



Capital Projects Fund (CPF)  
Digital Connectivity Technology Program (DCTP)  
Grant Application

January 2024

# Digital Connectivity Technology Program Application

The Florida Office of Broadband (“Office”) appreciates your interest in the Florida Capital Projects Fund – Digital Connectivity Technology Program (“DCTP”). These projects are being supported, in whole or in part, by federal award number CPFFN0205 awarded to Florida by the U.S. Department of the Treasury. To make an application for grant funding, please complete this Application Packet in its entirety and include supporting documentation. A list of required documentation to be submitted is listed in the Appendix.

Applicants may designate portions of information provided on their application and/or any supporting documentation as “**Proprietary Confidential Business Information**” or “**Trade Secret**” under Florida Statutes. Such claims of confidentiality must be clearly articulated, made at the time of submittal, and include the citation allowing exclusion. The Applicant must identify each portion of the application and/or supporting documentation deemed confidential **and** provide a redacted version of the same material which may be disclosed, pursuant to Florida Statutes, to the Office concurrent with when the claim of confidentiality or proprietary protection is asserted. All sections claimed confidential by an Applicant will be kept confidential by the Department.

To maximize your chances of receiving an award, please be mindful of two key objectives as you prepare your application:

- **Level of Responsiveness:** Provide all required information for the questions below, along with the specified attachments. The responses should be comprehensive, detailed, and clear.
- **Grant Selection Criteria:** Review the Digital Connectivity Technology Program Scoring and Evaluation Criteria and ensure that your proposal comprehensively addresses the listed Evaluation Criteria and Consideration Factors.

This is a competitive grant application and eligibility for funding is based on scoring a minimum of 250 points out of a maximum 500 points. Based on the number of Applicants, the amounts applied for and awarded, and the score given to each application, the potential exists that not all Applicants scored as eligible for funding will be awarded funding.

For an application to be considered complete, the application must include all details in the following sections:

1. Application Overview
2. Executive Summary
3. Project Need
4. Project Readiness, Deployment, and Asset Plans
5. Community Impact
6. Project Budget
7. Project Sustainability and Organizational Capability
8. Appendix for Key Attachments (This section lists the required attachments.) (You are free to include other additional attachments as necessary to support your application.)

This Program is a cost reimbursement program. Therefore, funding will be provided at regular intervals to grant recipients after expenses have been incurred to reimburse for those expenses. The period(s) when reimbursement may be requested and the methods to request reimbursement will be set forth in the grant agreement between the FloridaCommerce and an awardee and follow all state and federal requirements.

## 1. Application Overview

General Information		
Proposal / Project Title		
Applicant Information		
Organization Information		
Organization Legal Name		
If "Doing Business As" Name		
Mailing Address		
Website		
Primary Contact		
Name		
Title		
Phone Number(s)		
Email Address(s)		
Prior Grant Background		
Receipt of Prior Grant (Y/N) from State of Florida	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Receipt of Prior Grant (Y/N) from Federal Programs	<input type="checkbox"/> Yes	<input type="checkbox"/> No
State of Florida Vendor Number (if applicable)		
Organization Type		
Applicant Category	<input type="checkbox"/> County <input type="checkbox"/> Municipality Incorporated under Florida Law <input type="checkbox"/> Identifiable Census Designated Community <input type="checkbox"/> Florida Non-profit Organization <input type="checkbox"/> Private Sector <input type="checkbox"/> Multi-Purpose Community Facilities <input type="checkbox"/> Other	

## 2. Executive Summary

Project Overview
Please provide a high-level overview of the project. The project summary should include a brief description of the proposed project, number and type(s) of equipment/devices to be distributed/installed, and digital literacy training to be provided.

<b>Type of Equipment / Devices</b>			
Please indicate the type(s) of equipment and/or devices that will be distributed or installed as part of the project (check all that apply)			
[ ___ ] Laptops	[ ___ ] Tablets	[ ___ ] Desktop Computers	
[ ___ ] Public Wi-Fi Equipment	[ ___ ] Other (explain below) _____		
<b>Project Funding</b>			
Please complete the table below summarizing the source, amount, and type of funds contributed to the project as leverage.			
Grant Funds Requested	\$	Grant % of Project Budget	
Non-Federal Funds	\$	% of Project Budget using Non-Federal Funds	
Other Federal Funds	\$	% of Project Budget using Other Federal Funds	
Local Funds	\$	% of Project Budget using Local Funds	
<b>Total Project Budget</b>		<b>\$</b>	
<b>Project Cost Information</b>			
Project cost associated with the purchase of equipment/devices		\$	
Project cost associated with installation of equipment/devices (if applicable)		\$	
Project cost associated with digital literacy training and other support services		\$	
Other eligible project costs		\$	
<b>Total Project Cost</b>		<b>\$</b>	
Will the CPF DCTP funds be used solely to purchase eligible equipment/devices (e.g., laptops, tablets, desktop personal computers, and equipment and devices necessary for public wi-fi infrastructure to access health, work and education resources)?		<input type="checkbox"/> <b>Yes</b>	<input type="checkbox"/> <b>No</b>

