

U.S. Department of Commerce National Telecommunications & Information Administration EVALUATION OF THE TELECOMMUNICATIONS AND INFORMATION INFRASTRUCTURE ASSISTANCE PROGRAM Survey of Grant Recipients Version A1: <i>Demonstration and Access Projects in Community-Wide Networking and in Public and Community Services</i>	FORM APPROVED O.M.B. No.: 0660-0013 EXPIRATION DATE: 05/31/2001
This survey is authorized by law (20 U.S.C. 1221e-1). While you are not required to respond, your cooperation is needed to make the results of this survey comprehensive, accurate, and timely.	

INSTRUCTIONS FOR THIS SURVEY:

The U.S. Department of Commerce is conducting an evaluation of the Telecommunications and Information Infrastructure Assistance Program (TIIAP). The purposes of this survey are to evaluate the impact of TIIAP and to identify ways the program might be improved.

We ask that the requested information be provided by the current principal investigator (PI) or, if this is not possible, from the person who is most knowledgeable about the history and current status of the project. The PI name, contact information, and other descriptive information about the project appear below. Please correct the label if any of the information is incorrect.

AFFIX LABEL HERE

IF ANY OF THE ABOVE INFORMATION IS INCORRECT, PLEASE UPDATE DIRECTLY ON LABEL.

RETURN COMPLETED FORM BY JULY 6 TO: TIIAP Evaluation Westat RA1105F 1650 Research Boulevard Rockville, Maryland 20850-9973	IF YOU HAVE ANY QUESTIONS, CALL: Paul Tuss 1-800-937-8281, ext. 4136
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Public reporting burden for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to Linda Engelmeier, Acting Departmental Forms Clearance Officer, Department of Commerce—Room 5327, 1401 Constitution Avenue NW Washington, D.C. 20230; and to the Office of Management and Budget, Paperwork Reduction Project 0660-0013, Washington, D.C. 20503. Notwithstanding any other provision of law, no person is required to respond unless the survey displays a valid OMB control number.

I. PROJECT PURPOSE

The first few questions will help us understand the ideas behind your TIIAP project and the outcomes it was designed to accomplish.

1. We are interested in the long-term improvements within the community that your TIIAP project was designed to achieve through the application of information infrastructure technology. For each goal below, please specify whether it represents a major goal of your project; a minor, supplementary goal; or a goal that your project was not designed to address.

	Major goal	Minor goal	Not a goal
a) Improve delivery of social services	1	2	3
b) Increase sense of community and focus on the common good	1	2	3
c) Increase family stability	1	2	3
d) Increase cultural sensitivity and social tolerance	1	2	3
e) Foster civic participation	1	2	3
f) Increase employment.....	1	2	3
g) Reduce poverty.....	1	2	3
h) Promote economic development.....	1	2	3
i) Promote community development.....	1	2	3
j) Serve long-term telecommunication needs	1	2	3
k) Improve the quality of health care	1	2	3
l) Improve the effectiveness of public safety services.....	1	2	3
m) Improve training and learning opportunities.....	1	2	3
n) Provide cultural enrichment	1	2	3
o) Coordinate community-wide information and communication services.....	1	2	3
p) Other (<i>specify</i>) _____	1	2	3

2. List up to four long-term outcomes you had identified, at the time of your proposal, to demonstrate progress in achieving your community change goals. A long-term outcome is defined as a measurable change in your community that could realistically and logically be expected to result from your project. For example, a health project might identify a decrease in the number of deaths attributed to diabetes-related complications.

- 1) _____

- 2) _____

- 3) _____

- 4) _____

3. We are also interested in the strategic goals that were proposed in your project as a means to effecting community change. For each strategic goal below, please specify whether it represents a major goal of your project; a minor, supplementary goal; or a goal that your project was not designed to address.

	Major goal	Minor goal	Not a goal
a) Foster communication, resource sharing, and cooperative partnerships among government agencies, businesses, community-based nonprofits, individuals, and/or other entities	1	2	3
b) Improve organizational efficiency and institutional capacity to adapt to changing needs	1	2	3
c) Improve the accessibility of information services and resources	1	2	3
d) Improve delivery of on-line information services	1	2	3
e) Improve the quality and responsiveness of information services and resources	1	2	3
f) Reduce the costs of providing information services and resources	1	2	3
g) Provide training and learning opportunities to develop skills in using the information infrastructure	1	2	3
h) Improve participation in the democratic process.....	1	2	3
i) Other (<i>specify</i>) _____	1	2	3

4. Did your project seek to address any of the following barriers to access of advanced telecommunications technology?

	Yes	No
a) Linguistic.....	1	2
b) Technological	1	2
c) Geographic	1	2
d) Cultural	1	2
e) Economic.....	1	2
f) Physical	1	2

II. PROJECT IMPLEMENTATION

The next several questions will help us understand your experiences implementing the TIAP project.

5. Below are implementation strategies to support community-wide networking and public service goals. In column A, indicate whether each strategy was specified in the proposal as a means to accomplish the project's goals. For those marked "Yes" in column A, use column B to indicate the extent to which the project met its implementation objectives.

