

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

organizations, churches or other such entities with a significant focus on supporting the needs of small businesses.

1000 RESEARCH

Describe planned activities related to the following:

1. Research efforts aimed toward assisting small business and economic development such as database development and needs analysis.

1100 OTHER ACTIVITY

Provide information regarding any efforts which do not fit in the categories above such as participation in RICS or broadband efforts. Describe and provide information about any SBDC —best practices to be used by SBA and archived in the Clearinghouse. This also may include dissemination of basic business information as well as any specific information requested by the SBA Project Officer and mutually agreed upon with the SBDC Lead Center Director.

1200 SUCCESS STORIES

This section is not required for the renewal proposal, however, the service center will be required to report at least three examples of assistance provided in which tangible results occurred in both the semi-annual and annual report(s).

1300 TRAVEL

Provide a description of any unplanned or unbudgeted out-of-state travel for Lead and Service Centers.

1400 PROBLEMS

Provide a description of any and all problems that may have significant impact on the program or program objectives.

1500 FINANCIAL REPORTS

Furnish copies of service center budget justification, budget narrative, and personnel list.

1600 WOMEN-OWNED BUSINESSES

Describe briefly collaboration the Women's Business Centers (WBCs) and any seminars or specialized counseling approaches or other activities aimed at women entrepreneurs.

1700 ECONOMIC IMPACT

Provide the negotiated goals for the coming year for your service center below.

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

**1800 VETERAN AND SERVICE CONNECTED-DISABLED VETERAN –OWNED
BUSINESSES, RESERVISTS ON ACTIVE DUTY AND OTHER RESERVE COMPONENT
MEMBERS OF THE U.S. MILITARY**

Describe planned activities related to the following:

1. Assistance targeted toward veteran and service connected-disabled veteran owned businesses, as well as Reservists and National Guard members called to active duty, such as: Veteran Entrepreneurial Training Programs; summits for veteran business owners; activities in conjunction with the Department of Veterans Affairs Vocational Rehabilitation and Employment Services; Employer Support of the Guard and Reserve (E.S.G.R.) and National Guard State Adjutants; DELTA Program; marketing and assistance for the Military Reservist Economic Injury Disaster Loan program; Patriot Express program; base closings and RIF counseling; and, DOD or DOL Transition Assistance Program (TAP) seminars.

1900 MANUFACTURING

Describe planned activities related to the following:

1. Assistance to manufacturing companies or their employees, including displaced manufacturing workers. Can include efforts and support to troubled companies, companies challenged by foreign competition, NAFTA and foreign labor alternatives. This may also include cooperation efforts with other local organizations or government units concerned with manufacturing issues such as the National Institute of Standards and Technology's (NIST) Manufacturing Extension Partnership (MEP) Program.

2000 ONLINE ACTIVITY

Describe planned activities related to the following:

1. Activities and accomplishments which demonstrate use of web-based technology to enhance direct client service delivery such as: the use of on-line counseling (e-mail and real-time) and training; on-line expert systems or diagnostic tools to identify needed services; audio or video streaming; electronic registrations and scheduling; webinars; and other targeted uses of the Internet to facilitate delivering information to clients more cost effectively.
2. A summary of on-line enhancements achieved over the past three years.

SBDC SCHEDULED CLOSURES

Provide a listing of all scheduled SBDC Service Center closures, whether for holidays or shutdown of the recipient organization. Anticipated closures shall be included in the annual renewal application. Emergency closures shall be reported to the Lead Center as soon as feasible to do so. SBDC service providers shall be open during the normal business hours of their sponsoring SBDC organizations.

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

ADVISORY BOARD

Each SBDC may establish an advisory board in accordance with 15 U.S.C. 648(j). If the SBDC wishes to employ an advisory board the proposal must include a list of the members of the SBDC advisory board, including their titles and a description of the board's responsibilities.

A majority of the advisory board members must be representatives from small businesses or associations representing small businesses located throughout the entire area of service. Veterans, women, minorities and Native Americans should be represented, as appropriate. There should be regular periodic meetings each year. The reasonable cost of travel of any board member for official board activities may be paid out of the SBDC's budgeted funds. An SBDC's proposal must include the date of its board's most recent meeting.

CONFLICT OF INTEREST POLICY

By submitting a renewal proposal, the SBDC agrees to use the SBDC Network Conflict of Interest Agreement and Policy.

TRAINING

Include a list of the types of training to be offered during the budget period. To assist SBA, categorize the types of events to be offered on a quarterly basis by topic per line ten of SBA Form 888. Recipients will be expected to provide the Lead Center with a quarterly calendar of training or access electronically to comparable information.

PERSONNEL RESUMES

Include resumes for any new key personnel directly employed by the SBDC (i.e., Lead and Service Center directors and special program directors such as for technology or International Trade) since the start of the last program year. It does not include trainers, counselors, or support staff.

OTHER FUNDS

The proposal must fully describe any other federal or state small business assistance programs, contributions or grant funds (excluding foundation accounts) managed by the SBDC network outside the SBA Cooperative Agreement. Include the source and amount of funds provided by each organization and the purpose for which the funds have been provided.

The SBDC must maintain an updated list of funding sources and amounts for each source of funds received by the SBDC network including grants, contracts and contributions. In addition, for each source of funds, documentation regarding the name and phone number of the donor/contractor/grantor, the amount of funding, the intended purpose and any requirements, stipulations or deliverables must be maintained and made available during the annual financial review process.

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

SBDCs managing other small business programs outside the SBA Cooperative Agreement must maintain separate accounting/financial records to ensure a clear audit trail for the funds provided under the SBDC Cooperative Agreement. Costs may not be proposed or claimed for activities for the SBDC program, regardless of funding source, for which the scope of activity is inconsistent with this Program Announcement

In accordance with 15 U.S.C. 648(a)(5), the AA/OSBDC must concur with all federal initiatives to be accomplished through the SBDC networks.

SBDC Budget Justification

BUDGET JUSTIFICATION - Year _____
(ESTIMATED COSTS)

Name of SBDC Center: _____

Host Institution & Name of SBDC _____

DESCRIPTION	SBA	CASH MATCH	IN-KIND	INDIRECT	TOTAL
A. PERSONNEL (Please complete page 3, Personnel List)					
Total Salaries and Wages	\$0.00	\$0.00	\$0.00		\$0.00
B. FRINGE BENEFITS Full-time staff _____ % _____ rate Part-time staff _____ % _____ rate					
Total Fringe Benefits	\$0.00	\$0.00	\$0.00		\$0.00
C. TRAVEL In-state: _____ miles @ _____ /mi. Out of state:					
Total Travel	\$0.00	\$0.00	\$0.00		\$0.00
D. EQUIPMENT					
Total Equipment	\$0.00	\$0.00	\$0.00		\$0.00
E. SUPPLIES					
Total Supplies	\$0.00	\$0.00	\$0.00		\$0.00

EXHIBIT E
S-6128-COUNTY OF RIVERSIDE
ECONOMIC DEVELOPMENT AGENCY (CREDA)

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

BUDGET JUSTIFICATION CONTINUED

Page 2 of 3 Pages

DESCRIPTION	SBA	CASH MATCH	IN-KIND	INDIRECT	TOTAL
F. CONTRACTUAL					
Total Contractual	\$0.00	\$0.00	\$0.00		\$0.00
G. CONSULTANTS					
Total Consultants	\$0.00	\$0.00	\$0.00		\$0.00
H. OTHER					
Total Other	\$0.00	\$0.00	\$0.00		\$0.00
I. TOTAL DIRECT COST	\$0.00	\$0.00	\$0.00		\$0.00
J. INDIRECT COSTS _____ % rate	\$0.00			\$0.00	\$0.00
TOTAL BUDGET	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

NOTE: All categories must be supported using this budget justification format. If additional space is required, for a narrative description, attach a separate sheet. A budget justification must be completed for the Lead Center and Service Centers. Totals must agree with the 424 and 424A.

