



GOVERNMENT OF
THE UNITED STATES VIRGIN ISLANDS
THE OFFICE OF MANAGEMENT AND BUDGET



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Section 1: Applicant Information

Organization Name: _____

Authorized Representative:

Name: _____

Title: _____

Business Address:

Street: _____

City: _____ State: _____ ZIP: _____

Email Address: _____

Phone Number: _____

Website (if applicable): _____

DUNS/UEI Number: _____

Federal EIN (Tax ID): _____

Section 2: Eligibility Information

Organization Type:

- ☐ Nonprofit
- ☐ For-Profit
- ☐ Tribal Government
- ☐ State/Local Government

- ☐ Public-Private Partnership
☐ Other (please specify): _____

Is your organization currently registered in SAM.gov?

☐ Yes ☐ No

(If yes, please provide CAGE Code: _____)

Have you previously received federal funding for broadband deployment or related services?

☐ Yes ☐ No

If yes, please describe:

Section 3: Project Proposal Overview

Project Title: _____

Brief Project Summary:

(Please summarize your proposed project in 200–300 words)

Project Location(s):

List geographic area(s), counties, or census blocks to be served.

Proposed Service Area Type:

- ☐ Unserved
☐ Underserved
☐ Community Anchor Institutions
☐ Other: _____

Section 4: Project Details

Total Funding Requested:

\$ _____

Total Project Cost:

\$ _____

(Please include any match or leveraged funds)

Matching Funds Source(s) and Amounts (if applicable):

Project Start Date: _____

Estimated Completion Date: _____

Technologies to be Deployed: _____

Section 5: Impact and Outcomes:

Estimated Anchor Institutions Served: _____

Workforce Development Components: _____

Digital Equity & Inclusion Activities: _____

Section 6: Required Attachments:

Please include the following documents with your application:

- ☐ Detailed Project Narrative
- ☐ Project Budget
- ☐ Timeline & Milestones
- ☐ Maps of Service Area
- ☐ Letters of Support (if applicable)
- ☐ Organizational Chart & Key Personnel Bios
- ☐ Evidence of Matching Funds (if required)
- ☐ SAM.gov Registration Confirmation

Section 7: Certifications:

I hereby certify that all information provided in this application is true and complete to the best of my knowledge. I understand that any false statements may disqualify this application.

Authorized Signature:

Printed Name:

Date: