Program Questions:
ConnectALL – Digital Equity Program: Innovations in Digital Equity & Access (IDEA) Grant

Q_19291

Is the Applicant responding to the ConnectALL Digital Equity Program: Innovations in Digital Equity & Access (IDEA) Grant Application?

- Question Type: Threshold
- Required: Yes
- Answer Type: Yes/No
- Question Requirements:
  - The mission of the New York State Urban Development Corporation d/b/a Empire State Development (ESD) is to promote a vigorous and growing state economy, encourage business investment and job creation, and support diverse, prosperous local economies across New York State through the efficient use of loans, grants, tax credits, real estate development, marketing, and other forms of assistance. The expansion of safe, reliable, affordable, high-speed internet access is key to growing New York's economy and increasing economic opportunity for everyone in the state. ConnectALL is Governor Kathy Hochul's initiative to address the digital divide, transform the state's digital infrastructure, and ensure that all New Yorkers have access to high-speed, reliable, and affordable broadband internet service . Through the Working to Implement Reliable and Equitable Deployment of Broadband Act (WIRED Broadband Act), the New York State Legislature confirmed that this initiative is consistent with the economic development purpose of Empire State Development. To that end, Empire State Development's ConnectALL Office, as the entity responsible for implementing the ConnectALL initiative, offers grants through multiple programs to close the digital divide, promote a robust broadband marketplace, and ensure all homes and businesses have access to safe, reliable, affordable, high-speed internet.?
  - ConnectALL's Digital Equity Program specifically addresses the opportunities to improve how people can use the internet through increased skills, access to digital devices, and with the appropriate technical support.

Q_19327

Has the Applicant operated for a minimum of three years in New York State serving New York residents?

- Question Type: Threshold
- Required: Yes
- Answer Type: Yes/No

Q_12603

Is the applicant a DBA?

- Question Type: Basic
- Required: Yes
- Answer Type: Yes/No
- 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?

- Question Type: Basic
- Required: Yes
- Answer Type: Short Answer
- 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

- Question Header: Applicant Information
- Question Type: Basic
- Required: Yes
- Answer Type: Short Answer
- Question Requirements:

  If applying in the name of a business please type in the name as it appears on your business papers. If applying as an individual insert your name here.

Q_547

Contact First Name

- Question Type: Basic
- Required: Yes
- Answer Type: Short Answer

Q_1049

Contact Last Name

- Question Type: Basic
- Required: Yes
- Answer Type: Short Answer

Q_1050

Contact Title

- Question Type: Basic
- Required: No
- Answer Type: Short Answer

Q_3688

Contact Street Address

- Question Type: Basic
- Required: Yes
- Answer Type: Short Answer

Q_3689

Contact City

- Question Type: Basic
- Required: Yes
- Answer Type: Short Answer

Q_3690

Contact State

- Question Type: Basic
- Required: Yes
- Answer Type: State Dropdown

Q_3691

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

- Question Type: Basic
- Required: Yes
- Answer Type: Zip Code

Q_562

Primary Contact Phone Number. (please include area code)

- Question Type: Basic
- Required: Yes
- Answer Type: Phone

Q_3692

Contact Email

- Question Type: Basic
- Required: Yes

- Answer Type: Email

Q_1052

Additional Project Contact First Name

- Question Type: Basic
- Required: No
- Answer Type: Short Answer

Q_970

Additional Project Contact Last Name

- Question Type: Basic
- Required: No
- Answer Type: Short Answer

Q_1051

Additional Contact Title

- Question Type: Basic
- Required: No
- Answer Type: Short Answer

Q_3697

Additional Contact Telephone Number (please include area code)

- Question Type: Basic
- Required: No
- Answer Type: Phone

Q_561

Additional Contact Email Address

- Question Type: Basic
- Required: No
- Answer Type: Email

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".

- Question Type: Attachment
- Required: Yes
- Answer Type: Attachment

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".

- Question Type: Attachment
- Required: Yes
- Answer Type: Attachment

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"

- Question Type: Attachment
- Required: Yes
- Answer Type: Attachment

Q_19293

Complete and upload the Project Costs & Detail Template (in Excel format). Name the file using the following naming convention: “ApplicantName_ProjectCostsAndDetail_MM.DD.YY”

- Question Type: Attachment
- Required: Yes
- Answer Type: Attachment
- Question Requirements:

  All application templates are available for download at https://broadband.ny.gov/de-program-idea-rfa-template-project-cost-detail

Q_19294

Upload three Letters of Support from local, county, and/or Tribal governments whose jurisdictions overlap with the proposed project and/or public, private, and nonprofit entities. All letters must be signed and dated no more than six months before the date of application submission. Letters that do not specifically reference the project for which the Applicant is seeking funding will not be accepted. Combine multiple files into a single .zip file if needed and name the file using the following naming convention: “ApplicantName_LettersOfSupport_MM.DD.YY”.