Will ownership of the equipment/devices and other assets funded by the CPF DCTP program be maintained by the Applicant?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Will the beneficiaries be charged (i.e., user fees) to have access to equipment, devices or public wi-fi?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Project Timeline**

Please use the table below to complete a project schedule and timeline to outline major milestones. All CPF DCTP projects must be completed by December 31, 2026.

Project Start Date	
Solicitation for Procurement of Equipment/Devices	
Selection of Vendor(s)	
Purchase of Equipment/Devices Date	
Distribution/Installation (in case of public wi-fi) Start Date of all Equipment/Devices	
Overall Project Completion Date (Distribution/Installation Completion Date of all Equipment/Devices)	

**Number of Equipment/Devices**

Please provide the number of equipment/devices that will be distributed/installed as part of this project	Distributed	Installed
Laptops		
Tablets		
Desktop Computers		
Public Wi-Fi Equipment		
Other Equipment/Device(s)		
Will the equipment/devices funded by the CPF DCTP funds be connected to broadband Internet?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Number and Type of Digital Literacy Training Sessions/Support Services**

Number of Digital Literacy Training Sessions/Support Services Planned		
Type of Training Session Planned	[ ___ ] Virtual	[ ___ ] Classroom
	[ ___ ] Other (explain below) _____	

Number of individuals who may attend or make use of the trainings and support services	
<b>Project Benefits</b>	
Please discuss the anticipated community benefits that will be realized by distinct users/ populations (e.g., students, elderly, lower income families). Please describe how the use of funds for distribution/installation of new equipment/devices will help address critical needs exacerbated or highlighted by the pandemic.	
<b>Project Execution and Sustainability</b>	
Please discuss the capabilities, experiences, and track record of your organization to successfully implement, operate, and sustain the proposed or similar project(s). Please reference any experience in undertaking projects of similar complexity and the activities for which CPF DCTP funds are being requested (if available).	

### 3. Project Need (275 Points)

<b>Project Justification (75 Points)</b>		
Please briefly describe the challenges faced by your targeted community in relation to access to digital services for work, education, and health monitoring in response to the public health emergency. Please address a) the community's critical need; b) shortcomings and challenges; c) challenges with prior attempts to resolve the problem; d) how this project helps address the problem exacerbated by the pandemic.		
<i>Applicants should briefly describe how the distribution and/or installation of equipment, devices or other assets helps ensure that the targeted community and/or multi-purpose community facilities will have access to reliable broadband Internet service to address many challenges that arose due to the pandemic, especially in rural and low- and moderate-income communities.</i>		
Confirm that the distribution or installation of equipment/devices and other assets will directly enable:		
<ul style="list-style-type: none"> <li>• Work;</li> <li>• Education; and</li> <li>• Health Monitoring.</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No
Confirm that the project will address a critical need that resulted from or was made apparent or exacerbated by the public health emergency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Evidence of Project Need:</b> The Applicant must provide evidence demonstrating that the community to be served by the CPF DCTP project has a critical need for such project. Please include separate attachment and label as " <b>Attachment 3A</b> ".		

**Confirmation**

Check this box to confirm that Evidence of Project Need is included in the Appendix:

**Targeted Communities (75 Points)**

Please discuss the targeted beneficiaries of the project (e.g., Regional Planning Council District, rural status, etc.), and specifically address a) economic conditions of the service areas (e.g., household income, unemployment data, poverty rates); and b) other factors considered in the selection of the targeted communities, including rural communities, etc.

**Key Economic Indicators in Targeted Community:** Please provide the following indicators for your community. In the event of two (or more) distinct communities, please provide separate numbers for each indicator.

Key Indicator	Targeted Community	State Average	Percentage Difference	Date of Most Current Data
Poverty Rate				
Unemployment Rate				
Free / Reduced Lunch Eligibility				
Low to Moderate Income Factor				

**Example A: Information Sources for Key Indicators:** Please consult these resources to find the relevant indicator for your communities. Use the most current data.

