Center of Opportunity Partnership (CO-OP)

**Business Outreach Partner 2024****/2025 Application**

Please refer to the [**2024/2025 Business Outreach Partner RFA**](https://slco.to/2024OutreachRFA) for eligibility requirements and program details.

Use this Word document to create your application. The space will adjust to your answers, and you may also adjust spacing as needed to input all your responses. When complete, convert your Word document into a PDF file and upload to the [**CO-OP Outreach Partner Application Submission Portal**](https://slco.to/2024OutreachSubmission) **no later than July 19, 2024, at 5:00 pm.**

# **ORGANIZATION ELIGIBILITY** \_\_\_\_\_\_\_

1. Legal entity name.

*Please verify that the legal entity name is the same as it appears in the Utah Department of Commerce Records through* [***Utah Business Search***](https://secure.utah.gov/bes/index.html)*. Organizations must be in good standing with the Utah Department of Commerce.*

Click or tap here to enter text.

1. List the names of your Board Members.

Click or tap here to enter text.

1. How long has your organization been in continuous operation?

Click or tap here to enter text.

1. Enter your organization's Employer Identification Number (EIN).

Click or tap here to enter text.

1. Is your organization a non-profit entity? [ ] Yes [ ] No

*To be eligible, an Outreach Partner applicant* ***must be*** *registered as a local Utah nonprofit organization.*

1. Is your organization organized as a 501(c)6 membership organization? [ ] Yes [ ]  No

If **yes**, how many business memberships does your organization currently have?

Click or tap here to enter text.

1. How many employees does your organization currently employ?

*Provide the number of Full-Time Equivalents (FTEs), where three (3) employees working 20 hours per week would be 1.5 FTEs or two (2) employees working 40 hours per week would be 2 FTEs.*

Click or tap here to enter text.

1. What areas of Salt Lake County does your organization serve?

*List specific cities or neighborhoods, or write "Entire County" if you serve the entire county.*

Click or tap here to enter text.

**ORGANIZATIONAL ALIGNMENT WITH CO-OP OBJECTIVES**

1. Describe your organization’s core mission.

Click or tap here to enter text.

1. What specific communities does your organization serve as part of its core mission?

Click or tap here to enter text.

1. Does your organization have an emphasis on working with Opportunity Businesses?

 Click or tap here to enter text.

1. Describe how your organization provides ongoing support to Opportunity Businesses, including any regularly scheduled small business programming or initiatives that your organization currently provides outside of any current or previous contracts with the County.

Click or tap here to enter text.

1. How many businesses does your organization regularly serve through this programming outside of any current or previous contracts with the County?

Click or tap here to enter text.

1. Describe three (3) to five (5) specific challenges your community's small businesses experience in getting connected with the services necessary to achieve their potential.

Click or tap here to enter text.

1. Please outline your organization's programs and initiatives to address these challenges outside of those associated with the CO-OP program.

Click or tap here to enter text.

1. How would an award for the 2024/2025 CO-OP Outreach Partner fill the gaps in programming that your organization is regularly engaged in?

Click or tap here to enter text.

1. List the languages in which your organization’s services are offered.

Click or tap here to enter text.

1. Why is your organization best suited for serving communities in need as a CO-OP Business Outreach Partner?

Click or tap here to enter text.

1. Please describe your organization's unique access or network within Opportunity Businesses in Salt Lake County.

Click or tap here to enter text.

1. Is your organization planning to serve or reach additional communities outside of those served in your core organizational mission? [ ]  Yes [ ]  No

**If you answered yes**, please explain which additional communities, why your organization is best suited for this role, and how you plan to accomplish this.

Click or tap here to enter text.

1. Has the organization previously partnered with the County through CO-OP or its precursor, EICAP? [ ]  Yes [ ]  No

**PROGRAM FULFILLMENT**

1. Provide a ~~l~~ist of your organization’s senior leadership who will be involved in the CO-OP Partnership. Please outline the role that each person will have in administering the program.

*You will be required to upload resumes on the application submission portal.*

Click or tap here to enter text.

1. Describe in detail your organization’s plans to fulfill the CO-OP partnership including:
	1. supervise a dedicated Navigator
	2. implement business outreach
	3. execute the workload required to satisfy the new business referral targets
	4. integrate the small business assistance program into its operations

Click or tap here to enter text.

1. List the Navigator(s) that your organization is proposing to fulfil the award.

*You will need to upload the resume of each proposed Navigator for review on the application submission portal.*

Click or tap here to enter text.

1. Please describe how your Navigator’s skills align with the needs of the CO-OP program.

Click or tap here to enter text.

1. **If a Navigator has not yet been recruited**, outline your organization’s plan to recruit a Navigator within a timely manner following award notification.

Click or tap here to enter text.