	A. Proposed?		B. Extent of Implementation			
	Yes	No	Never imple- mented	Less than planned	Same as planned	More than planned
a) Conduct a community assessment and develop a telecommunications plan	1	2	1	2	3	4
b) Establish an information service, resource center, or other centralized location for information exchange.....	1	2	1	2	3	4
c) Provide information or services to meet community needs via the World Wide Web..	1	2	1	2	3	4
d) Create electronic town meetings	1	2	1	2	3	4
e) Establish an economic development network	1	2	1	2	3	4
f) Establish an employment and job training network	1	2	1	2	3	4
g) Establish a network to provide government services	1	2	1	2	3	4
h) Establish a network to provide educational services	1	2	1	2	3	4
i) Establish a network to provide health services	1	2	1	2	3	4
j) Establish a network to provide public safety services	1	2	1	2	3	4

6. Below are implementation strategies to promote access to the information infrastructure. In column A, indicate whether each strategy was specified in the proposal as a means to accomplish the project's goals. For each proposed implementation strategy, use column B to indicate the extent to which the project met its implementation objectives.

	A. Proposed?		B. Extent of Implementation			
	Yes	No	Never implemented	Less than planned	Same as planned	More than planned
a) Create a network to refurbish and/or distribute donated computer equipment.....	1	2	1	2	3	4
b) Establish access sites for reaching the information infrastructure	1	2	1	2	3	4
c) Provide mobile access to the information infrastructure.....	1	2	1	2	3	4
d) Develop an alliance for better access to technology	1	2	1	2	3	4
e) Provide Internet services through an established ISP (Internet Service Provider) ..	1	2	1	2	3	4
f) Create a new entity to provide telecommunications services	1	2	1	2	3	4

7. Below are implementation strategies involving technology. In column A, indicate whether each strategy was specified in the proposal as a means to accomplish the project's goals. For each proposed implementation strategy, use column B to indicate the extent to which the project met its implementation objectives.

	A. Proposed?		B. Extent of Implementation			
	Yes	No	Never implemented	Less than planned	Same as planned	More than planned
a) Connect new community-based organizations and agencies to existing network	1	2	1	2	3	4
b) Establish links between existing networks ...	1	2	1	2	3	4
c) Extend the area covered by an existing network	1	2	1	2	3	4
d) Upgrade the hardware capabilities of an existing network	1	2	1	2	3	4
e) Create a distributed network of hub sites.....	1	2	1	2	3	4
f) Integrate disparate telecommunications systems (such as video conferencing with public broadcast facilities)	1	2	1	2	3	4
g) Develop new interface technology and accessible media (such as video-on-demand)	1	2	1	2	3	4
h) Establish new network by creating links between disparate databases, programs, agencies, or organizations.....	1	2	1	2	3	4
i) Create an interactive network for distance learning, teleconferencing, or telemedicine ..	1	2	1	2	3	4
j) Develop a new database or link existing databases to the Internet.....	1	2	1	2	3	4

8. Below are implementation strategies to support education and training. In column A, indicate whether each strategy was specified in the proposal as a means to train end-users in the use of telecommunications technologies. For each proposed implementation strategy, use column B to indicate the extent to which the project met its implementation objectives.

	A. Proposed?		B. Extent of Implementation			
	Yes	No	Never implemented	Less than planned	Same as planned	More than planned
a) Conduct media campaign to increase awareness of the value of the information infrastructure.....	1	2	1	2	3	4
b) Provide computer hardware needed to meet education and training needs.....	1	2	1	2	3	4
c) Establish a training and resource center...	1	2	1	2	3	4
d) Provide onsite education and training.....	1	2	1	2	3	4
e) Create a network of certified trainers.....	1	2	1	2	3	4
f) Develop a system for electronic/on-line self-training	1	2	1	2	3	4
g) Develop training materials (print, video, electronic)	1	2	1	2	3	4
h) Use a "train-the-trainer" approach	1	2	1	2	3	4

9. Think back on the various steps you went through in developing and implementing your project. In column A, indicate the approximate number of months it took to complete each implementation stage. In column B, indicate how the actual implementation schedule compared to your proposed or anticipated timeline by circling the appropriate number. See definition below.

- 1 = Actual implementation took less time than anticipated
 2 = Actual implementation was right on schedule
 3 = Actual implementation took more time than anticipated

	A. Months	B. Actual schedule		
		Less time	On time	More time
a) From the time planning for the project first began, including preparation of the application, until the grant was awarded.....	_____	1	2	3
b) From the time the award was received until all project equipment was installed and integrated in working order...	_____	1	2	3
c) From the time equipment was operational until the full range of project activities and services were implemented	_____	1	2	3

10. Did any of the following obstacles or impediments prevent you from carrying out the project as well as you might otherwise have done?

	Yes	No
Personnel problems		
a) Inadequate or underqualified staffing.....	1	2
b) Excessive staff turnover	1	2
c) Communication problems/misunderstandings of roles	1	2
d) Lack of commitment and follow-through on the part of partners and/or community stakeholders	1	2
Planning problems		
e) Underestimated the resources needed	1	2
f) Underestimated the amount of effort/time required.....	1	2
g) Underestimated the demand for services or the magnitude of the problem	1	2
h) Outdated, insufficient, or poor quality data/information to work with	1	2
i) Difficulty obtaining matching funds	1	2
j) Necessary information was proprietary	1	2
Technology problems		
k) Inadequate hardware capabilities	1	2
l) Lack of availability of technology (within budget)	1	2
m) Incompatibility problems with technology.....	1	2
n) Technology became obsolete	1	2
Other problems		
o) <i>(specify)</i> _____	1	2
p) <i>(specify)</i> _____	1	2

11. Based on the experiences of your project staff, what advice would you give to other organizations developing a similar project with regard to achieving the implementation objectives set for your project?

III. TECHNICAL ASSISTANCE

The next section contains questions about technical assistance that you may have received while you were planning or implementing the TIIAP project.

12. What kind of technical assistance did you receive from TIIAP staff while you were preparing the application for your project?

13. What kind of technical assistance did you receive from TIIAP staff after the grant was awarded to help you implement the project?

14. Do you have any recommendations on how TIIAP could improve the quality and usefulness of their technical assistance?

15. In addition to the technical assistance you received from TIIAP, did you seek out any technical assistance or training relating to your project from any other sources?

- Yes..... 1
(In the space below, please list all agencies, groups or individuals that provided you with technical assistance or training and mention the type of assistance received from each.)
No..... 2 (Skip to Q16)

1) **Provider of Assistance:** _____
Type of Assistance received: _____

2) **Provider of Assistance:** _____
Type of Assistance received: _____

3) **Provider of Assistance:** _____
Type of Assistance received: _____

4) **Provider of Assistance:** _____
Type of Assistance received: _____

IV. COMMUNITY INVOLVEMENT

The next several questions will give us a better understanding of the organizations involved in developing and implementing your TIIAP project.

16. From the list below, indicate the category that best describes the grantee organization.

Enter number from list below: _____

ORGANIZATION TYPES	
<p>Health care organizations</p> <ul style="list-style-type: none"> 11 Medical school 12 Hospital 13 Health maintenance organization 14 Clinic, medical center, or specialized practice 15 Public health agency 16 Other health care entity (<i>specify</i>) _____ <hr style="width: 50%; margin-left: 0;"/> <p>Education organizations</p> <ul style="list-style-type: none"> 21 Early childhood organization 22 K-12 school or school system 23 Higher education institution 24 Adult education organization 25 Other education entity (<i>specify</i>) _____ <hr style="width: 50%; margin-left: 0;"/> <p>Public safety organizations</p> <ul style="list-style-type: none"> 31 Law enforcement agency or department 32 Fire and Rescue agency or department 33 Emergency agency or department 34 Other public safety entity (<i>specify</i>) _____ <hr style="width: 50%; margin-left: 0;"/>	<p>Governmental organizations</p> <ul style="list-style-type: none"> 41 State government agency 42 County government agency 43 City or municipal government 44 Tribal government 45 Other governmental entity (<i>specify</i>) _____ <hr style="width: 50%; margin-left: 0;"/> <p>Community organizations</p> <ul style="list-style-type: none"> 51 Library 52 Museum or other cultural entity 53 Community development organization 54 Nonprofit organization or entity not listed elsewhere 55 Other community organization or entity (<i>specify</i>) _____ <hr style="width: 50%; margin-left: 0;"/> <p>Private sector organizations</p> <ul style="list-style-type: none"> 61 Media organization 62 Private foundation or institute 63 Independent telephone company 64 Cable company 65 Regional Bell operations company 66 Other private entity (<i>specify</i>) _____ <hr style="width: 50%; margin-left: 0;"/>

17. Please list all organizations that served as a partner in your project. In column A, list the complete name of the partner organization. In column B, indicate the category that best describes the type of organization the partnership represents using the list of organization types from Q16. In column C, describe the parameters of the relationship by indicating the contributions provided by the partner, whether they served as a subrecipient of TIIAP funds, and whether a working relationship existed prior to the TIIAP grant. (*Attach additional sheets of paper if necessary.*)

A. Partner organization name	B. Organization type (Enter number from list)	C. Parameters		
		Yes	No	
		Provided funding?	1	2
		Provided equipment or equipment discounts?.....	1	2
		Provided in-kind or reduced rates for services?	1	2
		Provided personnel?.....	1	2
		Provided space or facilities?	1	2
		Provided data access?	1	2
		Provided expertise or intellectual capital?.....	1	2
		Subrecipient of TIIAP funds?	1	2
		Prior working relationship?.....	1	2
		Provided funding?	1	2
		Provided equipment or equipment discounts?	1	2
		Provided in-kind or reduced rates for services?	1	2
		Provided personnel?	1	2
		Provided space or facilities?	1	2
		Provided data access?	1	2
		Provided expertise or intellectual capital?.....	1	2
		Subrecipient of TIIAP funds?	1	2
		Prior working relationship?.....	1	2
		Provided funding?	1	2
		Provided equipment or equipment discounts?	1	2
		Provided in-kind or reduced rates for services?	1	2
		Provided personnel?	1	2
		Provided space or facilities?	1	2
		Provided data access?	1	2
		Provided expertise or intellectual capital?.....	1	2
		Subrecipient of TIIAP funds?	1	2
		Prior working relationship?.....	1	2

17. (continued)

A. Partner organization name	B. Organization type (Enter number from list)	C. Parameters		
			Yes	No
		Provided funding?	1	2
		Provided equipment or equipment discounts?.....	1	2
		Provided in-kind or reduced rates for services?	1	2
		Provided personnel?.....	1	2
		Provided space or facilities?	1	2
		Provided data access?	1	2
		Provided expertise or intellectual capital?..	1	2
		Subrecipient of TIAP funds?	1	2
		Prior working relationship?.....	1	2
		Provided funding?	1	2
		Provided equipment or equipment discounts?.....	1	2
		Provided in-kind or reduced rates for services?	1	2
		Provided personnel?.....	1	2
		Provided space or facilities?	1	2
		Provided data access?	1	2
		Provided expertise or intellectual capital?..	1	2
		Subrecipient of TIAP funds?	1	2
		Prior working relationship?.....	1	2

18. Have your relationships with partner organizations changed as a result of this project? For example, in the types of activities conducted jointly, the ways in which joint activities are conducted, or plans for future interaction?

