



Indian Business Incubators Program (IBIP)

An Overview

TRIBAL  TECH
PEOPLE, PERFORMANCE AND PARTNERSHIP



Objectives

An aerial night view of a city, likely Toronto, showing a dense grid of lights and a large body of water in the distance. The sky is dark with some light clouds, and the city lights create a warm, golden glow.

01

Getting to know the OIED – Division of Economic Development Team & the Technical Assistance Team

02

Understanding the Indian Business Development Program

03

Clarifying participant understanding through Q&A

Office of Indian Economic Development

Indian Affairs' Office of Indian Economic Development (OIED), formerly known as the Office of Indian Energy and Economic Development, supports the economic development of American Indian and Alaska Native communities by offering access to capital through grant opportunities and loan guarantees, and by providing technical assistance to federally recognized AI/AN tribes. The office includes two divisions: The Division of Capital Investment and The Division of Economic Development.



Division of Economic Development

There are two teams in the Division:

The Economic Development
Resource Team

The Grants Management Team

Division of Economic Development Economic Development Specialists team

Delivers virtual presentations on OIED grant programs at national and regional tribal events, including Program overviews, Information on how to apply for grants and Key dates and contacts

Provides assistance and resources to non-Awarded grant applicants

Follows up individually with non-awarded tribes to provide relevant alternative resources from Federal, state, and nonprofit partners including Grants, Training and One-on-one technical assistance.



Onna LeBeau (Omaha Tribe of Nebraska)

Director

Office of Indian Economic Development

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onna.lebeau@bia.gov



K. Denise Litz, M.A. (Tuscarora Nation)

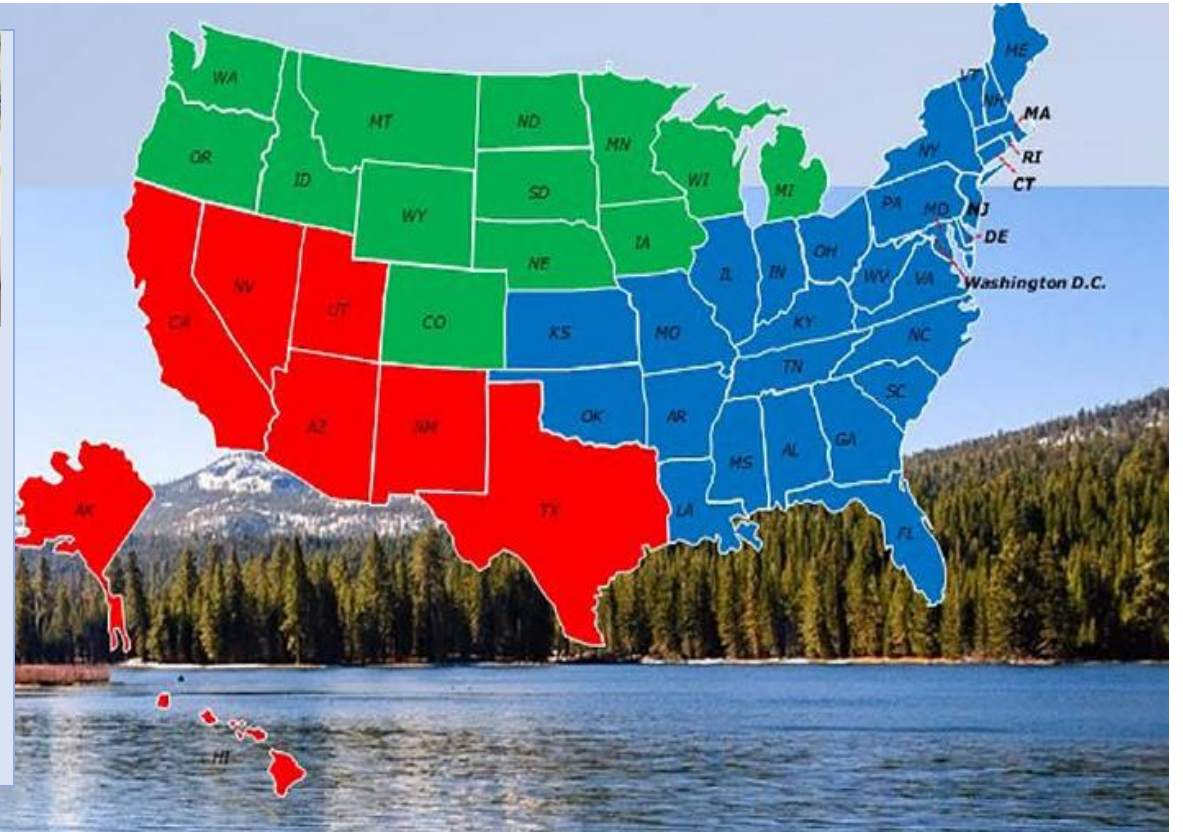
Chief

Division of Economic Development

Denver, CO

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katharine.litz@bia.gov



Economic Development Specialists

Alaska and Southwest Zone

Janelle M. Green

(Citizen Potawatomi Nation)

Sacramento, CA

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janelle.green@bia.gov



Northwest Zone

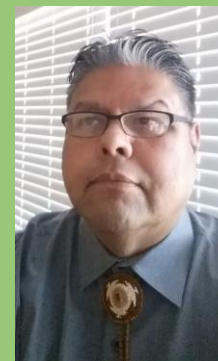
James (Jim) Henry

(Maidu)

