BTAP

BUSINESS TECHNICAL ASSISTANCE PROGRAM
Supporting Business Growth in the City of Minneapolis

Application form – BTAP for Uptown - Notice of Funding Availability (NOFA)

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

Categories you are applying for:

Category	Amount
☐ One-on-one Technical Assistance*	
☐ Group Training or Outreach Programs*	
Total	

Both non-profit and for-profit organizations are eligible to apply for all categories.

* If only applying for One-on-one Technical Assistance, you can skip section F.

**If only applying for a Group Training or Outreach Programs, can skip section D.

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

Contact Person: Date:

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Section B- Organization's Mission, Background and Performance

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 received technical assistance from your organization in 2024?

Total number of businesses served	.	*Number of Minneapolis businesses served*	

Section C - Organization's Services, Expertise, and Systems

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

2. What are the organizations main technical assistance areas of expertise? *(E.g. business planning, loan packaging, marketing, etc.)* Please include a description of any specialty services your organization offers (*E.g. bookkeeping assistance, lending programs, digital marketing assistance*).

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3. 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.

4. How does your organization track business outcomes over time?

Section D - Priority Populations

1. What geographic area(s) do you serve? Please be specific, include your work in Uptown if applicable.

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, growth), and/or entrepreneur characteristics that you primarily serve.

Section E - Marketing, outreach, and screening (25 points)

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

2. Describe your intake and/or screening process for accepting new clients, including any referrals made for entrepreneurs you do not serve, if applicable.

3. If selected, how would you communicate to the business participants that the technical assistance is sponsored by the City of Minneapolis?

Section F – Proposal Details - Only Required if Applying for Group Training or Outreach Programs

1. What is your program or idea?

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

3. 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?

4. 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*)

5. Expected number of businesses to be impacted:

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

Section G – Other Information

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

2. Professional References: Please provide two businesses/entrepreneurs that have received technical assistance or participated in programs administered by your organization and are able to describe the services they received. 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			