

SBDC PROJECT OFFICER PROPOSAL REVIEW CHECKLIST

The following checklist is based on the requirements of the SBDC Program Announcement. It has been developed to assist SBA Project Officers to review continuing proposals.

SBDC State/Region:

SBDC Host Institution:

Budget Period:

Applicant Type:

BUDGET REVIEW: (Cost Proposal)				
Standard Form 424 "Application for Federal Assistance"				
<i>Project Officer should request missing or incomplete documentation from SBDC.</i>				
		Yes	No	Reference
1	Is Block 16, <u>Congressional District</u> completed?			
2	Does the amount of Federal funding, Block 18a, equal the amount authorized by the OSBDC? Include the dollar amount in the reference section.			\$
3	Are lines b-e in Block 18 <u>Estimated Funding</u> (match) completed and broken out by source of match (applicant, state, local or other sources?)			
4	Is the total non-Federal amount (Block 18, lines b-e) equal to or greater than the Federal amount (Block 18 a)? Federal dollars must be 100% matched by the applicant. (Exception: USVI, GM, and AS. No match is required for insular areas when funding amounts are below \$200,000) Include the total match amount in the reference section.			\$
5	Is Block 18, Line f, <u>Program Income</u> left blank? The SBDC should NOT include program income dollars on the SF424, SF424A, or SBDC Budget Justification.			
6	Is the name and title of the Authorized Organizational Representative (AOR) Signatory shown on the SF 424? Include this information in the reference section.			Name: Title: Email:
7	Cross check SF 424 with SF 424A §B . Ensure the following :			
	i. SF 424, Box 18, Line 18a = SF 424A, § B, Column 1, Line k.			Amount:
	ii. SF 424, Box 18, Lines b through e = SF 424A§ B, (Column 2, Line k) + (Column 3, Line k) + (Column 4, Line k)			Amount:
	iii. SF 424, Box 18, Line g = SF 424A§ B, Column 5, Line k.			Amount:
Standard Form 424A, Section B "Budget for Non-Construction Programs"				
<i>Check YES if all required information is included in the proposal, otherwise check NO and discuss under</i>				
<i>NOTES. Project Officer should request missing or incomplete documentation from SBDC.</i>				
	CASH MATCH	Yes	No	Reference
8	Are the columns correctly labeled? 1) SBA Funding, 2) Cash, 3) In-Kind, 4) Indirect, 5) Totals?			
9	i. Form 424A, § B: Look at Column 6(1)k. Divide by 2 to get required minimum amount of Cash Match. Put in reference section.			Required Minimum Cash Match: \$
	ii. Form 424A, § B: Is Column 6(2)k, equal to or greater than 50% of the Federal funds? Include in reference section.			Actual Cash Match: \$
	iii. Is the amount shown on the "Certification of Cash Match & Program Income" Form (one for the entire Network) equal or greater than your calculation?			

DIRECT & INDIRECT COSTS		Yes	No	Reference
10	Are at least 80% of SBA funds allocated for Direct Costs?			
	i. Form 424A, § B: Look at Column 1. Divide Row 6j by 6k to determine % of indirect cost.			% of Indirect Cost:
	ii. Include the dollar amount of indirect cost requested in the reference section.			Amount of Indirect Cost: \$
	<i>NOTE: The indirect cost reimbursed with Federal dollars must not exceed 20% of total amount of Federal funds requested. Show your calculations.</i>			
11	Ensure that Box 7 of the SF 424A, Program Income, is left blank. Done?			

Budget Justifications and Budget Narratives

		Yes	No	Reference
12	Did applicant use SBA's SBDC Budget Justification form for the Lead Center and each subrecipient Service Center? If no, complete the next question. If yes, skip to question 15.			
13	Did the applicant submit their own line-item budget justification? The alternative budget must contain all elements detailed in SBA's Budget Justification Instructions for the Lead and each subrecipient Service Center.			
	If so, is an SF 424A for the Lead and each subrecipient Service Center provided?			
14	Does the submitted Budget Justification include the following:			
	i. Personnel List including all information requested in SBA's Budget Justification Instructions?			
	ii. Fringe Rates for Personnel			
	iii. Mileage and mileage rates for local travel			
	iv. Required travel costs for in-&out-of-state travel, ASBDC Conference. (name, # of travelers, # of trips, per diem, etc.)			
	v. Required details for all line item cost categories. (See Budget Justification Instructions for required cost details)			
15	Personnel List and Fringe - It is acceptable to have either one list for the entire network or a separate list for each Lead and Subrecipient Center.			
	i. Does the Personnel List include the following: Name Title or Position Description Federal and Match portion of salary allocated to the Cooperative Agreement (CA) Full annual salary rate # of months allocated to the CA % of time allocated to the CA Total amount charged to the CA			
	ii. Are <u>ALL</u> personnel names and titles or position descriptions listed for positions that are charged to the Cooperative Agreement?			
	iii. For each vacancy, note unfilled position and salary in the Reference section (or on another page).			Name: \$
	iv. Fringe must be included in the Budget Justification. If there is more than one rate, the highest should be listed in the Budget Justification. Indicate if included (Yes/No) and Fringe Rate %:			_____ %
	i. Does the applicant include Service Center Subrecipients in the "Contractual" line on its Network 424A?			
	ii. If yes, did applicant include a Budget Justification for each subrecipient Service Center?			