Palm Desert, CA

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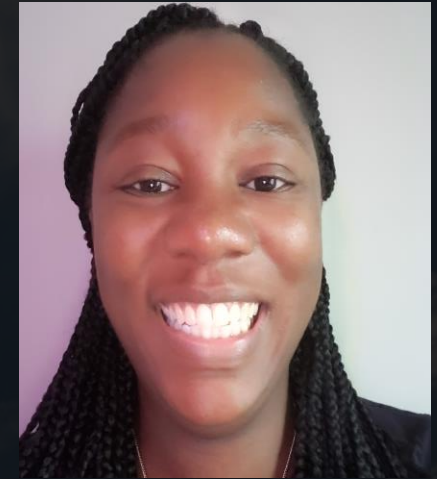
Eastern Zone - Vacant

Janelle M. Green - Interim

See Alaska and Southwest Zone

Contact Information

OIED
Division of Economic Development
Grants Management Team



Dennis Wilson (Taos Pueblo)
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Tribal Tech Team



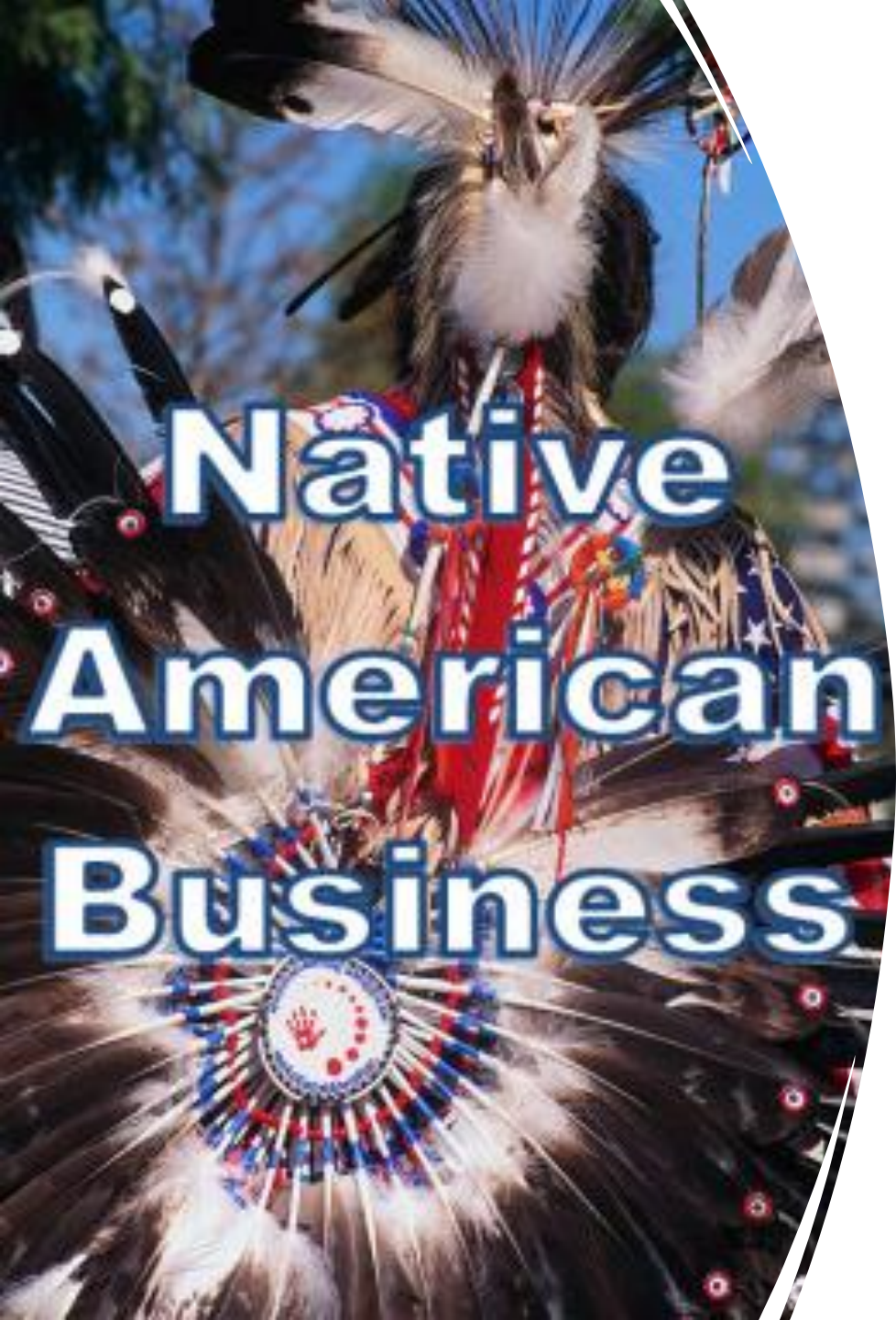
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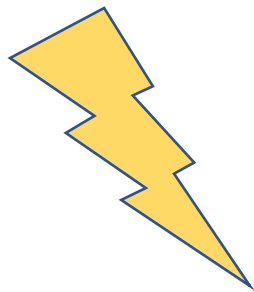
Makana Reilly
Training & Technical Coordinator
Hawai'i
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Indian Business Incubators Program (IBIP) Grants

Indian Business Incubators Program (IBIP) Grants under the Native American Business Incubator Act of 2020

