



Application Reference Guide

Thank you for your interest in DCTV's Nonprofit Media Fellowship program! This is an innovative Fellowship program that is expanding the possibilities for nonprofit support. The Fellowship does not provide a financial award; instead, the unique structure provides professional media services to boost your message and your mission.

The Media Fellowship helps nonprofit organizations of all sizes tell better stories to reach more people. We provide professionally produced videos, expert and peer-led training, and workshops and partnership opportunities – all of which will help you build your communications capacity, improve your media strategy, and increase your reach!

The application is tailored to busy nonprofit leaders, and the Fellowship provides incredible value. Tuition fees support the administration of the Media Fellowship and represent a tiny fraction of the operating budget of our professional television studio.

THIS DOCUMENT IS FOR REFERENCE ONLY.

To submit your application, please visit dctv.org/nonprofits

This document contains all the questions required to complete the Media Fellowship application. You can use it to easily draft, edit, and save your responses.

To prepare your application before submitting, 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 into the application, which you can access at dctv.org/nonprofits.

The online application has a “save” feature at the end of each section so that you can save your work. To save your answers and return to the application later, it will require you to input your email address and then sign in from a unique link in your email. Note that you will need to do this each time you save and return to it.

Section 1

Nonprofit Information

Nonprofit Name:

Nonprofit Physical Address: (Street Address)

Address Line 2:

City:

State/Province/Region:

Zip/Postal Code:

Nonprofit Main Phone Number:

Website URL:

https://

Does your nonprofit have a Logo?

Yes*

No

*(if √ Yes)**

Upload your [Vector Logo](#) and/or Style Guide
(upload in online application form)

Nonprofit EIN:

Annual Budget: (choose one)

- Under \$100k
- \$100k-\$500k
- \$500k-\$1million

- \$1million - \$3million
- \$3million - \$5million
- \$5million+

Section 1 Continued									
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 nonprofit 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 no (50% or less)</i>									
How does your nonprofit serve residents of the District of Columbia?									
Check all that apply: In which DC Ward(s) does your nonprofit...									
(1) ...have administrative offices?									
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	N/A	
(2) ...serve residents of DC?									
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	N/A	
(3) ...have physical service locations?									
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	N/A	
(4)* ...have transient services, such as popups, street crews, etc.									
Ward 1	Ward 2	Ward 3	Ward 4	Ward 5	Ward 6	Ward 7	Ward 8	N/A	
<i>(*If in (4) any ward is selected)</i>									
How many service sites do you have in each ward? Please list them for each ward:									
Name of Chief Executive or Executive Director:									
Email of Chief Executive or Executive Director:									
Name of Media Fellowship Contact: (First Name, Last Name)									
Email of Media Fellowship Contact:									
Phone Number of Media Fellowship Contact:									
<i>If you would like someone other than the designated "Contact" above to receive a copy of the contents of this Application Submission, please enter the email below.</i>									
Application Submission CC email address:									

Section 2

Community Impact

Mission Statement: *(between 2-300 wds)*

Vision Statement: *(between 2-300 wds)*

You may use existing boilerplate language.

Programs: *(between 2-500 wds)*

Please describe your nonprofits 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?

What do you do in your programs that's particularly well-suited to visual storytelling?:

Organizational Needs: *(between 1-250 wds)*

What are the needs for your nonprofit to be successful?

Example: Funding dollars, Donations, In-Kind Donations, Community Engagement, Media Exposure, Social Media Presence, etc.

Section 3

Nonprofit Stories

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.

Organization Impact: *(between 100-500 wds)*

Please share one of your nonprofits most meaningful impact stories of personal success for one of your beneficiaries, or a significant community impact you've made. What is the importance of your nonprofit for your community, and how do you tangibly improve people's lives?

Organizational Challenges: *(between 1-250 wds)*

What was one of your nonprofits most difficult challenges. Please explain.

Success Story: *(between 100-500 wds)*

Please share one of the most successful stories from one of your beneficiaries (List specific names). Who was that person? What was their background? What challenge did they face? How did your nonprofit help them overcome the challenge? What the result?

Community Focus: *(between 1-500 wds)*

From your organization's perspective, what are the top three focus areas or most important issues facing the people you serve?

Leadership Focus: *(between 100-500 wds)*

What are the main areas of thought leadership of you and/or your leadership team? What is your nonprofits passion? What are your talking points? How is your nonprofit different than your competitors?

Is your nonprofit currently conducting in-person activities?

Yes

No

Does your physical offices or accessible spaces/environment lend itself well to visual storytelling?:

Yes – we have a physical location for filming

Maybe – We have multiple partners or other locations where we can invite a video filming crew

No

What are generally the best days (of the week) to shoot your programs in action? When are the times when both staff leaders and program beneficiaries are present?: *(between 1-100 wds)*

Section 4

Organization Capacity and Strategy

These questions are intended to help us understand your organization better. We want to understand your current capacity and your most important communications needs so we can serve you best. Don't feel like you have to invent answers if you don't have them.

Who and How

How many paid staff and/or contractors (full or part time) does your nonprofit have?

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 10-15 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 15-35 |
| <input type="checkbox"/> 2-5 | <input type="checkbox"/> 35+ |
| <input type="checkbox"/> 5-10 | |

How many non-staff (stipend or non-paid) interns or volunteers (full or part time, not event specific) does your nonprofit have?

