Program Questions: ConnectALL – Digital Equity Program Capacity Grant

Q_16860

Are you responding to the ConnectALL Digital Equity Program Capacity Grant Application?

Q_16861

Has the Applicant been in operation for a minimum of three years with a demonstrated track record of working in New York State serving Covered Populations?

Q_12603

Is the applicant a DBA?

- This is a conditional question.
    1. If **Yes** is selected then **Q_550** will be displayed

Q_550

What is the applicant's DBA name?

- This is a conditional question based on the answer to **Q_12603**. This question displays when selecting the answer: "**Yes**"

Q_546

Organization Legal Name

Q_547

Contact First Name

Q_1049

Contact Last Name

Q_1050

Contact Title

Q_3688

Contact Street Address

Q_3689

Contact City

Q_3690

Contact State

Q_3691

Contact ZIP Code (please use ZIP+4 if known)

Q_562

Primary Contact Phone Number. (please include area code)

Q_3692

Contact Email

Q_1052

Additional Project Contact First Name

Q_970

Additional Project Contact Last Name

Q_1051

Additional Contact Title

Q_3697

Additional Contact Telephone Number (please include area code)

Q_561

Additional Contact Email Address

Q_16811

Complete and upload the Applicant/Project Team Details Template (in Excel format) to provide details on the Applicant and any/all Project Team members. Name the file using the following naming convention: "ApplicantName_ProjectTeamDetails_MM.DD.YY"

Q_16812

Upload a single PDF file containing current resumes of maximum three key personnel leading implementation of the Proposed Project. Name the file using the following naming convention: "ApplicantName_Resumes_MM.DD.YY"

Q_16813

Upload a PDF file of the Applicant Entity/Organization's 501(c)(3) form and/or other qualifying certification, establishing the applicant as either a nonprofit organization that is exempt from federal income tax under section 501 (c) (3) of the US Internal Revenue Code or otherwise eligible as per the RFA. Name the file using the following naming or like convention: "ApplicantName_501c3_MM.DD.YY"

Q_16814

Upload a PDF file of the Applicant Entity/Organization's latest Return of Organization Exempt From Income Tax Form (990 Form). Name the file using the following naming convention: "ApplicantName_990_MM.DD.YY".

Q_16815

Upload a single PDF file containing copies of audited or certified financial statements for the last three fiscal years. Name the file using the following naming convention: "ApplicantName_FinancialStatements_MM.DD.YY".

Q_16816

Complete and upload the Project Costs & Milestones Template (in Excel format). Name the file using the following naming convention: "ApplicantName_ProjectCostsAndMilestones_MM.DD.YY"

Q_16817

Upload up to 3 Letters of Support from local, county, and/or Tribal governments whose jurisdictions overlap with the proposed project and/or public, private, and nonprofit entities. Combine multiple files into a single .zip file if needed and name the file using the following naming convention: "ApplicantName_LettersOfSupport_MM.DD.YY."

Q_16877

Upload Match Contribution Waiver Request using the following naming convention: "ApplicantName_MatchContributionWaiverRequest_MM.DD.YY."

Q_16862

Applicant Website URL

Q_16088

Application Point of Contact – EIN (enter as digits only, no dashes or spaces)

Q_16818

Applicant Entity Type

- Choice Options: Not-for-Profit Entity, Community Anchor Institution, Digital Equity Coalition or Network, County, City, Town, Village, Tribal Nation, Other Local Political Subdivision, Other (please specify)
- This is a conditional question.
    1. If **Not-for-Profit Entity** is selected then **Q_16820** will be displayed
    2. If **Other (please specify)** is selected then **Q_16819** will be displayed

Q_16819

Applicant Entity Type – Other (please specify)

- This is a conditional question based on the answer to **Q_16818**. This question displays when selecting the answer: **"Other (please specify)"**

Q_16820

If a Not-for-Profit Entity, did you upload 501 (c) 3 attached as requested per Q_16813?

- This is a conditional question based on the answer to **Q_16818**. This question displays when selecting the answer: **"Not-for-Profit Entity"**

Q_16825

Is this a Partnership Application?

- This is a conditional question.
  1. If **Yes** is selected then these questions will be displayed:
     - **Q_16824**
     - **Q_16826**
     - **Q_16827**
     - **Q_16828**
     - **Q_16829**

Q_16824

In what capacity has the proposed Project Team worked together previously? If not together, what previous experience does the Applicant and its partners have implementing multi-organization programs or other collaborations?

- This is a conditional question based on the answer to **Q_16825**. This question displays when selecting the answer: **"Yes"**

Q_16826

Does the Applicant intend to fund subrecipients as part of the Proposed Project?

- This is a conditional question.

1. If **Yes** is selected then these questions will be displayed:
    - **Q_16830**
    - **Q_16831**
- This is a conditional question based on the answer to **Q_16825**. This question displays when selecting the answer: "**Yes**"

Q_16827

Why is the proposed partnership best-positioned to address the barrier identified for this Covered Population?

- This is a conditional question based on the answer to **Q_16825**. This question displays when selecting the answer: "**Yes**"

Q_16829

Explain the governance structure for the Proposed Project and how the partnering organizations will make decisions.

- This is a conditional question based on the answer to **Q_16825**. This question displays when selecting the answer: "**Yes**"

Q_16830

Describe the Applicant's experience with re-granting or sub-contracting funds to other organizations. Will the Applicant use a similar approach for this project or will there be changes to the approach?

