STATE OF CALIFORNIA

DEPARTMENT OF AGING

**ACCESS TO TECHNOLOGY (ATT) PROGRAM**

REQUEST FOR APPLICATION – County Response Template

**Section I**

County Number: Choose an item.

County Name: Choose an item.

Human Services Agency Name:

|  |  |  |  |
| --- | --- | --- | --- |
| Contact Name | Contact Title | Contact email address | Contact phone number (w/extension if applicable) |
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**Section II**

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| 1. Does your county opt-in to participate in the ATT program?
 |  |  |
| 1. Do you agree to participate in program evaluation efforts to be conducted by CDA or its designated representative at the end of the program period? (The evaluation may include a brief survey, interviews, collecting sample success stories and documenting lessons learned.)
 |  |  |

1. List existing County programs your County will be leveraging to provide ATT program services (if any):
2. List any non-County programs your County will be leveraging to provide ATT program services (if any):
3. Did you include supporting documents that demonstrate aligned initiatives and commitments in supporting language and cultural diversity? (Yes/No) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section III**

1. The minimum allocation for the ATT program is $100,000. If your county desires an amount that is less than $100,000, please enter the desired amount here (please enter whole numbers only):

$\_\_\_\_\_\_\_\_\_\_\_\_

1. This is a monthly reimbursement program. Do you agree to bill CDA monthly to be reimbursed for ATT program expenditures? (Yes/No) \_\_\_\_\_\_\_\_\_\_\_
2. Budget Attached – (Yes/No): \_\_\_\_\_\_\_\_\_\_\_

**Section IV**

1. Please check boxes below to indicate which ATT program services your County will provide to ATT program participants:

|  |  |
| --- | --- |
|  | Providing technology, which may include, but is not limited to, laptops, tablets, and smartphones, to older adults and adults with disabilities. |
|  | Arranging for reliable internet access (via service plans) to older adults and adults with disabilities. |
|  | Broadband infrastructure improvements (telecommunications equipment, technologies, routers, fiber optic lines, etc.) |
|  | Developing or arranging for education and training of older adults and adults with disabilities on the use of technology. |
|  | Conducting outreach about the program. |
|  | Other – Not specifically stated above |

1. Please provide a detailed description of how grant funding will be utilized to meet the Program Goals above and any intended uses not specifically stated above:
2. Additional Comments: