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| **IDENTIFICATION OF APPLICANT** |

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| ***Regional Broadband Navigator Grant Program***  ***COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM (CDBG)*** | | | | | |
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| **APPLICANT INFORMATION** | |  | **SUMMARY OF GRANT FUNDING AND NUMBER OF PROSPERITY REGION THE ENTITY IS APPLYING FOR**  **(Maximum per region $60,000)** | | |
| Applicant Entity Name |  |  | **CDBG Grant Amount** | **$** | |
|  | **Prosperity Region #** |  | |
|  | **Michigan Association of Regions** | Yes  No | |
|  | **Regional EDO** | Yes  No | |
|
| CEO/President/  Director of Entity | *Name:*  *Title:* |  |
|
| *Phone and* *Email* | Ph. |
|
| Street/PO Box  City  State/Zip |  |
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|  |
| County |  |  |  | | |
| *Staff assigned to CDBG Grant Management* | *Name:*  *Title:* |  |
| *Phone and* *Email* | Ph. |  |
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| Entity DUNS # | <http://www.dnb.com/duns-number.html> |  |  | | |
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| Entity Fed. ID # |  |  |
| Fiscal Year | to       (month start and end) |  |
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| **STATE GOVERNMENT REPRESENTATION** | | | | | |
| Senator Name |  | | Senate District | |  |
| Representative Name |  | | House District | |  |
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| **FEDERAL GOVERNMENT REPRESENTATION** | | | | | |
| Representative Name |  | | Congressional District | |  |

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| **PROGRAM OVERVIEW** |
| The Regional Broadband Navigator Grant Program – CDBG Program will provide up to an aggregate of $600,000 for up to 10 grants of up to $60,000 each to eligible applicants to install broadband support staff in 10 regions across the state. Navigators will be tasked with providing technical assistance to local and regional stakeholders, gather and disseminate broadband information throughout the region, liaise with the Connecting Michigan Taskforce, and serve as the regional single point of contact for everything related to broadband in coordination with Connected Nation Michigan Staff, MEDC, CDBG and the Michigan High-Speed Internet Office. The navigators will work with local and regional stakeholders to assist in coordination, development, and execution of broadband planning in response to the ongoing need for broadband access adoption and use. Utilization of these grand funds to address the capacity to execute broadband coordination with a region is targeted to leverage eligible federal state, and philanthropic broadband funding to reasonably address short and long-term impacts of the COVID-19 crisis. |

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| **PROJECT DESCRIPTION** |
| Provide a project narrative that **includes all** the information identified below in the following categories A-T:  **Purpose:**   1. Provide technical assistance to local and regional stakeholders 2. Gather and disseminate broadband information throughout the region 3. Liaise with the Connecting Michigan Taskforce and Michigan High-Speed Internet Office (MIHI) 4. Serve as the regional point of contact for broadband coordination 5. Connect Community stakeholders to federal/state funded broadband programs, grants, resources, and other similar opportunities   **Past Experience:**   1. The Applicant should indicate experience with providing assistance to state agencies, communities, regions or equivalent, including but not limited to the process of stakeholder convening, community engagement and existing community connections 2. Demonstrate knowledge and experience with CDBG program and requirements   **Team:**   1. Identify key players (include resume if utilizing existing staff) 2. Identify any other partners/ collaborators involved. 3. Share expertise of activities in this space   **Milestone/Deliverables:**   1. Identify meaningful milestones/deliverables 2. Provide timeline for hiring 3. Previous Experience 4. Sustainability Plan (to support position beyond grant period)     **Budget**   1. Proposal should clearly indicate need for funding   **Other Considerations:**   1. Identify the need for funding and how COVID-19 has made this program/project a necessity. 2. Identify the organization’s ability to host this position. 3. Identify plan to attend regional/statewide broadband/telehealth/digital inclusion events and meetings. 4. Identify ability to conduct outreach and marketing activities to raise awareness and promote the dissemination of relevant information to communities and regional or state organizations. 5. Outline activities necessary to complete the project. |
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| **PROJECT TIMELINE** | | | **IMPACT** |
| Provide the tentative Start and End dates for activities associated with completing the project  (maximum term is limited to one year) | | | Provide projected number for each activity |
| **ACTIVITIES** | **START DATE (mm/yr)** | **END DATE (mm/yr)** |
| **Timeline for Hiring** |  |  | **N/A** |
| **Meetings Convened** |  |  |  |
| **Webinars Hosted** |  |  |  |
| **Community, State Regional Collaborations** |  |  |  |
| **Meetings Attended** |  |  |  |
| **Regional Communication Pieces Published** |  |  |  |

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| **PROJECT BUDGET**  **(need for funding should be identified in narrative)** | | | | |
| **ACTIVITY COSTS** | **CDBG** | **OTHER** | **OTHER** | **TOTAL** | |
| Technical Assistance | $ | $ | $ | $ | |
| **GRAND TOTAL** | $ | $ | $ | $ | |

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| **APPLICANT CAPACITY AND CONFLICT OF INTEREST** | |
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| Describe your entity’s capacity to manage the program as outlined in the Appendix A. Additionally, outline your entity’s experience working with local broadband related stakeholders. | |
| Does your entity currently administer CDBG funds on behalf of the MSF and/or assisted with the administration of CDBG funds in the last 5 years?  If Yes, describe: | Yes  No  NA |
| Will any person who is an employee, agent, consultant, officer, elected or appointed official of the entity obtain a financial interest or benefit from a CDBG assisted activity or have an interest in any contract, subcontract or agreement with respect thereto, or in the proceeds hereunder, either for themselves or for those with whom they have family or business ties, during their tenure or for one year thereafter?  If Yes, describe: | Yes  No  NA |
| Does your organization currently serve at least one Prosperity Region in Michigan? | Yes  No  NA |
| Does your organization have **history and experience** with grant program management? | Yes  No  NA |
| Is your organization a Michigan non-profit currently engaged in economic development activities at the regional level and/or regional governmental entity? | Yes  No  NA |

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| **CDBG ASSURANCES** |
| The Applicant agrees to adhere to HUD, CDBG and MEDC rules, regulations and the Grant Administration Manual (GAM) policies, procedures and reporting requirements. In agreeing to this, the entity will ensure that all entities  involved in completing the proposed project will also adhere to rules and regulations during grant administration.   1. All parties certify that the information in this application is the most accurate available based on current information and knowledge. |

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| **AUTHORIZED ENTITY OFFICIAL** | | | |
| Authorized Signer |  | | |
| Signature |  | | Date: |
| Name and Title |  | | |
| Phone #: | | Email Address: | |