Yes (Please describe how the partnership has changed.) 1

No 2

19. Based on the experiences of your project staff, what advice would you give to other organizations developing a similar project in identifying and working with partner organizations?

V. PROJECT TECHNOLOGY

The next section of the questionnaire is about the telecommunications technology used in your TIAP project.

20. Which of the following types of equipment are available through your project?

	Yes	No
a) Computer(s) with connections to the Internet or a wide area network (WAN).....	1	2
b) Computer(s) with telecommunication capabilities via local area network (LAN).....	1	2
c) Computer(s) with telecommunication capabilities via modem	1	2
d) Medical equipment (e.g., teleradiology, diagnostic imaging, and other equipment specific to telehealth networks)	1	2
e) One-way transmission delivery system (i.e., cable television, broadcast television/radio, etc.).....	1	2
f) Two-way video and audio.....	1	2
g) One-way video with two-way audio or computer link.....	1	2

21. Does your network involve data transmission?

- Yes..... 1 *(Continue with Q22)*
 No..... 2 *(Skip to Q23)*

22. Which of the following types of media does your network use for data transmission?

	Yes	No
a) Telephone service.....	1	2
b) Cable-based service	1	2
c) Cable-coaxial hybrid service	1	2
d) Satellite-based service.....	1	2
e) Other (<i>specify</i>)	1	2

23. Does your project involve connecting to an existing telecommunications network?

- Yes..... 1 *(Continue with Q24)*
 No..... 2 *(Skip to Q25)*

24. Which of the following types of networks does your project connect to?

	Yes	No
a) State government	1	2
b) College or university	1	2
c) School district	1	2
d) Internet service provider	1	2
e) Free-net.....	1	2
f) Other (<i>specify</i>)	1	2

25. In column A, indicate whether project equipment or resources were housed in each of the listed settings. For each of the settings designated as housing project equipment or resources, specify in column B the number of distinct facilities or implementation sites that were involved.

	A. Equipment setting		B. Number of sites
	Yes	No	
a) K-12 school or school district	1	2	_____
b) College or university	1	2	_____
c) Library, museum, or other cultural entity	1	2	_____
d) Hospital, clinic, or other health care organization	1	2	_____
e) Fire and rescue department/agency	1	2	_____
f) Law enforcement department/agency	1	2	_____
g) Community center	1	2	_____
h) Government building	1	2	_____
i) Nonprofit organization or entity	1	2	_____
j) Private sector organization or entity	1	2	_____
k) Mobile vehicle	1	2	_____
l) Private home or residence	1	2	_____
m) Other (<i>specify</i>) _____	1	2	_____

26. Does your project provide access to the Internet?

Yes..... 1 (*Continue with Q27*)
 No..... 2 (*Skip to Q29*)

27. How are implementation sites connected to the Internet?

	Yes	No
a) Modem (dial-in access)	1	2
b) Leased facility (56K, T1 or T3 lines)	1	2
c) SLIP/PPP connection.....	1	2
d) Frame-relay	1	2
e) Other (<i>specify</i>) _____	1	2

28. Which of the following Internet resources/capabilities does your project provide?

	Yes	No
a) E-mail	1	2
b) News groups	1	2
c) Listserves	1	2
d) Resource location services (e.g., Gopher, Archie, Veronica, etc.).....	1	2
e) World Wide Web	1	2
f) Hosting home pages _____	1	2
g) Other (<i>specify</i>) _____	1	2

29. Was the technology planned for your project sufficient to implement the goals of your project?
- Yes..... 1
 No (*Please explain*) 2

VI. PROJECT ACCOMPLISHMENTS

The next set of questions will help us understand the accomplishments of your TIAP project.

30. What has been the major or most important outcome to result from your TIAP project?

31. Approximately how many end users of project equipment or resources have been directly impacted by your TIAP project to date?

32. Which of the following best describes the geographic distribution of the project's end users, i.e., individuals having direct access to project equipment or resources?

- a) In a single city, town, or county 1
- b) In a major metropolitan area (i.e., a central city and its adjacent counties) 2
- c) In 2 or more adjacent counties within a single state (not associated with a common metropolitan area) 3
- d) In 2 or more non-adjacent counties within a single state 4
- e) In all counties within a single state 5
- f) In 2 or more adjacent states (not associated with a common metropolitan area) 6
- g) In 2 or more non-adjacent states 7
- h) In all 50 states 8
- i) Other area definition not listed above (*specify*) 9

33. Which of the following best describes the geographic distribution of the project's indirect beneficiaries, i.e., individuals who indirectly benefited from the improved services offered through the project without having direct access to project resources or equipment? (For example, students might indirectly benefit from a project involving a telecommunications network that is used exclusively by teachers.)

