**DELAWARE DIGITAL OPPORTUNITY GRANT APPLICATION**

Thank you for applying for a Delaware Digital Opportunity Grant! We look forward to learning about your project and organization.

Each of the questions below has corresponding guidance in the Handbook designed to help you provide the best information about your project, so we encourage you to refer back to that. If you have a question the Handbook does not answer to your satisfaction, please email kim.siegel@delaware.gov. Your question may be published anonymously along with the answer online so that other applicants have access to the same clarifications.

About Your Organization

1. Organization: Click or tap here to enter text.
2. Employer Identification Number (EIN): Click or tap here to enter text.
3. SAM Unique Entity Identifier Number (UEI): Click or tap here to enter text.
4. Who can we contact with questions about this proposal?
* Name: Click or tap here to enter text.
* Email Address: Click or tap here to enter text.
* Phone Number: Click or tap here to enter text.
* Mailing Address: Click or tap here to enter text.
1. Does your organization currently operate in Delaware? Click or tap here to enter text.
2. How many years has your organization continuously operated in Delaware? Click or tap here to enter text.
3. Are you partnering with other entities that have agreed to defined roles in the project? If so, please provide these entities’ names, project contact people, addresses, and contact info. If there are more than three organizations, please provide a complete list to kim.siegel@delaware.gov and indicate which organization’s application the list should be attached to.
* Name: Click or tap here to enter text.
* Email Address: Click or tap here to enter text.
* Phone Number: Click or tap here to enter text.
* Mailing Address: Click or tap here to enter text.
* Name: Click or tap here to enter text.
* Email Address: Click or tap here to enter text.
* Phone Number: Click or tap here to enter text.
* Mailing Address: Click or tap here to enter text.
* Name: Click or tap here to enter text.
* Email Address: Click or tap here to enter text.
* Phone Number: Click or tap here to enter text.
* Mailing Address: Click or tap here to enter text.

About Your Project

1. Please provide a brief (under 150 words) description of the proposed project: Click or tap here to enter text.
2. Please choose which of the following outcome categories best defines the primary purpose of your project:
* Economic & Workforce Development
* Education
* Health
* Civic & Social Engagement
* Delivery of Essential Services
1. How many Delawareans do you estimate will be served over the life of the project? Click or tap here to enter text.
2. Please indicate all covered populations the project targets. This does not limit who may participate in the project, as all funded programs are required to comply with state and federal non-discrimination laws.
* households at or under 150% of the federal poverty level
* senior citizens
* racial and ethnic minorities
* US veterans
* rural residents
* incarcerated and returning individuals
* people with disabilities
* people with language or literacy barriers
1. How many Delawareans from each covered population do you estimate will be served over the life of the project?
* households at or under 150% of the federal poverty level Click or tap here to enter text.
* senior citizens Click or tap here to enter text.
* racial and ethnic minorities Click or tap here to enter text.
* US veterans Click or tap here to enter text.
* rural residents Click or tap here to enter text.
* incarcerated and returning individuals Click or tap here to enter text.
* people with disabilities Click or tap here to enter text.
* people with language or literacy barriers Click or tap here to enter text.
1. What eligible objectives of the State Digital Equity Plan does your proposal address? Please check all that apply:

**Barrier:** Low-income households struggle to afford broadband services, devices, and technical support.

**Objectives:**

* All Delaware residents have access to a workable, internet-enabled computing device
* Members of covered populations have access to a workable computing device

**Barrier:** Lack of digital and tech-related job opportunities and skill development for marginalized, covered, and low-income populations

**Objectives:**

* Members of covered populations have access to digital and tech-related workforce training opportunities

**Barrier:** Low-income households and aging individuals lack digital skills, including to protect security and privacy

**Objectives:**

* All Delaware residents are able to use the internet if they so choose
* Members of covered populations are able to use the internet if they so choose
* All Delaware residents can access information or training to learn how to protect their security online
* Members of covered populations can access information or training to learn how to protect their security online
* All Delaware residents can access information or training to learn how to protect their privacy online
* Members of covered populations can access information or training to learn how to protect their privacy online
* All Delaware residents can access government services online
* Members of covered populations can access government services online