Average Poverty Rate (reported by US Census)

<https://www.census.gov/quickfacts/fact/table/FL,US/PST045221>

Unemployment Rates

<http://www.floridajobs.org/workforce-statistics/data-center/supplemental-data-release-files>

Children Qualifying for School Lunch Program (reported by Florida Department of Education for the NSLP)

<http://www.fldoe.org/accountability/data-sys/edu-info-accountability-services/pk-12-public-school-data-pubs-reports/students.stml>

Low to Moderate Income Population by Block Group

<https://www.hudexchange.info/programs/cdbg/cdbg-low-moderate-income-data/>

**List of Communities Targeted:** Please list all communities that will be covered as part of the proposed project. Also indicate whether coverage is full or partial coverage.

Name of Community	Fully Served	Partially Served
Does the project include any rural counties and/or communities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of the rural counties and/or communities served meet the definition outlined in section 288.0656 F.S.?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has affordability been identified as a barrier to access to the Internet for rural counties and/or communities?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Targeted Service Area(s) (75 Points)</b>		
<b>Project Location:</b> Please provide a description of the project location and clear identification of the targeted service area(s) of the project.		
<b>Description of Targeted Service Area(s):</b> Please discuss the targeted service area(s) of the project, and specifically address a) a description of the households / multi-purpose community facilities that will be covered as part of the proposed project; and b) types of households targeted (demographics i.e., age, ethnicity, education, etc.) and segments of the workforce (example individuals with past criminal records, etc.).		
<b>Prioritization of Targeted Service Area(s):</b> Please provide a detailed narrative on how households / multi-purpose community facilities with lack of devices and equipment will be prioritized over those receiving laptops from school districts and other programs.		
Evidence demonstrating households/multi-purpose community facilities that lack devices and equipment will be targeted by the program.  Please include separate attachment and label as <b>“Attachment 3B”</b> .	<i>The applicant must provide evidence demonstrating that proposed households/community lack devices and equipment.</i>  <b>Confirmation</b> Check this box to confirm that evidence is included in the Appendix. <input type="checkbox"/>	
<b>Community Support (50 Points)</b>		
In this section, Applicants need to provide evidence of community support for the project.		
<b>Community Outreach:</b> Please provide evidence of community support for the proposed project. Evidence of community support may include letters from citizens and community organizations, interviews with community members, and documentation of existing facilities providing similar or identical services to the proposed project within the community.		



<b>Evidence of Community Outreach:</b> If available, please include all evidence of community outreach, including Letters of Support, surveys, participation with Local Technology Planning Teams, communication with representatives, and any other documentation in the Appendix. Please label as “ <b>Attachment 3C</b> ”.
<b>Confirmation</b>
Check this box to confirm that Evidence of Community Outreach is included in the Appendix: <input type="checkbox"/>

**4. Project Readiness, Deployment, and Asset Plans (75 Points)**

<b>Project Schedule (25 Points)</b>	
Applicants should provide a project schedule outlining the individual tasks and timeline for the project including activities necessary for project completion. Project schedule should indicate the individual tasks involved in the project and the expected completion date of the activity. Applicants should note that the FloridaCommerce will obligate/award all CPF DCTP project funds before December 31, 2024, and all projects are required to be completed by December 31, 2026.	
<b>Project Schedule Narrative:</b> Please provide a narrative regarding your project schedule. Please address a) planned project initiation and completion dates; b) key dependencies; and c) key risk factors and mitigation strategies (if any).	
<b>Project Timeline:</b> Please use the table below to complete a project schedule and timeline to outline major milestones. All CPF DCTP projects must reach substantial completion by December 31, 2026.	
Project Start Date	
Solicitation for Procurement of Equipment/Devices	
Selection of Vendor(s)	
Purchase of Equipment/Devices Date	
Distribution/Installation (in case of public wi-fi) Start Date	
Distribution/Installation Completion Date	
Overall Project Completion Date	
Please list any risk factors that would change or delay the proposed project schedule.	