- a) In a single city, town, or county 1
- b) In a major metropolitan area (i.e., a central city and its adjacent counties) 2
- c) In 2 or more adjacent counties within a single state (not associated with a common metropolitan area) 3
- d) In 2 or more non-adjacent counties within a single state 4
- e) In all counties within a single state 5
- f) In 2 or more adjacent states (not associated with a common metropolitan area) 6
- g) In 2 or more non-adjacent states 7
- h) In all 50 states 8

i) Other area definition not listed above (*specify*) _____.. 9

34. Did your project impact any disadvantaged or underserved community segments either as direct end users of project equipment and resources or as indirect beneficiaries of project-related services?

Yes..... 1 (*Continue with Q35*)
 No..... 2 (*Skip to Q36*)

35. In column A, indicate whether each of the following disadvantaged or underserved community segments served as end users of project equipment or resources. In column B, indicate whether each community segment indirectly benefited from the improved services offered through your project without having direct access to project equipment or resources.

	A. End users?		B. Indirect beneficiaries?	
	Yes	No	Yes	No
a) Extreme poverty	1	2	1	2
b) Illiterate.....	1	2	1	2
c) Limited English speaking	1	2	1	2
d) Disabled.....	1	2	1	2
e) Inner city.....	1	2	1	2
f) Rural.....	1	2	1	2
g) Geographically isolated.....	1	2	1	2
h) Tribal	1	2	1	2
i) Mexico border communities	1	2	1	2
j) Other group not listed above (<i>specify</i>) _____	1	2	1	2

36. Did your project impact any community service organizations (economic development councils, social service organizations, or cultural organizations)?

Yes..... 1 (*Continue with Q37*)
 No..... 2 (*Skip to Q38*)

37. In column A, give an estimation of the total number of end users directly served by your TIAP project to date for each of the following community segments. In column B, estimate the number of people to date who have indirectly benefited from the improved services offered through your project without having direct access to project resources or equipment. Write "0" if the number is zero. Write "D/K" if a given community segment was an end user or indirect beneficiary and you don't know the approximate number. **DO NOT LEAVE ANY SPACES BLANK.**

	A. Number of end users	B. Number of indirect beneficiaries
a) Libraries, museums, and other cultural organization staff ..	_____	_____
b) Patrons of libraries, museums, and other cultural organizations	_____	_____
c) Economic development organizations (business councils, tourism councils, etc.)	_____	_____
d) Family, child, and youth assistance organization staff	_____	_____
e) Community planning and service coordination organization staff	_____	_____

- | | | |
|--|-------|-------|
| f) Counseling organization staff (self help, support groups, substance abuse)..... | _____ | _____ |
| g) Disability services organization staff..... | _____ | _____ |
| h) Financial assistance organization staff (including food, clothing, and household goods) | _____ | _____ |
| i) Housing assistance organization staff..... | _____ | _____ |
| j) Job training and development organization staff | _____ | _____ |
| k) Legal services organization staff | _____ | _____ |
| l) Public information organization staff (including civic participation, recreation, transportation, technology) | _____ | _____ |
| m) Senior services organization staff | _____ | _____ |
| n) Other group not listed above (<i>specify</i>) _____ | _____ | _____ |

38. Did your project impact any government entities?

- Yes..... 1 (*Continue with Q39*)
 No..... 2 (*Skip to Q40*)

39. In column A, give an estimation of the total number of end users directly served by your TIAP project to date for each of the following categories of government. In column B, estimate the number of people to date who have indirectly benefited from the improved services offered through your project without having direct access to project resources or equipment. Write "D/K" if a given community segment was an end user or indirect beneficiary and you don't know the approximate number. **DO NOT LEAVE ANY SPACES BLANK.**

	A. Number of end users	B. Number of indirect beneficiaries
a) State agency officials	_____	_____
b) City or municipal government officials	_____	_____
c) County government officials	_____	_____
d) Tribal government officials	_____	_____
e) Other group not listed above (<i>specify</i>) _____	_____	_____

40. Did your project impact any public safety organizations?

- Yes..... 1 (*Continue with Q41*)
 No..... 2 (*Skip to Q42*)

41. In column A, give an estimation of the total number of end users directly served by your TIAP project to date for each of the following public safety communities. In column B, estimate the number of people to date who have indirectly benefited from the improved services offered through your project without having direct access to project resources or equipment. Write "D/K" if a given community segment was an end user or indirect beneficiary and you don't know the approximate number. **DO NOT LEAVE ANY SPACES BLANK.**

	A. Number of end users	B. Number of indirect beneficiaries
a) Law enforcement personnel	_____	_____
b) Recipients of law enforcement services	_____	_____
c) Emergency medical personnel	_____	_____
d) Recipients of emergency medical services	_____	_____

- e) Fire and rescue personnel _____ | _____
- f) Recipients of fire and rescue services _____ | _____
- g) Other group not listed above (*specify*) _____ | _____

42. Did your project impact any educational organizations?

- Yes..... 1 (Continue with Q43)
 No..... 2 (Skip to Q44)

43. In column A, give an estimation of the total number of end users directly served by your TIAP project to date for each of the following educational communities. In column B, estimate the number of people to date who have indirectly benefited from the improved services offered through your project without having direct access to project resources or equipment. Write "D/K" if a given community segment was an end user or indirect beneficiary and you don't know the approximate number. **DO NOT LEAVE ANY SPACES BLANK.**

	A. Number of end users	B. Number of indirect beneficiarie s
a) Early childhood education faculty and staff	_____	_____
b) Early childhood program participants	_____	_____
c) K-12 faculty and staff	_____	_____
d) K-12 students	_____	_____
e) Higher education faculty and staff	_____	_____
f) Higher education students	_____	_____
g) Adult education faculty and staff	_____	_____
h) Adult students in continuing education programs	_____	_____
i) Other group not listed above (<i>specify</i>) _____	_____	_____

44. Did your project impact any health care organizations?

- Yes..... 1 (Continue with Q45)
 No..... 2 (Skip to Q46)

45. In column A, give an estimation of the total number of end users directly served by your TIAP project to date for each of the following health care communities. In column B, estimate the number of people to date who have indirectly benefited from the improved services offered through your project without having direct access to project resources or equipment. Write "0" if the number is zero. Write "D/K" if a given community segment was an end user or indirect beneficiary and you don't know the approximate number. **DO NOT LEAVE ANY SPACES BLANK.**

	A. Number of end users	B. Number of indirect beneficiarie s
a) Emergency care staff	_____	_____
b) Patients receiving emergency care	_____	_____
c) Routine care staff	_____	_____
d) Patients receiving routine care	_____	_____
e) Consultation care staff	_____	_____
f) Patients seeking medical consultation	_____	_____
g) Monitoring care staff	_____	_____
h) Patients receiving ongoing health monitoring	_____	_____
i) Other group not listed above (<i>specify</i>) _____	_____	_____

46. How successful has your TIIAP project been in achieving each of the following strategic goals?

	No impact	Small impact	Large impact
a) Foster communication, resource sharing, and cooperative partnerships among government agencies, businesses, community-based nonprofits, individuals, and/or other entities	1	2	3
b) Improve organizational efficiency and institutional capacity to adapt to changing needs	1	2	3
c) Improve the accessibility of information services and resources	1	2	3
d) Improve delivery of on-line information services	1	2	3
e) Improve the quality and responsiveness of information services and resources	1	2	3
f) Reduce the costs of providing information services and resources	1	2	3
g) Provide training and learning opportunities to develop skills in using the information infrastructure	1	2	3
h) Improve participation in the democratic process	1	2	3
i) Other (<i>specify</i>) _____	1	2	3

47. How successful has your TIIAP project been in achieving each of the following community improvement goals?

	No impact	Small impact	Large impact	Not applicable
a) Improve delivery of social services	1	2	3	NA
b) Increase sense of community and focus on the common good	1	2	3	NA
c) Increase family stability.....	1	2	3	NA
d) Increase cultural sensitivity and social tolerance	1	2	3	NA
e) Foster civic participation	1	2	3	NA
f) Increase employment	1	2	3	NA
g) Reduce poverty	1	2	3	NA
h) Promote economic development	1	2	3	NA
i) Promote community development	1	2	3	NA
j) Serve long-term telecommunication needs	1	2	3	NA
k) Improve the quality of health care	1	2	3	NA
l) Improve the effectiveness of public safety services	1	2	3	NA
m) Improve training and learning opportunities	1	2	3	NA
n) Provide cultural enrichment	1	2	3	NA
o) Coordinate community-wide information and communication services	1	2	3	NA
p) Other (<i>specify</i>) _____	1	2	3	NA

48. What do you believe would have been the most likely outcome of your project if you did not receive Federal funds through the TIIAP program?

The project would probably never have been implemented	1	(Skip to Q52)
The project would probably have been implemented using alternate funding sources	2	(Continue with Q49)

49. How do you believe the absence of TIIAP funding would have affected the range of services offered by your project?

- The project would still be able to offer the full range of services 1
- The range of services offered by the project would suffer minor reductions 2
- The range of services offered by the project would have to be dramatically reduced..... 3

50. How do you believe the absence of TIIAP funding would have affected the scale of your project?

- The project would still have reached an equivalent number of people 1
- The project would have reached a slightly smaller number of people 2
- The project would have reached significantly fewer people 3

51. How do you believe the absence of TIIAP funding would have affected the implementation schedule for your project?

- The project would still have been implemented on the same schedule 1
- Project implementation would have been delayed slightly 2
- Project implementation would have been substantially delayed..... 3

52. Has your project expanded to serve additional end users in locations or organizations beyond those targeted in the TIIAP proposal?

- Yes..... 1 *(Continue with Q53)*
- No..... 2 *(Skip to Q56)*

53. Please describe any expansions and the additional end users being served.

54. Please list all funding sources for the expansion(s).

55. Please estimate the approximate dollar amount or value of any additional equipment or resources that were leveraged by your project in connection with the expansions.

56. Has your project generated spin-off activities that provide additional services not included in the TIIAP proposal?

- Yes..... 1 *(Continue with Q57)*
- No..... 2 *(Skip to Q60)*

57. Please describe any spin-off activities and the additional services being provided.

58. Please list all funding sources for the spin-off activity or activities.

59. Please estimate the approximate dollar amount or value of any additional equipment or resources that were leveraged by your project in connection with the spin-off activity.

60. Has your project stimulated professional opportunities, community outreach activities, partnerships, or other unexpected benefits not mentioned elsewhere on the survey?