- Question Type: Attachment
- Required: Yes
- Answer Type: Attachment

Q_19295

Applicants will generally be required to contribute a match of not less than 10% payable in cash towards the total project cost in the form of equity contributed. Equity is generally defined as cash injected into the project by the Recipient and should be auditable through financial statements or accounts, if so requested by ESD. Equity cannot be borrowed money secured by the assets in the project. In the event an Applicant attests that they cannot fulfill the cash-match equity contribution requirement, the Applicant must request a waiver as part of the application process to contribute less than 10% cash-match or to make in-kind contributions in lieu of cash contributions. Applicant must provide a justification for any such waiver request which ESD, in its sole discretion, will consider. If applicable, upload the Match Contribution Waiver Request using the following naming convention: “ApplicationName_MatchContributionWaiverRequest_MM.DD.YY”.

- Question Type: Attachment

- Required: No
- Answer Type: Attachment

Q_19292

Upload a PDF file of the Applicant'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"

- Question Type: Attachment
- Required: Yes
- Answer Type: Attachment

Q_17956

EIN (enter as digits only, no dashes or spaces)

- Question Type: Standard Question
- Required: Yes
- Answer Type: Integer

Q_19296

Applicant Entity Type

- Question Type: Standard Question
- Required: Yes
- Answer Type: Single Choice Dropdown
- 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 these questions will be displayed:
       - **Q_19298**
       - **Q_19320**
    2. If **Other (please specify)** is selected then **Q_19297** will be displayed

Q_19297

Applicant Entity Type – Other (please specify)

- Question Type: Standard Question
- Required: No
- Answer Type: Long Answer
- Characters: 0 - 1000
- This is a conditional question based on the answer to **Q_19296**. This question displays when selecting the answer: "**Other (please specify)**"

Q_19298

Please select the response that applies to your organization:

- Question Type: Standard Question
- Required: Yes
- Answer Type: Single Choice Dropdown
- Choice Options: My organization is prequalified in the Statewide Financial System (SFS), My organization is registered in the Statewide Financial System (SFS), My organization is not registered or prequalified in the Statewide Financial System (SFS)
- This is a conditional question based on the answer to **Q_19296**. This question displays when selecting the answer: "**Not-for-Profit Entity**"

Q_19320

If the Applicant is a Not-for-Profit Entity, did you upload a PDF file of 501 (c) 3 as requested?

- Question Type: Standard Question
- Required: Yes
- Answer Type: Yes/No
- This is a conditional question based on the answer to **Q_19296**. This question displays when selecting the answer: "**Not-for-Profit Entity**"

Q_19299

Describe your organization’s experience administering state and federal grants. Provide up to three specific examples of grants your organization has administered. These examples should reference

the type of grant, grant purpose, grant amount, period of performance, reporting requirements, and the overall grant impact. Describe how your organization managed the grant and how each example is relevant to this application.

- Question Header: Applicant Experience and Qualifications
- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 2000

Q_19300

Successful Applicants will demonstrate that they have the financial and operational capacity to administer the proposed project, including a minimum of three years conducting comparable or related work in New York State, demonstrated experience and proficiency with government grants and directing projects of comparable financial scale and complexity to what the Applicant has proposed. Provide relevant detail to demonstrate this capacity.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 2000

Q_19301

If the proposal aims to scale impacts through a Partnership, list all identified Partners that are necessary to deliver the proposed project. Explain how the Applicant identified the Partner(s), the specific skill or expertise of the Partner(s) that is needed to complete the project, and summarize the Partner role and responsibilities and management structure of the Partnership.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 1000

Q_17946

Please provide a brief (1-2 line) description of the proposed project.