Does the project require government approvals and/or permits (i.e., for installation of public wi-fi or other assets)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide listing of all required permits / approvals and a narrative regarding your approach for obtaining such permits / approvals.		
<b>Project Activities Conducted:</b> Please list all activities undertaken so far in relation to the project development. Please include any discussions, agreements, etc. made with local communities, Local Technology Planning Team, equipment/device(s) vendors, Internet Service Providers (ISPs), and other entities to ensure efficient and timely procurement, distribution / installation of equipment/devices and other assets.		
<b>Project Schedule:</b> Please include a Project Schedule in the Appendix and label as “Attachment 4A.”		
<b>Confirmation</b> Check this box to confirm that the Project Schedule is included in the Appendix: <input type="checkbox"/>		
<b>Training and Deployment (25 Points)</b>		
<b>Training Requirements:</b> Please provide training and support services details (e.g., number of training sessions, type(s) of training, locations, target participants, other support services, etc.) that will be provided to the residents / households on the use of computers, tablets and devices, including digital literacy and how to access and use the Internet.		
<b>Equipment/Devices Installation Requirements:</b> Please provide details on distribution and/or installation of equipment, devices and/or other assets, and instructions regarding set-up and use of equipment/device(s), including routers and wi-fi devices that may be distributed or installed as part of the project.		
<b>Assets Plan (25 Points)</b>		
<b>Monitoring of the Asset:</b> Please provide details on your monitoring plan to ensure that residents / households with no computers are prioritized over those receiving laptops from school districts and other programs.		

<p><b>Maintaining the Equipment/Devices and Other Assets:</b> Please provide details on your plan to support and maintain the assets in working conditions, including how you plan to replace broken devices or equipment if they cannot be fixed. Additionally, please list source(s) of funding you are planning to use for maintenance of the assets.</p>		
<p><b>Tagging and Tracking of the Assets (Asset Inventory):</b> Please provide details on your plan to operate a system of tagging, distributing, and tracking (keeping an inventory of) the equipment/devices and other assets funded by the CPF DCTP throughout the term of the agreement.</p>		
<p><b>Ownership of the Assets:</b> Please confirm that the Applicant (subrecipient) will own the equipment, devices and other assets that are funded by the CPF DCTP throughout the term of the agreement.</p>		
<p><b>Disposing of the Assets:</b> Please provide details on your asset disposition plan and confirm that, upon termination of the program / end of the useful life of the equipment/devices, you will properly dispose of the equipment and devices in accordance with 2 CFR 200.312 and section 274.05, F.S.</p>		
<b>Equipment/Devices and Other Assets</b>		
<p>Address(es) to which equipment/devices will be distributed or installed. Please include the addresses or other location(s) (for public wi-fi) information as appropriate.</p>		
<p>Please indicate the type(s) and number of equipment/devices and other assets that will be distributed or installed in the proposed project area.</p>		
Type(s) and Number(s)	[ ___ ] Laptops	[ ___ ] Tablets
	[ ___ ] Desktop Computers	[ ___ ] Public Wi-Fi
	[ ___ ] Other (explain below) -----	
For each selected equipment/device(s) type, provide details on:	Current / Existing (if applicable)	Planned

Total number of equipment/devices and other assets included in the project budget.		
Please provide the total number of individuals that will be using equipment/devices.	Current / Existing (if applicable)	Planned
<p>Please provide evidence of the number and type of devices included in the project.</p> <p>Please provide evidence and include it as a separate attachment and label as <b>“Attachment 4B”</b></p>	<p><b>Confirmation</b></p> <p>Check this box to confirm that evidence is included in the Appendix. <input type="checkbox"/></p>	
<p>Please provide evidence of the number and type of equipment included in the project.</p> <p>Please provide evidence and include it as a separate attachment and label as <b>“Attachment 4C”</b></p>	<p><b>Confirmation</b></p> <p>Check this box to confirm that evidence is included in the Appendix. <input type="checkbox"/></p>	
<p>Please provide evidence of other assets included in the project.</p> <p>Please provide evidence and include it as a separate attachment and label as <b>“Attachment 4D”</b></p>	<p><b>Confirmation</b></p> <p>Check this box to confirm that evidence is included in the Appendix. <input type="checkbox"/></p>	

**5. Community Impact (50 Points)**

<b>Benefits to Community (50 Points)</b>
Applicants should provide a list of communities that will benefit from the project. Applicants should describe the benefits to be gained from the proposed project.
Briefly describe how the proposed project support work, education, health monitoring opportunities for the targeted communities / residents / households and other benefits the project will provide.

**6. Project Budget (50 Points)**

<b>Project Budget (50 Points)</b>
<b>Budget Narrative:</b> Please provide a narrative for your project budget, and label as <b>“Attachment 6A”</b> and include in the Appendix. The budget narrative should identify all major expenditure categories and the total sums for those categories.
<p><b>Confirmation</b></p> <p>Check this box to confirm that the Budget Schedule is included in the Appendix: <input type="checkbox"/></p>

**Budget Efficiency Narrative:** Please describe the steps that will be taken to achieve efficiencies for the planned expenditures. These can include a) leveraging existing assets; b) engaging in competitive procurement through request for proposals (RFPs) for bulk/major purchases of equipment/devices; c) long-term maintenance contract(s); and d) other, etc.

