

APPENDIX A
COMMUNITY TECHNOLOGY SURVEY

Name of Organization: _____

Name & Title of Contact: _____

Address: _____

Phone: _____ Fax (if applicable): _____

Email (if applicable): _____ Website (if applicable): _____

1. What year was your organization founded? _____

2. What is the mission of your organization (attach extra sheets if necessary)?

3. How many paid staff-persons do you have?

_____ Full-time

_____ Part-time

4. How many volunteers? _____

5. What kinds of services does your organization provide? Check all that apply

- Tutoring/homework assistance
- General youth development
- Mentoring
- Youth Employment/School to Career
- Child Care
- Others (please describe)

- Adult education/Literacy
- Adult job training
- Community development
- Advocacy
- Technical Assistance

6. Who do you serve (target populations)? Check all that apply.

- Pre-school children
- School aged children (5-17)
- Young adults (18-24)
- Parents/adults
- Senior citizens

- General community (e.g., city or county wide)
- Specific neighborhood(s)
- At risk
- Low-income
- Women

Others (please list) _____

7. Which best describes the area you serve?

urban suburban rural mixed

8. What was your budget for the last fiscal year? _____

9. Do you budget for: *Please circle one*

Hardware/software?	Yes	No
Technology support staff?	Yes	No
Equipment upgrades and repair?	Yes	No
Technology programs?	Yes	No

10. What % of your funding comes from:

___ Local government	___ Private corporations
___ State government	___ other (list source and % for each)
___ Federal government	_____
___ Private foundations	_____

11. Where are your technology services/programs offered? (Check all that apply).

<input type="checkbox"/> schools	<input type="checkbox"/> within a previously existing community-based organization
<input type="checkbox"/> libraries	<input type="checkbox"/> other; please specify: _____
<input type="checkbox"/> housing project community	

12. In what ways does your organization currently use technology in its programs?
Check all that apply.

- | | |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> General (unstructured) computer access | <input type="checkbox"/> Communicating with others (email) |
| <input type="checkbox"/> Research/projects using the web/on line resources | <input type="checkbox"/> Video projects/Video production |
| <input type="checkbox"/> Word processing/Keyboarding skills | <input type="checkbox"/> Job searches/Resumes |
| <input type="checkbox"/> Homework help | <input type="checkbox"/> Recreation/Entertainment |
| <input type="checkbox"/> Computer Based Instruction (for example reading or math skills programs) | <input type="checkbox"/> Technology oriented businesses (i.e., a web page design business) |
| | <input type="checkbox"/> Other (Please describe) |

13. Approximately how many computers does your organization have? _____

14. Does your organization have access to the World Wide Web? Yes No

15. In terms of your organization's priorities, on a scale of 1 to 4 with 4 being the highest, how would you rank the importance of integrating technology into your programs?

- | | | | | |
|----------------------|---------------------------|-------------------------|-----------------------|----|
| 1 | 2 | 3 | 4 | NA |
| <i>Not important</i> | <i>Slightly important</i> | <i>Fairly important</i> | <i>Very important</i> | |

16. To what extent has technology helped your organization to fulfill its mission/meet its goals?

- | | | | | |
|-------------------|-----------------|---------------------|--------------------------|----|
| 1 | 2 | 3 | 4 | NA |
| <i>Not at all</i> | <i>Somewhat</i> | <i>Considerably</i> | <i>To a great extent</i> | |

17. What percentage of your staff regularly uses email or accesses the Internet? _____%

18. What are the biggest challenges currently facing your organization? Please be as specific as possible; attach additional pages as necessary.

19. How do you know whether your program(s) is (are) successful?

20. Do you collect information to measure success? _____

If so what kind (attach additional sheets if necessary)?