



**Notice of Funding Availability (NOFA) ARPA 2024-2:  
American Rescue Plan Act (ARPA)  
Digital Equity Local Capacity Building**

| ATTACHMENT A – APPLICATION FORM   |                   |   |
|---|-------------------|---|
| <b>COUNTY OF SOLANO</b><br>Department of Information Technology   | ISSUE DATE        | April 2, 2024   |
|   | NOFA Coordinator: | Stewart Bruce<br><a href="mailto:sbruce@solanocounty.com">sbruce@solanocounty.com</a> |
| <p>Submit Applications to:<br/><a href="mailto:sbruce@solanocounty.com">sbruce@solanocounty.com</a></p> <p><b>Subject Line: NOFA ARPA 2024-2 Digital Equity Local Capacity Building Application</b></p> <p>Applications must be received no later than<br/><b>May 3, 2024, 5:00 PM PST</b><br/><u>Late Applications will not be accepted.</u></p> |                   |   |
| <p><b>Application Instructions:</b> Applicants must fully complete this Application form (Attachment A), responding to every question, and attach all necessary requested documents. Applicants must fill in desired check boxes and adhere to page limits where indicated.</p>   |                   |   |

| ARPA Digital Equity Local Capacity Building NOFA 2023-05  |
|---|
| Applicant Organization:   |
| Type of Applicant: <input type="checkbox"/> 501(c)3 <input type="checkbox"/> Other type of 501(c) Describe: |
| Applicant Address:  |
| Program Summary: Provide a brief summary of your project (100 words maximum)                                |
| Total Amount of Funding Requested:  |
| Is this request time sensitive? If yes, please describe.  |

## ARPA Digital Equity Local Capacity Building NOFA 2024-2

The undersigned acknowledges that the County's Standard Contract (Attachment B) has been reviewed and that, if awarded, all contract terms and conditions are accepted.

YES  NO If NO, Qualifications to Funding Agreement:

The undersigned certifies and makes assurance of the Applicant's compliance with:

- All requirements, terms, and conditions of NOFA 2024-2;
- The laws of the County of Solano <https://www.codepublishing.com/CA/SolanoCounty/>;
- Title VI of the federal Civil Rights Act of 1964 <https://www.hhs.gov/civil-rights/for-individuals/special-topics/needy-families/civil-rights-requirements/index.html>;
- Title IX of the federal Education Amendments Act of 1972 <https://www.justice.gov/crt/title-ix-education-amendments-1972>
- The Equal Employment Opportunity Act and the regulations issued thereunder by the federal government <https://www.eeoc.gov/statutes/laws-enforced-eeoc>
- The Americans with Disabilities Act of 1990 and the regulations issued thereunder by the federal government <http://www.ada.gov/pubs/ada.html>;
- All contract employees performing services and/or work as a result of this solicitation must have documented legal authority to work in the United States of America;
- The condition that the submitted Application was independently arrived at, without collusion, under penalty of perjury; and
- The condition that no amount shall be paid directly or indirectly to an employee or official of The County of Solano as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Applicant in connection with the Procurement under this NOFA.

YES  NO A NO response shall disqualify this Application.

**FAILURE TO SIGN THIS SECTION MAY DISQUALIFY YOUR RESPONSE**

ORGANIZATION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATED \_\_\_\_\_

FED EMPLOYER  
ID NO. \_\_\_\_\_

PRINTED NAME \_\_\_\_\_

TITLE \_\_\_\_\_

If signature is other than "Executive Director,"  
**evidence showing authority to bind the  
organization must be attached.**

## ARPA Digital Equity Local Capacity Building NOFA 2024-2

### PERSON RESPONSIBLE FOR PREPARATION OF APPLICATION

|  |                       |                                     |                 |
|--|-----------------------|-------------------------------------|-----------------|
|  |                       |                                     |                 |
| <b>NAME</b>  |                       | <b>TITLE</b>                        |                 |
|  |                       |                                     |                 |
| <b>ADDRESS</b>   |                       |                                     |                 |
|  |                       |                                     |                 |
| <b>CITY</b>  |                       | <b>STATE</b>                        | <b>ZIP CODE</b> |
|  |                       |                                     |                 |
| <b>PHONE NUMBER</b>  | <b>E-MAIL ADDRESS</b> | <b>CELL PHONE NUMBER (OPTIONAL)</b> |                 |
| <input type="checkbox"/> PRIMARY CONTACT RELATED TO THIS APPLICATION<br><input type="checkbox"/> INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS APPLICATION |                       |                                     |                 |

### SIGNATORY ON PAGE 2

|  |                       |                                     |                 |
|--|-----------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> Same as Section A above.  |                       |                                     |                 |
|  |                       |                                     |                 |
| <b>NAME</b>  |                       | <b>TITLE</b>                        |                 |
|  |                       |                                     |                 |
| <b>ADDRESS</b>   |                       |                                     |                 |
|  |                       |                                     |                 |
| <b>CITY</b>  |                       | <b>STATE</b>                        | <b>ZIP CODE</b> |
|  |                       |                                     |                 |
| <b>PHONE NUMBER</b>  | <b>E-MAIL ADDRESS</b> | <b>CELL PHONE NUMBER (OPTIONAL)</b> |                 |
| <input type="checkbox"/> PRIMARY CONTACT RELATED TO THIS APPLICATION<br><input type="checkbox"/> INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS APPLICATION |                       |                                     |                 |

