



FY2027 Notice of Funding Availability

SMALL BUSINESS TECHNICAL ASSISTANCE GRANT PROGRAM

Small Business Growth
Community Investments Department

Investing in Partners Empowering the Small Businesses Ecosystem
FY 2027 SMALL BUSINESS TECHNICAL ASSISTANCE GRANT PROGRAM
REQUEST FOR PROPOSALS

Address: MassDevelopment
99 High Street, Boston, MA 02110

RFP File Name: Small Business Technical Assistance (SBTA) Grant Program

Contact Person: Rachel Powers, rpowers@massdevelopment.com

Please submit all questions and inquiries via email to the contact person listed above.

Schedule:

| | |
|--|---|
| RFP Release Date: | Wednesday, May 13, 2026 |
| Deadline for Proposals: | Friday, June 26, 2026 @11:59 PM |
| Information Sessions: (Virtual) | Thursday, May 28, 2026 @1:00 PM Thursday, June 4, 2026 @11:00 AM |
| Office Hours: (Virtual) | Tuesday, June 23, 2026 @11:00 AM |
| Register in Advance to Attend the Virtual Information Sessions and Office Hours: RSVP - FY2027 SBTA RFP Informational Sessions & Office Hours | |
| RFP and Application via: Submittable Platform accessible on: https://mgpsbtaprogram.submittable.com/submit | |
| Grants will be awarded: | September 2026 (subject to change) |

Notices of funding availability through this RFP will be sent via email to past and current program awardees, members of the State Legislature, MACDC members and posted at MassDevelopment.com.

COMPLIANCE WITH FEDERAL FUNDS, LAWS AND REGULATIONS

Applicants must comply with all applicable laws.

TECHNICAL SUPPORT ON SUBMITTABLE

Visit the Help Center: <https://www.submittable.com/help/submitter/>

OTHER QUESTIONS: Contact MassDevelopment

Email: rpowers@massdevelopment.com



FY27 Application SBTA Grant Program

Organizational Information

EIN:

Organization Name:

Headquarters Address:

Service Delivery Address (if different):

Website*:

***Website must list lending and TA Services**

Eligibility: Nonprofit Lender and/or SBTA provider

Applicant Entity Type

- Certified CDFI
- Community Development Corporation
- Nonprofit Community-based Organization, explain:

Mission & Grant Program

SCORING: Mission & Services alignment - Funding Request Alignment with Mission, Services & Program Goals

1. Describe the mission of the applicant organization and the community it serves.
2. Indicate the Services Your Organization Provides:
 - Small Business General Technical Assistance Provider
 - Small Business Loan-Readiness Technical Assistance Provider
 - Small Business Post-Loan Technical Assistance Provider
 - Microloan Lender
 - Small Business Lender
 - Financial Management/Bookkeeping
 - Marketing/Advertising
 - Small Business Loan Packaging for other outside of organization loans
 - Provide co-working space for businesses
 - Creating/Updating Business Plan

- Obtaining Certifications, Licenses and/or Permits
- Emergency Loans
- Workforce Training
- Financial Literacy Programming
- Referrals to Legal Aid, Tax Professionals, etc
- Increasing Food Access in Areas Designed as Food Deserts
- Health Programming
- Programming for Youth
- Residential Green Product Lender
- Residential Home Improvement Lender

3. Funding Request Amount:
- Maximum request up to \$150,000

4. My organization will provide at least 5hrs of services to business owner(s) in order to address identified challenges. When appropriate, business owner(s) may be referred to partners to resolve and/or better position business to thrive.

Check all proposed services that apply:

- One-on-one technical assistance
- Cohort-based technical assistance
- Training programs

Narrative - Proposed Work Plan

Business Community Knowledge and Service Alignment

SCORING: Community Knowledge- Applicant Demonstration of Knowledge of Challenges Faced by Community/Target Populations

5. **Small Business Geographic Area Served** - Please identify the region(s) that you propose to primarily serve. This is for referral purposes and the Agency's ability to connect applicants with other programs and initiatives. For a detailed list of cities, visit:

<https://massdevelopment.com/about/regional-offices/>

- Statewide
- Central
- Greater Boston
- North
- South
- West

6. Who is your target business community(ies), and what are the primary challenges they face?

7. How does your proposed workplan directly address each of these identified challenges? If you serve multiple regions, do your solutions differ by region?