16	iii. Even if paid contractually by the Lead Center, there must be a Budget Justification for each subrecipient Service Center. The Lead Center budget justification only represents cost allocable to the Lead Center (including a satellite center they may host; satellite center costs must be discretely identified in the budget). Is this done?			
17	Does the proposal list the membership organizations and give a brief explanation of the benefits to the SBDC program derived from this expenditure? (excluding ASBDC membership)			
BUDGET CROSSWALK: Are all the figures in the proposal properly calculated?				
18	Add sum of Lead and individual subrecipient Service Centers and insert figure in the reference column.			Sum of lead and individual Service Center budgets: \$
19	Does the sum total of the Lead and individual subrecipient Service Center budgets agree with the total listed on the SF 424A?			
	On the SF 424?			
IF NOT, REQUEST A REVISED BUDGET				
A-133 Audit Report				
		Yes	No	Reference
20	Is the Applicant's most recent A-133 Audit report or link to the report included? Include page number in reference section.			Pg.
Indirect Cost Rate Agreements				
		Yes	No	Reference
21	Does the applicant include a current, SIGNED Indirect Cost Rate (ICR) agreement approved by a cognizant Federal agency for the Lead Center covering the proposal period?			
22	Does the applicant include a current, SIGNED ICR agreement approved by a cognizant Federal agency (including the SBA) for each subrecipient Service Center covering the proposal period?			
23	Are the ICR agreements current? (The ICR agreement is considered current if a Predetermined of Fixed rate covers any portion of the proposed budget period.)			
	If the rate agreement is expired, verify the Host has submitted a request in writing to the program manager that they intend to use the expired rate and understand they may only do so for four years, after which they will be ineligible to incur indirect costs. If they have not done so, the Host may do so now if it is within one year of the rate expiring.			
24	Is the Schedule of Indirect Costs Worksheet included? Please reference where.			Pg.
Fringe Benefit Rates				
		Yes	No	Reference
25	Is there a fringe rate agreement approved by a cognizant Federal agency? This is usually found in the ICR agreement (i.e. health, dental, vacation etc.).			
26	Has the Applicant included the fringe benefit rate? If the cognizant Federal agency rate agreement does not show the fringe benefit rates, request the fringe benefit rates for the personnel charged to the SBDC program and cc your Program Manager.			

NARRATIVE REVIEW (Technical Proposal)

Project Officer must check YES if the administrative requirement has been addressed in the proposal.

REFERENCE THE PAGE NUMBERS UNDER THE REFERENCE COLUMN WHERE THIS INFORMATION HAS BEEN PROVIDED

Program Organization, Structure and Management		YES	NO	REFERENCE Insert Page Numbers or Ref
27	Does the proposal provide:			
	i. a summary of the service areas of the centers?			
	ii. a methodology for service resource distribution?			Pg.
	iii. a correlation of resource distribution to needs assessment?			Pg.
	iv. total number of SBDC service locations?			Pg. ___ How many? ____
	v. total number of SBDC staff, including: a) # of management and support staff, FTE and PTE; and b) Number of FTE and PTE counseling and training staff?			Pg.
	vi. standard wait time for an initial client counseling appointment and changes anticipated in the coming year?			Pg. Wait time:
	vii. management strategy for filling vacancies?			Pg.
	viii. plans for addition of Service Centers, or program or staffing changes?			Pg.
	ix. counseling: prior year total counseling hours and counseling clients for the network, anticipated changes for the new fiscal year?			Pg. Hours: Clients:
	x. training: prior year total training sessions and clients for the network, anticipated changes?			Pg. Sessions: Clients:
	xi. list goals: If a multi-year Performance Improvement Plan (PIP) is in effect, is this included in the narrative? If so, provide page number.			Pg. CS: NBS: CI: PIP: JS:
	xii. all collaborative outreach and/or jointly planned events with the District Office (DO) or other resource partners (lender roundtables, 8(a)certification training, Emerging Leaders, procurement matchmaking, events with PTACs, MEPs, etc.)?			Pg.
xiii. customer satisfaction: description of network's plan in collecting customer feedback on SBDC services and rate achieved in most recent customer satisfaction survey?			Pg. Rating:	
28	Is there a brief summary of major ongoing programs, program objectives, or special projects or activities?			
29	Does the proposal list the types of training offered throughout the program year on a quarterly basis, categorized by topic?			Pg.
30	Does the proposal include an organizational chart describing the structure of the SBDC and its position within the applicant organization?			Pg.
31	Does the state/region SBDC lead center director report directly to a position comparable to at least a Dean's level in an institution of higher learning or to a position in state gov't in at least the third level of Administration for a state-led SBDC?			Pg.
32	Has the SBDC Network Listing been included?			Pg.
	i. Is the listing accurate?			
	ii. Has the SBDC included the name of the host institution and the "branded" center name?			Pg.
	iii. Does the list clearly indicate which centers are basic Service Centers and which are specialty centers?			Pg.
	iv. Description of statewide/region coverage provided?			Pg.
33	PIMS Designee: Has the applicant included the SBDC contact who maintains information in SBA's Partner Identification System (PIMS)?			Pg.
	Provide name, title, phone number and email address.			Name Title Phone Email