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

SBDC Budget Narrative

LINE ITEM	TOTAL	BUDGET EXPLANATION
		For each position of the SBDC, show Federal, Match, Annual Salary, Number of months, Level of Effort in Percentage, and Total Amount used as the basis to estimate personnel costs. For key personnel, list name and position title. For SBDC employees who are not key persons or personnel to be hired only position title is required.
A. PERSONNEL	FTE	
Key Personnel Costs	0	[Center Name] SBDC:
Professional Staff	0	[Center Name] SBDC:
Clerical Staff	0	[Center Name] SBDC:
Total Personnel	0	
		Show fringe rates for full-time and part-time staff. Do not include fringe cost in the total amount required for personnel.
B. FRINGE BENEFITS		
Benefits of Full-Time and Part-Time Personnel	0	[Center Name] SBDC:
Total Fringe Benefits	0	
		Provide purpose for in state and out of state travel. For local travel not requiring preauthorization provide total anticipated mileage and mileage rate. For travel requiring preauthorization, itemize destinations, mode of transportation, airfare or other transportation rates, number of trips, and number of travelers. .Prior approval of the SBA is required for foreign and unplanned out-of-state (not in approved budget) travel.
C. TRAVEL		
In-State Mileage	0	[Center Name] SBDC:
Other In-State	0	[Center Name] SBDC:
Out-of-State / ASBDC	0	[Center Name] SBDC:
		[Center Name] SBDC: Unplanned out-of-region travel includes travel to State Meetings, Network Meetings, local organizations, and training expenses outside of Orange, Riverside and San Bernardino Counties.
Unplanned Out-of-Region	0	
Total Travel	0	
		List items costing \$5,000 or more. The recipient organization must maintain an inventory including cost and detailed
D. EQUIPMENT		

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

	0	description of each item. Equipment inventory must be made available upon request of the SBA.
Total Equipment	0	[Center Name] SBDC:
E. SUPPLIES		Show anticipated cost of supply items such as general office, operational, computer supplies, and other supply items costing less than \$5,000. The recipient organization must maintain an inventory of controlled supplies of higher dollar value or high potential for loss such as projectors, cell phones, furniture, etc., and it must be made available upon request of the SBA.
General Office and Operational	0	[Center Name] SBDC:
Total Supplies	0	
F. CONTRACTUAL		Should service center propose sub-contractual cost, please provide budget details, such as statement of work, number of hours and rate of pay.
	0	[Center Name] SBDC:
Total Contractual	0	
G. CONSULTANTS		Specify the consultant's purpose and indicate the number of hours and rate of pay.
	0	[Center Name] SBDC:
Total Consultants	0	
H. OTHER		This category may include, but is not limited to computer software, copying, postage, printing, publications, subscriptions, dues; telephone, conference fees, and office space (indicate square footage).
Accounting	0	[Center Name] SBDC:
Community Outreach	0	[Center Name] SBDC:
Conference Fees/ASBDC Dues	0	[Center Name] SBDC:
Communications	0	[Center Name] SBDC:
Copying	0	[Center Name] SBDC:
Data Processing	0	[Center Name] SBDC:
Events	0	[Center Name] SBDC:
Facilities	0	[Center Name] SBDC:
Insurance	0	[Center Name] SBDC:
Internet Media	0	[Center Name] SBDC:
Library Purchases	0	[Center Name] SBDC:

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

Marketing	0	[Center Name] SBDC:
Minor Equipment	0	[Center Name] SBDC:
Office Equipment Repair & Maintenance	0	[Center Name] SBDC:
Postage	0	[Center Name] SBDC:
Printing	0	[Center Name] SBDC:
Professional Development	0	[Center Name] SBDC:
Publications	0	[Center Name] SBDC:
Software	0	[Center Name] SBDC:
<hr/>		
Total Other	0	
<hr/>		
I. TOTAL DIRECT COSTS	0	
<hr/>		
J. INDIRECT COSTS		
Indirect Costs/Waived Indirect Match	0	
Total Indirect	0	
<hr/>		
TOTAL BUDGET	0	
<hr/>		

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

CSUF Subrecipient Commitment Form

Prime Recipient: **CSU Fullerton Auxiliary Services Corporation (CSUF ASC)**
on behalf of: **California State University, Fullerton (CSUF)**
c/o CSUF Office of Grants and Contracts
800 N. State College Boulevard, CP-205, Fullerton, CA 92834
Tel.: (657) 278-2106; Fax: (657) 278-3000; Email: ogc1@fullerton.edu

Date: (mm/dd/yy) _____

SUBRECIPIENT COMMITMENT FORM

SUBRECIPIENT INFORMATION

Subrecipient Legal Name: _____
Subrecipient's PI: _____ CSUF's PI: _____
Prime Sponsor: _____
CSUF Proposal Title: _____
Subrecipient Total Funds Requested: _____ Performance Period Begin: (mm/dd/yy) _____
☐ ARRA Funded Performance Period End: (mm/dd/yy) _____

