



**First Nations Technology Council**

**Community Technology Plan Toolkit**

**WORKSHEETS**

**November 2006**

# COMMUNITY TECHNOLOGY PLAN

**Worksheet #1: Band Administration ICT Standards (See Plan Guide pg. 14 for more information)**

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_

**Workstation computer**

User profile	Brand and model	Processor type, speed	Memory	Hard drive	Operating system	Monitor	Ethernet connection

**Multimedia computer**

User profile	Brand and model	Processor type, speed	Memory	Hard drive	Operating system	Monitor	Ethernet connection

**Notebook computer**

User profile	Brand and model	Processor type, speed	Memory	Hard drive	Operating system	Screen	Ethernet connection

**Printer, scanner, fax, and multi-function printer**

Type	Volume of use	Network or single user	Brand and model	Maximum print size	Paper tray options	Ink/toner options	Other functions

**Comments:** \_\_\_\_\_

**Video-conferencing equipment**

Type	Brand and model	Specs	Specs	Specs

**Network server**

Type	Brand and model	Single/dual processor	Processor type, speed	Hard drive array	Memory	Operating system	Ethernet connection

**Switches, routers, UPSs, data back-up devices, cabling, other equipment**

Type	Brand and model	Specs	Specs	Specs

**Software**

Type	Title	Version	Client or server	License status

Comments:



Printers, scanners, fax machines

Principal user	Type	Model	Features/ Specifications	Year of purchase	Value	Asset tag # (optional)

Comments:

Networking equipment, UPSs, data back-up devices

Principal user	Type	Model	Features/ Specifications	Year of purchase	Value	Asset tag # (optional)

Network cabling standard in use:

Comments:

Video conferencing equi

Principal user	Type	Model	Features/ Specifications	Year of purchase	Value	Asset tag # (optional)

Comments:

Other ICT equipment

Principal user	Type	Model	Features/ Specifications	Year of purchase	Value	Asset tag # (optional)

Comments





**Worksheet #3: Community ICT Equipment Inventory**

**Video conferencing equi**

<b>Principal user</b>	<b>Type</b>	<b>Model</b>	<b>Features/ Specifications</b>	<b>Year of purchase</b>	<b>Value</b>	<b>Asset tag # (optional)</b>

**Comments:**

**Other ICT equipment**

<b>Principal user</b>	<b>Type</b>	<b>Model</b>	<b>Features/ Specifications</b>	<b>Year of purchase</b>	<b>Value</b>	<b>Asset tag # (optional)</b>

**Comments:**

# COMMUNITY TECHNOLOGY PLAN

**Worksheet #4: Community Telecommunications Appraisal (See Plan Guide pg. 17 for more information)**

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_

## Telephone services

	Provider name
Regular telephone (landline)	
Satellite telephone service	
VoIP (Voice over Internet) service	

## Quality of regular telephone service

Average age of telephone equipment in homes	Less than three years	Three to seven years	More than seven years
Quality of telephone wiring in homes	Above standard	Standard	Below standard
Frequency of service outage	More often than once in six months	Between six months and once a year	Less than once a year
Response time on service calls	hours		
Are problems usually resolved on first service call?	YES	NO	

## Telephone service cost

	Band office	Average residential
Basic service		
Long-distance and premium services		
Move, add, change		
Satellite service		
VoIP service		
<b>Total monthly telephone service cost</b>	<b>\$0</b>	<b>\$0</b>

Comments:

**Broadband services**

	Provider name
High-speed broadband service	
Satellite broadband service	
Other broadband service	

Broadband service standards	High-speed broadband access points	Satellite broadband earth stations	Other broadband service access points
Location and description			
Location and description			
Location and description			
Location and description			
Location and description			
Location and description			

	High-speed broadband access points	Satellite broadband earth stations	Other broadband service access points
Band office bandwidth capacity	mbps	kbps	kbps
Residential bandwidth capacity	mbps	kbps	kbps

**Broadband service cost**

Service paid by Internet service provider	YES	NO
Service paid by Band	YES	NO
If paid by Band, average total monthly broadband service cost		

Comments:

**Internet services**

	Band admin ISP	Residential ISP	Residential ISP
Provider name			
Number of subscribers			
Type of service: Broadband, satellite, cable, dial-up			

**Quality of Internet service**

	Band admin ISP	Residential ISP	Residential ISP
Claimed throughput	kbps	kbps	kbps
Average measured throughput	kbps	kbps	kbps
Frequency of service outage (number of times per year)			
Response time on service calls	hours	hours	hours
Are problems usually resolved on first service call?	YES NO	YES NO	YES NO

**Internet service cost**

	Band admin ISP	Residential ISP	Residential ISP
Monthly subscription rate			
Other service fees, if any			
Total monthly Internet service cost	\$0	\$0	\$0

Comments:

# COMMUNITY TECHNOLOGY PLAN

**Worksheet #5: Technology Support Appraisal (See Plan Guide pg. 17 for more information)**

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_

**Technicians employed by Band administration**

Technician name

**Level of training (mark only if YES)**

Self-taught			
A+			
Network+			
INET+			
MCSE (Microsoft Operating System Administration <i>Which certification?</i> )			
Database Management System <i>Which certification?</i>			
College Diploma <i>In computer technologies?</i>			
University Degree <i>In computer technologies?</i>			
Other ICT training <i>Type?</i>			

**Quality of service performance**

Response time from technicians on service calls	hours	
Are problems usually resolved on first visit?	YES	NO