- Question Type: Standard Question

- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 250

Q_19302

Summarize the purpose, scope, and intended outcomes of the proposed project. Include a description of how it aligns with the Digital Equity Program priorities.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Short Answer

Q_19303

Measurable objective(s) to be addressed by the proposed project:

- Question Type: Standard Question
- Required: Yes
- Answer Type: Multi Choice
- Choice Options: Availability and affordability of consumer devices and technical support for those devices, Awareness and adoption of affordable broadband options, Digital literacies and skills, Online accessibility and inclusivity of public resources and services, Online privacy and cybersecurity

Q_19304

Program outcome area(s) to be addressed by the proposed project:

- Question Type: Standard Question
- Required: Yes
- Answer Type: Multi Choice
- Choice Options: Education, Economic well-being, Health and access to care, Civic engagement, Access to essential government services

Q_19305

Describe the rationale for the proposed IDEA project by addressing each of the following: 1. What specific digital equity gaps and opportunities will the project address? 2. How does the project align with identified Measurable Objective(s) and Outcome area(s)? 3. How does the proposed project represent a new resource, service, or capacity to address the gaps and opportunities identified? 4. How was the proposed project informed by local need? Describe any community engagement conducted and/or how community feedback will inform the proposed approach.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 1000

Q_19306

How will the proposed project accomplish the stated outcomes? Include examples of prior success the proposed project builds upon.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 2000

Q_19307

How will you evaluate the impact of the proposed project and what data and/or metrics will you use to track progress? Include previous program monitoring and evaluation experience and provide links to past reports or case studies, if applicable.

- Question Header: Impact, Evaluation, Sustainability
- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 2000

Q_19308

How will you share innovations and improvements with peer organizations and what experience do you have sharing knowledge with peer organizations?

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 2000

Q_19309

What is your plan to sustain or expand activities and/or impacts beyond the grant period?

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 2000

Q_19310

Please provide the total operating budget for the Applicant organization:

- Question Type: Standard Question
- Required: Yes
- Answer Type: Integer

Q_19311

Please note that the Applicant must contribute at least 10% of the Total Project Cost. If you are requesting a waiver to the Applicant equity contribution, please confirm that you have uploaded the waiver form:

- Question Type: Standard Question
- Required: Yes
- Answer Type: Single Choice Dropdown
- Choice Options: Yes I have uploaded the waiver form, I am not requesting a match waiver

Q_19312

Identify the goods, services, materials, equipment, or other contracts the Applicant will need to

procure to execute the project.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Long Answer
- Characters: 0 - 1000

Q_19315

What are the New York State regions to be served by the proposed project (check all that apply)?

- Question Type: Standard Question
- Required: Yes
- Answer Type: Multi Choice
- Choice Options: Capital Region, Central NY, Finger Lakes, Long Island, Mid-Hudson, Mohawk Valley, New York City, North Country, Southern Tier, Western NY

Q_19313

What are the counties to be served by the proposed project?

- Question Type: Standard Question
- Required: Yes
- Answer Type: Multi Choice
- Choice Options: Albany, Allegany, Bronx, Broome, Cattaraugus, Cayuga, Chautauqua, Chemung, Chenango, Clinton, Columbia, Cortland, Delaware, Dutchess, Erie, Essex, Franklin, Fulton, Genesee, Greene, Hamilton, Herkimer, Jefferson, Kings, Lewis, Livingston, Madison, Monroe, Montgomery, Nassau, New York, Niagara, Oneida, Onondaga, Ontario, Orange, Orleans, Oswego, Otsego, Putnam, Queens, Rensselaer, Richmond, Rockland, St. Lawrence, Saratoga, Schenectady, Schoharie, Schuyler, Seneca, Steuben, Suffolk, Sullivan, Tioga, Tompkins, Ulster, Warren, Washington, Wayne, Westchester, Wyoming, Yates

Q_19316

Select population(s) to be served by the proposed project.

- Question Type: Standard Question
- Required: Yes
- Answer Type: Multi Choice
- Choice Options: Low-income individuals/households, Older adults (60 and older), Immigrants

and refugees, Individuals with disabilities, Incarcerated individuals, Formerly incarcerated individuals, Individuals with language barriers, Racial/ethnic minority communities, Residents of rural areas, Veterans, Youth, All individuals/households, Additional group(s) not listed above

Q_19317

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

- Question Type: Standard Question
- Required: Yes
- Answer Type: Short Answer

Q_19318

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

- Question Type: Standard Question
- Required: Yes
- Answer Type: Integer

Q_19314

How many individuals do you serve today?

- Question Type: Standard Question
- Required: Yes
- Answer Type: Integer

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.

- Question Type: Certification
- Required: Yes
- Answer Type: Short Answer

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.

- Question Header: Submission Confirmation
- Question Type: Certification
- Required: Yes
- Answer Type: Short Answer