

EXHIBIT A

Application form – BTAP 2026 Notice of Funding Availability (NOFA)

SECTION A – COVER PAGE			
Business/ Organization name			
Website			
Primary Contact or Program Manager		Title	
Phone Number:		Email:	
Street Address			
City/State:		Zip Code:	

Amount you are applying for:	
<input type="checkbox"/> Small Business Technical Assistance – Economic recovery activities	
<input type="checkbox"/> Small Business Technical Assistance – General business support	
<input type="checkbox"/> Business Outreach	
<input type="checkbox"/> Group Trainings	

**Please check here if your organization provides technical assistance to forming an/or existing cooperatives.*

**Please check here if you are a licensed legal provider.*

The contact person (entered below), on behalf of the above organization, hereby authorize the submittal of this application form in response to the B-TAP NOFA.

Contact Person:

Date:

Section B- Organization's Mission, Background and Performance (25 points)

1. What is the organization's mission and vision?

2. How long has the organization been providing technical assistance? Please include consultant history if it is a new organization.

3. Approximately how many entrepreneurs and/or existing businesses/cooperatives received technical assistance from your organization in 2025?

<i>Total number of businesses/cooperatives served</i>		<i>Number of Minneapolis businesses/cooperatives served</i>	
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4. Optional: additional information about businesses served in 2025. (E.g., scope of work, hours per business, accomplishments to note, etc.)

Section C - Organization's services, expertise, and systems (25 points)

6. What is the organization's primary technical assistance model (E.g., 1-on-1 consulting, group training or workshops, other)

7. What are the organization's main technical assistance areas of expertise? Check all that apply.

<input type="checkbox"/> Bookkeeping and Accounting Procedures	<input type="checkbox"/> License Applications
<input type="checkbox"/> Business Buildouts or Improvements	<input type="checkbox"/> Loan Packages
<input type="checkbox"/> Business Registrations	<input type="checkbox"/> Marketing and/or Branding
<input type="checkbox"/> Cooperative Development	<input type="checkbox"/> Real Estate Acquisitions or Lease Agreements
<input type="checkbox"/> DBE or Other Business Certifications	<input type="checkbox"/> Tax Preparations
<input type="checkbox"/> Financial Projections and Coaching	<input type="checkbox"/> Website Development
<input type="checkbox"/> Legal Services	<input type="checkbox"/> Writing Business or Strategic Plans

8. Please include a description of any other specialty services your organization offers.

9. Who are the business consultants and trainers who will provide the services? Provide a brief description of expertise and qualifications or attach bios. Please differentiate between organization staff and third-party consultants.

Section D - Priority Populations (25 points)

1. What geographic area(s) do you serve within the City of Minneapolis? Does your service area include any cultural districts? Please describe.

2. Do you provide services in languages other than English? If so, please specify the languages available and methods (e.g. bi-lingual staff, use of translators/interpreters)

3. Describe the industries, business stages (e.g., idea phase, startup, micro-enterprise, growth), and/or entrepreneur characteristics that you primarily serve.

4. How do you promote your services to potential clients?

5. What is your organization's capacity to respond to referrals from The City of Minneapolis? How would you prefer to receive said referrals?

Section E - Proposal Details - Only Required if Applying for Group Training, Business Recovery or Outreach Programs

1. What is your program or idea?

2. What is the specific need or opportunity to be addressed? Why is this important?

3. Who is the target population for your program? Describe your experience working with the target population. Please include geographical focus, including Minneapolis Cultural Districts, if applicable.

4. How will you make this opportunity available to the target population? Will the program be available in multiple languages? How will you select the participants?

5. How will this program be delivered? When would you like to deliver this project? *(be specific, how many sessions, hours, and timeline, i.e. 3 Trainings of 2 hours each, and 4 hours of one on one consulting for each business, starting in May and ending in June)*

6. Expected number of businesses to be impacted

7. Project Budget - Outline project budget or attach with your application

Section E – Other Information

Professional References: Please provide two businesses/entrepreneurs that have received technical assistance from your organization in 2025. These references may be contacted by our team.

Contact person		Business	
Phone Number:		Email:	
Description of Technical Assistance Provided			

Contact person		Business	
Phone Number:		Email:	
Description of Technical Assistance Provided			

1. Outside of BTAP, does your organization have any other contracts with the City of Minneapolis? If so, please describe.

2. Does your organization receive funding or have contracts with other government entities, besides the City of Minneapolis, to provide technical assistance to businesses in Minneapolis (i.e. Hennepin County, State of Minnesota, SBA, etc.)? If so, please describe.

3. Is there any other information you would like to provide relevant to this application?

