

# Community Connect

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## *American Library Association*

### *I. Instructions*

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Twenty selected public libraries will receive five Verizon Wi-Fi hotspots with two-year contracts and service for lending to patrons; professional development resources; assets and resources on hotspot-lending best practices; a \$2,000 stipend to cover costs associated with implementing programming, and additional financial capability resources from ALA.

**For more information, please see our website:** <http://www.ala.org/tools/programming/>  
<http://www.ala.org/tools/programming/communityconnect>

**Thank you to our partner: Capital One**

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### *II. Project Director*

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Note: The Project Director is the lead representative from your library and will be the primary point of contact. This person will also participate in all online webinars and trainings and will be responsible for implementing the program at the library.

#### **Project Director First Name\***

*Character Limit: 25*

#### **Project Director Last Name\***

*Character Limit: 25*

#### **Project Director E-mail\***

*Character Limit: 254*

#### **Project Director Phone Number\***

(10 digits, xxx-xxx-xxxx)

*Character Limit: 15*

#### **Extension**

*Character Limit: 5*

**Project Director Title\***

*Character Limit: 250*

**Department**

*Character Limit: 250*

**Library name\***

*Character Limit: 250*

**Address 1\***

*Character Limit: 250*

**Address 2**

*Character Limit: 250*

**City\***

*Character Limit: 250*

**State/Territory\***

**Choices**

- Alabama
- Alaska
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Delaware
- Florida
- Georgia
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska

Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
District of Columbia  
Puerto Rico  
Guam  
American Samoa  
U.S. Virgin Islands  
Northern Mariana Islands

### **Zip Code\***

9 digits, xxxxx-xxxx. If you need to find your 4-digit sort code, you can look it up at the website of the US Postal Service.

*Character Limit: 10*

### **Website\***

*Character Limit: 2000*

## **III. The Library**

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### **Library Type\***

#### **Choices**

- Public Library (Single Branch)
- Public Library (Multiple Branches)

**Number of branches in your library system\***

Enter N/A if not applicable

*Character Limit: 250*

**Total Population Served Annually\***

*Character Limit: 100*

**Community Type\***

The Institute for Museum and Library Services (IMLS) defines a rural community as one that is more than, or equal to, five miles from an urbanized area and a small community to be libraries with a legal service area population of 25,000 or less.

**Choices**

Rural

Other

**Closest metropolitan area and state\***

*Character Limit: 1000*

**Demographics\***

Using the most recent US Census and other data, briefly describe the demographics of the community served by the library (e.g. languages spoken other than English, unemployment rate, poverty rate, reduced lunch rate, etc.)

*Character Limit: 500*

**Do you serve a seasonal/migrant population?\*****Choices**

Yes

No

**If YES to the above question: How many people of your annual number are seasonal/migrant residents?**

*Character Limit: 250*

**Number of library cards issued in ACTIVE USE (if you are at a branch, from your specific location)?\***

*Character Limit: 250*

**Does your library have Wi-Fi?\*****Choices**

Yes, for library administrative use only

Yes, for patron use

Yes, for patron and staff use

No

**Does your library already offer a Wi-Fi hotspot lending program?\*****Choices**

Yes

No

**If YES to the above question: How many hotspots are in your current lending program?***Character Limit: 100***Please describe the program and its participation rate.***Character Limit: 700***How did you learn about the Community Connect opportunity?\***

This information will help us understand how our marketing efforts are working. Please check all that apply.

**Choices**

Received a mailer

Received an email

Advertisement (please specify source below, if known)

ALA website

ProgrammingLibrarian.org website

Listserv/online discussion list

News article/press release (please specify source below, if known)

Social media

Programming Librarian Interest Group

Word of mouth

**Other Source (please specify below)***Character Limit: 250*

## *VI. Proposal Narrative*

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Please note that each narrative section may not exceed **400** words.

**Project Name\***

In the text box below, please type: Community Connect

*Character Limit: 250***Patron Internet Access\***

Describe your community's current internet connectivity and digital literacy. Do library patrons have internet access at home? Are they able to access educational, personal finance, health, or other important, trustworthy information online from home?

*Character Limit: 2900*

### Digital Capability\*

Briefly describe your library's existing capacity to meet the **digital capability** needs of patrons, including collections, services, and programming.

*Character Limit: 2900*

### Personal Finance Needs\*

Briefly describe your library's existing capacity to meet the **personal finance needs** of patrons, including collections, services, and programming.

*Character Limit: 2900*

### Community Needs\*

How did you learn about your community's needs for digital capability and financial capability programming?

#### Choices

- User survey
- Informally talking to users
- Community partners
- Learning about regional or national trends in programming
- Other

### Other (please specify)

*Character Limit: 1500*

### Benefits to Target Population\*

Describe how increased internet access and financial capability would benefit individuals in your target population?