### PERSON RESPONSIBLE FOR PROGRAM AND CONTRACT MANAGEMENT

|  |                       |                                     |                 |
|--|-----------------------|-------------------------------------|-----------------|
| <input type="checkbox"/> Same as Section A above.<br><input type="checkbox"/> Same as Section B above.   |                       |                                     |                 |
|  |                       |                                     |                 |
| <b>NAME</b>  |                       | <b>TITLE</b>                        |                 |
|  |                       |                                     |                 |
| <b>ADDRESS</b>   |                       |                                     |                 |
|  |                       |                                     |                 |
| <b>CITY</b>  |                       | <b>STATE</b>                        | <b>ZIP CODE</b> |
|  |                       |                                     |                 |
| <b>PHONE NUMBER</b>  | <b>E-MAIL ADDRESS</b> | <b>CELL PHONE NUMBER (OPTIONAL)</b> |                 |
| <input type="checkbox"/> PRIMARY CONTACT RELATED TO THIS APPLICATION<br><input type="checkbox"/> INCLUDE ON EMAIL CORRESPONDANCE RELATED TO THIS APPLICATION |                       |                                     |                 |

## SECTION 1: DESCRIPTION OF ACTIVITIES

### A. Program Activities: (3 pages maximum): Please include:

- Description of activities, including numbers served, types of services, and if you are targeting a specific geographic location within Solano County or a specific population.
- Description of need, including impact of digital literacy education efforts and/or ACP outreach efforts to the proposed population to be served with ARPA grant funds. Impact may be related to increased clients, decreased revenue, or other impacts which demonstrate a need for digital equity capacity building funding.
- How funds will be used to continue or expand an existing effort.
  - If continuing an existing effort, describe how these capacity building funds will supplement your existing efforts.
  - If expanding an existing effort, describe the need to expand your efforts or services with capacity building grant funds
- How you will ensure activities are completed within the 16-18 month timeframe.
- How you will ensure your activities are equitable and inclusive.
- Please address how your programming will address multilingual/multi-cultural populations.
- Describe what engagement strategies you will employ to reach diverse and hard to reach populations.

|  |   |   |
|--|---|---|
| <p><b>B. Logic Model:</b> Provide a brief logic model for your program, including your activities, service counts, and results/outcomes. Be specific and include numbers served and percent of population served that will improve after services. Please see each column for further instructions. <b>(2 pages maximum)</b></p> |   |   |
| <p><b>Activities/Outputs:</b> Please list up to 3 main activities and tasks associated with those activities. Please include any tasks that are necessary for start-up and the timeline for completion.</p>  | <p><b>Service Counts:</b><br/> <u># Served:</u> Unduplicated clients<br/> <u>Service Units/Length of Time:</u> How often/how long</p> | <p><b>Results/Outcomes:</b> What outcomes will be achieved? What percent of clients will be better off and how will you measure it?</p>   |
| <p><b>Ex 1. Digital Literacy Skills Classes (1 cohort a month)</b></p> <p><b>Ex 2. Digital device distribution</b></p>   | <p><b>Ex. 1 20 students per cohort.</b></p> <p><b>Ex. X number of devices by type distributed</b></p>                                 | <p><b>Ex. 1 70% or more will successfully complete each cohort. (100 total graduates in grant term) Participants demonstrate an understanding of basic digital literacy and enhance their quality of life (through pre/post surveys)</b></p> <p><b>Ex. X numbers of devices distributed with lists of persons receiving devices</b></p> |

## SECTION 2: QUALIFICATIONS AND SUSTAINABILITY

**A. Describe the capacity of the organization** to provide the digital equity programming activities as outlined in this Application (**2 pages maximum**). Please include:

- Experience implementing aforementioned digital equity work in the activities described
- Qualifications and experience of key personnel who will be implementing the activities

**B. Provide a sustainability plan** for the activities (**1 page maximum**). Please include:

- How you intend to sustain the digital equity programming activities beyond the 16-18 month timeframe of the ARPA Digital Equity Capacity Building Grant program.
- Please list if you have identified any additional funding, and if this funding is in the planning phase, you have applied, or it is fully secured?

**SECTION 3: BUDGET/BUDGET NARRATIVE**

**A. Provide a line-item budget utilizing the following format.** For staffing, indicate title of position, such as Program Director, Case Manager, etc. For operating expenses, indicate actual expense, such as Office Supplies, Telephone, etc. Add rows as necessary.

| Item   | Solano County | Other Funds contributing to the project (identify source in narrative) | Total Budget |
|--|---------------|--|--------------|
| Staffing   |               |  |              |
| Operating Expenses                                   |               |  |              |
| Overhead expenses (no more than 15% of total budget) |               |  |              |
| Other (describe)                                     |               |  |              |
| Total:   |               |  |              |

**B. Provide a budget narrative explaining your costs (2 pages maximum).** Please include FTE or hours for staff assigned to the project, and calculations for operating expenses. Include enough detail to inform reviewers of the need for the expenses requested.

Generally, Solano County pays by line item in arrears. If you are requesting a different payment methodology due to the nature of your Application or organization, please indicate that here with a justification of why a different methodology is needed. Note: alternate payment methodologies are not guaranteed and will be discussed during contract negotiations.

**C. Provide audited financial statements for the last two full years issued** (including Management Letters, if issued). If financial statements are on a publicly available website, please provide a link directly to the financial statements. Otherwise, please provide financial statements as documents attachment to the submission email. If Applicant does not have audited financial statements, provide unaudited statements of revenue and expenditures (and balance sheet if applicable) as a separate attachment and explain why the Applicant has no audited financial statements.