

DCTV Nonprofit Capacity Building Grant Application  
**REFERENCE GUIDE**

**THIS DOCUMENT IS FOR  
REFERENCE ONLY**

Below are the questions required to complete the grant application. We are making this document available so that you can easily prepare your responses.

Feel free to pre-write your answers in a word processing application such as Microsoft Word or Pages and then copy them one-by-one directly into the application, which you can access at [dctv.org/grants](http://dctv.org/grants).

<i>Section 1</i>	<b>Grant Level:</b>	
Grant Level Your Organization is Applying For: <a href="#">Review the grant levels here.</a>		
<input type="checkbox"/> Gold	<input type="checkbox"/> Silver	<input type="checkbox"/> Bronze
Opt-In for Possible Grant Award at Any Level: <input type="checkbox"/> If my grant application is not awarded at the level at which I've applied, I would like to be automatically considered for another grant level.		



# DCTV Nonprofit Capacity Building Grant Application REFERENCE GUIDE

<i>Section 2</i>	
<b>Organization Information:</b>	
Organization Name:	
Organization Physical Address:	
Address Line 2:	
City:	
State/Province/Region:	
Zip/Postal Code:	
Organization Phone Number:	
Website URL:	
Does your Organization have a Logo?	
<input type="checkbox"/> Yes*	<input type="checkbox"/> No
<i>(if √ Yes)*</i>	
Upload your Logo and/or Style Guide (Upload in Digital Application Form)	
Organization EIN:	Annual Budget: (choose one) <input type="checkbox"/> Under \$500k <input type="checkbox"/> \$500k-\$1million <input type="checkbox"/> \$1million-\$5million <input type="checkbox"/> \$5million+



# DCTV Nonprofit Capacity Building Grant Application REFERENCE GUIDE

<i>Section 2 Continued:</i>								
Legal Requirements: Is your organization a nonprofit in good standing with the IRS and compliant with applicable 990 filing requirements? *								
<input type="checkbox"/> Yes				<input type="checkbox"/> No				
Locality: Is your organization based in the District of Columbia?								
<input type="checkbox"/> Yes*			<input type="checkbox"/> No but in "DMV"***			<input type="checkbox"/> No**		
<i>(if √ No or No but in "DMV") **</i>								
Does your organization substantially serve residents in the District of Columbia?								
<input type="checkbox"/> Yes (51% or more)			<input type="checkbox"/> No (50% or less)			<input type="checkbox"/> Not at all		
<i>(if Yes (51% or more), your organization substantially serves DC)</i>								
How does your organization serve residents of the District of Columbia?								
What DC wards does your organization serve? (Except where noted, check all that apply)								
(1) In which DC ward is your organization's physical address located? (Choose 1)								
Ward 1 <input type="checkbox"/>	Ward 2 <input type="checkbox"/>	Ward 3 <input type="checkbox"/>	Ward 4 <input type="checkbox"/>	Ward 5 <input type="checkbox"/>	Ward 6 <input type="checkbox"/>	Ward 7 <input type="checkbox"/>	Ward 8 <input type="checkbox"/>	N/A <input type="checkbox"/>
(2) Which DC ward(s) does your organization serve?								
Ward 1 <input type="checkbox"/>	Ward 2 <input type="checkbox"/>	Ward 3 <input type="checkbox"/>	Ward 4 <input type="checkbox"/>	Ward 5 <input type="checkbox"/>	Ward 6 <input type="checkbox"/>	Ward 7 <input type="checkbox"/>	Ward 8 <input type="checkbox"/>	N/A <input type="checkbox"/>
(3) In which DC ward(s) does your organization have physical service locations?								
Ward 1 <input type="checkbox"/>	Ward 2 <input type="checkbox"/>	Ward 3 <input type="checkbox"/>	Ward 4 <input type="checkbox"/>	Ward 5 <input type="checkbox"/>	Ward 6 <input type="checkbox"/>	Ward 7 <input type="checkbox"/>	Ward 8 <input type="checkbox"/>	N/A <input type="checkbox"/>
(4) In which DC ward(s) does your organization have transient services, such as popups, street crews, etc.								
Ward 1 <input type="checkbox"/>	Ward 2 <input type="checkbox"/>	Ward 3 <input type="checkbox"/>	Ward 4 <input type="checkbox"/>	Ward 5 <input type="checkbox"/>	Ward 6 <input type="checkbox"/>	Ward 7 <input type="checkbox"/>	Ward 8 <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>*If checked ward info for Q3 or Q4 above</i>								
How many service sites and/or pop-up locations do you have? Please list them for each ward.								



# DCTV Nonprofit Capacity Building Grant Application REFERENCE GUIDE

Name of Chief Executive or Executive Director: (First Name)
Name of Chief Executive or Executive Director: (Last Name)
Email of Chief Executive or Executive Director:
Name of Grantee Contact: (First Name) <i>This will be the person responsible for regular coordination with DCTV for grantee benefits.</i>
Name of Grantee Contact: (Last Name)
Grantee Contact Email:
Grantee Contact Phone Number:
<i>If you would like someone other than the designated "Grantee Contact" above to receive a copy of the contents of this Application Submission, please enter the email below.</i>
Application Submission CC email address:



# DCTV Nonprofit Capacity Building Grant Application REFERENCE GUIDE

<p><b>Section 3</b></p> <p style="text-align: center;"><b>Community Impact:</b></p>
<p><b>Mission Statement:</b> <i>(between 2-300 wds)</i></p>
<p><b>Vision Statement:</b> <i>(between 2-300 wds)</i></p>
<p><b>Programs:</b> <i>(between 2-500 wds)</i>  <i>Please describe your organization's programs and beneficiaries. What are you trying to accomplish in the community, how do you do it, and who do you serve along the way?</i></p>
<p><b>Organizational Needs:</b> <i>(between 1-250 wds)</i>  <i>What are the needs for your organization to be successful?</i></p>
<p>The following stories will help us craft the programming we'll create convening nonprofit thought leaders to focus on issues that affect DC residents. Please think about your responses as compelling content for television viewers.</p>
<p><b>Organization Impact:</b> <i>(between 100-500 wds)</i>  <i>Please share one of your organizations most meaningful impact stories of personal success for one of your beneficiaries, or a significant community impact you've made.</i></p>
<p><b>Organizational Challenges:</b> <i>(between 1-250 wds)</i>  <i>What was one of your organizations most difficult challenges. Please explain.</i></p>
<p><b>Success Story:</b> <i>(between 100-500 wds)</i>  <i>Please share one of the most successful stories from one of your beneficiaries. Who was that person? What was their background? What challenge did they face? How did your organization help them overcome the challenge? What the result?</i></p>
<p><b>Community Focus:</b> <i>(between 1-500 wds)</i>  <i>From your organization's perspective, what are the top three focus areas or most important issues facing the people you serve?</i></p>
<p><b>Leadership Focus:</b> <i>(between 100-500 wds)</i>  <i>What are the main areas of thought leadership of you and/or your leadership team? What is your organizations passion? What are your talking points? How is your organization different than your competitors?</i></p>



# DCTV Nonprofit Capacity Building Grant Application

## REFERENCE GUIDE

<p><i>Section 4</i></p> <p><b>Organization Capacity and Strategy:</b></p> <p>These questions are intended to help us understand your organization better. We just want to understand your current capacity and your most important communications needs so we can serve you best.</p>	
<p><b>Who and How</b></p>	
<p>Do you have a communications officer and/or team? (select 1 of 3)</p>	
<input type="checkbox"/> Communications Officer/Director	<input type="checkbox"/> Communications Team*
<input type="checkbox"/> Neither**	
<p><i>(If √ Communications Team)*</i></p> <p>On your Communications team, what individual roles are represented? (by one specific person)</p>	
<input type="checkbox"/> Communications Director <input type="checkbox"/> Communications Manager <input type="checkbox"/> Communications Coordinator <input type="checkbox"/> Special Events Manager	<input type="checkbox"/> Social Media Manager <input type="checkbox"/> Website Manager <input type="checkbox"/> Video Producer <input type="checkbox"/> Media/PR Liaison
<p><i>(If √ Neither)**</i></p> <p>Who (what position or positions) does communications in your organization? What other roles does this person or people share? If more than one person does communications, who does what?</p>	
<p>What are your organization's strategic communications goals?</p>	
<p>Does your organization maintain and regularly update a coordinated communications strategy?</p>	
<input type="checkbox"/> Yes**	<input type="checkbox"/> No*
<p><i>(If √ No)*</i></p> <p>What determines when and what you communicate?</p>	
<p><i>(If √ Yes)**</i></p> <p>Who are the most important audiences you are trying to reach?  <i>Please identify specific target audiences.</i></p>	
<p><i>(If √ Yes)**</i></p> <p>What are the most important communications methods you regularly use to share your message?</p>	
<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Email	<input type="checkbox"/> Events <input type="checkbox"/> Other



