NACo FSC New Initiative Application

NACo FSC is seeking partnership opportunities with qualified vendors to provide new or enhanced offerings to the nation’s 3100+ counties. New initiatives, to include products, programs and services, must show a demonstrated need by county or other public agencies.

NACo FSC intends to integrate the new initiatives accepted through this application and assessment process into the NACo FSC service portfolio. New initiatives will be rebranded to incorporate NACo FSC’s marketing identity and will be offered and promoted by NACo FSC staff to NACo’s county members. New initiatives must provide an adequate return on investment to NACo FSC for its marketing and administrative expenses. Please note that this is not an endorsement program, but a full partnership in marketing and program advancement opportunities.

Interested vendors are encouraged to complete the attached application to begin the assessment process.

Applicant Contact Info:

Applicant name: ________________________________________________________________
Applicant email: ______________________________________________________________
Applicant phone: _____________________________________________________________
Business name: ______________________________________________________________
Business website: _____________________________________________________________
Designated representative name and contact info: ________________________________

Initiative Details:

Please describe in detail your initiative, its purpose, and its expected outcomes. Please highlight what solution your initiative will bring to an existing public agency need or problem:

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Please specify the initiative’s age and please describe your plans for its refresh or enhancement:

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___________________________________________________________________________________________
___________________________________________________________________________________________

Initiative Benefits and Costs:

Please describe how the initiative will benefit counties or other public agencies:

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___________________________________________________________________________________________
___________________________________________________________________________________________

Please quantify the expected benefits:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Please quantify the expected costs and describe in detail what is included in the cost projections:

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

**Audience and acceptance potential of new initiative:**

Please describe the intended audience for this new initiative. Is it designed for all county governments, regardless of size or is it size-based? Is it available nationwide or is it limited to specific geographic regions? Is it targeted only to county governments or will it be of interest to cities, schools, or other public agencies? Are there limitations to its scalability?

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___________________________________________________________________________________________
___________________________________________________________________________________________

Please describe how your business has evaluated the county need and marketability for the new initiative:

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___________________________________________________________________________________________
___________________________________________________________________________________________

**Current use of initiative:**

Has the initiative been implemented in counties? Y or N; if yes, please specify length of use and provide references and contact information:

___________________________________________________________________________________________
___________________________________________________________________________________________

In other local governments? Y or N; if yes, please describe the local government, specify length of use and provide references and contact information:

___________________________________________________________________________________________
___________________________________________________________________________________________

In other agencies? Y or N; if yes, please describe the agency, specify length of use, and provide references and contact information:

___________________________________________________________________________________________
___________________________________________________________________________________________

**Competition:**

Please identify what other similar products exist and describe how this initiative differs or improves upon its competitors:

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___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Corporate Structure and Vendor Details:

Please describe the corporate ownership structure of the initiative, state of incorporation and whether there are any ownership issues:

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___________________________________________________________________________________________

___________________________________________________________________________________________

How many years has the vendor been in business? ____________________________________________

How many years has the vendor owned and marketed the initiative? _____________________________

What other product lines are owned or marketed by the vendor?

___________________________________________________________________________________________

___________________________________________________________________________________________

Has the vendor been designated as an historically under-utilized business (HUB)? Y or N, a disadvantaged business enterprise (DBE)? Y or N, or a small women-owned and minority-owned business (SWaM)? Y or N;

If yes, by what governmental agency? ______________________________________________________

Vendor customer base:

Please describe the vendor’s customer base, including number and type of customers:

___________________________________________________________________________________________

___________________________________________________________________________________________

Vendor workforce:

Please describe the vendor’s workforce, including the number of employees and general position titles:

___________________________________________________________________________________________

___________________________________________________________________________________________

___________________________________________________________________________________________

Vendor financials:

Please attach or provide a link to the vendor’s most recent financial statements.

Vendor affiliation with counties:

Please specify whether the vendor or its workforce is affiliated with a county government or other governmental entity and describe that relationship:

___________________________________________________________________________________________

Vendor criminal history:

Has the vendor or any of its principals been convicted of a felony or misdemeanor? Y or N; if yes, please specify the situation, date, and resolution of the conviction:

___________________________________________________________________________________________

___________________________________________________________________________________________