**Barrier:** Communities lack resources and expertise for digital opportunity efforts

**Objectives:**

* Capacity building through promoting the hiring of digital navigators
1. Please describe the problem or need this proposal is intended to address and how communities and covered populations are affected by the need. Please use what data is available to you. Click or tap here to enter text.
2. Please describe how you and partner organizations will use the DDO Grant to address the problem or need from the question above and how that work will advance the identified goal(s) or objective(s) from the Digital Equity Plan. This should include at a minimum: a) locations and frequency of service, b) methods of service, c) a timeline of program activities from when funding begins to when funding ends, and d) what changes you expect participants or communities, including covered populations, to experience as a result of the project. If this is a collaboration of partner organizations, please indicate what each organization is responsible for. Click or tap here to enter text.
3. Please describe what differentiates your project from existing programs pursuing similar goals. If this is an existing program or similar to an existing program, please describe how you identified the need for additional services. Click or tap here to enter text.
4. Please describe your plans to collaborate with businesses, community organizations, or community leaders, excluding defined partners, to advance project goals. Click or tap here to enter text.

Feasibility and Sustainability

1. Please describe the qualifications of the organization(s) and staff to run the project, such as previous experience administering government grants or contracts, experience operating programs or serving the covered populations, staff education and experience, and sufficient space and staffing. If you intend to hire or contract someone to run the program after funding is received, please describe the qualifications you will be seeking. Click or tap here to enter text.
2. Please describe your plan to keep the program operating after DDO Grant funding ends. If this is intended to be a temporary program, please explain why it does not need to be sustained. Click or tap here to enter text.

Performance

1. Grantees will be required to submit performance reports at least once every three months, which will include at a minimum numbers of people served, numbers of people from covered populations served, numbers of people from each covered population served, anecdotes or personal testimony, and quantifiable measurement of progress toward the selected measurable objectives.

What data, including the above, will you collect to evaluate how your program is performing? Please provide as much detail as you can. Click or tap here to enter text.

1. How will you collect this data? Click or tap here to enter text.
2. What policies and practices do you have to ensure the data collected in all program activities, including Personal Identifying Information, is protected against unauthorized access, including leaks or data breaches? PII protection must meet the requirements of 2 C.F.R. §200.303(e). Click or tap here to enter text.
3. How will you engage stakeholders for feedback and improvements? Click or tap here to enter text.
4. How much funding from the DDO Grants are you requesting for this project? Click or tap here to enter text.
5. What period of time (how many years and months) is the funding intended to apply to project costs? Click or tap here to enter text.
6. **Requests for over $50,000 only:** If you were to receive half of the funding you have requested in this application, what changes would you need to make to the project? Click or tap here to enter text.
7. Financial reports will be required to accompany invoices on a monthly basis. Is your organization able to incur funded program costs and be reimbursed up to 8 weeks after invoicing DTI? Click or tap here to enter text.
8. Will any subcontracts paid for with the DDO Grant exceed $25,000? Click or tap here to enter text.

PLEASE TURN TO THE SIGNATURE PAGE. YOUR APPLICATION WILL NOT BE CONSIDERED COMPLETE WITHOUT IT.

**DDO GRANT APPLICATION- SIGNATURE PAGE**

YOUR APPLICATION IS NOT COMPLETE WITHOUT SENDING THE FOLLOWING TO KIM.SIEGEL@DELAWARE.GOV BY JUNE 20, 2025:

* SIGNED DDO Grant Application
* DDO Grant Budget Form
* SIGNED DDO Understanding Federal and State Requirements Form
* TWO most recent IRS Form 990s
* IRS Exemption Letter

*The information provided in this application, the attached budget form, and IRS documents is accurate to the best of my knowledge and belief. I understand that DDO grant awards are competitive and will be awarded subject to the availability of federal funds.*

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Signature Date

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Printed Name

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Title