- This is a conditional question based on the answer to **Q_16826**. This question displays when selecting the answer: "**Yes**"

Q_16831

How will the Applicant ensure funds are efficiently disbursed to sub-award recipients and that the appropriate financial controls are in place?

- This is a conditional question based on the answer to **Q_16826**. This question displays when selecting the answer: **"Yes"**

Q_16821

Does the Applicant have previous experience receiving and administering grant funding?

- This is a conditional question.
    1. If **Yes** is selected then these questions will be displayed:
        - **Q_16822**
        - **Q_16823**

Q_16822

Describe Applicant's experience managing and administering/grant funding.

- This is a conditional question based on the answer to **Q_16821**. This question displays when selecting the answer: **"Yes"**

Q_16823

What steps did the Applicant take to ensure compliance with grant funding requirements?

- This is a conditional question based on the answer to **Q_16821**. This question displays when selecting the answer: **"Yes"**

Q_16833

Covered Population(s) to be served by the proposed project

- Choice Options: Individuals who live in covered households, aging individuals, incarcerated individuals (other than individuals who are incarcerated in a Federal correctional facility), veterans, individuals with disabilities, individuals with a language barrier (e.g. English learners and/or low levels of literacy), individuals who are members of a racial or ethnic minority group, individuals who primarily reside in a rural area, Other population(s) (please specify)

Q_16834

If applicable, please specify the other population(s) to be served by the proposed project.

Q_16832

Measurable Objective(s) to be addressed by the proposed project

- Choice Options: Online accessibility and inclusivity of public resources and services, Digital literacy, Awareness of online privacy and cybersecurity, Availability and affordability of consumer devices and technical support for those devices

Q_16835

Outcome Area(s) to be addressed by the proposed project

- Choice Options: Employment and job readiness, Education, Health, Civic engagement, Access to essential government services?

Q_16836

Estimated total number of individuals to be served or reached over the grant period by the Proposed Project

Q_16837

Barrier to be addressed: What digital equity barrier(s) does the Proposed Project seek to address?

Q_16838

How has the Applicant identified these barriers for the Covered Population(s) it serves?

Q_16839

Describe the Proposed Project. Include project goals, measurable objectives, and specific activities.

Q_16840

Why is the Proposed Project, and its selected measurable objective(s), an effective solution to the digital equity barrier identified above?

Q_16841

What are the strengths and interests of the Covered Population that will be enhanced or supported by this Proposed Project?

Q_16842

What is the Applicant's direct knowledge of, and experience working with, the Covered Population(s) identified above? If the Applicant is applying on behalf of a multi-partner collaboration, the response should include the knowledge and expertise of the partners as well.

Q_16843

Is the Applicant is expanding services or programs to new Covered Populations?

- This is a conditional question.
    1. If **Yes** is selected then **Q_16844** will be displayed

Q_16844

How will Applicant expand services and/or programs to engage new Covered Populations and what experience does the Applicant have with expanding programs to reach new populations?

- This is a conditional question based on the answer to **Q_16843**. This question displays when selecting the answer: "**Yes**"

Q_16845

How will Applicant reach their target Covered Population(s) and encourage participation in the Proposed Project?

Q_16846

How will the Proposed Project incorporate feedback from participants served by the Project regarding effectiveness, improvements, or other solutions to address the barriers they face?

Q_16828

What unique strengths does each partner organization bring to achieve the goals of the Proposed Project?

Q_16847

What program, service, or partnership challenges might the Proposed Project encounter? How will the Applicant manage those challenges?

Q_16848

What will be improved or different for the Covered Populations served because of this Proposed Project?

Q_16850

How will the Applicant asses if the Project has achieved its goals as described in Q_16839

Q_16851

What outputs will the Proposed Project produce? Examples may include, but are not limited to: hours of training to be provided, number of curricula or workshops to be developed, number of devices to be distributed, number of navigators credentialed, staff trained, events held, as applicable. Estimate numbers and types in the response.

Q_16852

How will these Proposed Project outputs support improvements for the served Covered Populations?

Q_16855

How will the Proposed Project assess progress towards its stated goals above? Include methods and data that will be used to make this assessment.

Q_16853

How will the Proposed Project strengthen the capacity of New York's digital equity ecosystem?

Q_16854

How will the Proposed Project share new assets and outputs, where applicable, with other providers and practitioners to better serve Covered Population(s)?

Q_16856

How will Applicant sustain activities and/or impacts beyond the grant period?

Q_16858

What other funding sources will Applicant contribute to project costs to implement the Proposed Project?

Q_16878

Will the Applicant apply for a match contribution waiver?

Q_16857

Enter your name to certify that you/the Applicant understands that funds for this Program will be disbursed in arrears as reimbursement following completion of milestones and submission of invoices and proof of payment. Failure to enter your name may result in your application being deemed ineligible.

Q_16859

By entering your name in the box below, you certify that you are authorized on behalf of your organization and its governing body to submit this application. You further certify that all of the information contained in this application and in all statements, data and supporting documents which have been made or furnished for the purpose of receiving assistance for the project described in this application, are true, correct and complete to the best of your knowledge and belief. You acknowledge that offering a written instrument knowing that the written instrument contains a false statement or false information, with the intent to defraud the State or any political subdivision, public authority, or public benefit corporation of the State, with the knowledge or belief that it will be filed with or recorded by the State or any political subdivision, public authority, or public benefit corporation of the State, constitutes a crime under New York State Law.