SECTION A: Proposal Documents

The following documents are included in our subaward proposal submission and covered by the certifications below:

- ☐ Statement of Work (required)
- ☐ Budget and Budget Justification (required)
- ☐ This Subrecipient Commitment Form (required) completed and signed by Subrecipient's Authorized Official
- ☐ Small/Small Disadvantaged Business Subcontracting Plan, in agency-required format (required for proposals over \$550,000)
- ☐ Biosketches of Key Personnel in agency-related format
- Other: _____

SECTION B: Special Review and Certifications

1. **Facilities and Administrative Rates** included in this proposal have been calculated based on:

- ☐ Subrecipient's federally-negotiated F&A rates for this type of work, or a reduced F&A rate that Subrecipient hereby agrees to accept. (If this box is checked, a copy of your F&A rate agreement must be furnished to CSUF before a subaward will be issued.)
- ☐ Other rates (please specify the basis on which the rate has been calculated in Section D: Comments)
- ☐ Not applicable (no indirect cost requested)

2. **Fringe Benefit Rates** included in this proposal have been calculated based on:

- ☐ Rates consistent with or lower than Subrecipient's federally-negotiated rates. (If this box is checked, please send a copy of your FB rate agreement to CSUF before a subaward will be issued.)
- ☐ Based on actual rates.
- ☐ Other rates (please specify the basis on which the rate has been calculated in Section D: Comments)

3. **Subrecipient Business Status:**

- ☐ Large Business
 - ☐ Small Business
 - ☐ Institution of Higher Education
 - ☐ Nonprofit Organization
 - ☐ Foreign Owned
 - ☐ For profit organization
- If a small business, identify business classification ("certified by the Small Business Administration")
- ☐ Small Disadvantaged Business (SDB)* (8a)*
 - ☐ Service-disabled veteran-owned business (SDVOSB)
 - ☐ Women-owned small business (WOSB)
 - ☐ HUBZone small business*
 - ☐ Veteran-owned small business (VOSB)
 - ☐ Alaska Native Corporation (ANC) (43USC1601)
 - ☐ Minority Serving Institution (e.g., HBCU, HSI, MI, etc.)

4. **Affirmative Action Compliance:**

- Indicate in accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2) that your organization has:
- ☐ a written affirmative action program has been developed and is on file
 - ☐ a written affirmative action program has not been developed and is not on file
 - ☐ not previously had contracts subject to the written affirmative action programs

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

5. Human Subjects: ☐ Yes ☐ No

Exemption Number or IRB Approval Date: (mm/dd/yy) _____

IRB Number: _____

(Note: Surveys, interviews, observations, or use of secondary data may be considered human subjects research. Contact your institution's IRB office for guidance.)
If answer to the above is "Yes" copies of the determination of exemption or IRB approval must be provided before any subaward will be issued. Please send the documents to CSUF Office of Grants and Contracts as soon as they become available. Please indicate the CSUF PI's name, Project Title, and subcontract number (for reference), if available.

If "Yes" and NIH funding is involved

Have all key personnel involved completed human subjects training? ☐ Yes ☐ No

Note: All key personnel engaged in human subjects research must take NIH human subjects training or other human subjects research training (http://grants.nih.gov/grants/policy/hs_educ_faqs.htm) as required by NIH.

Does your organization/institution have a Federalwide Assurance (FWA) Number? ☐ Yes ☐ No If "Yes" provide number: _____

6. Animal Subjects: ☐ Yes ☐ No

Approval Date: (mm/dd/yy) _____

IACUC Number: _____

If "Yes" copies of the IACUC approval must be provided before any subaward will be issued. Please obtain approval and forward required documents to the CSUF Office of Grants and Contracts, as soon as they become available. Please indicate the CSUF PI's name, Project Title, and subaward number (for reference), if available.