8. My organization will support small business clients from the following predominantly socially and economically disadvantaged and historically underrepresented groups & populations:

| | |
|---|--|
| <p>Check all groups & populations that apply:</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Minority-owned businesses <input type="checkbox"/> Women-owned businesses <input type="checkbox"/> LGBTQ+-owned businesses <input type="checkbox"/> Non-native English speaking-owners <input type="checkbox"/> Small businesses operating in Gateway Cities <input type="checkbox"/> Rural communities <input type="checkbox"/> Low-moderate-income individuals <input type="checkbox"/> U.S. Military Veterans <input type="checkbox"/> Businesses operating as cooperatives <input type="checkbox"/> Businesses governed by Employee Stock Ownership Plans <input type="checkbox"/> Disabled individuals <input type="checkbox"/> Servicing underserved markets |
|---|--|

9. How does your organization's mission align with the goal of increasing access to TA for small and microbusinesses, prioritizing socially or economically disadvantaged businesses?

10. If your organization serves worker cooperatives and/or businesses governed by employee stock ownership plans, please describe how your organization prioritizes these small businesses.

Proposed Program Design & Workplan

SCORING: Proposed Program - Quality of technical assistance programming/ Demonstration of direct high touch interactions

11. What TA services will your organization provide to small and micro-businesses?

- Business Planning/Creating & Updating Marketing Plans/Market Research
- Financial Management/Bookkeeping/Loan & Capital Readiness
- Obtaining Certifications, Licenses, Permits/ Referrals to Legal Aid & Tax Professionals
- Training and Workshops
- Other TA (Please describe)

12. Complete the table below by outlining your proposed program, planned activities, expected outcomes, and the parties responsible for each activity. Your proposed budget should directly correspond to and support these activities.

| TA Grant Activity | Description of TA Grant Activity | Outcome | Applicant Organization Staff involved in this activity | Partner(s) involved in this activity | Consultant(s) involved in this activity |
|-------------------|----------------------------------|---------|--|--------------------------------------|---|
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**Please include consultants identified in the Staff & Consultant Table, further below.*

13. Describe how your proposed program positions businesses for strong foundations, increase their capital readiness and access private or public financing.
14. Describe your needs assessment process.
15. Describe your organization’s methodology for collecting and reporting on performance, demographic, and outcome data.

Multilingual Services

SCORING: Multilingual Services - Language Capacity to assist Non-native English Speakers

16. Will your organization provide proposed services in languages other than English? Y/N
17. List all languages in which program services, communications and client support are routinely available, and which are available upon request. Indicate whether language access is provided directly by staff or through interpretation/translation services?
18. If your organization provides multilingual services, describe your outreach strategy and efforts to reach non-native English speakers. Describe your process for identifying and responding to a participant’s language needs.

Experience & Capacity

SCORING: Experience & Capacity - Readiness to deploy funds and clear Implementation Plan

19. Describe the professional qualifications of the small business assistance professionals (**including staff and consultants**) regularly used for program implementation and client referrals. Identify staff positions and consultants that will support multilingual service delivery, indicating languages spoken and proficiency levels. *Please upload all accompanying resumes.*

| Staff/Consultant Name | Title | Experience | Spoken Language(s)/ Proficiency Level |
|-----------------------|-------|------------|---------------------------------------|
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Small Business Partnerships and Ecosystem

SCORING: Work Plan Integration - Proposed Activities and Services, and Expected Outcomes are Clearly Integrated.

20. From the list below, indicate the partnerships and collaborations that support the applicant's program and ultimately comprise your Small Business Ecosystem. For each partner-type selected, you will be asked to name the collaborative partner and describe the nature of the proposed collaboration. *Please note that partners listed should also be identified and incorporated in the Workplan Table, outlined earlier in the application. If any of the partners identified participate on an ad hoc basis in lieu of formal program implementation, please indicate as such in the "Description of Collaboration".*

- Regional Small Business Development Center
- Legal Aid
- Tax Professionals
- Marketing Specialists
- Private or Government Lenders
- CDFI or CDC Nonprofit Lenders
- MassDevelopment Loans and Resources
- Municipalities (Cities, Towns, Villages, etc)
- Other(s)

Program Budget

SCORING: Budget Alignment- Alignment of Budget with Proposed Work Plan Activities

21. Describe how Small Business Technical Assistance Grant Program funding will be used to support the proposed program. SBTA funds are intended to supplement current and anticipated funding and not to be the primary funding support. If other funding from the Commonwealth of Massachusetts will support the proposed program, please articulate how SBTA funding will not be duplicative. *See Appendix A for Organizational Budget Form and Appendix C for Expense Report.*

- Please upload your proposed program budget for FY27 using the grant budget excel template provided in the RFP. *Note that that staff and personnel actively participating in program implementation and identified in the Workplan Table may be listed in Section 1 of the budget. All other supporting staff and personnel may be included in Section 4, under the Administrative Line Item.*

The Small Business Technical Assistance Grant Program is intended to provide small and micro-businesses with access to low barrier advising services, technical assistance and resources supporting their start-up, business creation, growth and stabilization throughout Massachusetts' communities. The following questions aim to better understand applicants' payment structures and program deliverables and services tied to payment, if applicable. Please disclose any cost escalators, contingencies or pass-through expenses, and indicate whether services and/or payments are optional.