Yes 1
(Please describe any unexpected benefits.)

No..... 2

61. The previous questions asked mainly about positive outcomes of your project. Has the project resulted in any negative outcomes?

Yes 1
(Please describe any negative outcomes.)

No 2

VII. PROJECT EVALUATION

The next set of questions asks about data collection and evaluation activities related to your project.

62. Was a formal evaluation plan developed to assess the impacts of your project?

- Yes..... 1 *(Continue with Q63)*
 No..... 2 *(Skip to Q71)*

63. Was this plan developed by project staff, an outside individual or group, or a combination of both?

- By project staff 1
 By an outside individual or group 2
 Combination of project staff and outside individual or group 3

64. To what extent has the evaluation plan been implemented?

- Never implemented, and probably will not be implemented 1 *(Skip to Q71)*
 Implementation hasn't started yet, but it is expected to in time 2 *(Skip to Q71)*
 Implementation is partially completed 3 *(Continue with Q65)*
 Implementation has been completed 4 *(Continue with Q65)*

65. Did your project accomplish any of the following evaluation steps?

	Yes	No	Not applicable
a) Indicators of success were identified	1	2	NA
b) Techniques or approaches to measure the project's success were identified	1	2	NA
c) Individuals to conduct the evaluation were identified	1	2	NA
d) Evaluation data were collected.....	1	2	NA
e) Evaluation data were analyzed.....	1	2	NA
f) Evaluation reports were prepared.....	1	2	NA
g) Evaluation results were used to improve project operations and services	1	2	NA

66. Which of the following data collection methods were used to evaluate your project?

	Yes	No
a) Survey	1	2
b) Case studies	1	2
c) Participant observation	1	2
d) Interviews	1	2
e) Focus groups	1	2
f) Document review	1	2
g) Website monitoring	1	2
h) Monitoring of information requests	1	2
i) Pre/post-testing.....	1	2
j) Site visits	1	2

67. Which of the following did your project collect information about?

	Yes	No
a) End user's satisfaction with your project's telecommunications services or activities.....	1	2
b) Indirect beneficiaries' satisfaction with your project's telecommunications services and activities	1	2
c) Project staff's (or service providers') satisfaction with the project's services and activities	1	2
d) Intended end users who refused to use your project's telecommunications services or resources	1	2
e) Intended end users who rarely or reluctantly made use of your project's telecommunications services or resources	1	2
f) The efficacy with which telecommunications services are now being provided.....	1	2
g) Project benefits on end users	1	2
h) Project benefits on indirect beneficiaries of project services	1	2

68. To what extent do you agree with each of the following statements about the quality of your project's evaluation activities? Indicate your agreement using a 1-to-5 scale, in which

- 1 = Strongly agree
- 2 = Moderately agree
- 3 = Neither agree nor disagree
- 4 = Moderately disagree
- 5 = Strongly disagree
- NA = Not applicable

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree	Not applicable
a) Evaluation activities have been critical to the success of the project.	1	2	3	4	5	NA
b) The indicators developed in the evaluation plan were clearly defined and relevant to the project's intended outcomes	1	2	3	4	5	NA
c) The information gathering techniques used in the evaluation were feasible, considering the project's timeline, resources, and staff expertise.....	1	2	3	4	5	NA
d) The information gathering techniques provided appropriate and relevant data for measuring the indicators that were identified	1	2	3	4	5	NA
e) Data analysis allowed project staff to develop conclusions regarding the project's value	1	2	3	4	5	NA
f) Evaluation reports communicated the results in a useful way	1	2	3	4	5	NA

69. Have the evaluations found any emerging signs of progress in reaching the projects' long-term goals? What do these initial effects tell us?

70. Based on the experiences of your project staff, what advice would you give to other organizations developing a similar project with regard to developing and implementing an evaluation of the project?

VIII. PROJECT DISSEMINATION

The next set of questions addresses whether and how your project is accomplishing its dissemination objectives.

71. Do you feel that your project can serve as a replicable model for other similar organizations or partnerships to follow?

- Yes..... 1
 No..... 2

72. We are interested in assessing the likelihood that the innovations introduced by your project will be adopted by other organizations. Please indicate the extent to which you agree with each of the following statements about the quality of your project’s evaluation activities. Indicate your agreement using a 1-to-5 scale, in which

- 1 = Strongly agree
 2 = Moderately agree
 3 = Neither agree nor disagree
 4 = Moderately disagree
 5 = Strongly disagree
 NA = Not applicable

	Strongly agree	Moderately agree	Neither agree nor disagree	Moderately disagree	Strongly disagree	Not applicable
a) The innovation brought about by this project provides a marked advantage over alternative ways to provide similar services	1	2	3	4	5	NA
b) The advantages of the innovation introduced in this project are easily documented, demonstrated, and communicated to others.....	1	2	3	4	5	NA
c) Project equipment and resources are not threatening or intimidating to use.....	1	2	3	4	5	NA
d) The project’s innovation makes the information infrastructure easier to understand and use than it would be otherwise.....	1	2	3	4	5	NA
e) The innovation brought about by this project can be easily implemented by others with a reasonable amount of effort and expense	1	2	3	4	5	NA

73. Has the project generated materials or approaches that have been shared with or disseminated to others outside your organization?