Does your organization/institution have a PHS Animal Welfare Assurance Number? ☐ Yes ☐ No If "Yes" provide number: _____

Is your organization/institution AAALAC accredited? ☐ Yes ☐ No If "Yes" provide number: _____

7. Responsible Conduct of Research (RCR):

The prime sponsor of this project is:

☐ National Institutes of Health

Policy: NIH requires that all trainees, fellows, participants, and scholars receiving support through any NIH training, career development award (individual or institutional), research education grant, and dissertation research grant must receive instruction in responsible conduct of research. This policy will take effect with all new and renewal applications submitted on or after January 25, 2010, and for all continuation (Type 5) applications with deadlines on or after January 1, 2011. This Notice applies to the following programs: D43, D71, F05, F30, F31, F32, F33, F34, F37, F38, K01, K02, K05, K07, K08, K12, K18, K22, K23, K24, K25, K26, K30, K99/R00, KL1, KL2, R25, R35, T15, T32, T34, T35, T36, T37, T80/R90, TL1, TU2, and U2R. This policy also applies to any other NIH-funded programs supporting research training, career development, or research education that require instruction in responsible conduct of research as stated in the relevant funding opportunity announcements.

Compliance: NIH policy requires participation in and successful completion of instruction in responsible conduct of research by individuals supported by any NIH training/ research education/fellowship/career award. It is expected that course attendance is monitored and that a certificate or documentation of participation is available upon course completion. NIH does not require certification of compliance or submission of documentation, but expects institutions to maintain records sufficient to demonstrate that NIH-supported trainees, fellows, and scholars have received the required instruction.

Resources: The NIH Research Training website (<http://grants.nih.gov/training/extramural.htm>) includes additional information on instruction in responsible conduct of research and links to the Office of Research Integrity (<http://ori.hhs.gov/>), links to instructional materials, and examples of programs that have been regarded as good models for instruction in responsible conduct of research (<http://bioethics.od.nih.gov/researchethics.html>). The National Academy Press has published the 3rd edition of the classic, *On Being a Scientist*, and is available online at http://books.nap.edu/catalog.php?record_id=12192

☐ National Science Foundation

Statutory Requirement: "The Director shall require that each institution that applies for financial assistance from the Foundation for science and engineering research or education describe in its grant proposal a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduate students, graduate students, and postdoctoral researchers participating in the proposed research project."

Certification Regarding Responsible Conduct of Research (RCR):

The AOR is required to complete a certification that the institution has a plan to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. Additional information on NSF's Responsible Conduct of Research (RCR) policy is available in the Award and Administration Guide (AAG), Chapter IV.B.

Institutional Responsibilities:

- A. An institution must have a plan in place to provide appropriate training and oversight in the responsible and ethical conduct of research to undergraduates, graduate students, and postdoctoral researchers who will be supported by NSF to conduct research. As noted in NSF Grant Proposal Guide (GPG) Chapter II.C.1e, institutional certification to this effect is required for each proposal.
- B. While training plans are not required to be included in proposals submitted to NSF, institutions are advised that they are subject to review, upon request.
- C. An institution must designate one or more persons to oversee compliance with the Responsible RRCR training requirement.
- D. Institutions are responsible for verifying that undergraduate students, graduate students, and postdoctoral researchers supported by NSF to conduct research have received training in the responsible and ethical conduct of research.

8. Cost Sharing:

☐ Yes ☐ No

Amount: _____

(Cost sharing amounts and details should be included in the Subrecipient's budget)

9. Conflict of Interest (applicable to DHHS, NSF, or any other sponsor that has adopted the federal financial disclosure requirements):

☐ Not applicable because this project is not being funded by NIH, NSF, or CDC

☐ Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50.

Subpart F "Responsibility of Applicants for Promoting Objectivity in Research". Subrecipient also certifies that, to the best of the institution's knowledge: (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have, or will have, been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

☐ Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by CSUF's policy

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

10. Fiscal Responsibility:

The Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and (mark all that apply):

- ☐ has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they are received
- ☐ maintains internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants
- ☐ complies with applicable laws and regulations
- ☐ can prepare appropriate financial statements, including the schedule of expenditures of Federal awards
- ☐ there are no outstanding audit findings. If there are findings, submit a copy of the most recent report that describes the findings and steps to be taken to correct the finding.