22. Does your organization charge a fee directly to businesses to access any of the services? Y/N

22a. If yes, describe your fee model.

Expected Activity Outcomes

SCORING: Credible Outcomes- Applicant Expresses Credible Plan Around Collecting Program Data and Outcomes

23. What is the average number of hours of TA support your organization provides per business?

- 0 – 4 hours
- 5 hours
- 6 – 8 hours
- 9+ hours

24. Utilize the table below to project the number (#) of businesses that will be impacted by your proposed workplan. *See Appendix B for Transactional Report Form.*

| Small Businesses Impacted | FY26 SBTA Outcomes | FY27 SBTA | | Explanation: Discuss the reason behind any changes, gaps, etc. |
|--|--------------------|-----------|---------|--|
| | Actuals | Proposed | Actuals | |
| Proposed # of businesses that will engage in technical assistance | | | | |
| Proposed # of Prospective businesses | | | | |
| Proposed # of Businesses in pre-start-up phase | | | | |
| Proposed # of Businesses in start-up phase | | | | |
| Proposed # of Established businesses | | | | |
| Proposed # of Businesses created | | | | |
| Proposed # of Businesses stabilized | | | | |
| Proposed # of Businesses that grew/increased revenue as a result of services | | | | |
| Proposed # of Businesses that did not report positive outcome (including on-going clients) | | | | |
| Proposed # of full-time jobs preserved | | | | |
| Proposed # of full-time jobs created | | | | |
| Proposed # women-owned businesses | | | | |
| Proposed # minority-owned businesses | | | | |
| Proposed # of immigrants/non-native English speakers | | | | |
| Proposed # of low-moderate income business owners | | | | |
| Proposed # of businesses located in low-moderate income communities | | | | |
| Proposed # of businesses that will receive direct or indirect financing | | | | |
| Proposed total financing (\$) that businesses will be secure | | | | |
| Proposed # of businesses structured as cooperatives | | | | |
| Proposed # of businesses governed by ESOPS | | | | |
| Proposed # of worker-owned cooperatives | | | | |
| Proposed # of consumer-owned cooperatives | | | | |

APPLICATION REQUIRED DOCUMENTS (UPLOADS)

1. Proposed Organizational Budget Form (See Appendix A)
2. Resumes of key personnel and consultants delivering direct services
3. 2026 Certificate of Good Standing from the Secretary of the Commonwealth
4. Current Board of Directors list
5. U.S. IRS Tax Exempt Certification/ Determination Letter
6. Most recent Audited Financial Statement or Review
7. Current year-to-date organizational Financial Statement: Income & Expense/Balance Sheet

APPENDICES

Appendix A - Organizational Budget Form

Appendix B - Transactional Report (*subject to changes*)

Appendix C - Expense Report (*subject to changes*)

SUBMISSION GUIDELINES

Any materials submitted will become the property of MassDevelopment and must be made available for reproduction and may not be copyrighted. Application submissions will be accepted only via the Submittable Platform accessible on: <https://mgpsbtaprogram.submittable.com/submit>

Submissions:

Applications will be accepted beginning **Wednesday, May 13, 2026 until 11:59 p.m. Friday, June 26, 2026** via Submittable. A completed application and supplemental information will be required to be uploaded and submitted. **Late applications** will not be accepted.



Submittable streamlines the application process by allowing you to upload all required documents in one place for quick and efficient submission. You will need to create an account to access and submit an application. **Program application is only available online via Submittable.** After submission, applicants can track the status of an application and receive updates to stay informed.

FY27 Award Process and Timeline

| <i>Award Benchmark</i> | <i>Date</i> | <i>Action</i> |
|----------------------------------|-------------------------------|--|
| RFP Release | May 13, 2026 | Applications Open |
| Submission Deadline | June 26, 2026 11:59 p.m. | Application Due |
| Application Review Period | June – August 2026 (Estimate) | Grant applications reviewed & requests for minor clarifications |
| Grant Award Notifications | September 8, 2026 (Estimate) | Funding Approved |
| FY27 Reporting Deadline | June 11, 2027 | FY27 Reports Due: <ul style="list-style-type: none">• Expense Report• Impact Report |

Submittable Application: <https://mgpsbtaprogram.submittable.com/submit>