## Appendix 1. Work Plan

**Notification of Funds' Availability for the Digital Navigator NOFA by the Puerto Rico Broadband Program**

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| --- |
| **General information** |
| Name of the organization |   |
| Registration number of the organization (EIN) or (RUP) |   |
| Unique Entity Identifier (UEI) from SAM.gov |  |
| Address of principal offices |   |
| Name of the point of contact |   |
| Email of the point of contact |   |
| Phone of the point of contact |   |
| Name of the legal representative[1] |   |
| Position of legal representative |   |
| Legal status of legal representative |   |
| City of residence of legal representative |   |
| Email of the legal representative |   |
| Phone of the legal representative |   |

If you are applying for the **Regional Digital Hubs Project**, please indicate which Smart Island Zones you are planning to cover by marking “YES” in the table below.

|  |
| --- |
| **Regional Digital Hubs** |
| **Aguadilla** |   |
| **Arecibo** |   |
| **Vega Baja** |   |
| **San Juan** |   |
| **Ceiba** |   |
| **Humacao** |   |
| **Caguas** |   |
| **Guayama** |   |
| **Ponce** |   |
| **Mayagüez** |   |

For any Smart Island Zone you selected, please include a list of physical locations managed by your organization or existing partner organizations that you can use for Digital Navigators to deliver in-person engagement of digital equity resources. The first row is filled out as an example in blue.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Smart Island Zone** | **Partner Organization / Location** | **Address** | **Already done events here** | **Capacity to host events** | **Additional Details (e.g. people served annually)** |
| *San Juan* | *Club de Leones Community Center* | *Condominio Riverside Plaza, River Side, 71 Cll Santa Cruz #74, Bayamón, 00961, Puerto Rico* | *Yes* | *Two 20-person rooms* | *Have hosted annual digital literacy workshops for ~500 members* |
|   |   |   |   |   |   |
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|   |   |   |   |   |   |
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|   |   |   |   |   |   |

If you are applying for the Targeted Population specialist Project, please indicate which populations you are planning to primarily serve by marking “YES” in the table below.

| **Targeted Population Specialist** |
| --- |
| Older Adults (60+ years old) |   |
| Students and/or children |   |
| Incarcerated persons |   |
| People with disabilities  |   |
| Veterans |  |
| Populations in rural areas |  |
| Other (please specify and refer to PRBP’s Digital Equity Plan as needed) |  |

For any Target Population you selected, please include any organizations or institutions that have physical locations that you have already partnered with or plan to partner with for Digital Navigators to deliver in-person engagement of digital equity resources. The first row is filled out as an example in blue.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Targeted Population** | **Partner Organization / Location** | **Address** | **Already done events here** | **People served annually** | **Additional Details** |
| *Senior Citizens* | *Club de Leones Community Center* | *Condominio Riverside Plaza, River Side, 71 Cll Santa Cruz #74, Bayamón, 00961, Puerto Rico* | *Yes* | *1,000* | *Have hosted annual digital literacy workshops* |
|   |   |   |   |   |   |
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|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

| **1. Community Outreach** |
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| **1.A. Please describe your plan for how Digital Navigators will engage with the community.** * What events, workshops, office hours and programs do you intend to use to facilitate learning of digital skills?
* How will you leverage both in-person and online engagement to ensure the program is inclusive and accessible by all?
 |
| * [To be completed]
 |
| **1.B. Please describe any partnerships that will help expand the reach of the program.** * Do you have any established relationships with community organizations such as schools, CBOs or NGOs that can help with outreach of the program? How will you prioritize locations of in-person programming to maximize impact?
 |
| * [To be completed]
 |
| **1.C. Please describe your organizations experience in delivering similar programs.** * Please include a list of any programs completed in the past 5 years, including locations, dates, number of organizations you partnered with, and number of people served.
* Please list any differentiating capabilities your organization has regarding community outreach, and any and any tools, technology or resources you plan to use to expand outreach.
 |
| * [To be completed]
 |
| **1.D. Please describe your intended marketing strategy to ensure the programs resources are fully utilized. How will you, through the Digital Navigators, attract and retain participants for the program?*** What follow-ups will be used to maintain engagement?
 |
| * [To be completed]
 |

| **2. People Management**  |
| --- |
| **2.A. Please describe the strategies you will use to attract, hire / designate and retain Digital Navigators.** * Please detail how many Digital Navigators you will hire, what is the expected salary, how many hours they are expected to work per week towards community digital equity initiatives (e.g., full-time or pa rt-time), and what the minimum qualifications for being a Digital Navigator will be.
 |
| * [To be completed]
 |
| **2.B. Please describe your retention strategy for Digital Navigators to ensure they will be a consistent resource for the community.** Specifically describe any bonuses or benefits you plan to use. |
| * [To be completed]
 |
| **2.C. Please describe your intended plan to manage Digital Navigators across the Smart Island Zone or for the intended target populations.** * What will be the operating model for the program? Who will manage scheduling of events and resources?
* How will you ensure Digital Navigators devote time to multiple locations to ensure adequate support for all members of the community?
 |
| * [To be completed]
 |

| **3. Program Management, Efficiency & Sustainability** |
| --- |
| **3.A. Please describe your experience in managing similar programs.** * Please include a list of any programs completed in the past 5 years, including locations, dates, number of organizations you managed / partnered with, and number of people served.
* Please list any differentiating capabilities your organization has in regard to program management, and any tools or resources you plan to use to stand-up the program and ensure efficient management.
 |
| * [To be completed]
 |
| **3.B. Please describe how you will hire a regional program coordinator, and any additional resources will be hired to manage the program.**Please also describe how senior leadership at your organization will be involved in this program. |
| * [To be completed]
 |
| **3.C. Please describe your intended strategy to evaluate the success of the program.** * What will you measure as the KPIs?
* How will you ensure data is collected and analyzed? How will community feedback be collected and integrated to improve the program?
 |
| * [To be completed]
 |
| **3.D. What is your strategy to ensure the longevity and sustainability of the program past the initial funding period?** * What innovative approaches can be used to sustain the program?
* Do you plan to make any co-investments or catalyze any other funding sources?
 |
| * [To be completed]
 |
| **3.E. Please describe what efforts you will take to minimize costs and ensure programs funds are used efficiently. Please also fill out the budget template below.** |
| * [To be completed]
 |

**Proposed Program Pricing and Total Outcomes – please fill out and provide detail via attachment**

**Instructions**: The below table is just one way in which you can submit the Program Pricing. Proponents can submit their Proposed Pricing in the format and way the deem more appropriate. However, the Proposed Pricing should have a split per year and a proposed disbursement schedule. An example has been provided in blue.

| **Item** | **Cost per item** | **Quantity** | **Total**  | **Note / Explanation** |
| --- | --- | --- | --- | --- |
| **Community Outreach** |  |  |  |  |
|   |   |   |   |   |
|   |   |   |   |   |
|   |   |   |   |   |
| **People Management** |  |  |  |  |
| *Digital Navigators* | *$xxk* | *5* | *$xxk* | *E.g., cost of staffing Digital Navigators salary and benefits* |
|   |   |   |   |   |
|   |   |   |   |   |
| **Program Management** |  |  |  |  |
|   |   |   |   |   |
|  |   |   |   |   |
|   |   |   |   |   |
|  |   |   |   |   |

Please include the total expected program cost and requested funding.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Y1** | **Y2** | **Y3** | **Y4** | **Y5** | **Total** |
| **Overall Program Cost:** | $ |  |  |  |  |  |