11. Debarment, Suspension, Proposed Debarment:

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in Federal assistance programs or activities? If "Yes" please explain in Section D: Comments. ☐ Yes ☐ No

The Subrecipient certifies that they: (answer all questions below)

- ☐ Are ☐ Are Not presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal Contracts
- ☐ Are ☐ Are Not presently indicted for, or otherwise criminally or civilly charged by a governmental entity
- ☐ Have ☐ Have Not within three (3) years preceding this offer, been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) contract or subcontract, violation of Federal or State antitrust statutes relating to the submission of offers, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property
- ☐ Have ☐ Have Not within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal Agency

SECTION C: Audit Status

1. A-133 Audit Status

- A. Does the Subrecipient receive an annual audit in accordance with OMB Circular A-133? ☐ Yes ☐ No
If "Yes", has the audit been completed for the most recent fiscal year? ☐ Yes ☐ No
If "No", when is it expected to be completed: (m/d/yyyy) _____
- B. Were any audit findings reported? (If "yes", explain in Section D: Comments below) ☐ Yes ☐ No
Note: A complete copy of Subrecipient's most recent report, or the internet URL link to a complete copy must be furnished to CSU Fullerton Auxiliary Services Corporation before a subaward will be issued.
- C. If "No", does the Subrecipient receive overall federal funding of at least \$500,000 per year? ☐ Yes ☐ No If "No", skip item D
- D. Subrecipient is a: ☐ For-profit entity that expends Federal or Sub-Federal funds and has a DCAA audited rate
☐ For-profit entity that does not expend Federal funds or have annual audits
☐ Foreign entity

Note: If Subrecipient does not receive an A-133 audit, the CSU Fullerton Auxiliary Services Corporation will require the Subrecipient to complete an Audit Certification and Financial Status Questionnaire, and may require a limited scope audit before a subaward will be issued.

2. Federal Funding Accountability and Transparency Act (FFATA)

- Location of Subrecipient (City/State/Congressional District/Country): _____
Note: If primary place of performance is different than Location of Subrecipient, provide location where project will be performed (City/State/Congressional District/Country)

DUNS Number of Subrecipient receiving award: _____
Is Subrecipient owned or controlled by a parent entity? ☐ Yes ☐ No
If "Yes", please provide DUNS number and location (City/State/Congressional District/Country) of parent entity.

Is Subrecipient currently registered in Central Contractor Registration (www.ccr.gov)? ☐ Yes ☐ No

SECTION D: Comments (please attach additional pages if necessary)

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

APPROVED FOR SUBRECIPIENT

The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies. By their signatures below, Subrecipient and its Principal Investigator certify (1) that the information submitted within the application is true, complete and accurate to the best of the Subrecipient's and PI's knowledge; (2) that any false, fictitious, or fraudulent statements or claims may subject the institution and PI to criminal, civil, or administrative penalties; and (3) that the PI agrees to accept responsibility for the scientific conduct of the project and to provide the required progress and other administrative reports as required if an award is made as a result of the prime recipient's application.

Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.

Signature of Subrecipient's Authorized Institutional Representative

Date

Name and Title of Authorized Institutional Representative

TIN or EIN of Subrecipient's Organization/Institution

Address

City, State, Zip

Email Address

Signature of Subrecipient's Principal Investigator

Date

Name and Title of Administrative Point of Contact

Address

City, State, Zip

Phone

Fax

Email Address

Print Form

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

APPENDIX U: Client Potential Assessment (Business Viability)

HIGH POTENTIAL

- A
- *Significant economic impact potential (demonstrated by potential for job creation, sales, financial backing)
 - *Strong business model / Competitive advantage
 - *No major obstacles (demonstrated by: strong financials, identified markets, strong sales, experienced mgmt,viable/strong advisors and/or board of directors)
 - *Company is in a position for growth and desires to grow
 - *Client can articulate what assistance is needed in order to grow and is highly “coachable”
 - *High likelihood of obtaining financing, good FICO score, or financing is in place
 - *Experienced management
 - *Experienced or serial entrepreneur
- A-
- Above, but:
- *Moderate challenges (Examples: cash flow issues, market opportunity/threat, growth issues, high initial capital outlay for hard assets) Client has articulated desire to tackle these challenges
-