**Comments:**

**Outside computer support company (contractor)**

Company name			
Technician name (if generally the same technician)			

**Quality of technical service**

Response time from contractors on service calls		hours			hours
Are problems usually resolved on first service call?	YES	NO	YES	NO	

**Technical support provided**

	Band technicians	Outside contractor
<b>Software (mark only for YES or product/version)</b>		
Microsoft Windows XP Pro		
Microsoft Office Suite		
Microsoft Windows Version?		
Microsoft Windows NT		
Other - Product/version		
Other - Product/version		

**Hardware (mark only for YES or type of equipment)**

PCs and notebook computers		
Printers and scanners		
Servers		
Other hardware <i>Type?</i>		

**Other technical services (mark only if YES)**

Networking		
GIS		
All-round technology support		

Comments:

**Technical support cost**

**Technicians employed by Band**

Hourly wage rate	
Average hours of work per month	hours
Monthly cost for Band technicians	\$0

**Outside computer support contractors**

Hourly travel rate	
Hourly onsite (work) rate	
Average hours of travel per month	hours
Average hours of work per month	hours
Monthly cost for outside technical support	\$0

<b>Total monthly technical support cost</b>	<b>\$0</b>
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Comments:

# COMMUNITY TECHNOLOGY PLAN

**Worksheet #6: ICT Project Requirements (See Plan Guide pg. 19 for more information)**

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Group or facility: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact information: \_\_\_\_\_

Project description:

Project start date: \_\_\_\_\_

Project completion date: \_\_\_\_\_

**Hardware and software required**

Quantity	Item	Description	Vendor	Unit cost	Delivery cost	Total cost	Date required
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
<b>Total: ICT hardware</b>						<b>\$0.00</b>	

**Materials and parts required**

Quantity	Item	Description	Vendor	Unit cost	Delivery cost	Total cost	Date required
	Cables					\$0.00	
	Wiring					\$0.00	
	Conduit					\$0.00	
	Brackets, fasteners					\$0.00	
						\$0.00	
						\$0.00	
						\$0.00	
<b>Total: Materials and parts</b>						<b>\$0.00</b>	

**Labour required**

Type of work	Description of work	Number of days of work	Daily rate	Travel/meals lodging	Total cost	Date required
Network design					\$0.00	
Network installation					\$0.00	
Computer technician					\$0.00	
Electrician					\$0.00	
Structural					\$0.00	
Heavy equipment					\$0.00	
					\$0.00	
					\$0.00	
Applications development					\$0.00	
					\$0.00	
					\$0.00	
Day labour					\$0.00	
<b>Total: Labour</b>					<b>\$0.00</b>	

<b>Total Project Cost</b>	
ICT hardware required	0.00
Materials and parts required	0.00
Labour required	0.00
Contingency	
<b>TOTAL COST</b>	<b>\$0.00</b>

Comments:

# COMMUNITY TECHNOLOGY PLAN

**Worksheet #7: Technical Support Requirements (See Plan Guide pg. 20 for more information)**

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Group or facility: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact information: \_\_\_\_\_

Description of technical service required:

### Emergency service

Emergency support required	YES	NO	
Required response time	_____ hours		

### Routine maintenance

Scheduled maintenance	YES	NO	
Client-managed maintenance	YES	NO	

### Other technical services

Upgrade	Refurbishment	Replacement	Move, add, change	Project-related	Other
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### Routine maintenance

Task description	Frequency	Service provider	Estimated hours	Cost per hour	Materials cost	Total cost
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
						\$0.00
<b>Total: Routine maintenance</b>						<b>\$0.00</b>

Comments:

**Other technical services (Upgrades, refurbishments, relocation, project-related services)**

Task description	Service provider	Estimated hours	Cost per hour	Materials cost	Total cost
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
<b>Total: Other technical services</b>					<b>\$0.00</b>

**Service provider registry**

**Band staff technicians**

**Competencies**

Name	Desk-top support	Software support	Hardware support	Network support	Network installation	Hourly rate	Travel rate

**Local outside provider**

**Competencies**

Name	Desk-top support	Software support	Hardware support	Network support	Network installation	Hourly rate	Travel rate

**Regional provider**

**Competencies**

Name	Software support	Hardware support	Network support	Network installation	Technical consulting	Hourly rate	Travel rate

Comments:

# COMMUNITY TECHNOLOGY PLAN

Worksheet #8: ICT User-Skills Requirements (See Plan Guide pg. 21 for more information)

Prepared by: \_\_\_\_\_

Date prepared: \_\_\_\_\_

Person or group: \_\_\_\_\_

Contact person: \_\_\_\_\_

Contact information: \_\_\_\_\_

Description of user-skills training required:

### User-skills training

Training required	Number of trainees	Number of sessions	Hours per session	Total hours of training	Cost per hour	Materials, travel cost	Total cost
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
				0			\$0.00
<b>Total: User-skills training</b>							<b>\$0.00</b>

### Trainer registry

#### Community-based trainers

#### Competencies

Name	Basic skills	Productivity	Desk-top publishing	Web publishing	Specialized training	Hourly rate

#### Regional itinerant trainers

#### Competencies

Name	Basic skills	Productivity	Desk-top publishing	Web publishing	Specialized training	Hourly rate	Travel rate

#### Regional training centres

#### Competencies

Name	Productivity	Desk-top publishing	Web publishing	Technical skills	Specialized training	Hourly rate	Travel rate

Comments: