



## County of Santa Clara/Metropolitan City of Florence, Italy Sister County Commission

### Florentine Young Entrepreneurs Technology Grant

The County of Santa Clara and the Metropolitan City of Florence have a Sister County relationship that promotes exchange of art, commerce, culture, education, and technology. The Commission is offering grants to young entrepreneurs who participate in recognized incubator or accelerator programs located in Santa Clara County.

The Commission may approve grants toward the participation in the program, of one or more participants, depending on applicant's qualification and goals highlighted in his/her application package. The grant is dispersed in one increment, and it will be awarded after submission of a letter of completion of the program to the Commission.

Additionally, TVLP Institute Silicon Valley (<https://www.tvlp.co/>) will match dollar-for-dollar the County of Santa Clara/Metropolitan City of Florence, Italy Sister County Commission Technology Grant for one or more successful applicant(s) who will attend a TVLP Institute one-week immersive program.

The Commission welcomes donations and matching grants from businesses, organizations, and members of the community who share the Commission's goal. If you would like to help the Commission promote diversity, equality and intercultural understanding through the exchange of technology, education, civic engagement and culture between the two regions, you can reach us at: [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org) or call (408) 299-5115.

Amount awarded: 1 (one) recipient: \$2,000 or 2 (two) recipients: \$1,000 each

#### **Applicant eligibility:**

1. Applicant must be at least 21 years old.
2. Applicant must be a resident of the Metropolitan City of Florence for at least six months while studying at a university in the Metropolitan City of Florence or reside in the Metropolitan City of Florence for at least six continuous months immediately prior to applying for this grant. If selected, applicant will be asked to provide a copy of a 'certificato di residenza' to prove residency.
3. Applicant must participate in an incubator or accelerator program with a registered office in Santa Clara County. If selected, applicant will be asked to provide a copy of an official letter of acceptance from the program.
4. Applicant must successfully complete the program. A letter attesting successful completion of the program will be required.
5. Recipient of the Sister County Commission Florentine Young Entrepreneurs Technology Grant is expected to promote cross-cultural awareness and relationship building opportunities in Santa Clara County and contribute to the promotion of the County of Santa Clara, CA USA/Metropolitan City of Florence, Italy Sister County Commission mission upon returning to Florence, Italy. To learn more about the Sister Counties mission, visit: [www.sccgov.org/florence](http://www.sccgov.org/florence)

#### **How to apply:**

1. Complete the application cover letter
2. Submit a video grant application (see instructions on page 5)
3. Submit a statement of purpose (no more than one page double-spaced)
4. Submit a resume. Please attach your resume as a PDF with file name in the following format:  
Firstname\_Lastname.PDF

5. Submit a letter of recommendation using the form provided (see page 6). Recommendation does not need to accompany the grant application; however, it is subject to the same deadline. The person should indicate how they know the applicant and provide details about how the grant would help the applicant.

Application cover letter, video link, statement of purpose, CV and letter of recommendation must be submitted electronically to [admissions@tvlp.co](mailto:admissions@tvlp.co) (if applicant will participate in an incubator program with TVLP) or [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org) (all other applicants).

**Upon completion of the program, grant recipients must:**

- Complete appropriate tax forms before a check will be issued
- Submit a letter of completion (letter must be obtained from the program)
- Write an evaluative report (include some photos) about his/her experience for future applicants

If you have any question about your eligibility or the application process, please contact us via email at [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org) or call (408) 299-5115.

**Timeline and deadlines:**

**Application Deadline:**

Applications accepted until current grant is awarded

**Notification by:**

Approx. 4 months after submission

**Follow up interviews will be conducted at the discretion of the Commission.**



**County of Santa Clara/Metropolitan City of Florence, Italy  
Sister County Commission**

**Florentine Young Entrepreneurs Technology Grant  
Cover Letter**

*Please type or print clearly. Complete all sections of this application cover letter.*

**Name:** \_\_\_\_\_  
(First) (Middle initial) (Last)

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Links to professional profiles: (LinkedIn, CV, etc.):**

\_\_\_\_\_

**Link to your video (on YouTube):** \_\_\_\_\_

- 1. Tell us how you learned about the Sister County Florentine Young Entrepreneurs Technology Grant.**
- 2. List the name, address and phone number of the incubator or accelerator program (in Santa Clara County) to which you have been admitted.**
- 3. Briefly explain your interest in the program in which you applied.**
- 4. How long have you lived in the Metropolitan City of Florence?**

5. List in chronological order academic and non-academic honors, activities, organization affiliations or participation, community engagement and/or employment experience most relevant to your application.

**Applicants must demonstrate the ability to pay the costs above and beyond the amount provided by the grant. Please indicate the estimated cost of the program, as well as the amount and source(s) of funds available.**

**Estimated total cost of program: \$** \_\_\_\_\_  
(Tuition, fees, housing, meals, transportation, personal expenses, etc.)

**Source(s) of total funds:** \_\_\_\_\_

I certify that the information given in this application, including all supporting documentation and residency requirement, is true and correct.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



## County of Santa Clara/Metropolitan City of Florence, Italy Sister County Commission

### Florentine Young Entrepreneurs Technology Grant Video

Applicant is required to submit a short 3-5 minute video. The video should address and answer the following:

- How do you connect with the mission of our Commission? How do your professional and personal goals align with the Metropolitan City of Florence, Italy Sister County Commission mission?
- How will you further the Sister County Commission mission? How do you intend to contribute to promote the mission of the Commission? What strengths, abilities, and contacts will help you successfully carry out this obligation?
- What qualities and personal/professional experiences have had a particular impact on you? Briefly describe a most meaningful experience or share a story that has had an impact on your life and tell us why.
- Why do you think you would be a good ambassador of the Metropolitan City of Florence Sister County Commission?

The video should be uploaded to YouTube and shared with the Technology Grant Committee. You may keep your video private.



County of Santa Clara/Metropolitan City of Florence, Italy  
Sister County Commission

Florentine Young Entrepreneurs Technology Grant  
**Grant Recommendation Form**

*The Technology Committee appreciates your willingness to comment on the applicant's strengths and potential for success. Your responses will be given serious consideration in the evaluation of the applicant's ability to benefit from the program for his/her career goals. You may use the reverse for additional comments. You may also write this recommendation on official letterhead, but please address all the questions.*

Name of the grant applicant: \_\_\_\_\_  
(First) (Middle Initial) (Last)

- 1. How long and in what capacity have you known the applicant?**
- 2. Describe the strengths of the applicant and his/her potential for success in the program?**
- 3. How would you rate the applicant's motivation and initiative in pursuing his/her career goals?**
- 4. In what way would the opportunity to participate in an incubator program in Santa Clara County contribute to the applicant's professional development?**

Name \_\_\_\_\_

Signature \_\_\_\_\_

Title/Position \_\_\_\_\_

Employer \_\_\_\_\_

Telephone # \_\_\_\_\_

Email \_\_\_\_\_

Date \_\_\_\_\_

\*Please return this recommendation form via email to [admissions@tvlp.co](mailto:admissions@tvlp.co) (if applicant will participate in an incubator program with TVLP) or [sistercounties@ceo.sccgov.org](mailto:sistercounties@ceo.sccgov.org) (all other applicants).