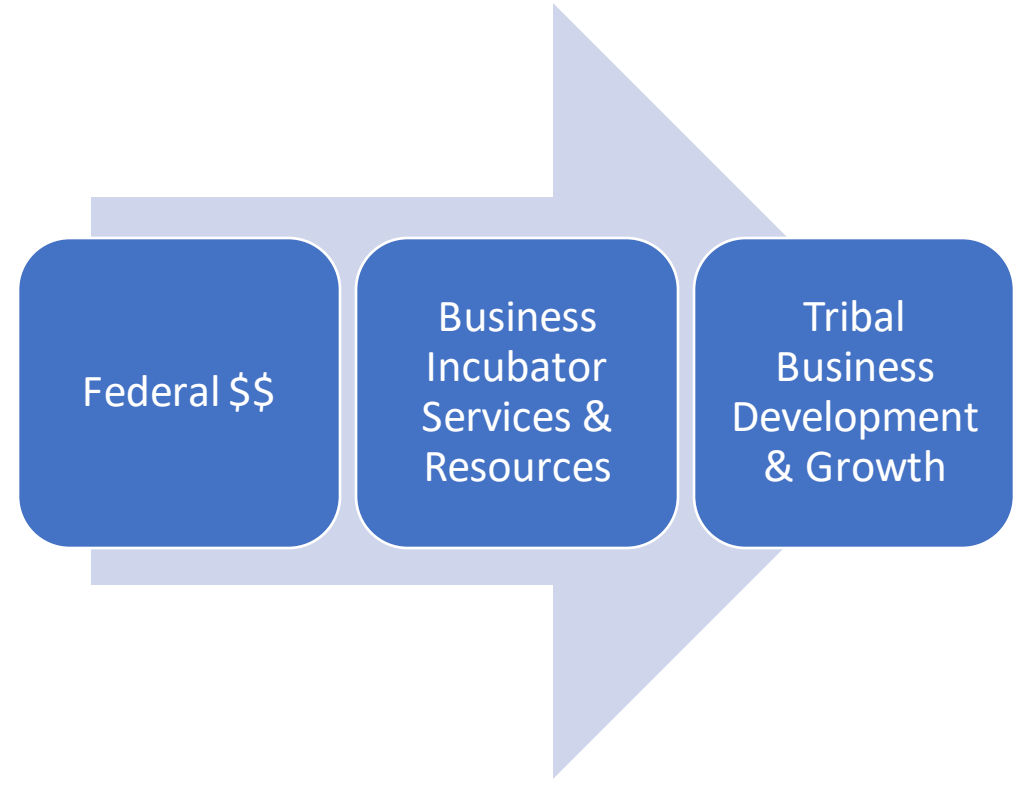
- These grants will provide individually tailored business incubation and other business services to Native businesses and Native entrepreneurs to overcome the unique obstacles they confront and provide tools necessary to start and grow businesses that offer products and services to reservation communities.
- Indian Business Incubator Program Notice of Funding Opportunity : **March 23, 2022**
- Indian Business Incubator Program Notice of Funding Opportunity Due Date: **Friday, June 17, 2022; 5:00pm EDT**



PROGRAM GOAL:
Inject economic life into reservations and tribal communities!



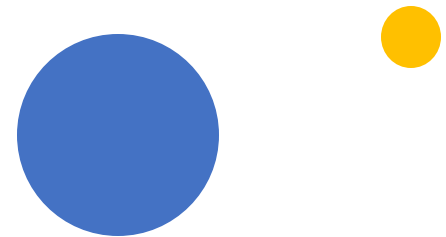
What is a business incubator?



IBIP Section IV. - The following are eligible entities (2 CFR 1187.3):

1. An Indian Tribe
2. Tribal Organizations
3. Tribal College or University
4. An Institution of Higher Education
5. A Tribe or private non-profit organization
6. Two or more eligible entities may submit a joint application

Eligibility



Indian Business Incubators Program



CFDA Number: 15.032

Award Ceiling: \$300,000 annually

Award Floor: \$100,000 annually

Cost Sharing or Matching Requirement: Yes

Number of Awards: 10 – 15

Category: Business Incubator Services

Length of Project Periods: Thirty-six (36) month project period with three 12-month budget periods, including an option for an additional three 12-month budget periods.

IBIP Application Package Requirements



Cover Page

Application for
Federal Assistance
(SF-424) [V4.0]

Cover Letter

Project Abstract
Summary [V2.0]

Project Narrative
Attachment Form
[V1.2]

Budget Information
for Non-Construction
Programs (SF-424A)
[V1.0]

Attachments [V1.2]

Key Contacts [V2.0]

Cover Page

INCLUDE:

- ✓ Category of Funding for the IBIP application: **CFDA Number: 15.032**
- ✓ Proposal Title
- ✓ Total Amount of funding requested from the Program, including non-federal share/matching amounts.
- ✓ Full and Proper Name of the applicant organization
- ✓ Statement confirming the proposed work will have the potential to reach the intended goals and objectives.
- ✓ Confirm current registration in SAM, attaching print-out from sam.gov to the cover page. See instructions and registration instructions in Appendix.
- ✓ Provide current ASAP Recipient ID with BIA. Allow 3-4 weeks to complete all steps of enrollment prior to submission deadline.
- ✓ Confirmation of other completed Mandatory Components identified in the IBIP NOFO, Section X, (SF-424, Project Abstract Summary, etc).
- ✓ Identification of partnerships such as Tribes, other Tribal Organizations or entities. This is partnerships outside of a Joint Application.



Cover Letter

A cover letter not to exceed one (1) page that summarizes the interest and intent, complete with authorized signature(s) of organization leadership. Tribal Resolutions are not necessary but are encouraged and will be accepted as support for the organization and the communities served.



Project Abstract Summary

The first paragraph of the Project Abstract Summary and Project Narrative must include:

- 1) The project title;
- 2) Basic description of the proposed business incubator location; and
- 3) services provided.

Project Narrative

- ✓ **A certification that the applicant(s):**
 - Is an eligible applicant; and**
 - Has or will designate an executive director or program manager to manage the business incubator;**
 - Agrees to:**
 - A site evaluation by the Secretary as part of the final selection process;
 - An annual programmatic and financial examination for the duration of the grant; and to the maximum extent practicable, to remedy any problems identified pursuant to the site evaluation and examination.
 - A description of the one or more reservation communities to be served by the business incubator;

- ✓ **Information demonstrating the effectiveness and experience of the eligible applicant in:**
 - Conducting financial, management, and marketing assistance programs designed to educate or improve the business skills of current or prospective businesses;
 - Working in and providing services to Native American communities;
 - Providing assistance to entities conducting business in reservation communities;
 - Providing technical assistance under business and entrepreneurial development programs for which Native businesses and Native entrepreneurs are eligible; and
 - Managing finances and staff effectively.

Project Narrative (continued)

✓ Include a three-year plan that describes:

- One-year milestone goals and objectives that coordinates with the identified budget periods;
- Number of Native businesses and Native entrepreneurs participating in the business incubator, with goal setting of anticipated number of Native businesses starting,
- Anticipated number of Native businesses to help maintain whether the business incubator will focus on a particular type of business or industry;
- A detailed breakdown of the services to be offered to Native businesses and Native entrepreneurs participating in the business incubator; and
- A detailed breakdown of the services, if any, to be offered to Native businesses and Native entrepreneurs not participating in the business incubator.

Project Narrative (continued 2)

- ✓ Applicants must provide milestones and projected outcomes of their project(s) to demonstrate a successful outcome of the grant.
- ✓ A site description of the location at which the eligible applicant will provide physical workspace.

* **Important Reminder** - The Project Narrative must not exceed 50 pages. Supplemental information such as letters of support, graphs, charts, maps, photographs and other graphic and/or other relevant information may be included in an appendix and not counted against the 50-page Project Narrative limit.

Project Narrative (continued)

✓ **The proposal should address grant awardee requirements for Entrepreneurship and Business Skills Training and Education:**

- ❖ Financial Education
- ❖ Management Education
- ❖ Marketing Education
- ❖ Mentoring and Access
- ❖ Technology

Check In Questions



Entrepreneurship and Business Skills Training and Education



Offer culturally tailored incubation services to Native businesses and Native entrepreneurs



Use a competitive process for selecting Native businesses and Native entrepreneurs to participate in the business incubator; however, awardees may still offer technical assistance and advice to Native businesses and Native entrepreneurs on a walk-in basis;



Provide physical workspace that permits Native businesses and Native entrepreneurs to conduct business and collaborate with other Native businesses and Native entrepreneurs.





Financial Education

Including training and counseling in:

- ❖ Applying for and securing business credit and investment capital;
- ❖ Preparing and presenting financial statements; and
- ❖ Managing cash flow and other financial operations of a business.



Management Education

Including training and counseling in:

- ❖ Planning;
- ❖ Organization;
- ❖ Staffing;
- ❖ Directing; and
- ❖ Controlling each major activity or function of a business or startup.



Marketing Education

Including training and counseling in:

- ❖ Identifying and segmenting domestic and international market opportunities;
- ❖ Preparing and executing marketing plans;
- ❖ Locating contract opportunities;
- ❖ Negotiating contracts; and
- ❖ Using varying public relations and advertising techniques.



Mentoring & Access

Provide direct mentorship or assistance finding mentors in the industry in which the Native business or Native entrepreneur operates or intends to operate; and

Provide access to networks of potential investors, professionals in the same or similar fields, and other business owners with similar businesses.



Technology

Each awardee must leverage technology to the maximum extent practicable to provide Native businesses and Native entrepreneurs with access to the connectivity tools needed to compete and thrive in 21st-century markets.

Additional Items to Consider:



A description of the project objectives and goals for each of the 3 years;



Deliverable products the grant expects to generate, including interim deliverables (such as status reports and technical data to be obtained) and final deliverables; and



Resumes of key consultants and personnel to be retained, if available, and the names of subcontractors, if applicable.

Contact information
Technical expertise
Training & qualifications
Suitability



Please use a descriptive file name that includes Tribal name and project description. For example:

[IBIPNarrative.Tribalname.Project](#)

Budget

Line-Item Budget

- ✓ Applicants are required to submit both a line-item budget and budget narrative.
- ✓ The project budget is for the initial budget period only (typically the first 12 months of the project).
- ✓ Identify the amount of grant funding requested.
- ✓ The project budget is entered on the Budget Information Standard Form, SF424A



SF 424A Sample - Page 1

View Burden Statement

BUDGET INFORMATION - Non-Construction Programs

OMB Number: 4040-0006
Expiration Date: 02/28/2022

SECTION A - BUDGET SUMMARY

| Grant Program Function or Activity (a) | Catalog of Federal Domestic Assistance Number (b) | Estimated Unobligated Funds | | New or Revised Budget | | |
|---|--|-----------------------------|--------------------|-----------------------|--------------------|---------------|
| | | Federal (c) | Non-Federal (d) | Federal (e) | Non-Federal (f) | Total (g) |
| 1. [Redacted] | [Redacted] | \$ [Redacted] | \$ [Redacted] | \$ [Redacted] | \$ [Redacted] | \$ [Redacted] |
| 2. [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| 3. [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| 4. [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] | [Redacted] |
| 5. Totals | | \$ [Redacted] | \$ [Redacted] | \$ [Redacted] | \$ [Redacted] | \$ [Redacted] |

<https://www.grants.gov/web/grants/search-grants.html?keywords=IBIP>

SF 424A Sample - Page 2

SECTION B - BUDGET CATEGORIES

| 6. Object Class Categories | GRANT PROGRAM, FUNCTION OR ACTIVITY | | | | Total (5) |
|--|-------------------------------------|-------------------------|-------------------------|-------------------------|-------------------------|
| | (1) | (2) | (3) | (4) | |
| a. Personnel | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| b. Fringe Benefits | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| c. Travel | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| d. Equipment | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| e. Supplies | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| f. Contractual | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| g. Construction | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| h. Other | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| i. Total Direct Charges (sum of 6a-6h) | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| j. Indirect Charges | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | \$ <input type="text"/> |
| k. TOTALS (sum of 6i and 6j) | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |
| 7. Program Income | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> | \$ <input type="text"/> |

SF 424A Sample - Page 3

| | | | | | | | | | |
|--|---------------------------------------|--------------------------------|-------------|-------------|-------------|-------------------|--|----|--|
| 8. | | \$ | | \$ | | \$ | | \$ | |
| 9. | | | | | | | | | |
| 10. | | | | | | | | | |
| 11. | | | | | | | | | |
| 12. | TOTAL (sum of lines 8-11) | \$ | | \$ | | \$ | | \$ | |
| SECTION D - FORECASTED CASH NEEDS | | | | | | | | | |
| | | Total for 1st Year | 1st Quarter | 2nd Quarter | 3rd Quarter | 4th Quarter | | | |
| 13. | Federal | \$ | | \$ | | \$ | | \$ | |
| 14. | Non-Federal | \$ | | \$ | | \$ | | \$ | |
| 15. | TOTAL (sum of lines 13 and 14) | \$ | | \$ | | \$ | | \$ | |
| SECTION E - BUDGET ESTIMATES OF FEDERAL FUNDS NEEDED FOR BALANCE OF THE PROJECT | | | | | | | | | |
| | (a) Grant Program | FUTURE FUNDING PERIODS (YEARS) | | | | | | | |
| | | (b) First | (c) Second | (d) Third | (e) Fourth | | | | |
| 16. | | \$ | | \$ | | \$ | | \$ | |
| 17. | | | | | | | | | |
| 18. | | | | | | | | | |
| 19. | | | | | | | | | |
| 20. | TOTAL (sum of lines 16 - 19) | \$ | | \$ | | \$ | | \$ | |
| SECTION F - OTHER BUDGET INFORMATION | | | | | | | | | |
| 21. | Direct Charges: | | | | 22. | Indirect Charges: | | | |
| 23. | Remarks: | | | | | | | | |

**Budget
(continued)**

Budget Narrative

Budget Narrative



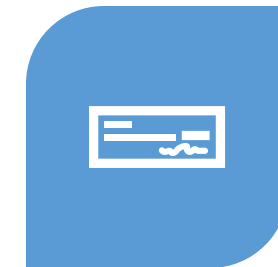
(1) INCLUDE A COMPREHENSIVE BREAKDOWN OF ALL PROJECTED EXPENDITURES.



(2) BUDGETED ITEMS MUST BE NECESSARY, RELEVANT AND REASONABLE AS THEY RELATE TO THE BUSINESS INCUBATOR PROJECT PROPOSAL.



(3) ANYTHING FOUND IN THE BUDGET MUST DIRECTLY TIE BACK TO AN ACTIVITY EXPENSE PROPOSED IN THE PROJECT.



