



Devices Grants - 2024

Thank you for your interest in the Devices Grant program from the KC Digital Inclusion Fund.

Devices Grants should:

- Align to a specific program, not just to an organization or covered population.
- Help outcome-oriented direct-service organizations overcome technology barriers to better fulfill their mission.

Devices Grants are open to 501(c)(3) public charities, educational organizations, or government entities who provide direct services to people in need in the 9-county Greater Kansas City region, including Cass, Clay, Jackson, Platte, and Ray counties in Missouri and Johnson, Leavenworth, Miami, and Wyandotte counties in Kansas.

Eligible devices include desktop computers, laptop computers, tablets, and smartphones. This grant is intended to support user interface devices, not actual connectivity, so while phones may be eligible, data plans are not. Hotspots, routers, or servers are not eligible for this grant.

Eligibility Pre-check *

- Yes, my organization is a 501c3 or other nonprofit organization.
- No, my organization is not a nonprofit organization.
- Yes, my organization serves a population within the 9-county, Greater Kansas City region.
- No, my organization does not serve a population within the 9-county, Greater Kansas City region.

Section 1 - Applicant Information

First, please share some basic information about yourself and your organization.

IMPORTANT: By completing this form, you are agreeing to share your proposal with representatives from a review panel of digital inclusion advocates to review all submitted materials.

Your Information

Email *



First name *



Last name *



Title *



Contact phone *



Organization Information

Organization name *



Organization website *



Organization mission *



Organization type *

- School (K-12)
- College or University
- Early education/Child development center
- Faith-based organization/Church
- Government agency
- Healthcare organization/Hospital
- Human service/social service organization
- Library
- Public housing
- Neighborhood association.
- Workforce development organization
- Other (please specify)

Organization size *

- 1-3 employees
- 4-10 employees
- 11-50 employees
- 51-100 employees
- 101-500 employees
- 501 or more

Age(s) of population served (Check all that apply) *

- Children ages 3-5 (Preschool-Kindergarten)
- Children ages 6-11 (1st-5th Grade)
- Children 12-14 (6th-8th Grade)
- Teens ages 15-17 (9th-12th Grade)
- Adults all ages
- Young adults ages 18-25
- Adults ages 26-54
- Older adults ages 55-64
- Older adults ages 65+
- Other

How might you categorize the challenge(s) faced by those you serve? (Check all that apply) *

- Accessibility/special needs
- English language learners
- Housing insecure
- Immigrants/Refugees
- Low income
- Low literacy
- Unemployed/Underemployed
- Mental/Physical health issues
- Limited Internet service options
- Other (please specify)

Program / Services Region (Metro)

- KC Metro - MO only
- KC Metro - KS only
- KC Metro - all
- Other

Program / Services Region (County)

- Cass (MO)
- Clay (MO)
- Jackson (MO)
- Platte (MO)
- Ray (MO)
- Johnson (KS)
- Leavenworth (KS)
- Miami (KS)
- Wyandotte (KS)
- Other

Program Information

Many organizations find it difficult to reach the clients they serve or to help them realize their potential because they do not have the right device to access the internet.

We are requesting devices to be used for: *

- A program we run
- Multiple programs we run
- Our core service(s)

Program name / Core services *



The program/services serve: *

- Individuals
- Households or Families
- Other

About how many individuals/households did the program/services serve in 2023? *

About how many individuals/households do you expect the program/services to serve in 2024? *

How long does the program usually last - i.e. what is the average time it takes for someone to enter and exit the program?

- 2 months or less
- 2 to 5 months
- 6 to 11 months
- 1 year or more
- Other

Please describe how not having a device to access the internet limits the effectiveness or reach of the program. We want to understand how significant your need is. (Max 500 words) *

0/500

Besides the lack of a device, are there other technology barriers or digital access issues your clients face that limit the effectiveness or reach of your program? We want to understand the magnitude of your need. Please describe. (Max 500 words) *

0/500

Section 2 - Program Details

Please describe the barrier your program addresses, and how having a device impacts your program and those it serves. We want to understand how relevant having a device to access the internet is to your program. (Max 500 words) *

0/500

Describe how the device gap is understood, known, or evaluated. Please include how you have addressed this gap in the past? (Max 500 words) *

0/500

Select the types of devices you plan to purchase: *

- Desktop computers
- Laptop computers
- Tablets
- Smartphones
- Other

Are these devices for distribution to individuals or for use in a computer lab or other shared space? (Check all that apply) *

- Individual distribution
- Computer lab or shared space

Other

How many of devices do you plan to purchase? *

	Number
Desktops	
Laptops	
Tablets	
Smartphones	

Do you know the specifications of the devices you plan to purchase (model or general)?

- Yes
- No
- Not sure

Do you have a supplier or know where you'll purchase devices? *

- Yes
- No
- Not sure

Please describe the devices you plan to purchase (if known) or the process for how you will source the devices. (Max 500 words) *

0/500

Do you have staff, a partner, or a plan to provide I.T. support or services for these devices?

- Yes
- No
- Not sure

If yes, please describe the I.T. support or services you plan to provide. (Max 500 words)

0/500

Would this grant be filling a one-time need, or do you anticipate a recurring / ongoing need each year or each program cycle/term for devices?

- Recurring / Ongoing need
- One-time need
- Other

Please describe in more detail how you expect the need for devices to grow, shrink and/or affect your ability to deliver services going forward? We want to understand the immediate, one-time or ongoing need you have, and your ability to sustain and scale. (Max 500 words) *

0/500


How might this funding help you contribute to the broader digital inclusion ecosystem in the KC region? Max 500 words *

0/500

Amount of Funds Requested *


Download the [Device Grant Budget and Timeline Template](#)

Upload Budget and Timeline *



Browse Files
Drag and drop files here

Upload a copy of your 501c3 IRS Letter / Determination *



Browse Files
Drag and drop files here

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Save

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