per client or per advising hour (Section I-D.7).
54	Which activities count toward advising capacity: direct contact, client-specific research, preparation, follow-up, referral coordination, or group training?	MEDC will define advising activity for reporting (see Q48). Bidders should state which activities they count toward advising capacity.
55	If MEDC offers a partial award, may bidders proportionately revise staffing, geography, service mix, capacity, and outcome commitments before contract execution?	Yes. If MEDC makes a partial award, the selected Bidder may propose corresponding adjustments to staffing, geography, service mix, capacity, and outcome commitments before contract execution (Sections I-A and III-P).
56	Are remote, telephone, mobile, and hybrid delivery models equally acceptable, and is a minimum physical presence or in-person availability required within proposed communities?	Yes. Remote and hybrid delivery may be proposed; the RFP does not require a minimum physical presence or in-person delivery. Bidders must state where the team will be physically located (Section II-A.7).
57	Where should bidders present cost per client, cost per advising hour, and indirect costs, given the deliverable requirements and the instruction to exclude financial information from the Technical Proposal?	In the separate Price Proposal (Section II-B); do not include financials in the Technical Proposal (Section II-A.7). Indirect costs are limited to 15% of modified total direct costs (MTDC), consistent with the federal de minimis rate (2 CFR 200.414(f)); because these are not federal funds, federally negotiated or previously approved rates do not apply.
58	What minimum internal controls and policy documentation does MEDC expect at submission, and how will it evaluate smaller organizations using compensating controls instead of fully separate financial staff?	Written financial reporting, grant management, and fraud-prevention policies must be in place at submission. Proposals must describe them and how they apply to state funds (Sections II-A.1 and II-A.5(g)); policy documents must be provided on request (Section I-D.9). Smaller organizations may describe compensating controls, such as board review, dual authorization, or an external bookkeeper, in place of separate financial staff. All proposals are evaluated under the Financial Controls and Fraud Prevention criterion (Section III-D).
59	What eligibility and allocation rules apply to administrative expenses, indirect costs, shared personnel technology, travel, outreach, technology subscriptions, conference attendance, and subcontracted services, and are any categories capped?	Indirect costs are limited to 15% of modified total direct costs (MTDC), consistent with the federal de minimis rate (2 CFR 200.414(f)); because these are not federal funds, federally negotiated or previously approved rates do not apply. The RFP sets no other category caps. All costs must be itemized by service and activity in the Price Proposal (Section II-B), with program staffing, administrative staffing, and indirect costs identified (Section I-D.7).
60	Is leveraged funding mandatory or a comparative evaluation factor, and may bidders include in-kind contributions, contingent commitments, or funding covering only part of the service period?	No. The RFP does not establish a match or leverage requirement, and leveraged funding is not a scored criterion (Section III-D). The selected Bidder must document the leveraged funding sources identified in its proposal (Section I-D.8).
61	What documentation must support monthly invoices, what approval and payment timeframe should contractors anticipate, and how should disputed charges or reporting corrections be resolved?	Invoices are submitted quarterly with documentation of services delivered and costs incurred, and are approved by the MEDC Contract Manager before payment (Section IV-A.2). Disputed charges or reporting corrections are resolved with the Contractor before approval. Payment timelines and documentation requirements will be set in the executed Contract.
62	Will MEDC prescribe additional requirements for information security, incident notification, subcontractor access, and secure transfer or disposition of client records at contract closeout?	Confidentiality obligations apply (Section IV-A.7), and records must be retained for seven years after the Contract ends (Section IV-A.5). The RFP does not specify additional information-security requirements.
63	May a single organization submit two separate proposals under the Community Gap Support RFP (RFP-CASE-462836), each addressing a distinct service gap and target audience? We are evaluating two opportunities to address unmet business assistance needs. Each would constitute a separate initiative, with its own scope of work, program design, and budget. Delivery would be supported by specialized teams whose expertise, methods, and content align with the needs of each audience.Please clarify whether the RFP permits this approach and, if so, whether each proposal would be evaluated independently and eligible for a separate award.	No. Each legal entity may submit one proposal under this RFP. A single proposal may address multiple service gaps and audiences, with each initiative described separately (Section II-A.5(a)), and MEDC may award all or any part of it (Section I-A). An organization may also submit one proposal under each of the other concurrent RFPs.
64	Do you have a specific target number of businesses that should receive services? If so, what are the targets for each RFP?	No. The RFP does not set a target number of businesses. Bidders propose projected advising capacity (hours and clients) (Section I-D.7).
65	Do you have targets for types of assistance (1 on 1, group, referrals, etc.)?	No. The RFP does not set targets by type of assistance.
66	What entity bears the responsibility of recruiting business participants related to the services?	The selected Contractor is responsible for recruiting and engaging eligible businesses.
67	If the MEDC is responsible for recruiting business participants, what is the budget and plan for recruitment?	Not applicable. MEDC is not responsible for recruiting participants; the selected Contractor is (see Q66).
68	If the service provider is responsible for recruiting business participants, is there separate funding available for the cost of recruitment?	No. Recruitment costs must be included in the Price Proposal (Section II-B).
69	Are Michigan-based for-profit organizations eligible to submit as the prime bidder?	Yes. The RFP does not restrict eligibility by tax status. All Bidders must meet the Section II-A.1 requirements, including a Michigan LARA certificate of good standing dated within 90 days of submission.
70	Do the Section II-A(1) requirements (LARA certificate of good standing, UEI, Attestation of Good Standing with the Federal Government, Tax ID, and the 501(c)(3) two-year audit attestation) apply only to the prime bidder, or also to each subcontractor?	The Section II-A.1 requirements apply to the prime Bidder only. For each subcontractor, provide the information required by Section II-A.8: firm name, address, contact person, description of the subcontracted work, and information on its organization and abilities.
71	If the two-year audit attestation applies to a 501(c)(3) subcontractor, what documentation is acceptable for an organization formed less than two years ago?	The Section II-A.1 requirements, including the 501(c)(3) audit attestation, apply only to the Bidder; subcontractors are not required to submit an audit attestation.

Question Number	Question	Answer
72	May a bidder submit proposals under more than one of the concurrently issued RFPs (RFP-CASE-462833, 462834, 462835, and 462836), and may a single bidder receive awards under more than one?	Yes. An organization may submit proposals under more than one of these RFPs, but only one proposal per RFP. Each proposal is evaluated separately under that RFP's criteria (Section III-D).
73	May the Project Manager or other key personnel be employees of a subcontractor rather than the prime bidder?	Yes. Key personnel may be subcontractor employees if the arrangement is clearly identified in the proposal (Sections II-A.7 and II-A.8). The prime Bidder remains responsible for all contractual activities (Section IV-B).
74	May a prime bidder engage a subcontractor that shares officers or leadership with the prime, provided the relationship is fully disclosed in the proposal?	Yes, if the relationship and any actual or potential conflicts of interest are fully disclosed in an exhibit to the proposal (Section III-G). MEDC will determine whether disclosed conflicts are satisfactorily resolved; disclosure is not automatic approval.
75	Does the $1,000,000 errors and omissions insurance requirement apply only to the prime contractor, or to subcontractors as well?	The Contractor must carry errors and omissions insurance of not less than $1,000,000 (Section IV-A.9). The RFP does not specify coverage for subcontractors, but such insurance may be required by the MEDC on a case by case basis.
76	Will the MEDC consider a sector- or industry-specific capacity gap within a region already served by a Small Business Support Hub (for example, specialized advising for small businesses entering defense, maritime, or advanced mobility markets) to be an eligible service gap, or must gaps be primarily geographic?	Yes. Gaps may be defined by population or service, not only geography (Sections I-D.1 and II-A.5(a)), and the staffing model includes industry-specific advising (Section I-D.5).
77	May services be delivered regionally or statewide (in person and remotely) from a single regional office, or should each proposal define a limited service area?	Either. Proposals must identify the area(s), population(s), or service gap(s) addressed (Section II-A.5(a)); the RFP does not require a limited service area or a specific office location.
78	May an awardee that also offers fee-based consulting services serve clients under this program? If so, what conflict-of-interest safeguards does the MEDC expect?	Services under this Contract must be free and confidential (Section I-A). Actual or potential conflicts of interest must be disclosed in an exhibit to the proposal and resolved to MEDC's satisfaction (Section III-G).
79	How many awards does the MEDC anticipate, and is there a minimum or maximum award amount within the $1,000,000 program allocation?	MEDC may select one or more Bidders and award all or any part of the RFP (Section I-A). The RFP does not establish a minimum or maximum award within the up-to-$1,000,000 allocation (Section I-B).
80	Is there a target or maximum cost per client or per advising hour, or a cap on indirect cost rates?	No. The RFP does not establish a target or maximum cost per client or per advising hour. Indirect costs are limited to 15% of modified total direct costs (MTDC), consistent with the federal de minimis rate (2 CFR 200.414(f)). Because these are not federal funds, federally negotiated or previously approved rates do not apply.
81	Is matching or leveraged funding required, or only to be documented where available? Will it affect scoring?	No. The RFP does not establish a match or leverage requirement, and leveraged funding is not a scored criterion (Section III-D). The selected Bidder must document the leveraged funding sources identified in its proposal (Section I-D.8).
82	Will the MEDC prescribe a client-management or reporting system for outcome data, or should bidders propose their own?	MEDC will provide report templates and metric definitions; reporting requirements will be defined in the executed Contract. Reports are uploaded to the MEDC Salesforce portal, with email as a backup, and the Contractor submits quarterly written progress reports (Section IV-D). Bidders should describe their proposed outcome measures and data collection methodology (Section II-A.5(f)).