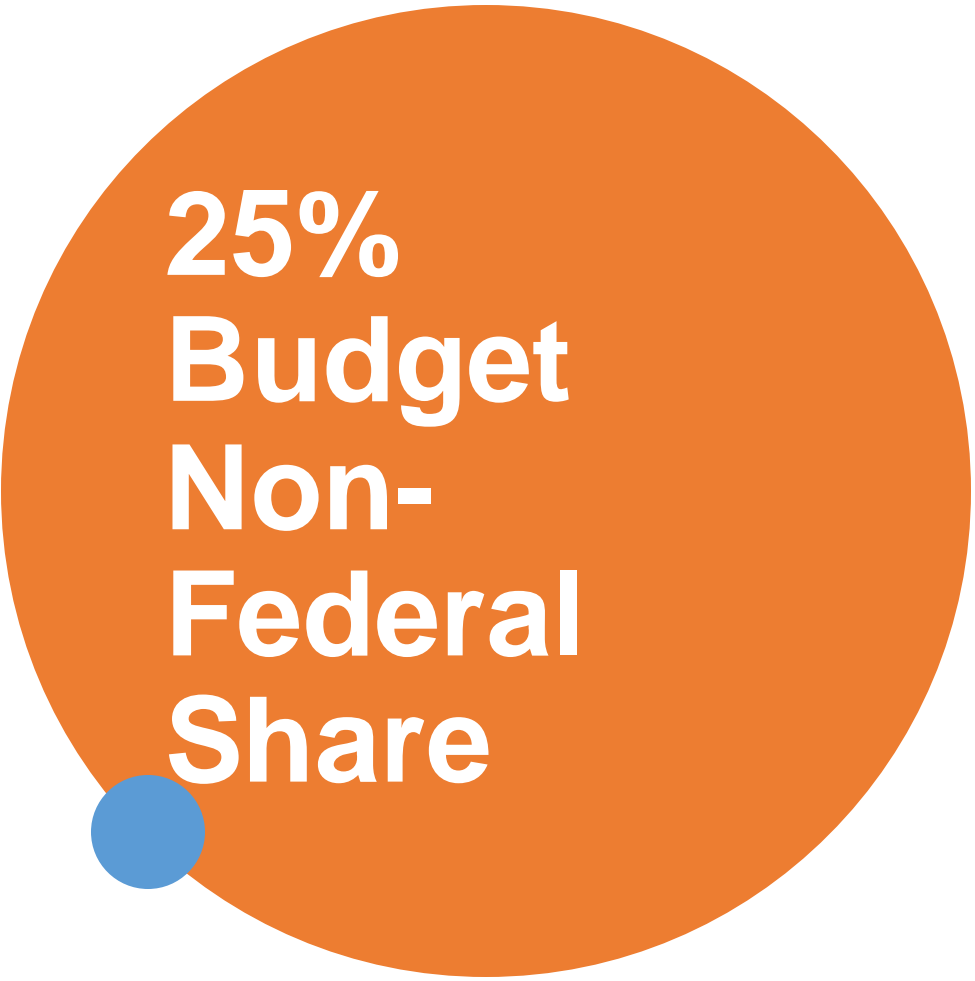

DEMONSTRATE AND COMBINE ITEMS (1) – (3) TO PROVIDE A JUSTIFICATION FOR PROPOSED PROJECT EXPENDITURES.

Budget Narrative (continued)

- Contracted personnel fees
- Consulting fees (hourly or fixed)
- Travel costs
- Advertising costs for a proposed project
- Data collection and analysis costs
- Computer rentals
- Report generation
- Drafting
- Other relevant project expenses, and their subcomponents

Budget Narrative (continued)

- Administrative Costs associated with search, review and selection of external hires, including administrative support and supervision of liaison(s).
- Salary and Fringe Benefit costs that will be coordinated with OIED to ensure salary costs are reasonable and relatively consistent across the liaison network nationwide.
- Travel costs should be itemized by airfare, vehicle rental, lodging, and per diem, based on the current Federal government per diem schedule.
- Data collection and analysis costs should be itemized in sufficient detail for the OIED review committee to evaluate the charges.
- Other expenses may include computer rental, report generation, drafting, and advertising costs for a proposed project.
- Match requirements at 25 percent of the grant amount requested must also be documented, as outlined per Section VI of the IBIP NOFO.



25% Budget Non- Federal Share

- The primary recipient is responsible for the full amount of the non-Federal match proposed.
- The application must provide commitments for the non-Federal contribution through the term of the grant.
- In-kind contributions must be necessary and reasonable for accomplishing the proposed project objective(s).

Budget Non- Federal Share (continued)

The applicant must describe and attribute fair and equitable market value (2 CFR 200.306) to any in-kind match proposed in lieu of cash, which may include, but is not limited to:

- An allowable cost under 2 CFR 200 Subpart E – Cost Principles;
- Must occur within the period of performance of the award;
- Not paid from, or sourced, from other Federal funds, programs or grants;
- Documented in project records and not be used as match with another grant.

Budget Non-Federal Share (continued 2)

- Value of services and property donated as per 2 CFR 200.306; for instance:
 - Space as measured by the value of rent
 - Materials and Equipment
 - Donated Services and Technical Assistance
- Contribution from a third party(ies) per 2 CFR 200.434.
- Projected earnings through the term of the grant.

Application for Federal Assistance SF-424

Applicants are required to complete the Application for Federal Assistance SF-424 (V4.0).

Please use a descriptive file name that includes Tribal name and project description, for example **IBIPSF424.Tribalname.Project**

The SF-424 form requires the Congressional District number of the applicant, which can be found at: <https://www.house.gov/representatives/find-your-representative>

| Application for Federal Assistance SF-424 | | |
|---|--|--|
| * 1. Type of Submission: | * 2. Type of Application: | * If Revision, select appropriate letter(s): |
| <input type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application | <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision | <input type="text"/> * Other (Specify): <input type="text"/> |
| * 3. Date Received: | 4. Applicant Identifier: | |
| <input type="text"/> | <input type="text"/> | |
| 5a. Federal Entity Identifier: | 5b. Federal Award Identifier: | |
| <input type="text"/> | <input type="text"/> | |
| State Use Only: | | |
| 6. Date Received by State: | 7. State Application Identifier: | |
| <input type="text"/> | <input type="text"/> | |
| 8. APPLICANT INFORMATION: | | |
| * a. Legal Name: <input type="text"/> | | |
| * b. Employer/Taxpayer Identification Number (EIN/TIN): | <input type="text"/> | * c. UEI: <input type="text"/> |
| d. Address: | | |
| * Street1: | <input type="text"/> | |
| Street2: | <input type="text"/> | |
| * City: | <input type="text"/> | |
| County/Parish: | <input type="text"/> | |
| * State: | <input type="text"/> | |
| Province: | <input type="text"/> | |
| * Country: | USA: UNITED STATES <input type="text"/> | |
| * Zip / Postal Code: | <input type="text"/> | |
| e. Organizational Unit: | | |
| Department Name: | Division Name: | |
| <input type="text"/> | <input type="text"/> | |
| f. Name and contact information of person to be contacted on matters involving this application: | | |
| Prefix: | <input type="text"/> | * First Name: <input type="text"/> |
| Middle Name: | <input type="text"/> | |
| * Last Name: | <input type="text"/> | |
| Suffix: | <input type="text"/> | |
| Title: | <input type="text"/> | |
| Organizational Affiliation: | | |
| <input type="text"/> | | |
| * Telephone Number: | Fax Number: | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| * Email: | <input type="text"/> | |
| <input type="text"/> | <input type="text"/> | |

SF 424 Sample Page 1

<https://www.grants.gov/web/grants/search-grants.html?keywords=IBIP>

Application for Federal Assistance SF-424

* 9. Type of Applicant 1: Select Applicant Type:

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

* Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

* 15. Descriptive Title of Applicant's Project:

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

SF 424 Sample
Page 2

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant * b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal

* b. Applicant

* c. State

* d. Local

* e. Other

* f. Program Income

* g. TOTAL

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

a. This application was made available to the State under the Executive Order 12372 Process for review on .

b. Program is subject to E.O. 12372 but has not been selected by the State for review.

c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

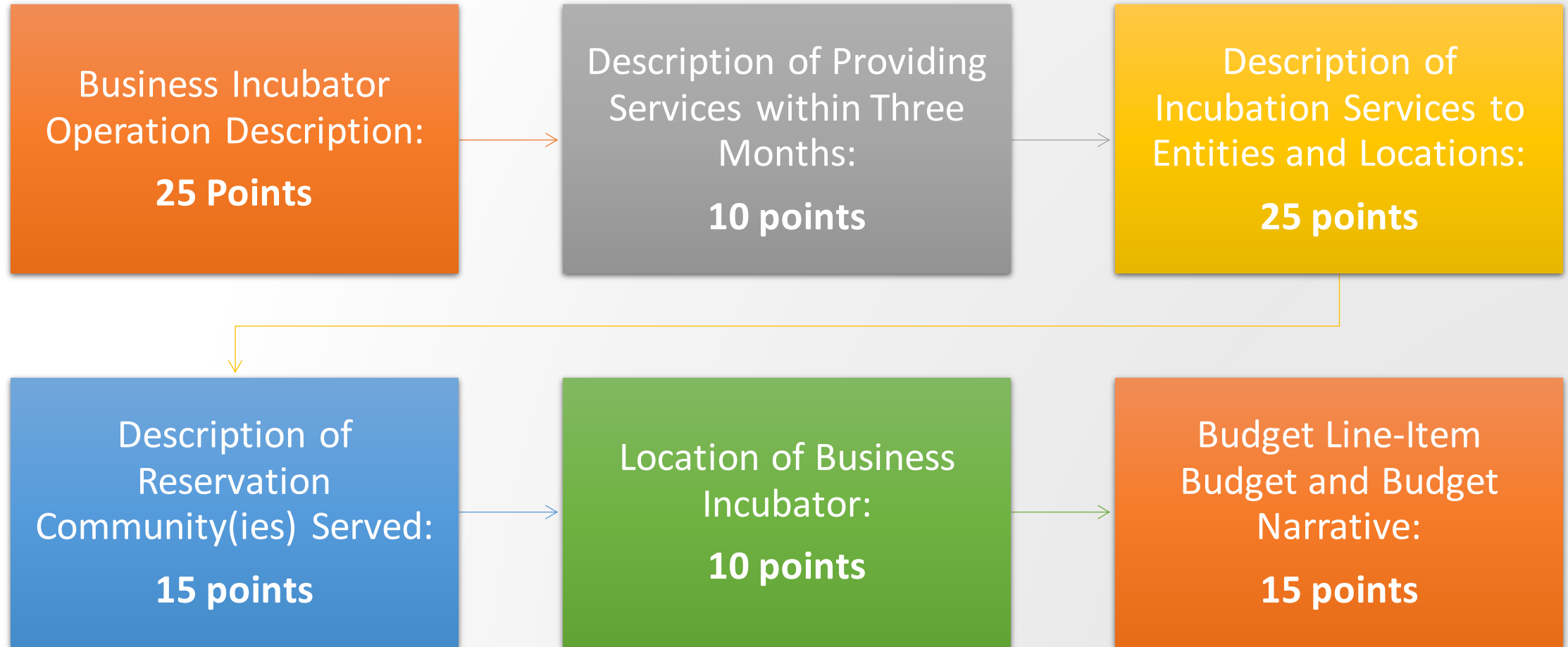
* Signature of Authorized Representative: * Date Signed:

SF 424 Sample
Page 3

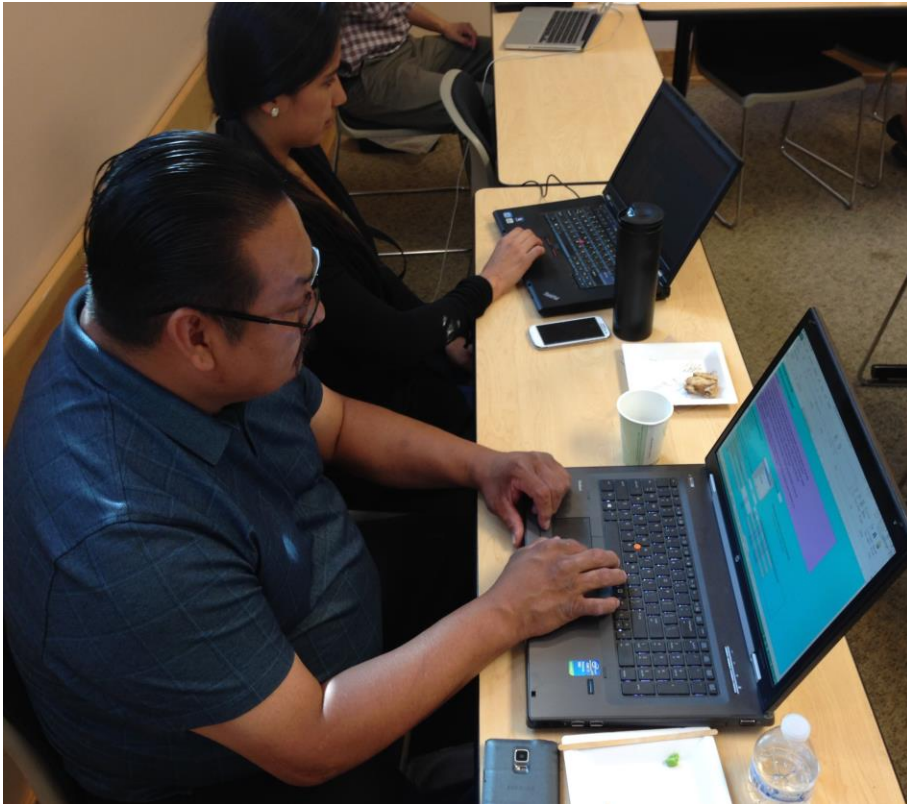
Check In



Evaluation Criteria



Business Incubator Operation Description (25 Points)



Describe business incubator which imparts entrepreneurship and business skills to Native businesses and Native entrepreneurs demonstrated by the experience and qualifications of the eligible applicant.



Milestone goals, objectives and outcomes of the project proposal must outline incubator success parameters and deliverables through the term of the grant.

Providing Services Within Three Months (10 Points)

The Applicant proposal must demonstrate the ability for the incubator to begin providing services within three months from the date of award.



Describe Incubation Services to Entities and Locations (25 Points)



Points will be awarded based on the Applicant's ability to provide quality incubation services to a **significant** number of Native businesses and Native entrepreneurs or provide such services at geographically remote locations where quality business guidance and counseling are difficult to obtain.



The Applicant will have broad discretion in determining what structure their competitive process will be in selecting participants into their incubator program.



Determine appropriate curriculum, training and program completion requirements that determine participant "graduation."

Describe Reservation Community(ies) Served (15 Points)

- 1) Demonstrate experience in providing services in Native American/Alaska Native communities.
- 2) Identify one or more reservation communities regardless if the communities are near their own Tribe's homelands.
- 3) Demonstrate they are serving a diverse population.



Location of Business Incubator (10 Points)

Applicant must have a location secured that provides physical space to its participating businesses. Whereas the applicant does not have to be in possession of the proposed site at the time of application, it must be secured as soon as services are provided.



Line-Item Budget and Budget Narrative (15 Points)

- 1) Points will be awarded based on the reasonableness of the proposed IBIP project costs aligned with the type and range of activities and expected outcomes and benefits.
- 2) The application includes a strong plan for oversight of federally awarded funds and activities.
- 3) The budget includes expenses for travel and accommodation costs for two IBIP representatives to attend the 1½ day IBIP annual grantee meeting in Washington, DC, or another regional location.



Special Notes

- System for Award Management (SAM) number used to apply is active, not expired, with a current Unique Entity Identifier (UEI) number on the SF-424;
- Applicants *must* have an ASAP number for the Bureau of Indian Affairs to be eligible; and
- Project location by congressional district number(s) - where the project is located.



Indian Business Incubator Program - Notice of Funding Opportunity

It is important to read the *entire* Notice of Funding Opportunity found at:
<https://www.grants.gov/web/grants/view-opportunity.html?oppld=338864>

How to apply in Grants.gov at:
<https://www.grants.gov/help/html/help/Applicants/HowToApplyForGrants.htm>

Register in Grants.gov at:
<https://www.grants.gov/help/html/help/Registrar/Register.htm>



Questions



Technical Assistance

Please direct further questions following the webinar to:

- Indian Affairs - Office of Indian Economic Development
- Division of Economic Development
- Indian Business Incubator Program
- Pre-application Technical Assistance
- Click on IBIP link
- Fill out TA Request Intake Form



BIA OIED Business Incubator Applicant Intake Form

Please complete the following intake form to request Pre-Application Technical Assistance.



Email *

Phone Number *

Tribe

State *

Institution

- Higher Education
- College
- University
- Non Profit

Joint Application

- Yes
- No

NOFO TA Questions

Application Title

Nyá:wę!
Thank
you.

OIED WEBSITE
<https://www.bia.gov/as-ia/ied>