*Character Limit: 2900*

### Partnerships\*

Collaboration with local organizations—such as schools, youth centers, parent groups, higher education, Cooperative Extension, government agencies, and nonprofit social service providers—is important to the success of this project. Describe any relevant partnerships you currently have, and any new ones you plan to pursue.

**Important:** All programming must be strictly unbiased and non-commercial. For this reason, partnerships with the financial services industry (brokerage firms, banks, financial advisers, etc.) are not permitted for this exhibition and any related programming.

*Character Limit: 2800*

### Proposed Program Plan\*

Please describe how you plan to implement the program. A general description of how you envision it, with relevant examples of previous programming, is fine.

*Character Limit: 2900*

## Marketing and Outreach\*

How will you publicize and promote the hotspot lending and required programs within the library and to the community at large? Please describe opportunities through the library's regular communications (print, email, social media, radio, tv, or other), as well as any new efforts you will make.

*Character Limit: 2900*

## Evaluation\*

ALA is committed to understanding the impact of its programs and gathering data that will help bring this program to more libraries in the future. As a result, libraries chosen for this grant will be required to collect data on their programs, with support from ALA and evaluation consultants.

Please indicate your library's capacity and comfort level with the following, where 1= no capacity or comfort level and 5= high capacity and comfort level)

### Implement surveys for hot spot participants

#### Choices

- 1- no capacity or comfort level
- 2
- 3
- 4
- 5- high capacity and comfort level

### Implement surveys for financial capability program participants\*

#### Choices

- 1- no capacity or comfort level
- 2
- 3
- 4
- 5- high capacity and comfort level

### Track program attendance and repeat participants\*

#### Choices

- 1- no capacity or comfort level
- 2
- 3
- 4
- 5- high capacity and comfort level

### Participate in an interview about the program\*

#### Choices

- 1- no capacity or comfort level
- 2

- 3
- 4
- 5- high capacity and comfort level

**Collect information from program participants (i.e., capture success stories)\***

**Choices**

- 1- no capacity or comfort level
- 2
- 3
- 4
- 5- high capacity and comfort level

**Document/capture the circulation of the library's financial texts during the program\***

**Choices**

- 1- no capacity or comfort level
- 2
- 3
- 4
- 5- high capacity and comfort level

**Evaluation\***

Please describe your libraries current comfort and ability level with data collection/ evaluation efforts.

*Character Limit: 2900*

**IV. Shipping**

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**Delivery address\***

*No PO boxes*

*Character Limit: 250*

**Delivery address line 2**

*Character Limit: 250*

**Delivery City\***

*Character Limit: 250*

**Delivery State or Territory\***

**Choices**

- Alabama
- Alaska
- Arizona
- Arkansas



California  
Colorado  
Connecticut  
Delaware  
Florida  
Georgia  
Hawaii  
Idaho  
Illinois  
Indiana  
Iowa  
Kansas  
Kentucky  
Louisiana  
Maine  
Maryland  
Massachusetts  
Michigan  
Minnesota  
Mississippi  
Missouri  
Montana  
Nebraska  
Nevada  
New Hampshire  
New Jersey  
New Mexico  
New York  
North Carolina  
North Dakota  
Ohio  
Oklahoma  
Oregon  
Pennsylvania  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Vermont  
Virginia  
Washington  
West Virginia  
Wisconsin  
Wyoming  
District of Columbia  
Puerto Rico  
Guam

American Samoa  
U.S. Virgin Islands  
Northern Mariana Islands

### Local Delivery Zip Code\*

(xxxxx-xxxx) If you need to find your 4-digit sort code, you can look it up at the website of the US Postal Service.

*Character Limit: 10*

### Other Information

Please include any other important information we should know about shipping equipment to your library.

*Character Limit: 3000*

## VIII. Certify Authorization

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An application for *Community Connection* is an application for an award from the sponsor of this project (Capital One). The sponsor asks applicants to identify for each application a certifying official who is authorized to submit applications for funding on behalf of the organization.

To complete this section, you must enter all of the requested information.

### Certifying Official First Name\*

*Character Limit: 250*

### Certifying Official Last Name\*

*Character Limit: 250*

### Certifying Official Email Address\*

*Character Limit: 254*

### Certifying Official Title\*

*Character Limit: 250*

### Certifying Official Organization\*

*Character Limit: 250*

### Certification\*

*By checking this box and submitting this application, the authorized representative for the applicant organization certifies that all statements contained herein are true and correct to the best of his or her knowledge and belief; and that the applicant organization (including, when pertinent, each additional library branch on whose behalf it is applying) is neither presently*

*debarred, suspended, proposed for debarment, declared ineligible, nor voluntarily excluded from participation in this transaction by any federal department or agency. In addition, the applicant represents that the proposed Project Director has not been convicted or found in violation of any state or federal securities laws, has not been enjoined or sanctioned by any regulatory authority for those types of violations, and is not named as a defendant in any pending federal action alleging securities laws violations.*

*You can check your institution's debarment status at the website of the System for Award Management.*

## Choices

Certification