- | | |
|-------------------------------|--------------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 10-15 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 15-35 |
| <input type="checkbox"/> 2-5 | <input type="checkbox"/> 35+ |
| <input type="checkbox"/> 5-10 | |

Do you have a communications officer and/or team? (select 1 of 3)

- | | |
|----------------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Communications Officer/Director | <input type="checkbox"/> Communications Team* |
| <input type="checkbox"/> Neither** | |

*(If Communications Team)**

On your Communications team, what individual roles are represented? *(by one specific person)*

- | | |
|-----------------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Communications Director | <input type="checkbox"/> Social Media Manager |
| <input type="checkbox"/> Communications Manager | <input type="checkbox"/> Website Manager |
| <input type="checkbox"/> Communications Coordinator | <input type="checkbox"/> Video Producer |
| <input type="checkbox"/> Special Events Manager | <input type="checkbox"/> Media/PR Liaison |

*(If Neither)***

Who (what position or positions) does communications in your nonprofit? What other roles does this person or people share? If more than one person does communications, who does what?

What are your nonprofits strategic communications goals?

Section 4 Continued	
Does your nonprofit maintain and regularly update a coordinated communications strategy?	
<input type="checkbox"/> Yes**	<input type="checkbox"/> No*
<i>(If √ No)*</i> What determines when and what you communicate?	
<i>(If √ Yes)**</i> Who are the most important audiences you are trying to reach? <i>Please identify specific target audiences.</i>	
<i>(If √ Yes)**</i> What are the most important communications methods you regularly use to share your message?	
<input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Email	<input type="checkbox"/> Events <input type="checkbox"/> Other <hr/>
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?	

Section 4 Continued		
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:		
<p>What social media platforms does your nonprofit regularly use to share content? <i>Please provide the names of your social media platforms along with your specific handles from which you regularly share content.</i> EXAMPLE: Facebook: [@your-nonprofit-handle] Twitter: [@your-nonprofit-handle] Instagram: [@your-nonprofit-handle] YouTube: [@your-nonprofit-handle] Any other Social Media Platform: [@your-nonprofit-handle]</p>		
<p>How many followers do you have on each of your nonprofits social media channels? EXAMPLE: Facebook: _____ followers. Twitter: _____ followers. Instagram: _____ followers. YouTube: _____ followers. Any other Social Media Platform: _____ followers.</p>		
How often does your nonprofit post on its social media 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 total number of followers you have across your nonprofits social media channels?		
What is the primary communications goal you want your nonprofit to achieve through this Media Fellowship?		

Section 5

Media Fellowship Participation

Which of the Fellowship benefits is your nonprofit most likely to use?

Video Benefits:

- | | |
|--------------------------------------------|--------------------------------------------------------------------------------|
| <input type="checkbox"/> Program Spotlight | <input type="checkbox"/> Public Service Announcement (PSA) [Additional Charge] |
|--------------------------------------------|--------------------------------------------------------------------------------|

Video Downloads*:

- Downloadable Video Files of Program Spotlight
**available contingent on filming nonprofits program spotlight*

Airtime and Distribution

- Distribute Program Spotlight(s)
- DCTV Program Spotlight Promo/Assets
- Community Calendar

Media Training:

- | | |
|--------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Mobile Media Training | <input type="checkbox"/> Storytelling Training |
| <input type="checkbox"/> Media Strategy Training | <input type="checkbox"/> Social Media Strategy Training |

Networking & Professional Development

- Networking Events

Staff Access:

- | | |
|-----------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Authorized Designees | <input type="checkbox"/> Additional Designees |
|-----------------------------------------------|-----------------------------------------------|

Other Benefits:

- | | |
|------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Additional Discounted Training | <input type="checkbox"/> Additional Designees |
| <input type="checkbox"/> Additional Discounted Creative Services | <input type="checkbox"/> Distribute nonprofit produced programs on DCTV Channels and Livestream |
| <input type="checkbox"/> Additional Discounted Event Space | <input type="checkbox"/> Other: _____ |

Section 6

How Did You Hear About Us?

What makes you a great candidate for our Media Fellowship? Why? *(between 1-150 wds)*

Is there anything you would like to share with us that we haven't asked?

How did you hear about DCTV's Media Fellowship?

- | | | |
|---------------------------------------|------------------------------------|----------------------------------------|
| <input type="checkbox"/> Email Blast | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> DCTV Channels |
| <input type="checkbox"/> DCTV Website | <input type="checkbox"/> Twitter | <input type="checkbox"/> Word of Mouth |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Instagram | <input type="checkbox"/> Other: _____ |

Section 7

Media Fellowship Agreement

Using the benefits in this Fellowship 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.
- ACTION REQUIRED NOW: We will add "nonprofits@dctv.org" to our designated Media Fellowship contacts email address book to ensure message delivery.
- We understand that we are responsible for updating our Media Fellowship contact information with the NPO Coordinator should there be an update or a new assigned Media Fellowship contact.
- We understand that if we assign a new Media Fellowship contact, we are responsible for updating them with information, context, and current status of the Fellowship program.
- 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 production team in advance of production.
- All staff, participants and beneficiaries 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 understand that there are reporting requirements. We will provide metrics and evaluation in response to the Media Fellowship reporting requirements.
- We understand that DCTV determines residency requirements.
- We understand that this Media Fellowship program provides media training and other benefits.
- We understand that there is a minimal Fellowship enrollment fee (financial payment to DCTV) requirement.
- We will provide Fellowship enrollment fee payment in full on or before January 31, 2024.

(Must check all to submit application)

Section 7

Review All Responses Before Submission

Please use this page to review ensure that all of your responses are submitted accurately.

SUBMISSION CONFIRMATION:

Congratulations!

Your application has been submitted.

Your Media Fellowship Contact will receive an email with the completed application.

**THIS DOCUMENT IS FOR
REFERENCE ONLY**

APPLY NOW: dctv.org/nonprofits