Center of Opportunity Partnership (CO-OP)

**Business Service Partner 2024/2025 Application**

Please refer to the [**2024/2025 Business Services Partner RFA**](https://slco.to/2024ServiceRFA) 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 Service Partner Application Submission Portal**](https://slco.to/2024ServiceSubmission) **no later than July 19, 2024, at 5:00 pm.**

**ORGANIZATION INFORMATION**

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

Click or tap here to enter text.

1. List your organization’s senior leadership.

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

Click or tap here to enter text.

1. How many employees does the 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.

**DESCRIPTION OF CURRENT SMALL BUSINESS SERVICES**

1. Describe your organization’s products and services. Include your current pricing for each product and service.

Click or tap here to enter text.

1. How many businesses does your organization serve annually?

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.

1. What industries does your organization serve?

Click or tap here to enter text.

1. Describe how your organization’s products and services address the needs of Opportunity Businesses.

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.

**PROGRAM SCOPE**

1. Describe why your organization is interested in CO-OP and well-suited to serve Opportunity Businesses.

Click or tap here to enter text.

1. If funded, how will your organization fulfill the needs of Opportunity Businesses?

Click or tap here to enter text.

1. How will the organization meet the unique needs of Opportunity Businesses? What additional assistance will be provided to Opportunity Businesses to address the challenges that they face?

Click or tap here to enter text.

1. List the staff that your organization is proposing to provide these services.

*You will need to upload the resume of each proposed staff member to the application submission portal.*

Click or tap here to enter text.

**PROPOSED SERVICES**

1. Provide a detailed listing for each service that you are requesting be considered for inclusion in the Program, including the following information for each service:
	1. the name of the service
	2. a detailed description of the service
	3. a description of how the service will be delivered/fulfilled
	4. the price/fee/tuition associated with the service
		1. *The County would prefer a fee structure that reflects a price per participant/Business. If you are unable to provide pricing in that format, please provide a breakdown of your fixed and variable costs, as well as the unit for the variable costs.*
		2. *The County will not pay an additional/separate line item for indirect or administrative costs, please include any charge for indirect or administrative costs in the proposed prices*

Click or tap here to enter text.

**Utilize the example budget table shown below to create your award request for the total amount of funding your organization is requesting. Upload your award budget request to the application submission portal.**

1. If funded, what is the total number of Opportunity Businesses your organization can reasonably serve through CO-OP from August 2024 to December 2025? *(consider if a business will be receiving multiple services)*

Click or tap here to enter text.

**EXAMPLE BUDGET**

**BUDGET TEMPLATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service type** | **Price/cost per business served** | **Expected number of businesses served** | **Total cost to provide services** |
| Business Service A | $ |  | $ |
| Business Service B | $ |  | $ |
| Business Service C | $ |  | $ |
|  |  |  | **$ [TOTAL REQUEST]** |

**EXAMPLE USE OF TEMPLATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Service type** | **Price/cost per business served** | **Expected number of businesses served** | **Total cost to provide services** |
| Business advising (1 hour) | $ 60.00 | 10 | $ 600.00 |
| Web design workshop (3 hours) | $ 200.00 | 5 | $ 1,000.00 |
| Cash flow analysis (4 hours) | $ 150.00 | 2 | $ 300.00 |
|  |  |  | **$ 1,900.00** |