



Industry Cluster Grants Program

Technical Assistance (Planning) Grant Application Materials

Supporting the Start-Up, Sustainability, and Growth of Minority Businesses in Rhode Island

Who Can Apply? To be eligible for a grant, an applicant must be an entity and meet all of the following criteria:

- Business analysis and research background, particularly within minority and urban communities
- Experience working with cities and states on small business and entrepreneurship initiatives
- Clear understanding of the needs of minority businesses and entrepreneurs at all stages of business growth
- Experience working with Black, Latino and minority businesses and entrepreneurs of color
- Successful applicants should include a diverse team

Scope of Work: The Corporation is seeking an entity that employs one or more subject matter experts to deliver a culminating document setting forth detailed information about existing Black, Latino and minority businesses in Rhode Island including:

- Business Classifications
- Form of Ownership
- Operations, i.e. staffing, cash flow management, sales, marketing, etc.
- Services & Goods
- Common Supply Chains
- Service Market(s)
- Workforce Needs
- Real and/or Perceived Barriers to Sustainability

The work product should include, but not be limited to, the following:

- Review and compile a database of Black, Latino, and minority businesses currently in operation in Rhode Island, drawing from and building upon existing databases including Rhode Island MBE/DBE program, Rhode Island Department of Business Regulation and membership lists of local minority business support organizations.
- Assess the resources currently supporting Black, Latino and minority businesses and entrepreneurs in Rhode Island and provide a set of recommendations on organizational capacity, effectiveness, collaborations, gaps, and opportunities for deeper investment, with a focus on the extent to which specific resources are being provided to minority businesses and entrepreneurs and businesses at different stages of growth.
- Review the national best practices of existing minority business and entrepreneurship strategies (as implemented in other states and in Rhode Island) to assess effective models, critical partners, impacts on businesses and job creation, and opportunities for learning and replication in Rhode Island, with a focus on models that help Black, Latino and minority entrepreneurs achieve higher rates of business success and sustainability.
- Engage and compile feedback from existing Rhode Island-based minority businesses and business supporting non-profit organizations regarding needs, gaps in services, and experience with available resources including common supply chains and workforce needs.
- Design and deliver a final report that includes a database of Black, Latino and minority businesses in the state. Provide a summary of best practices in business assistance and development programs that focus upon Black, Latino and minority businesses and entrepreneurs. Provide a set of recommendations and next steps for developing and implementing a new initiative that draws upon best practices and fills identified gaps.

Rhode Island Industry Cluster Grants Program Technical Assistance (Planning) Grant Application Submission Instructions

Please submit a complete electronic copy of the application by email to Innovation@commerceri.com by **4:00PM EST, November 20, 2020**. The subject line should read "Planning_[applicantname]," for example: "Planning_ABCCorp." Proposals should be submitted as a single PDF file, saved as "Planning_[applicantname]".

Please submit 5 hard copies of the completed application to the Commerce Corporation by November 20, 2020.

Applications can be submitted in person or mailed USPS registered mail to the following address:

**Rhode Island Commerce Corporation
Attn: Innovation Team
315 Iron Horse Way, Suite 101
Providence, RI 02908**

- **Read and review the Rules and Regulations for the Industry Cluster Grant Program, including all eligibility requirements, before completing this application. All eligibility requirements must be met for an application to be considered.** Meanings of the defined terms in the Rules and Regulations carry through to all application materials. The rules and regulations are available online at: <http://commerceri.com/wp-content/uploads/2015/11/Cluster-Regs-Final.pdf>.
- This application may be updated from time to time. **Please ensure the most up-to-date version of the application is used for a response.** The up-to-date version is located here: <http://commerceri.com/finance-business/taxes-incentives/industry-cluster-grants/>.
- The Industry Cluster Technical Assistance Grant application consists of an application form, a set of required attachments, and a certification form. To be considered for an Industry Cluster Technical Assistance Grant, all items must be submitted in a single submission, organized as instructed below. Failure to provide required information could result in a delay in the review of, or rejection of, an application.
- The Commerce Corporation reserves the right to require the submission of additional information in connection with any application or to require the revision of an application.
- Applicants approved for an Industry Cluster Technical Assistance Grant will be required to enter into a grant agreement with the Commerce Corporation in order to receive the grant. The Commerce Corporation may request additional information in the course of negotiating that agreement.
- The Commerce Corporation will begin reviewing and advancing applications upon receipt.

Industry Cluster Technical Assistance Grant Application

1. Applicant Information

Organization Name _____

Trade Name/DBA _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Organization Phone _____ Website _____

Federal Tax ID # _____ RI Tax ID # _____

RI House District # _____ RI Senate District # _____

Industry Cluster _____

Year Established _____

Applicant Type (select one):

Trade Association

Research Center

For-profit Company

Other _____

Primary Contact for Application:

Full Name _____

Job Title _____

Mailing Address _____

City _____ State _____ Zip _____ - _____

Phone _____ Email _____

2. Technical Assistance Grant Information

Amount Requested (must not exceed \$75,000) _____

Anticipated Project Start Date _____

Anticipated Project Completion Date _____

3. Required Attachments

Please attach to the application form responses to the following prompts. Attach these items in the order provided below. Each attachment should have a cover page that identifies the attachment, e.g., "Attachment 1: Project Description."

All applicants are advised that any and all records (documents, correspondence, memoranda, etc.), received or maintained by the Commerce Corporation may be a matter of public record and subject to release upon a request from a member of the public under the Rhode Island Access to Public Records Act ("APRA"), R.I. Gen. Laws Section 38-2-1 *et seq.* In response to a request, the Commerce Corporation has the right, in its sole discretion, to redact or withhold information which is exempt from disclosure under APRA, including trade secrets and commercial or financial information which is of a privileged or confidential nature. **The Corporation recommends that any portion of any attachment in the application that contains such information be clearly labeled with the legend "Confidential Information."**

Attachment 1: Project Description

Provide a detailed description of the project not to exceed 5 pages in length. The summary should include the following elements, with each element introduced by the corresponding heading (e.g., the first heading should be "Applicant Profile"):

- **Applicant Profile and Organization Competency.** A description of the applicant's organization. Include information on the organization's philosophy, mission, organizational structure, and leadership capabilities in the identified cluster industry.
- **Proposed Approach.** Include a description of the project approach, why it fills an important need, and the rationale for the selected approach.
- **Project Support.** A description of any in-kind resources and/or funds that will be dedicated to support the project.

Attachment 2: Qualifications of Project Personnel

Biographies of key individuals who will implement the project, including a description of any relevant experience.

Attachment 3: Project Timeline

A detailed project timeline including expected milestones and a plan for tracking and evaluating results. Include identification of project deliverables and a detailed methodology for evaluating program impacts. Also describe efforts to ensure that the project primarily benefits companies within Rhode Island.

Attachment 4: Letters of Support or Endorsement

Provide letters of support or endorsement for the project from businesses and organizations operating in the cluster. (Minimum of two letters is requested and preferred.)

Attachment 5: Additional Supporting Documents

Additional documents may be submitted to support this application such as press clippings, program promotional materials, listing of past projects and outcomes, listing of grants and/or awards and special recognitions received.

Attachment 6: Other Participants

Provide a description of any external organizations or industry participants that will participate in the project, including a description of any commitments made by the external entity or entities and any relevant expertise contributed by the external entity or entities. If not applicable, indicate "N/A."

Budget Template

TOTAL PROJECT BUDGET		FUNDING SOURCE		BUDGET NARRATIVE
Budget Expense Category	Project Expenses	RI Commerce Grant Funds	Leveraged Resources (Cash & In-Kind Support)	Narrative description of each expense with calculation assumptions. Describe type of leveraged resources.
Professional Personnel (list)				
1.				
2.				
3.				
Fringe Benefits				
Administrative Personnel (list)				
1.				
2.				
3.				
Fringe Benefits				
Operating Costs				
Materials/supplies				
Equipment				
Travel				
Conference/Symposiums				
Recruitment activities				
Facilities				
Other				
TOTALS				

4. Applicant Certification

The undersigned is an authorized representative of the Applicant listed below with the authority to bind the company for the proposed Industry Cluster Grant Program.

I certify that:

- All statements made in this Application in its entirety including all attachments, appendices, etc. are true and correct to the best of my knowledge.
- The Applicant is neither a person subject to the Rhode Island Code of Ethics nor a person within the scope of R.I.G.L. § 36-14-5(h).
- The Applicant has not been convicted of bribery or attempting to bribe a public official or employee of the Rhode Island Commerce Corporation or of the State, has not been disqualified from an awarded contract with Rhode Island Commerce Corporation or the State, and has never defaulted on work awarded by the Rhode Island Commerce Corporation or the State.

Authorized Representative:

Title:

Signature:

Date Signed:
