Digital Opportunity Grant Questions - Track 1

Introduction

Thank you for your interest in the N.C. Department of Information Technology's Digital Opportunity grant program. Please complete the following information to apply for grant funding for Track 1: Digital Skills, Digital Navigation, and Online Safety.

All grant guidance, application, and training materials are available at ncbroadband.gov/Digital-Opportunity-Grant.

If you have questions about the grant program, program guidance or any other program-related questions, please contact the NCDIT Office of Digital Opportunity at digitalopportunity@nc.gov.

For tech support on the Qualtrics application, please contact Erin Huggins at eshuggin@ncsu.edu.

All questions are mandatory and MUST be answered.

Applicant Tracks
Track 1: Digital Skills, Digital Navigation, and Online Safety

This application is for Track 1: Digital Skills, Digital Navigation, and Online Safety.
Applicants can apply for Track 1 and/or Track 2, but applications are separate.
Within Track 2, Hubs (Track 2a) may not apply for Lead (Track 2b) funds and vice versa.

(Please note, this application is only for organizations applying for Track 1 funding. If you plan to apply for Track 2, you will be required to fill out a separate application as well.) **Do you plan to apply for Track 2 funding? If so, which track are you applying for?**

○ Track 2a: Computer Refurbisher Hub (Hub)

○ Track 2b: Computer Deployment Lead (Lead) with Computer Deployment Partners (Partner)

○ Our organization does not plan to apply for Track 2 funding.

Applicant Information
Track 1: Digital Skills, Digital Navigation, and Online Safety

Organization - Provide the full legal name of your organization.

_____

Organization EIN - Provide your organization's EIN. *(The EIN is a federal nine-digit tax ID number that IRS assigns to nonprofits, charities, organizations, and businesses in the following format: XX-XXXXXXX.)*_____

UEI number – Provide your organization's UEI number (formerly known as a SAM.gov number). *(The number is a 12-character alphanumeric Unique Entity ID assigned to an entity by SAM.gov.)*_____

Is your organization a nonprofit (e.g. 501(c)(3)?

○ Yes

○ No

If yes, please upload your charitable solicitation license below. (*You will be asked to upload a document into the portal***)**

Please indicate which category best describes your organization:

○ Community service organization (Local government, Local library system, K-12 school system

○ Nonprofit organization (only 501(c)(3) nonprofits are eligible to apply)

○ Higher education institution

○ Regional entity

○ State government agency and federally recognized tribal government entity

Mailing Address - Enter your organization's official mailing address.

○ Street Number and Name _____

○ City or Town _____

○ State _____

○ ZIP Code _____

Physical address, if different from mailing address.

◯ Street Number and Name _____

◯ City or Town _____

◯ State _____

◯ ZIP Code _____

Telephone - Provide the primary contact number for your organization (xxx-xxx-xxxx).
_____

Website - Share your organization's website. _____

Main Point of Contact - Provide the name of the primary contact person.

◯ First Name _____

◯ Last Name _____

◯ Title _____

◯ Email _____

◯ Phone Number _____

Name and email address of the authorized signatory.

◯ First and Last Name _____

◯ Email _____

Scope
Track 1: Digital Skills, Digital Navigation, and Online Safety

Funding Amount Requested. _____

If you are requesting less than $1 million or more than $3.5 million, please justify your request. (200 word limit)

In 2-3 sentences, provide a brief executive summary of the specific activity or set of activities the project intends to complete or implement, where the project will be carried out, and the expected beneficiaries of the project. (150 word limit)

List the specific activity or set of activities the project intends to complete or implement. (300 word limit)

Provide a detailed description of all major project activities outlined in the list above. (500 word limit)

Check the needs the project will address *(choose all that apply)***:**

☐ **Digital literacy.** Digital literacy is the ability to use information and communication technologies to find, evaluate, create, and communicate information, requiring both cognitive and technical skills.

☐ **Cybersecurity and privacy.** Ensuring that people know how to keep their data and identity safe and secure online is key to protecting people online and making sure individuals feel safe connecting to the internet and using a device.

List any other needs the project will address. (100 word limit)

Describe the following: Your entity's experience working in digital opportunity (if applicable). If your entity does not have experience working in digital opportunity, how will you build your expertise? (300 word limit)

Your entity's staff capacity for this project and any positions, if any, that you plan to hire to increase your capacity. (300 word limit)

Is your entity utilizing other funding and/or resources to support the success of this program?

◯ Yes

◯ No

Describe the funding and your current and future plans to integrate this project into your ongoing projects. (350 word limit)

(Note: There can be no duplicative activities or expenses between the funding requested through this program and any other funding source including the NTIA Digital Equity Competitive Program funding or other private or Office of Digital Opportunity funding awarded to the subgrantee or its partners. However, activities funded through this program may complement other funded efforts by addressing different aspects of the same initiative or by

serving distinct populations, as long as each funding source is used for clearly defined and separate expenses.)

