

<p>U.S. Department of Commerce National Telecommunications & Information Administration</p> <p>EVALUATION OF THE TELECOMMUNICATIONS AND INFORMATION INFRASTRUCTURE ASSISTANCE PROGRAM</p> <p>Survey of Grant Recipients Version B1: <i>Planning Projects in Community-Wide Networking and in Public and Community Services</i></p>	<p>FORM APPROVED O.M.B. No.: 0660-0013 EXPIRATION DATE: 5/31/2001</p>
<p>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.</p>	

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.

<p>RETURN COMPLETED FORM BY JULY 6 TO:</p> <p>TIIAP Evaluation Westat RA1105F 1650 Research Boulevard Rockville, Maryland 20850-9973</p>	<p>IF YOU HAVE ANY QUESTIONS, CALL:</p> <p>Paul Tuss 1-800-937-8281, ext. 4136</p>
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Public reporting burden for this collection of information is estimated to average 30 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. PURPOSE OF THE PLAN

The first few questions will help us understand the ideas developed in your TIAP planning project and the outcomes your telecommunications plan was designed to accomplish.

1. We are interested in the long-term improvements within the community that your telecommunications plan was designed to accomplish upon implementation. For each goal below, please specify whether it represents a major goal of your plan; a minor, supplementary goal; or a goal that the plan did not 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 that the plan identified to demonstrate progress in achieving its community change goals. A long-term outcome is defined as a measurable change in the community that could realistically and logically be expected to result from implementation of the plan. For example, a health plan 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 the plan as a means to effect community change. For each strategic goal below, please specify whether it represents a major goal of the plan; a minor, supplementary goal; or a goal that the plan did not address.

	Major goal	Minor goal	Not a goal
a) Foster communication, resource sharing and cooperative partnerships among government agencies, businesses, community-based non-profits, 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 plan 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

5. In your plan, are the end users of project equipment or resources expected to come from any of the following community segments?

	Yes	No
a) Providers of a community service (i.e., educators, health care providers, public safety personnel, social service providers, government service providers, etc.).....	1	2
b) Consumers of a community service (i.e., students, patients receiving medical care, recipients of public safety, social, or government services, etc.)	1	2
c) General public or community at large.....	1	2

6. In your plan, are the indirect beneficiaries expected to come from any of the following community segments? An indirect beneficiary would be anyone who benefits from the improved services being offered without having direct access to project resources or equipment.

	Yes	No
a) Providers of a community service (i.e., educators, health care providers, public safety personnel, social service providers, government service providers, etc.).....	1	2
b) Consumers of a community service (i.e., students, patients receiving medical care, recipients of public safety, social, or government services, etc.).....	1	2
c) General public or community at large.....	1	2

7. Did your plan target 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 Q8)
 No..... 2 (Skip to Q9)

8. In column A, indicate whether your plan intends to serve upon implementation each of the following disadvantaged or underserved community segments as end users of project equipment or resources. In column B, indicate whether each community segment is intended to indirectly benefit from the improved services offered through your project without having 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

9. Did your plan target any community service organizations (economic development councils, social service organizations, or cultural organizations) either as direct end users of project equipment and resources or as indirect beneficiaries of project-related services?
- Yes..... 1 (Continue with Q10)
 No..... 2 (Skip to Q11)

10. In column A, indicate whether your plan intends to serve upon implementation each of the following community segments as end users of project equipment or resources. In column B, indicate whether each community segment is intended to indirectly benefit from the improved services offered through your project without having access to project equipment or resources.