83	Are there page limits, font requirements, or limits on resume length for the Technical Proposal?	MEDC can accept a maximum of 30 MB per email, and PDF format is preferred. Larger submissions may be sent in multiple emails, with each subject line identifying the sequence (e.g., "message 1 of 3") (Section II-C). Proposals should be prepared simply and economically (Sections II and III-C). The Technical and Price Proposals may be submitted in a single email, provided they are separate, clearly labeled documents, using the subject line "RFP-
84	Given how most businesses and individuals work and communicate today, does the MEDC require the contracted vendor and all advisory services to be conducted physically within the target geography, or will the MEDC accept proposals utilizing a hybrid setup or fully remote service delivery model (such as a virtual environment plus one-on-one consultation) to reach these underserved areas?	No. The RFP does not require a minimum physical presence or in-person delivery; remote and hybrid delivery may be proposed. Bidders must state where the team will be physically located (Section II-A.7).
85	Given the anticipated total program allocation of up to $1,000,000 across one or more bidders, is there an anticipated maximum funding cap or target budget range for individual contract awards?	MEDC may select one or more Bidders and award all or any part of the RFP (Section I-A). The RFP does not establish a minimum or maximum award within the up-to-$1,000,000 allocation (Section I-B).
86	To ensure our proposal effectively complements rather than duplicates existing efforts, can the MEDC provide a list of the specific Small Business Support Hubs and "Trusted Connector Network" entities currently funded or recognized by the state within our proposed geographic areas?	Information on MEDC-funded programs, including Small Business Support Hubs and Trusted Connector grant recipients, is publicly available at michiganbusiness.org. Bidders are responsible for identifying existing providers in their proposed service area and demonstrating how their services will complement, rather than duplicate, those resources (Sections II-A.5(c) and II-A.5(d)).
87	Are there specific, quantified minimum targets for the required impact outcomes (e.g., a minimum number of businesses created, or a specific dollar amount of capital acquired) expected within the 12-month base contract period, or are bidders expected to propose their own baseline targets?	No. The RFP does not establish minimum outcome targets; Bidders propose their own outcome measures (Section II-A.5(f)).
88	The RFP notes that proposals are subject to FOIA disclosure. Given the requirement to provide confidential, personalized business advising, does the MEDC have a preferred process for redacting or protecting proprietary service-delivery methodologies and specific client data detailed in our technical proposal?	Proposals may be subject to disclosure under FOIA (Public Act 442 of 1976). Exclude confidential information in proposals.
89	The RFP requests a report on the "cost per client or per advising hour." Will you evaluate this metric against a specific state benchmark, or relative to the difficulty of reaching the underserved populations identified in the proposal?	No state benchmark is used. Pricing is evaluated for proposals scoring 80 or more technical points, and award is based on best value, including value, quality, and ability to meet the RFP objectives (Section III-D).
90	If replacing an incumbent provider or existing support network, is there a transition period built into the January 1, 2027, start date to allow for the handover of client data and operational workflows?	No. The estimated term begins January 1, 2027 (Section IV-A.1), and a work plan is due within five working days of Contract execution (Section IV-D).
91	For the "capital acquired" metric, what types of capital are eligible for reporting (e.g., bank loans, grants, private equity, owner investment), and what specific documentation will the MEDC require to verify these figures for invoicing?	MEDC will provide a standard definition of capital acquired, including eligible capital types and required documentation, to selected contractors (see Q48).
92	The RFP requires bidders to track outcomes using their "proposed" data collection methodology. Does the MEDC have a centralized state portal or CRM (such as Salesforce) that the awarded contractor's system will be required to integrate with or upload data to?	Yes. Reports are uploaded to the MEDC Salesforce portal using MEDC templates, with email as a backup. Contractors are not required to integrate their own systems with the portal.
93	We note that subcontractors are permitted with MEDC approval. Are there any percentage caps on the total contract value that can be allocated to subcontractors for specialized tasks (e.g. specific market research or industry specific advising)?	No. The RFP does not establish a cap on the share of the budget that may be subcontracted. Bidders must identify subcontractors and their responsibilities and include their costs in the Price Proposal (Sections II-A.8 and II-B); the prime Bidder remains responsible for contract performance (Section IV-B).
94	Are out-of-state firms eligible to serve as the prime contractor for this initiative? If so, during the evaluation of the Technical and Price Proposals, how will the MEDC apply the Michigan-based business preference (per MCL 18.1261) or any other scoring criteria related to a bidder's corporate location?	Yes. Out-of-state entities may bid by registering with LARA as a foreign entity and providing a Michigan certificate of good standing dated within 90 days of submission (Sections II-A.1 and III-D). The RFP does not include a Michigan-based business preference; MEDC may consider economic impact, including job creation, job retention, and tax revenue, in Step III (Section III-D).
95	Are you seeking a single awardee for up to $1million or multiple awardees totaling $1million?	MEDC may select one or more Bidders within the up-to-$1,000,000 allocation and may award all or any part of the RFP (Sections I-A and I-B).
96	Is this exclusively for one-on-one business advising or would providing customized training and small group technical assistance also be permissible?	Yes. Eligible services include individualized advising, market research, and/or training (Sections I-A and I-D.2).
97	What is the maximum allowable or required MEDC indirect cost rate for budget calculations under this application?	Indirect costs are limited to 15% of modified total direct costs (MTDC), consistent with the federal de minimis rate (2 CFR 200.414(f)). Because these are not federal funds, federally negotiated or previously approved rates do not apply. Show indirect costs in the Price Proposal (Section II-B).

Question Number	Question	Answer
98	Exhibit A and Section II-B state that quoted rates must remain firm for the duration of the contract. Will MEDC permit line-item budget adjustments prior to final contract execution to reflect the final allocated award amount?	Yes. Line-item budget adjustments to reflect the final award amount may be made prior to contract execution. Once the Contract is executed, quoted rates are firm for its duration (Sections II-B and III-L).
99	What is the cost per client served by the SBSH during the life of the SBSH 1.0 program? Please provide the start and end dates of these services.	MEDC will not provide program data beyond what is publicly available. Proposals are evaluated on the criteria in Section III-D.
100	How does MEDC define rural, underserved, and geographically disadvantaged communities? Does MEDC use a designated county or census-tract list, map, or classification standard? May bidders demonstrate qualifying need through documented gaps in advising capacity or specialized expertise?	The RFP does not define these terms or designate a list or map. Bidders may demonstrate need by geography, population, or service gap, including gaps in advising capacity or specialized expertise, with supporting evidence (Section II-A.5(a)).
101	May one-on-one advising be provided online, or must it be delivered in person? If in-person delivery is required, what travel expenses are allowable, and does MEDC impose a dollar or percentage limit on travel costs?	Online advising may be proposed; the RFP does not require in-person delivery or cap travel costs. All expenses must be detailed in the Price Proposal (Section II-B).
102	May training be delivered online, or is in-person delivery required?	Online training may be proposed; the RFP does not require in-person delivery.
103	In a region already served by a Small Business Support Hub, what evidence will MEDC accept to demonstrate a qualifying service gap? May insufficient specialized expertise, limited advising capacity, waiting lists, or eligibility restrictions establish that gap?	Yes, if supported by evidence that sufficient capacity is not otherwise readily accessible; the proposal must also explain how services complement Hub resources (Sections II-A.5(a) and II-A.5(c)).
104	What types and depth of market research must be provided to clients at no charge? Does MEDC expect standard database reports, customized analysis, GIS and demographic studies, or original research such as surveys or interviews? May bidders propose reasonable limits on the number, complexity, and cost of research requests per client?	The RFP does not prescribe the type or depth of market research. Bidders should describe the research they will provide at no charge, including any reasonable limits per client, and how those limits support proposed capacity and cost per client (Sections I-D.2 and II-B).
105	May bidders may use the Michigan SBDC as a referral partner to fulfill market research requests on behalf of participating clients? If so, is a formal partnership agreement required, and must bidders document the SBDC's commitment and capacity to accomodate the projected volume? Alternately, does MEDC expect bidders to fulfill all requests directly using their own database subscriptions and research resources?	Yes. Bidders may partner with the SBDC or other providers and are not required to fulfill all requests with their own resources. A partner that delivers contracted services must meet the subcontracting requirements (Sections II-A.8 and IV-A.10); for referral arrangements, describe how client needs will be met. Bidders should show sufficient capacity to meet projected demand.
106	Does MEDC specify a minimum or target number of businesses to be served during the contract period, or should bidders propose a service volume based on demonstrated need, delivery capacity, and budget?	No. The RFP does not establish a minimum or target number. Bidders propose service volume based on need, capacity, and budget (Sections I-D.7 and II-B).
107	May a bidder serve as the lead contractor and engage partner organizations or specialists to deliver portions of the services? Must those providers be idenfied as subcontrators, or may they participate as referral partners? What documentation is required to demonstrate their commitment, qualifications, and responsibilities	Yes. Organizations that deliver contracted services must be listed as subcontractors with their qualifications and responsibilities (Section II-A.8), and subcontracting requires MEDC's prior specific written consent (Section IV-A.10). Referral partners are described in the coordination approach (Section II-A.5(d)). The Bidder remains responsible for all contractual activities (Section IV-B).
108	May cohort-based instruction and self-paced instruction delivered through a learning management system (LMS) be combined with individualized assistance?	Yes, provided the proposal continues to deliver free, confidential, individualized advising, market research, and/or training (Sections I-A and I-D.2).
109	Are curriculum licensing fees, learning management system (LMS) access, participant materials, research database subscriptions, and program administration and reporting costs allowable under both RFPs? Please identify any differences between the two.	Yes, if reasonable, necessary, and directly related to delivering the proposed services. Bidders should identify and justify these costs in the Price Proposal (Section II-B). Allowable costs are evaluated separately under each RFP.
110	Does either RFP require matching funds or funding from other sources? If so, what amount or percentage is required, and are in-kind contributions eligible? If no match is required, should bidders simply describe any additional funding supporting the proposed project?	No. The RFP does not establish a match or leverage requirement, and leveraged funding is not a scored criterion (Section III-D). The selected Bidder must document the leveraged funding sources identified in its proposal (Section I-D.8).
111	What ownership, licensing, or usage rights would MEDC require in pre-existing copyrighted curricula and other materials used to deliver the proposed services?	The RFP has no intellectual property clause; final terms will be set in the executed Contract. Any work product developed by Contractor in performance of this Agreement shall be the sole property of the MEDC and the MEDC shall have the right to copyright or otherwise protect its rights in, and ownership of, the work product.
112	For each RFP, what are the anticipated individual award amounts, expected numbers of businesses served, and anticipated award date? What reporting system, format, and frequency will contractors be required to use?	The RFP does not specify individual award amounts or an award date; MEDC may select one or more Bidders within the up-to-$1,000,000 allocation (Sections I-A and I-B), and the estimated term begins January 1, 2027 (Section IV-A.1). Bidders propose the number of businesses served. Reports are submitted quarterly through the MEDC Salesforce portal using MEDC templates (Section IV-D).
113	If applicants have received funds from the HUB 2.0 grant as a subgrantee, can they still apply?	Yes. Each proposal is evaluated on its own merits under the criteria in Section III-D, independent of other MEDC programs or awards; MEDC may consider a Bidder's prior performance with MEDC (Section II-A.6). Proposed services must complement, not duplicate, existing resources (Section I-D.3).
114	Are there any additional grant requirements beyond what has already been shared?	No. All requirements are stated in the RFP and any written clarifications and addenda posted at michiganbusiness.org/462836 (Sections III-N and IV-C).
115	Has MEDC identified particular communities, regions, or service gaps it would like to prioritize, or is the expectation that applicants will identify and document those needs independently? Are there specific data sources or criteria MEDC recommends using to demonstrate a gap in services?	No priority communities are identified; Bidders identify and document gaps (Section II-A.5(a)). The RFP does not prescribe data sources.
116	Will MEDC provide a list of existing Small Business Support Hubs and other organizations, including the areas they serve and the services they provide? Understanding what is already available, and where capacity may be limited, would help us develop a proposal that complements rather than duplicates existing programs and resources.	Information on MEDC-funded programs, including Small Business Support Hubs and Trusted Connector grant recipients, is publicly available at michiganbusiness.org. Bidders are responsible for identifying existing providers in their proposed service area and demonstrating how their services will complement, rather than duplicate, those resources (Sections II-A.5(c) and II-A.5(d)).
117	How will businesses be identified and screened to receive services through this program? Will MEDC and its existing partners refer businesses to selected providers, or will each provider be responsible for identifying and bringing businesses into the program?	The selected Contractors are responsible for identifying, recruiting, and screening participating businesses.
118	Are there specific criteria that determine which businesses can receive assistance, such as annual revenue, number of employees, industry, or stage of business development? Are there any businesses or industries that would not qualify?	Eligible beneficiaries are Michigan small businesses and aspiring entrepreneurs lacking sufficient access to individualized advising (Section I-C). The RFP sets no revenue, employee, industry, or stage thresholds. Businesses must meet MEDC program eligibility requirements; cannabis-related businesses, gambling activities, adult-oriented businesses, and activities prohibited by federal or state law are ineligible.
119	The RFP references business advising, market research, training, and capital readiness. Would services such as business development, marketing strategy, organizational restructuring, expansion planning, and M&A advisory also be eligible if they address an identified need?	Yes, if they address an identified need. Eligible services include individualized advising, market research, training, and other hands-on technical assistance addressing planning, financing, market, and operational challenges (Sections I-A and I-B).
120	Should applicants propose the services they are best positioned to provide based on the gaps they identify, or does MEDC have a more defined scope of services in mind? If there are specific priorities or limitations, would MEDC be able to share those before proposals are due so we can address them more directly in our response?	Bidders should propose the services they are best positioned to provide based on the gaps they identify, within the RFP's scope of free, confidential, individualized advising, market research, and/or training (Sections I-D.1, I-D.2, and II-A.5).
121	Will there be a minimum or maximum amount of assistance a business can receive, whether in hours, dollars, or length of engagement? While the RFP calls for individualized services, will providers have flexibility in the level and intensity of support offered to each business, or does MEDC anticipate a more uniform allocation of resources?	No. The RFP sets no minimum or maximum assistance per business; Bidders may propose the level and intensity of support.
122	The RFP indicates that up to $1 million is available for the program. Is there a maximum award amount per provider?	MEDC may select one or more Bidders and award all or any part of the RFP (Section I-A). The RFP does not establish a minimum or maximum award within the up-to-$1,000,000 allocation (Section I-B).

Question Number	Question	Answer
123	We understand that payments will be made monthly based on approved invoices for services performed. Is there a preferred billing structure, such as hourly rates or fixed fees for particular activities? Will there be any monthly billing limits or spending caps that we should consider when developing our budget?	Invoicing and reimbursement are quarterly, upon MEDC approval of invoices (Section IV-A.2). The RFP does not prescribe a billing structure or spending caps; expenses must be scheduled by service and activity in the Price Proposal (Section II-B).
124	Does MEDC anticipate selecting a specific number of providers? Will providers be selected to serve particular regions, or could an organization offer specialized services across multiple areas of the state? Could more than one provider serve the same region if their services address different needs?	MEDC may select one or more Bidders and award all or any part of the RFP (Section I-A). The RFP does not restrict providers to particular regions, and more than one provider may serve the same region.
125	The RFP emphasizes creating a "no wrong door" experience for entrepreneurs. Does MEDC currently have a shared referral process or tracking system among its Small Business Support Hubs, Trusted Connectors, and other partners? Or would selected providers be expected to develop their own processes for coordinating referrals and tracking clients?	Yes. The SBSH 2.0 program has an established referral tracking process. Bidders should also describe how they will receive, make, document, and follow up on referrals and coordinate with existing providers (Section II-A.5(d)).
126	How does MEDC plan to promote the program and ensure small businesses across the state are aware of the resources available? Will there be a coordinated marketing and outreach effort, or will selected providers be responsible for promoting their services and engaging businesses in their respective communities? If outreach is the responsibility of providers, can those costs be included in the proposed budget?	MEDC will promote small business resources through its existing channels, but Contractors are responsible for promoting their services and conducting outreach in their service areas. Reasonable and necessary outreach costs may be included in the Price Proposal (Section II-B).
127	Can expenses directly related to delivering services, such as mileage and travel, training materials, printing, and meeting space, be included in the proposed budget? Would these costs be reimbursed separately based on actual expenses incurred, or should they be incorporated into the proposed service fees? Are there specific limits or guidelines we should follow?	Yes, if reasonable, necessary, and directly related to delivering the proposed services. Include them in the Price Proposal expense schedule by service and activity (Section II-B). The RFP sets no separate limits for these categories; all costs are subject to MEDC review and approval.
128	Are there expectations that staff or contractors providing services be based in the communities or regions they serve, or can providers use a team located elsewhere in Michigan? Is there a preference for in-person services, or can advising and other support be delivered virtually or through a combination of both?	No. Staff need not be based in the communities served, and virtual or hybrid delivery may be proposed. Bidders must state where the team will be physically located (Section II-A.7).
129	Would language barriers, cultural differences, limited access to specialized business advising, and insufficient awareness of existing services qualify as identifiable gaps?	Yes, if supported by evidence. The RFP recognizes awareness, provider capacity, and eligibility rules among the causes of gaps (Section I-B), and gaps may be defined by population (Section II-A.5(a)).
130	What types of data, community assessments, or organizational service records would MEDC consider acceptable evidence of insufficient technical assistance capacity?	Bidders must identify the area(s), population(s), or service gap(s) to be addressed and provide evidence that sufficient capacity is not otherwise readily accessible (Section II-A.5(a)). The RFP does not prescribe specific data sources.
131	Can funding support the expansion of established business assistance programs that demonstrate measurable outcomes, or must applicants propose entirely new initiatives?	Yes. Expansion of established programs is eligible; proposals must add capacity where advising is not otherwise readily accessible (Sections I-B and II-A.5(a)).
132	Are expenses associated with contracted business service providers, including legal, accounting, marketing, and industry-specific consultants, eligible?	Yes. Costs for contracted legal, accounting, marketing, and industry-specific providers are eligible if reasonable, necessary, and directly related to delivering the proposed services to eligible clients. These providers must be listed as subcontractors (Section II-A.8), their costs itemized in the Price Proposal (Section II-B), and their engagement approved in writing by MEDC (Section IV-A.10).
133	Is the anticipated $1 million allocation intended for multiple awardees, and are there minimum or maximum funding request amounts per applicant?	MEDC may select one or more Bidders and award all or any part of the RFP (Section I-A). The RFP does not establish a minimum or maximum award within the up-to-$1,000,000 allocation (Section I-B).
134	Are formal agreements or letters of support required to demonstrate coordination with small business support hubs, the trusted connector network, and other entrepreneurial support organizations?	No. Bidders must describe their coordination approach with the Hubs, the Trusted Connector Network, and other organizations (Section II-A.5(d)).
135	Are there minimum requirements for clients served or advising hours, and can organizations use their existing client management systems to track and report outcomes?	The RFP does not establish minimum clients served or advising hours. Contractors may use their existing client management systems if they can report through the MEDC Salesforce portal using MEDC templates and metric definitions.
136	Can our proposal be geographically focused that overlaps our footprint as an organization or does it have to be a statewide proposal?	A statewide proposal is not required. Proposals may focus on specific geographic areas, populations, or service gaps (Sections I-D.1 and II-A.5(a)).
137	Can one organization submit proposals for more than one of these RFPs? Is there a cap on total funding for a single organization across them?	Yes. An organization may submit proposals under more than one of these RFPs, but only one proposal per RFP. Each proposal is evaluated separately under that RFP's criteria (Section III-D). The RFPs do not establish a combined funding cap.
138	Can a lead bidder deliver part of the work through subcontractors or partner organizations? Section IV.A.10 requires MEDC's written consent. When is that consent given: with the proposal, at award, or when the work plan is approved? Is there a limit on how much of the budget can go to subcontractors?	Yes. Subcontractors must be listed in the proposal (Section II-A.8), and subcontracting requires MEDC's prior specific written consent (Section IV-A.10). The Contractor remains responsible for all contractual activities (Section IV-B). The RFP does not limit the share of the budget that may be subcontracted.
139	Are there limits on indirect and administrative costs?	Yes. Indirect costs are limited to 15% of modified total direct costs (MTDC), consistent with the federal de minimis rate (2 CFR 200.414(f)). Because these are not federal funds, federally negotiated or previously approved rates do not apply. The RFP does not otherwise cap administrative costs.
140	Is there a minimum leverage or match requirement, or is documenting leveraged funds just for information?	No. The RFP does not establish a match or leverage requirement, and leveraged funding is not a scored criterion (Section III-D). The selected Bidder must document the leveraged funding sources identified in its proposal (Section I-D.8).
141	Section IV.A.2 says payments are made monthly after invoices are approved. Is this reimbursement only, or can there be an advance or start-up payment? Are payments tied to actual costs or to outputs?	Payments are reimbursements. Invoicing is quarterly, and payment is made after the MEDC Contract Manager approves invoices demonstrating the work was appropriately performed (Section IV-A.2). Advance payment schedules may be discussed upon contract award.
142	Section II.A.1 asks for two years of third-party audits from 501(c)(3) organizations. What should a bidder that isn't a 501(c)(3), such as a 501(c)(6), provide instead?	Nothing. The two-year third-party audit attestation applies only to 501(c)(3) organizations (Section II-A.1).
143	Section II.A.7 says no financial information in the Technical Proposal, but the RFPs also ask for staffing designations (full-time, part-time, contractual, program or administrative) and indirect costs. What belongs in the Technical Proposal and what belongs in the Price Proposal?	Staffing information, including position designations (full-time, part-time, contractual; program or administrative) and dedicated management time, belongs in the Technical Proposal, which must not include financial information (Section II-A.7). All costs, rates, indirect costs, and cost per client belong in the separate Price Proposal (Section II-B).
144	Is there a page or file size limit for the Technical Proposal? Can resumes, letters of support, and references be attached without counting toward it?	MEDC can accept a maximum of 30 MB per email, and PDF format is preferred. Larger submissions may be sent in multiple emails, with each subject line identifying the sequence (e.g., "message 1 of 3") (Section II-C). Resumes are required for proposed personnel (Section II-A.7); other attachments should be limited to those required by the RFP or essential to understanding the proposal (Section II). The Technical and Price Proposals may be submitted in a single email, provided they are separate, clearly labeled documents, using the subject line "RFP-CASE-462836
145	Is there a required reporting platform or a standard set of outcome definitions? For example, how will you verify jobs created, jobs retained, revenue growth, and capital secured, and is client-level data required?	MEDC will provide report templates and metric definitions; reporting requirements will be defined in the executed Contract. Reports are uploaded to the MEDC Salesforce portal, with email as a backup, and the Contractor submits quarterly written progress reports (Section IV-D). Bidders should describe their proposed outcome measures and data collection methodology (Section II-A.5(f)).
146	The cover page lists the Additional Certification under Section III-R, and Section II.A.11 also requires it. Should the Iran-linked business certification be included only in the Technical Proposal?	Yes. Include the certification in the Technical Proposal (Sections II-A.11 and III-R).

Question Number	Question	Answer
147	What evidence of a service gap will MEDC accept under Section II.A.5.a? Will you share a map or list of Small Business Support Hub service areas and capacity data? Can a gap be defined by population, such as a language or cultural community, rather than geography alone?	Bidders must provide evidence that sufficient capacity is not otherwise readily accessible, and gaps may be defined by population as well as geography (Section II-A.5(a)). Hub coverage areas are listed at https://www.michiganbusiness.org/services/small-business-support-hub/sbsh-finder/; capacity data will not be provided.
148	Can one proposal address multiple gap areas? Is there a maximum award per bidder from $1,000,000?	Yes. Each legal entity may submit one proposal under this RFP, which may address multiple areas, populations, or service gaps (Section II-A.5(a)). The RFP does not establish a maximum award within the up-to-$1,000,000 allocation (Section I-B).
149	Does MEDC expect a set number of advising hours or clients? Is last year's figure of about 25,000 advising hours meant as a benchmark?	No. The RFP does not set required hours or clients. The approximately 25,000 advising hours reflects the most recent grant year's results (Section I-B) and is not a benchmark.
150	Are there required credentials or certifications for advisors?	No. The RFP does not require specific advisor credentials; staff accreditations and affiliations must be described (Section II-A.7).
151	Is virtual advising acceptable for reaching gap areas, or do you expect in-person presence?	Yes. Remote and hybrid delivery may be proposed; the RFP does not require a minimum physical presence or in-person delivery. Bidders must state where the team will be physically located (Section II-A.7).
152	Has MEDC identified priority regions, communities, populations, or service gaps? Can MEDC share relevant needs assessments and a current directory of Small Business Support Hubs, Trusted Connectors, and other providers? What documentation is sufficient to demonstrate a gap, including unmet demand for sustained, hands-on implementation assistance where general advising is already available?	No priority areas are identified, and MEDC will not provide needs assessments. Bidders must identify the area(s), population(s), or service gap(s) to be addressed and provide evidence that sufficient capacity is not otherwise readily accessible (Section II-A.5(a)). Hub coverage areas are listed at https://www.michiganbusiness.org/services/small-business-support-hub/sbsh-finder/.
153	Are established local partnerships, letters of commitment, or formal referral agreements expected at proposal submission, or may these be developed during implementation? Should bidders plan and budget for direct participant recruitment, or anticipate referrals facilitated by MEDC and existing providers?	No. Letters of commitment and formal referral agreements are not required at submission; describe existing or anticipated relationships (Section II-A.5(d)). Contractors are responsible for recruiting participating businesses and should budget for that work (see Q66).
154	Is there a preferred award range or maximum per contractor within the anticipated $1 million program allocation? Is matching or outside funding mandatory, a factor in evaluation, or reported only when applicable? If contributions are required or considered in evaluation, may documented in-kind contributions qualify?	No. The RFP does not establish a maximum award within the up-to-$1,000,000 allocation (Section I-B) or a match or leverage requirement, and leveraged funding is not a scored criterion (Section III-D). The selected Bidder must document the leveraged funding sources identified in its proposal (Section I-D.8).
155	Are virtual or hybrid individualized advising models acceptable? Are there minimum requirements for in-person engagements?	Yes. Remote and hybrid delivery may be proposed; the RFP does not require a minimum physical presence or in-person delivery. Bidders must state where the team will be physically located (Section II-A.7).
156	Are there minimum expectations for businesses served or advising hours delivered per award? May documented, client-specific research, analysis, and development of tangible business deliverables between meetings count toward advising hours? How will MEDC weigh service depth and outcomes alongside client volume and cost per client?	No. The RFP does not establish minimum clients served, advising hours, or cost per client. Bidders report projected capacity and cost per client or per advising hour (Section I-D.7); MEDC will define advising activity for reporting (see Q48). Proposals are evaluated on the criteria in Section III-D.
157	Section IV - the Contract Terms and Conditions, item 2) Payments - Section states that "payments under the contract will be made monthly and after receipt and approval by the MEDC Contract Manager of billing statements/invoices demonstrating that the work for which payment is being requested was appropriately performed." Why is there not a set grant dollar amount being awarded in each of the grant opportunities? In the past we receive the grant award and pay invoices and then submit reports of expenditures and accomplishments. If payment is made as stated in T&Cs above, what are the expected payment terms? Net 15 or Net 30? As a nonprofit we expect to utilize subcontractors to deliver TA and will be processing payments to the subcontractors- which now will be delayed for additional review and approval after the work has been completed.	Awards under this RFP are contracts for services, not grants. Invoicing and reimbursement are quarterly; payment is made after the MEDC Contract Manager approves invoices demonstrating the work was appropriately performed (Section IV-A.2).
158	Must small businesses receiving assistance under each grant be physically located in Michigan? Or, if they are located outside of Michigan, can they register in LARA to fulfill the Michigan requirement?	Yes. Beneficiaries must be Michigan-based small businesses and aspiring entrepreneurs (Section I-C); a business located outside Michigan does not become eligible by registering with LARA. Cannabis-related businesses, gambling activities, adult-oriented businesses, and activities prohibited by federal or state law are ineligible for MEDC support.