

# Small Business Resiliency Network Membership Application

Organizations interested in being considered for membership in the Network should review the solicitation document located here

[https://www.commerce.wa.gov/wp-content/uploads/2021/11/SBRN\\_Member\\_Solicitation\\_12-1-2021.pdf](https://www.commerce.wa.gov/wp-content/uploads/2021/11/SBRN_Member_Solicitation_12-1-2021.pdf)

---

## Instructions on how to apply

- > Review the solicitation (linked above) to determine if the organization meets all eligibility criteria.
- > Review the solicitation (linked above) to determine if the Scope of Work aligns well with the organization's capabilities.
- > Attend or view an Information/Listening Session (linked above) or schedule time to talk (phone or email) directly with the SBRN Director.
- > If both the eligibility criteria and Scope of Work are a good fit for the organization, complete and submit this Membership Application in its entirety.

---

## ORGANIZATION INFORMATION

**Organization Name \***

**Primary Contact Name \***

**Primary Contact Title \***

**Primary Contact Email Address \***

**Primary Contact Phone Number \***

**Organization's Physical Address \***

Street/City/Zip Code

**Nonprofit status \***

Is the organization recognized/registered in the state of Washington as a nonprofit?

**Trusted Community Messenger \***

Briefly summarize the organization's experience as a trusted community messenger supporting historically marginalized and underserved community members and small businesses. Include the primary ways the organization provides outreach and technical assistance to small businesses. The term "small business" includes entrepreneurs, small businesses and nonprofits.

**Geographic Area \***

List the primary geographic areas the organization currently serves and is established as a trusted messenger. At a minimum, list County(ies) served or indicate Statewide if applicable. If city or neighborhood specific, please list. Include only those areas that are currently served.

**Reach \***

What is the estimated number of small businesses in the community(ies) you serve that the organization could potentially reach with outreach methods such as distribution lists, print and digital media? Please explain.

**Community(ies) Served \***

Indicate the historically marginalized and underserved communities that are the primary focus of the organization, for which the organization is a trusted messenger (mark all that apply).

**Organizational Makeup - Board \***

List the percentage of the organization's board of directors that are reflective of the community(ies) served.

 %

**Organizational Makeup - Executive Leadership \***

List the percentage of the organization's executive management staff that are reflective of the community(ies) served.

 %

**Organizational Makeup - Staff \***

List the percentage of the organization's non-management level staff that are reflective of the community(ies) served.

 %

**Organizational Makeup - Volunteers \***

List the percentage of the organization's key volunteers that are reflective of the community(ies) served.

 %

**Debarment \***

Is the organization or any of its principals presently debarred, suspended, proposed for debarment, or declared ineligible from entering into any Federal contracts?

NOTE: Marking "yes" does not automatically disqualify organization from membership.

**ORGANIZATIONAL CHART**

Upload your organizational chart here.

Additionally, if you are constrained by character count in any of the narrative responses, you may write the question and your response on a Word document and attach here.

**File Upload \***

Drag and drop files here or [browse files](#)

**ATTESTATIONS**

Select "Yes" to confirm your attestation to each of the statements below

**I attest that I am authorized to submit this application on behalf of the organization. \***

**I attest that I have read the Scope of Work and can commit the organization to performing the tasks listed. \***

**I attest that the organization currently has or will obtain a license to do business in Washington state. \***

Select ▼

**I attest that the organization does not unlawfully discriminate with regard to employees, volunteers, delivery of programs or services, or clients served based on age, sex, religion/creed, race, color, national or ethnic origin, sexual orientation, gender identity or expression, disability, marital status, military or veteran's status, pregnancy, or genetic information. \***

Select ▼

**I attest that the information provided in this application and the information provided in any supporting documents and forms is true and accurate in all material respects. I also understand that any false statements or deliberate omissions on this application may subject me and/or the organization to legal action for fraudulent misrepresentation. \***

Select ▼

SIGNATORY

**Electronic Signature \***

Full name and title of the person submitting this application

Send me a copy of my responses

Submit