

Pitt Technology Group – COVID-19 Tech Assistance Grant Application worksheet

Name of your nonprofit agency

Name of primary contact for your nonprofit

Email address for primary contact person

Phone number for primary contact person

Please describe your nonprofit's mission

Tell us about the community you serve, both your clients and your geographic area

How many employees do you have?

What is your agency's annual budget?

Please describe how your agency has been affected by the COVID-19 pandemic

OPTION 1. Install, Add To Existing, or Repair High-Speed Network Cabling for Internet and Local Network Access.

OPTION 2. Install, Add To Existing, or Repair High-Speed Wireless Data Infrastructure (WiFi)

OPTION 3. Cleanup Wireless/Wired Network (Repair non-working equipment, cable jacks, organize cable, etc)

Category 1 / Option 1: Install, Add To Existing, or Repair High-Speed Network Cabling for Internet and Local Network Access.

What is the age of your building?

How many floors does your building have?

What material(s) are your walls constructed from?

Drywall
Concrete
Block
Brick
Plaster

Do you have existing network cabling?

If yes, will this replace existing cabling or augment it?

Would 48 hours of downtime between 8 a.m.-5 p.m. on weekdays be acceptable when moving over to new cabling?

Category 1 / Option 2: Install, Add To Existing, or Repair High-Speed Wireless Data Infrastructure (WiFi)

Do you have existing network cabling?

If yes, will this replace existing cabling or augment it?

Would 48 hours of downtime between 8 a.m.-5 p.m. on weekdays be acceptable when moving over to new cabling?

Do you have an existing wireless network?

Describe the equipment in use. (Brand, quantity of access points, etc.)

Approximately when was it installed?

If yes, will this replace an existing wireless network or augment it?

Would 48 hours of downtime between 8 a.m.-5 p.m. on weekdays be acceptable when moving over to new wireless?

Category 1 / Option 3: Cleanup Wireless/Wired Network (Repair non-working equipment, cable jacks, organize cable, etc)

Approximately how many cables do you have?

How many closets do you have?

What is the estimated original date of installation?

Would 48 hours of downtime between 8 a.m.-5 p.m. on weekdays be acceptable when moving over to new wireless?

Describe the assistance you needing:

If other, describe below: (Video Conference Assistance)

Choose the Video Conference solution you are interested in or are currently using.

If other, describe below: (Video Conference System)

Describe the purpose for which the Video Conference solution will be used.

About how often will you use the Video Conferencing solution?

How many users will need to use the platform?

Do you plan to use system or are you currently using system to communicate with users external to your organization?

How many laptops or tablets do you have without Webcams that will need to use this system?

Describe any existing Video Conferencing equipment other than laptops currently in use.

Are you currently using Microsoft Exchange?

Are you currently using Microsoft Office 365?

Would you want to request that we provide necessary hardware for a video conference room?

Approximately how many seats are in the room?

Does the room have an existing projector or display?

List all accessible technology in this room, including computers, displays, cabling, and presentation systems

Does the room have Crestron or other control automation?

Describe the assistance you needing: (Development)

Describe the issue you are having or application you would like to create.

How will this benefit the community in which you serve?

How will this benefit your organization?

Do you have an on-staff software developer?

Pitt Technology Group/WON Communications – COVID-19 Client Technology Access Grant Application worksheet

Name of your nonprofit agency

**Name of primary contact for your
nonprofit**

**Email address for primary contact
person**

**Phone number for primary contact
person**

**Please describe your nonprofit's
mission**

**Tell us about the community you serve,
both your clients and your geographic
area.**

What is your agency's annual budget?

**Please describe how your agency has
been affected by the COVID-19
pandemic.**

Technology Needs

**Using the details listed at the top of this
page, list the relevant technologies
being requested.**

**Describe the intended use for the
technology being requested.**

**List software applications and websites
that Tablets and Access-Codes would
be restricted to.**

**Are face-to-face interactions with clients
essential to provide the services
normally provided by your
organization?**

Does your organization currently have access to equipment that can be used to provide clients with access to your services through the internet?

Do the clients being served by your organization typically have access to vehicle?

Number of Tablets requested with Cellular Data access.

Number of Tablets requested with Wi-Fi only. (Can be used in Wi-Fi "Zones" or using clients home internet)

Number of Access-Codes to Wi-Fi "Zones" requested.