# DCTV Nonprofit Capacity Building Grant Application

## REFERENCE GUIDE

<i>Section 4 Continued:</i>		
Video:		
Do you currently use video as a regular part of your communications strategy?		
<input type="checkbox"/> Yes**	<input type="checkbox"/> No*	
<i>(If √ No)*</i>		
Please select one of the following:		
<input type="checkbox"/> We believe video will be an ongoing important part of our communications	<input type="checkbox"/> We would like to test whether and how video will be effective for our communications	
<i>(If √ Yes)**</i>		
Do you create video in-house or do you contract with outside producers?		
<i>(If √ Yes)**</i>		
How do you use video to reach your audience?		
Do you plan to increase your use of video as part of your strategy in the future?		
Do you have one or more PSA's?		
<input type="checkbox"/> Yes*	<input type="checkbox"/> No	
<i>(If √ Yes)*</i>		
How many years have you been using your most recent PSA?		
<input type="checkbox"/> 1 year or less	<input type="checkbox"/> 1-2 years	<input type="checkbox"/> 2-3 years or more
Do you have high quality video footage and photos to include in future packages?		
Social Media:		
What social media channels do you regularly use to share content? <i>Please provide the names of your social media channels on which you regularly share content.</i>		
How many followers do you have on each of your social media channels?		
How often do you post on your channels?		
<input type="checkbox"/> Multiple times a Day	<input type="checkbox"/> Daily	<input type="checkbox"/> A Few times a week
<input type="checkbox"/> Once a Week	<input type="checkbox"/> Monthly	<input type="checkbox"/> When I get to it
What is the primary communications goal you want to achieve through this Capacity Grant?		



# DCTV Nonprofit Capacity Building Grant Application REFERENCE GUIDE

<i>Section 5</i>	
<b>Grant Use:</b>	
Which of the grant benefits are you most likely to use?	
Airtime:	
<input type="checkbox"/> Program Spotlight Appearance(s) <input type="checkbox"/> Program Spotlight Promo(s) <input type="checkbox"/> Community Calendar	<input type="checkbox"/> Pre-Packaged Content or our PSA(s) <input type="checkbox"/> Public Service Announcement (PSA) (Gold)
Creative Services:	
<input type="checkbox"/> Public Service Announcement (PSA) Development - Resource toolkit (Bronze) OR Consultation call and resources for self-production (Silver) OR Custom Production By DCTV (Gold) <input type="checkbox"/> Content Repackaging for Digital Media	
Training:	
<input type="checkbox"/> Mobile Media Training	<input type="checkbox"/> Story Energizer Training
Events:	
<input type="checkbox"/> Networking Events	<input type="checkbox"/> Voice Awards Tickets
Other Benefits:	
<input type="checkbox"/> Additional Discounted Training <input type="checkbox"/> Additional Discounted Creative Services	<input type="checkbox"/> Additional Discounted Event Space <input type="checkbox"/> Additional Designees

<i>Section 6</i>		
<b>How Did You Hear About Us?:</b>		
What makes you a great candidate for our grants? Why? <i>(between 1-150 wds)</i>		
Is there anything you would like to share with us that we haven't asked?		
How did you hear about DCTV's Nonprofit Capacity Building Grants?		
<input type="checkbox"/> Email Blast <input type="checkbox"/> DCTV Website <input type="checkbox"/> Facebook	<input type="checkbox"/> LinkedIn <input type="checkbox"/> Twitter <input type="checkbox"/> Instagram	<input type="checkbox"/> DCTV Channels <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Other





# DCTV Nonprofit Capacity Building Grant Application

## REFERENCE GUIDE

### Section 7

#### Grantee Agreement:

Using the benefits in this grant will require a commitment on your part to make sure the pieces we produce together reach your goals. We want to support you, and we need to collaborate closely to make that happen!

In receiving this grant, **you agree to the following:**

- We will respond to all DCTV Communication in a timely manner.
- We will add "grants@dctv.org" to our designated grant contact's email address book to ensure message delivery.
- We understand that we are responsible for updating our grant contact and contact information should there be a change.
- We will provide all content for on-air packages such as photos, video footage, etc. on time and in accordance with requirements.
- We will provide interview background and related preparation to the DCTV associate producer in advance of production.
- CEO/ED/Designated leader will arrive on time and participate in all scheduled production times.
- CEO/ED/Designated leader will participate in a content development conference call.
- We will proof on-air text such as names and titles promptly, as needed.
- We understand that we will not receive raw media files from DCTV, but will receive final cut videos.
- We will provide metrics and reporting in response to pre and post grantee evaluation requirements
- We understand that DCTV determines residency requirements.
- We understand that there is a minimal grant match (financial payment to DCTV) requirement.
- We will provide grant match on or before June 24, 2021.

**(You must check all to submit application)**

**THIS DOCUMENT IS FOR  
REFERENCE ONLY**  
APPLY at: [www.dctv.org/grants](http://www.dctv.org/grants)