- Yes..... 1 *(Continue with Q74)*
- Not yet but intend to 2 *(Skip to Q81)*
- No, and do not intend to 3 *(Skip to Q81)*

74. Please indicate approximately how many different organizations received information and/or technical assistance relating to your project through each of the following dissemination categories:

- a) Casual conversation _____
- b) Casual Internet correspondence _____
- c) Responses to unsolicited requests _____
- d) Meeting, conference, or other event..... _____
- e) Article, report, or other written publication _____
- f) Internet web site..... _____
- g) Listserve, newsgroup, or electronic bulletin board _____
- h) Site visits, tours, or technology demonstrations _____
- i) Marketing efforts and advertising _____
- j) Technology fairs, job fairs, or other community events _____

75. To your knowledge, have any of the organizations receiving information relating to your project implemented similar projects or project-related ideas?

- Yes..... 1 *(Continue with Q76)*
- No..... 2 *(Skip to Q77)*

76. Please list the name and location of each organization adopting ideas from your project and, if possible, the name and number of a contact person at each organization. If the organization name is unknown, write down the type of organization. (Attach additional sheets of paper if necessary.)

- 1) _____

- 2) _____

- 3) _____

- 4) _____

77. Beyond what has already occurred, will additional external sharing/dissemination of project approaches or materials be conducted?

- Yes..... 1 (Continue with Q78)
- No..... 2 (Skip to Q79)

78. Indicate whether each of the following dissemination mechanisms are intended to be used in the future.

	Future use?	
	Yes	No
a) Casual conversation.....	1	2
b) Casual Internet correspondence	1	2
c) Responses to unsolicited requests	1	2
d) Meeting, conference, or other event	1	2
e) Article, report, or other written publication	1	2
f) Internet web site	1	2
g) Listserv, newsgroup, or electronic bulletin board	1	2
h) Site visits, tours, or technology demonstrations	1	2
i) Marketing efforts and advertising	1	2
j) Technology fairs, job fairs, or other community events	1	2

79. Has project dissemination been influential in stimulating or generating any spillover benefits to organizations and communities not directly served by the projects, other than those already detailed in your responses to previous questions?

Yes 1
 (Please describe any spillover benefits.)

No..... 2

80. Based on the experiences of your project staff, what advice would you give to other organizations developing a similar project with regard to sharing project-related materials and resources and stimulating replication of the project's strategies and approaches?

IX. PROJECT SUSTAINABILITY

The final set of questions ask about the steps that have been taken to ensure that your TIAP project and its benefits will be sustained.

81. What is the current status of your project?

- a) In full operation 1 *(Skip to Q83)*
- b) In partial operation providing the full range of services but impacting fewer end users than intended 2 *(Continue with Q82)*
- c) In partial operation serving the full scope of end users but providing a limited range of services 3 *(Continue with Q82)*
- d) No longer in operation 4 *(Continue with Q82)*
- e) In operation but serving a function that has changed/grown/expanded considerably from that outlined in the original proposal 5 *(Skip to Q83)*

82. Which of the following factors are responsible for the project no longer operating at full capacity?

	Yes	No
a) Mechanical obsolescence (equipment became inoperable, unreliable, worn-out).....	1	2
b) Technological obsolescence (faster, more accurate, better alternatives became available).....	1	2
c) Personnel changes (project staff who were most interested are no longer involved)	1	2
d) No funding available for maintenance	1	2
e) Loss of partners	1	2
f) Lack of community support	1	2
g) Other (<i>specify</i>)	1	2

83. Have you secured funding beyond the grant period for the following general operating expenses for each site in your network?

	Yes	No	Not applicable
a) Access lines	1	2	NA
b) Maintenance and upgrade of hardware, software, and other equipment items and facilities	1	2	NA
c) Depreciation expenses	1	2	NA
d) Training costs.....	1	2	NA
e) Taxes	1	2	NA
f) Physical plant.....	1	2	NA
g) Personnel and contractual salaries.....	1	2	NA
h) Travel expenses.....	1	2	NA
i) Data subscriptions.....	1	2	NA

(IF NO ONGOING FUNDING HAS BEEN SECURED, CHECK THIS BOX... THEN, SKIP TO QUESTION 85.)

84. What are the sources of ongoing funding for any of the general operating expenses that you just mentioned in question 83? *(List the name of each funding source below.)*

1) _____

2) _____

3) _____

4) _____

85. What additional steps, other than securing funds for general operating expenses as addressed in question 83, have been taken to ensure that the project is sustained beyond the grant period?

86. Based on the experiences of your project staff, what advice would you give to other organizations developing a similar project in regard to building a sustainable project?

87. What future plans are envisioned for your project? Please describe any plans to sustain the project or expand it to serve additional end users or provide new services. Be sure to mention the anticipated source of funds for any future plans.

88. Please give your name, title, telephone number, e-mail address, and the most convenient days/times to reach you. The information will be used only if it is necessary to clarify any of your responses.

Name
Title
Telephone (with area code)
E-mail address

Convenient days/times to reach you, if necessary.	
Day	Time
	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

THANK YOU FOR ASSISTING US IN THIS SURVEY.
YOUR TIME AND EFFORT ARE APPRECIATED.

Please return this questionnaire in the enclosed envelope or send to:

*TIIAP Evaluation
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RA1105F
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Rockville, MD 20850*

*If you have any questions, please call Paul Tuss at
1-800-937-8281, ext. 4136*