	A. End users?		B. Indirect beneficiaries?	
	Yes	No	Yes	No
a) Libraries, museums, and other cultural organization staff..	1	2	1	2
b) Patrons of libraries, museums, and other cultural organizations	1	2	1	2
c) Economic development organizations (business councils, tourism councils, etc.)	1	2	1	2
d) Family, child, and youth assistance organization staff	1	2	1	2
e) Community planning and service coordination organization staff	1	2	1	2
f) Counseling organization staff (self-help, support groups, substance abuse).....	1	2	1	2
g) Disability services organization staff	1	2	1	2
h) Financial assistance organization staff (including food, clothing, and household goods)	1	2	1	2
i) Housing assistance organization staff	1	2	1	2
j) Job training and development organization staff	1	2	1	2
k) Legal services organization staff	1	2	1	2
l) Public information organization staff (including civic participation, recreation, transportation, technology)	1	2	1	2
m) Senior services organization staff	1	2	1	2
n) Other group not listed above (<i>specify</i>) _____	1	2	1	2

11. Did your plan target any government entities?

- Yes..... 1 (*Continue with Q12*)
 No..... 2 (*Skip to Q13*)

12. In column A, indicate whether your plan intends to serve upon implementation each of the following categories of government as end users of project equipment or resources. In column B, indicate whether each category is intended to indirectly benefit from the improved services offered through your project without having access to project equipment or resources.

	A. End users?		B. Indirect beneficiaries?	
	Yes	No	Yes	No
a) State agency officials	1	2	1	2
b) City or municipal government officials	1	2	1	2
c) County government officials	1	2	1	2
d) Tribal government officials	1	2	1	2
e) Other group not listed above (<i>specify</i>) _____	1	2	1	2

13. Did your plan target any public safety organizations?

- Yes..... 1 (*Continue with Q14*)
 No..... 2 (*Skip to Q15*)

14. In column A, indicate whether your plan intends to serve upon implementation each of the following public safety communities as end users of project equipment or resources. In column B, indicate whether each community segment is intended to indirectly benefit from the improved services offered through your project without having access to project equipment or resources.

	A. End users?		B. Indirect beneficiaries?	
	Yes	No	Yes	No
a) Law enforcement personnel	1	2	1	2
b) Recipients of law enforcement services	1	2	1	2
c) Emergency medical personnel	1	2	1	2
d) Recipients of emergency medical services	1	2	1	2
e) Fire and rescue personnel	1	2	1	2
f) Recipients of fire and rescue services	1	2	1	2
g) Other group not listed above (<i>specify</i>) _____	1	2	1	2

15. Did your plan target any educational organizations?

Yes..... 1 (*Continue with Q16*)
 No..... 2 (*Skip to Q17*)

16. In column A, indicate whether your plan intends to serve upon implementation each of the following educational communities as end users of project equipment or resources. In column B, indicate whether each community segment is intended to indirectly benefit from the improved services offered through your project without having access to project equipment or resources.

	A. End users?		B. Indirect beneficiaries?	
	Yes	No	Yes	No
a) Early childhood education faculty and staff	1	2	1	2
b) Early childhood program participants	1	2	1	2
c) K-12 faculty and staff	1	2	1	2
d) K-12 students	1	2	1	2
e) Higher education faculty and staff	1	2	1	2
f) Higher education students	1	2	1	2
g) Adult education faculty and staff	1	2	1	2
h) Adult students in continuing education programs	1	2	1	2
i) Other group not listed above (<i>specify</i>) _____	1	2	1	2

17. Did your plan target any health care organizations?

Yes..... 1 (*Continue with Q18*)
 No..... 2 (*Skip to Q19*)

18. In column A, indicate whether your plan intends to serve upon implementation each of the following health care communities as end users of project equipment or resources. In column B, indicate whether each community segment is intended to indirectly benefit from the improved services offered through your project without having access to project equipment or resources.

	A. End users?		B. Indirect beneficiaries?	
	Yes	No	Yes	No
a) Emergency care staff	1	2	1	2
b) Patients receiving emergency care	1	2	1	2
c) Routine care staff	1	2	1	2
d) Patients receiving routine care	1	2	1	2
e) Consultation care staff	1	2	1	2
f) Patients seeking medical consultation	1	2	1	2
g) Monitoring care staff	1	2	1	2
h) Patients receiving ongoing health monitoring	1	2	1	2
i) Other group not listed above (<i>specify</i>) _____	1	2	1	2

II. DEVELOPING THE PLAN

The next several questions ask about the planning activities associated with your TIIAP project.

19. In column A, indicate which of the following activities were detailed in your proposal as a component in the development of your project's telecommunications plan. In column B, please indicate the extent to which any proposed activity was conducted using a 4-point scale in which

- 1 = The proposed activity was not conducted
- 2 = The proposed activity was conducted, but to a lesser extent than planned
- 3 = The proposed activity was conducted at about the same level as planned
- 4 = The proposed activity was conducted to a greater extent than planned

	A. Proposed?		B. Rating			
	Yes	No				
a) Conduct a needs assessment to gain a better understanding of the population to be served	1	2	1	2	3	4
b) Evaluate the capabilities and limitations of an existing information/communications system or network	1	2	1	2	3	4
c) Identify mechanisms to create communications links between disparate databases, programs, agencies, or organizations	1	2	1	2	3	4
d) Identify mechanisms to integrate disparate telecommunications systems (such as video conferencing with public broadcast facilities)	1	2	1	2	3	4
e) Identify approaches to provide education and training in the use of telecommunications technologies	1	2	1	2	3	4
f) Determine the computer hardware and other equipment needed to accomplish the plan's intended outcomes	1	2	1	2	3	4
g) Identify sites for accessing the planned telecommunications network	1	2	1	2	3	4
h) Identify service providers for implementing the planned telecommunications network	1	2	1	2	3	4
i) Develop an evaluation plan to assess the impacts of implementing the plan	1	2	1	2	3	4
j) Develop a strategy for disseminating the materials or approaches that would be generated or developed through the implementation of your plan to others outside your organization	1	2	1	2	3	4

20. Did any of the following obstacles or impediments prevent you from carrying out the planning activities 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) Outdated, insufficient, or poor quality data/information to work with...	1	2
h) Difficulty obtaining matching funds	1	2
i) Necessary information was proprietary	1	2
Other problems		
j) <i>(specify)</i> _____	1	2
k) <i>(specify)</i> _____	1	2

III. TECHNICAL ASSISTANCE

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

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

22. What kind of technical assistance did you receive from TIIAP staff after the grant was awarded to help you develop your telecommunications plan?

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

24. 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 Q25)

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 your telecommunications plan.

25. 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 (specify) _____ <hr style="width: 20%; 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 (specify) _____ <hr style="width: 20%; 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 (specify) _____ <hr style="width: 20%; 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 (specify) _____ <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 (specify) _____ <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 (specify) _____ <hr style="width: 20%; margin-left: 0;"/>

26. Please list all organizations that served as a partner in the 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 Q25 above. 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. Organizational type (Enter number from list)	C. Parameters		
			Yes	No
		Source of funding?	1	2
		Provider of equipment or equipment discounts?	1	2
		Provider of in-kind or reduced rates for services?	1	2
		Provider of personnel?	1	2
		Provider of space or facilities?	1	2
		Provider of data access?	1	2
		Provider of expertise or intellectual capital?	1	2
		Subrecipient of TIIAP funds?	1	2
		Prior working relationship?		
		Source of funding?	1	2
		Provider of equipment or equipment discounts?	1	2
		Provider of in-kind or reduced rates for services?	1	2
		Provider of personnel?	1	2
		Provider of space or facilities?	1	2
		Provider of data access?	1	2
		Provider of expertise or intellectual capital?	1	2
		Subrecipient of TIIAP funds?	1	2
		Prior working relationship?		
		Source of funding?	1	2
		Provider of equipment or equipment discounts?	1	2
		Provider of in-kind or reduced rates for services?	1	2
		Provider of personnel?	1	2
		Provider of space or facilities?	1	2
		Provider of data access?	1	2
		Provider of expertise or intellectual capital?	1	2
		Subrecipient of TIIAP funds?	1	2
		Prior working relationship?		

26. (continued)

A. Partner organization name	B. Organizational type (Enter number from list)	C. Parameters	
		Source of funding?	1 2
		Provider of equipment or equipment discounts?	1 2
		Provider of in-kind or reduced rates for services?	1 2
		Provider of personnel?	1 2
		Provider of space or facilities?	1 2
		Provider of data access?	1 2
		Provider of expertise or intellectual capital?	1 2
		Subrecipient of TIIAP funds?	1 2
		Prior working relationship?	
		Source of funding?	1 2
		Provider of equipment or equipment discounts?	1 2
		Provider of in-kind or reduced rates for services?	1 2
		Provider of personnel?	1 2
		Provider of space or facilities?	1 2
		Provider of data access?	1 2
		Provider of expertise or intellectual capital?	1 2
		Subrecipient of TIIAP funds?	1 2
		Prior working relationship?	

27. 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

28. 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 involved in your telecommunications plan.

29. Which of the following types of equipment are specified for use in your plan?

	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).....	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

30. Does the planned network involve data transmission?

- Yes..... 1 *(Continue with Q31)*
 No..... 2 *(Skip to Q32)*

31. Which of the following types of media will the planned 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

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

- Yes..... 1 *(Continue with Q33)*
 No..... 2 *(Skip to Q34)*

33. Which of the following types of network 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

34. In column A, indicate whether the plan intends for project equipment or resources to be 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 are specified.

	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	_____

35. Does the plan involve providing access to the Internet?

Yes..... 1 (*Continue with Q36*)
 No..... 2 (*Skip to Q38*)

36. How are implementation sites to be 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

37. Which of the following Internet resources/capabilities are to be provided in the plan?

	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

VI. ACCOMPLISHMENTS AND CURRENT STATUS

The next set of questions will help us understand the accomplishments and current status of your TIIAP planning project.

38. What has been the major or most important outcome to result from your TIIAP award?

39. Do you believe you would have been able to develop the telecommunications plan if you did not receive Federal funds through the TIIAP program?

- Yes..... 1 *(Continue with Q40)*
 No..... 2 *(Skip to Q41)*

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

- The plan would still have been developed on the same schedule..... 1
 The plan would have been delayed slightly 2
 The plan would have been substantially delayed..... 3

41. To what extent has the telecommunications plan been implemented?

- The plan has been fully implemented 1 *(Skip to Q43)*
 The plan has been partially implemented to provide the full range of services but is reaching fewer end users than intended 2 *(Continue with Q42)*
 The plan has been partially implemented to provide the full scope of end users with a limited range of services 3 *(Continue with Q42)*
 Activities are underway to secure the necessary funding, personnel, and partners for implementation 4 *(Continue with Q42)*
 A revised version of the plan has been implemented and it is serving a function that is considerably different from that outlined in the original plan developed through TIIAP 5 *(Skip to Q43)*
 The plan has not been implemented and no steps are being taken to initiate implementation 6 *(Continue with Q42)*

42. Which of the following factors are responsible for the plan not achieving full implementation?

- | | Yes | No |
|---|------------|-----------|
| a) Lack of available funding | 1 | 2 |
| b) The technology specified in the plan has become obsolete | 1 | 2 |
| c) The required personnel have not been secured | 1 | 2 |
| d) The required partners have not been secured | 1 | 2 |
| e) Lack of community support | 1 | 2 |
| f) Lack of interest on the part of the grantee organization | 1 | 2 |
| g) Time constraints | 1 | 2 |
| h) Other (<i>specify</i>) _____ | 1 | 2 |

43. Did you receive a subsequent TIIAP award to implement the telecommunications plan developed through this award?

Yes (*Please list the year of award: 19 ____.*) 1
 No 2

44. Have you secured funding for the following expenses associated with implementing your plan?

	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

(IF NO ONGOING FUNDING HAS BEEN SECURED, CHECK THIS BOX... , THEN SKIP TO QUESTION 47.)

45. What are the sources of funding for any of the operating expenses mentioned in question 44 above? (*List the name of each funding source below.*)

- 1) _____
- 2) _____
- 3) _____
- 4) _____

46. Was the TIIAP grant helpful in securing additional funds to implement your plan?

Yes 1
 (*Please explain.*)

No..... 2

47. What additional steps, other than securing funds for implementation expenses as mentioned in question 44, have been taken to implement the plan?

48. With the information that your organizers have learned about implementing the telecommunications plan developed in the project, what advice would you give to other organizations that have developed a similar plan to help them with implementation?

49. What future plans are envisioned for your project?

50. Please give your name, title, telephone number, 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
Westat
RA1105F
1650 Research Boulevard
Rockville, MD 20850*

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