**Maintenance Budget Narrative:** Please provide a narrative for the maintenance/replacement budget for the equipment/devices and other assets distributed or installed as part of the project. The narrative should identify all major maintenance expenditure categories.

**Budget Schedule:** Please provide a budget schedule, and label as “Attachment 6B” and include in the Appendix.

**Confirmation**

Check this box to confirm that the Budget Schedule is included in the Appendix:

**Example B:**

Budget Narrative information: The budget narrative should be written in such a way that an individual not familiar with the project can conceptually understand the rationale, purpose, and calculation of the anticipated costs identified. In addition to identifying all major expenditure categories and the total sums for those categories, the budget narrative should include, but is not limited to, the following:

A breakdown of the costs for each of the major expenditure categories (i.e., equipment/devices purchase, training, maintenance/replacement expenses, disposal expenses, etc.), as well as any additional categories needed for the distribution and/or installation of equipment/devices and other assets included in the project.

Description for each line item in the budget and the calculations used to derive the costs.

- Justifications for expenses related to the proposed project
- Identify which budget items will be covered by the grant funding and which ones will be covered by other funding sources (e.g., non-federal, local, or in-kind)

**Project Cost Information**

Total Project Cost	\$
Total number of households served <i>(estimated)</i>	
Average cost per households served <i>(all locations or structures)</i>	

**Use of Funds**

Usage of funds for allowable project costs	Purchase of Equipment	\$
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

	Purchase of Devices <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Purchase of Public Wi-Fi Equipment <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Damage Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Payment for Training and Support Services for the use of Equipment and/or Devices <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Installation Cost, <i>if applicable</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	\$
	Amount to Subrecipient(s) for Program Administration (% of the Project Cost) <input type="checkbox"/> Up to 5% <input type="checkbox"/> More than 5%	\$
Will the Applicant be measuring the project's effectiveness and impact through data collection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**7. Project Sustainability and Organizational Capability (50 Points)**

<b>Project Sustainability (25 Points)</b>
<p><b>Project Sustainability:</b> Please provide a detailed narrative description demonstrating the equipment and/or devices distributed and/or installed will remain in operating conditions throughout the term of the agreement and that adequate budget will be available for maintenance and/or replacement of these equipment and/or devices throughout the term of the agreement.</p>
<b>Organization Capability (25 Points)</b>
<p><b>Organizational Capability:</b> Applicants will be reviewed for their organizational capacity to plan, manage and execute the project. Examples of an Applicant's organizational capacity include, but are not limited to, quality/experience of project manager, and number of qualified resources available to coordinate and manage the project.</p> <p>Please provide details regarding your organization's experience and results in having performed similar projects.</p>
<p><b>Project Resources / Personnel:</b> Please describe the personnel you will use to deliver this project. Are you planning to hire new employees for the proposed project? Will these employees be hired directly by the Applicant or contracted through another agency? If the workforce is through another agency, describe the policies and practices that ensure contractors/subcontractors meet high labor standards.</p>

<b>Resumes of Key Personnel:</b> Please include resumes of key personnel in the Appendix and label as “Attachment 7A.”
<b>Confirmation</b>
Please check this box to confirm that Resumes of Key Personnel are included in the Appendix: <input type="checkbox"/>

**8. Appendix – Required Attachments**

Please include the following documents as attachments. The lack of any of these documents may deem the application incomplete. You may also include additional attachments that convey other relevant information regarding your service area, network, business model, and organization as needed to bolster or complete your application.

Attachment	Purpose	File name format
Attachment 3A	Evidence of Project Need	[Name]_[Project]_Project Need
Attachment 3B	Evidence of Households/Multi-Purpose Community Facilities that Lack Devices /Equipment	[Name]_[Project]_Target Communities
Attachment 3C	Evidence of Community Outreach	[Name]_[Project]_Community Outreach
Attachment 4A	Project Schedule	[Name]_[Project]_Project Schedule
Attachment 4B	Evidence of Number and Type of Devices Included in the Project	[Name]_[Project]_Devices Number-Type
Attachment 4C	Evidence of Number and Type of Equipment Included in the Project	[Name]_[Project]_Equipment Number-Type
Attachment 4D	Other Assets Included in the Project	[Name]_[Project]_Other Assets
Attachment 6A	Budget Narrative	[Name]_[Project]_Budget Narrative
Attachment 6B	Budget Schedule	[Name]_[Project]_Budget Schedule
Attachment 7A	Resumes of Key Personnel	[Name]_[Project]_Resume
Additional Attachments	Please attach other items as needed to support your application	[Name]_[Project]_Additional Attachment