MODERATE POTENTIAL

- B
- *Moderate economic impact potential (good referral from a valued source, potential good story, smaller scale employment)
 - *Demonstrates potential, but has fairly significant challenges (greater cashflow issues, financing needs, market issues)
 - *Company may be in a position for growth, or may be in just a stable position
 - *Asking for assistance; moving in the right direction, has some resources for moving forward
 - *Experienced management or willing/able to learn or to delegate to externals/hire team members
 - *Moderate potential for obtaining financing but needs infusion of capital.
- B-
- *Good quality self employment with moderate potential for impact (self + contractuels or a few employees)
 - *Company may/may not be in a position for growth
 - *Desire to learn to manage the company well
-

LOW POTENTIAL

- C
- *Lifestyle, self employed, home based
 - *Shortage of resources
 - *Inexperienced management; inability to hire to accommodate shortfalls in experience
 - *Minimal/No opportunity for growth – company in a declining position
-

NON VIABLE

- D
- *Low Probability of Success
 - *Poor or No Credit
 - *Minimal Experience
 - *Minimal Savings
 - *No demonstrated willingness to change/fix things
-

SURVIVAL MODE

- S
- *Bank has reduced line of credit and/or called their loan
 - *On the watch list at the bank
 - *Has laid off staff already and is looking at further lay-offs
 - *Cash flow is at or below break-even
 - *Owner is no longer taking a pay check

ORANGE COUNTY / INLAND EMPIRE SBDC NETWORK POLICIES & PROCEDURES

APPENDIX V: Sample National Impact Study Questionnaire

Orange County/ Inland Empire SBDC
SMALL BUSINESS DEVELOPMENT CENTER (SBDC)
IMPACT STUDY QUESTIONNAIRE

ALL INFORMATION WILL BE KEPT CONFIDENTIAL

1. Please indicate the year you either started or purchased your business. *If never please indicate.*

Year Started _____ or Year Purchased _____
Never Started or Purchased ☐

2. What was the major activity of your business or proposed business in 2010? *Please check one.*

- ☐ Retailing
☐ Services (personal OR professional)
☐ Wholesale (distribution, etc.)
☐ Manufacturing
☐ Construction (all general, and other contractors)
☐ Other (please specify) _____

3. Counting yourself, how many full-time employees (35 hours or more per week) and part-time employees (less than 35 hours per week) did you have at the end of each of the following years that you were in business? *If you were not in business just write zero (0) in the appropriate blank(s).*

2010 _____ full-time employees
2011 _____ full-time employees

2010 _____ part-time employees
2011 _____ part-time employees

4. Please estimate the number of jobs saved as a result of the SBDC assisting you in improving your business strategy or operations.

Existing Full-time jobs saved _____
Existing Part-time jobs saved _____

5. What were your gross sales revenues (i.e., before expenses) for the following calendar years? *If you were not in business during one or both years write zero (0) in the appropriate blank(s).*

2010 \$ _____
2011 \$ _____

6. Please estimate the amount of gross sales revenues maintained as a result of the SBDC assisting you in improving your business strategy or operations.

Existing revenues maintained \$ _____

7. Did the SBDC assist you in obtaining debt or equity financing?

☐ Yes ☐ No

Existing

8. Please estimate the total amount of debt and equity financing your business raised in 2011 and 2012.

SBA Loans \$ _____
Other Loans/Debt Financing \$ _____
Equity Raised from Investors \$ _____

9. Was the overall service you received from the SBDC beneficial?

☐ Yes ☐ No

10. How would you rate the knowledge and expertise of your SBDC counselor? *(Please circle one).*

Excellent Above Average Average Below Average Poor

11. How would you describe your overall working relationship with the SBDC counselor who provided counseling to you? *(Please circle one).*

Excellent Above Average Average Below Average Poor

12. Would you recommend that other businesspersons contact the Small Business Development Center?

☐ Yes ☐ No

13. Was comparable assistance available from a private consultant at a price you could afford?

☐ Yes ☐ No

14. How many family managers (not including yourself) and non-family managers does your business have?

Family Managers _____ # Non-family Managers _____

15. What percentage of the business do you own? What percentage do other family members own?

% Owned by Myself _____ % Owned by Family _____

16. Do you intend for the future successor as president of your business to be a family member?

☐ Yes ☐ No

17. Do you intend to eventually pass your share of the ownership of the business to one or more family members?

☐ Yes ☐ No

18. In the past 3 years or since start-up (whichever is shorter), estimate your firm's average annual sales growth.

<0% 0% 1-5% 6-10% 11-15% 16-20% >20%