Area and Groups Served
Track 1: Digital Skills, Digital Navigation, and Online Safety

Please check all the North Carolina counties that your project will serve:

☐ All North Carolina Counties

☐ In the portal, there will be a list of all North Carolina Counties to choose from. You may choose all that apply. If your organization serves the entire state, please choose "All North Carolina Counties."

Who are you serving and what are their digital opportunity needs? (400 word limit)

What is your experience serving these groups, and how will your outlined activities meet their needs? (300 word limit)

How many total individuals do you estimate your program will serve? (one total number)

Provide a rationale for how you anticipate serving this number of individuals. (200 word limit)

Intended Outcomes
Track 1: Digital Skills, Digital Navigation, and Online Safety

The NTIA requires states to track digital opportunity outcomes across sectors. Below, select the primary digital opportunity sector for which your program's intended outcomes fit. *(Your program's outcomes must fit within one of these five categories)*

☐ Workforce Development

☐ Education

☐ Health

☐ Civic and Social Engagement

☐ Delivery of Other Essential Services

Select the secondary digital opportunity sector below for your program.

- ☐ Workforce Development

- ☐ Education

- ☐ Health

- ☐ Civic and Social Engagement

- ☐ Delivery of Other Essential Services

- ☐ Other *(please explain)* _____

Select all applicable measurable objectives below from the North Carolina Digital Opportunity Plan to be pursued through your program:

- ☐ Increase in percentage of North Carolinians who are confident:

  - i)   Using word processing programs
  - ii) Finding educational content
  - iii) Applying for jobs
  - iv) Communicating with a healthcare provider

- ☐ Increase access to and geographic reach of services that meet individual needs to advance digital literacy

- ☐ Improve confidence and ability to protect personal data online

- ☐ Improve confidence and ability to keep yourself safe online

- ☐ Other key measurable objectives (Please describe)

What are the anticipated outputs of the project or program deliverables? (200 word limit) *(For example, the number of hours of training to be provided, the number of devices to be provided, the number of individuals served per measurable objective etc)*. **Please be as specific as possible.**

What are your intended outcomes for the project? (200 word limit) (*For example, increased employment rates among clients, decreased recidivism rates, etc.)*

Describe how the proposed project or activity will be evaluated to determine successful implementation. (200 word limit)

Partner and Local Engagement
Track 1: Digital Skills, Digital Navigation, and Online Safety

Include a list of partners and/or subrecipients involved in the project and describe their role. If all partners or subrecipients are not yet identified, describe the process for identifying partners. (300 word limit)

Describe your experience building relationships with entities you serve including community-based organizations. What types of activities demonstrate how you have helped organizations increase their capacity? (200 word limit)

What experience and capacity do your partners have in meeting community needs? (200 word limit)

If applicable, describe the capacity and experience of your partners' staff in providing digital skills, digital literacy, or digital navigation programming or in meeting other digital opportunity needs, including their roles and experience and whether additional positions are required and why. (300 word limit)

Specific Project Questions
Track 1: Digital Skills, Digital Navigation, and Online Safety

How are you supporting digital skills and literacy through your program? (200 word limit)

What curricula are you using? (200 word limit)

Are you developing a new curriculum?

◯ Yes

◯ No

Please explain your rationale for developing a new curriculum. (200 word limit)

Will your project include online safety training?

○ Yes

○ No

If yes, please provide more information about your project's online safety training.

	Yes	No
Does it include privacy training?	○	○
Does it include cybersecurity training?	○	○
Does it include anything else? *(please explain)*	○	○

Will your project include digital health literacy?

○ Yes

○ No

I acknowledge that if selected:

○ I will attend NCDIT trainings on digital skills standards and ensure our project is aligned with those standards. (Standards will be published in summer 2025)

Will your proposed program fund digital navigators through this grant?

○ Yes

○ No

Please describe the proposed digital navigator program. (200 word limit)

If yes, how many digital navigators will you support through this grant project?

Do you have a current digital navigator program?

◯ Yes

◯ No

Please provide more information about your proposed digital navigator program.

1. How many digital navigators do you currently support?
2. How will you use this grant to build capacity for your proposed digital navigator program?
3. How (if applicable) will you expand your digital navigator services to community members you aren't currently serving?

I acknowledge that if selected:

◯ I will attend NCDIT trainings on digital navigator best practices and ensure our project is aligned with those best-practices. (Best-practices will be published summer 2025).

Budget
Track 1: Digital Skills, Digital Navigation, and Online Safety

Please provide the following information about your budget for the duration of this project. ([See grant budget template.](#))

Budget Narrative (upload)
- Provide a written description for the budget in each category
- For personnel, include position titles and the amount of expected amount of time dedicated to grant at grant initiation. Explain who will be responsible for programmatic and financial reports and if those individuals are the same person or different. If those individuals are not in place today, please explain staffing plans for the grant.
- Provide any additional details not requested above that may assist the application reviewing committee.

Attestation

I hereby attest that all of the information I have provided in this application is true, complete, and accurate to the best of my knowledge and belief. I understand that any

misrepresentation or omission of information may result in the disqualification of my application or other adverse consequences.

Name and Date

○ Full Name _____

○ Date _____