34	Do the Lead SBDC and Service Centers plan to operate on a 40-hour per week basis or in accordance with the sponsoring organization's established hours of operation?			Pg.
35	Does the proposal include a listing of all Lead and Service Center closures, whether for holidays or extended leave of the host organization?			Pg.
	Do the number of days the SBDC and Service Centers close exceed those authorized by the host organization?			Pg.
36	Has the applicant included a written Conflict of Interest policy statement?			Pg.
	Does it state in the proposal that it is signed <u>annually</u> by all employees, consultants, instructors, and volunteers of the SBDC network?			Pg.
37	Is an Online Services Overview included?			Pg.
38	Does the Applicant describe how program income will be used during the project period?			Pg.
SBDC Key Personnel				
		YES	NO	REFERENCE
				Insert Page Numbers or Ref
39	Does the proposal indicated that the Lead Center Director will be managing any other Federal or state small business assistance programs as part of the SBDC Network? Indicate the % of time.			Pg. % of time allocated to SBDC:
40	Have resumes been submitted for any new Lead or Service Center Key Personnel? Review qualifications.			Pg.
41	Have resumes been submitted for new Key Personnel special programs (Technology or International Trade)?			Pg.
Advisory Board				
42	Does the proposal include a listing of the membership of the SBDC State Advisory Board?			Pg.
43	Is the membership of the Advisory Board composed predominately of persons representing small business interests?			Pg.
44	Does the proposal include the date of the last Advisory Board meeting?			Pg.
	Provide the date of the meeting in the reference column.			Pg. Date:
Travel				
45	Has all out-of-state travel been adequately described and justified?			Pg.
46	Is travel to attend the ASBDC conference included?			Pg.
Statutory and SBA Required Services				
47	Do the proposed activities reflect SBA national priorities?			Pg.
48	Will services be directed to underserved markets?			Pg.
49	Will services be directed to other special emphasis groups?			Pg.
Goals/Planned Milestone Accomplishments				
50	Do the goals submitted on the planned milestones form reconcile with those assigned to the network by OSBDC?			Pg.
51	Has the Applicant provided an explanation of the methodology used to allocate goals in the proposal?			Pg.
52	If the stated goals are less than the range of appropriate goals totals determined by OSBDC, has the Applicant provided adequate justification for the disparity, and a plan to achieve improved outcomes in the future?			Pg.
53	Did Applicant complete section 5 of the Planned Milestones Worksheet by listing its sources of non-Federal match by contributor and amount?			Pg.

International Trade Requirements

Small Business Jobs and Credit Act of 2010 (PL No. 11-240) requires SBDCs to have at least five (5) of their employees or ten percent (10%) of the total number of their employees (in the network), whichever is fewer, certified as export assistance counselors.

		YES	NO	REFERENCE
54	Does the proposal narrative discuss the SBDCs' export assistance services?			Pg.
55	Does the proposal indicate the number of FTE counselors that need to be certified to meet the requirement of the 2010 SBJA? (Either 5 counselors or 10% of all SBDC FTE, whichever is fewer)			Enter the number of FTE counselors required to be certified _____.
56	Does the proposal indicate the current number of certified counselors on board in the network at the time of application?			Pg.
	a. Enter the number in the reference section. b. Is this number equal to or greater than 5 or 10% of the total FTEs in the network?			
57	If the answer to Question 56b is no, does the proposal include the SBDC's plan, including time frame, for attaining compliance with this requirement?			Pg.
58	Did the SBDC list the name and level of certification for each Export Counselor? If not, request this information.			Pg.

Once

ASSURANCES & CERTS (please note if signature is pending):

		Included	Not Included	Notes
1	List of attachments submitted through grants.gov			
2	Network Cash Match and Program Income Certification Form, signed & dated			
3	Cost Sharing Proposal SBA Form 1224, signed & dated			
4	Certification Regarding Debarment, Suspension, and Other Responsibility Matters, Primary Covered Transactions SBA Form 1623, signed & dated			
5	Certification Regarding Drug-Free Workplace Requirements, signed & dated			
6	Certification Regarding Lobbying SBA Form 1711, signed & dated			
7	Letter of Support from SBA District Office, signed & dated			

NOTES:

I hereby certify that I have personally reviewed this proposal, performed the calculations and researched all questions to the best of my knowledge and ability.

Project Officer Signature _____

Print Name

Date

Program Manager Signature _____

Print Name

Date