



## MEMORANDUM

TO: Austin Community Technology & Telecommunications Commission

FROM: GTOPs 2016 Working Group via John Speirs, Office of Telecommunications & Regulatory Affairs

DATE: October 14, 2015

SUBJECT: 2016 GTOPs Review Working Group Recommendations

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The purpose of this report is for the Commission to review and approve recommendations for the 2016 Grant for Technology Opportunities Program (GTOPs) Working Group. As previously communicated at the August 12<sup>th</sup> Tech & Telecom Commission meeting, these recommendations are after soliciting feedback from organizations during the GTOPs 2015 process, frontline feedback gathered from community stakeholders and the City's intent to fulfill objectives of the Digital Inclusion Strategic Plan.

The Commission appointed, at its regularly scheduled meeting, the GTOPs 2016 Working Group with Commissioners Johnson, Floyd, Yeatts and Williams on consent vote by the Commission. Commissioner Johnson served as Chairs of this Working Group. The Working Group met on September 4<sup>th</sup> and continued to deliberate via email communication to reach consensus for the recommendations being considered today.

### **Recommended Goals**

The Working Group recommends the Commission consider and approve new goals consistent with the Digital Inclusion Strategic Plan.

- Provide public access to computers and information technology, especially among underserved segments of our community.
- Provide information technology literacy, education, and training.
- Use information and communication technologies in innovative ways to serve the Austin community.
- Address the 2014 Digital Inclusion Strategic Plan Goals.

### *Previous Goals:*

- Support programs that provide public access to computers and information technology, especially among underserved segments of our community.
- Support programs that provide information technology literacy, education, and training.
- Support programs that use information and communication technologies in innovative ways that serve the community.

- Provide seed funding for Austin community and non-profit organizations for technological outreach and engagement efforts.

## **Mission and Vision**

The Working Group considered the vision, mission and goals of GTOPs and had no changes to recommend:

- The GTOPs program provides matching funds to Austin organizations and citizens' groups for projects focusing on use of information technology and connecting our citizens with computers and the Internet.
- *Vision:* A community where all citizens have access to the facilities and the necessary skills to participate in an emerging digital society.
- *Mission:* To provide matching grant funds to Austin organizations for projects that create digital opportunities and foster digital inclusion.

## **Grant Reviewers' Application**

The Working Group Recommends the only change to amend the stated goals with the previously recommended Goals. The Goals will be to support programs that:

- Provide public access to computers and information technology, especially among underserved segments of our community.
- Provide information technology literacy, education, and training.
- Use information and communication technologies in innovative ways to serve the Austin community.
- Address the 2014 Digital Inclusion Strategic Plan Goals.

## **GTOPs Application Scoring Criteria**

### *Goals of DI Strategic Plan:*

- Understand and Increase Usage of Digital and Communications Technology
- Address Potential Barriers to Digital Inclusion
- Develop programs to address need for Digital Literacy Training
- Develop programs to address need for Access via Reliable & Affordable Devices
- Develop programs to address Need for Language & Disability Accommodations
- Develop Relevancy & Advocacy Campaigns Within Specific Communities & Populations

### *I.---- 2014 Digital Inclusion Strategic Plan Goals - 15 total*

- This program plan has demonstrated alignment with the 2014 Digital Inclusion Strategic Plan.  
(15 pts)

*II.---- Community impact - 30 total*

- The program plan and its objectives are well defined and serve a community need. (10 pts)
- This program plan demonstrates that if implemented it will have an ongoing/lasting positive impact on the community. (10 pts)
- This program plan has demonstrated that it has collaboration partners w/ in the community we are seeking to serve.(10 pts)

*III.---- Evaluation of success - 25 total*

- This program has a clear plan for success. Its goals and objectives are achievable and its work plan is feasible. (10 pts)
- This program plan demonstrates its ability to evaluate its own success and reviewers agree that its proposed measures for evaluation are viable and appropriate. (5 pts)
- The organization has provided documentation of demonstrated success as an organization (10 pts):
- New to GTOPs: Success in similar programs or of proposed staff and volunteers executing program plan.
- Former GTOPs grant recipients: Historical reviews of programs funded through GTOPs.

*IV.---- Budget and fiscal responsibility - 30 total*

- The organization that is executing on the program plan is a fiscally responsible organization that will use City funds and matching criteria of the grant appropriately if awarded this grant. (15 pts)
- This program plan has provided all required documentation, including its budget, which clearly shows its annual revenue and matching dollars (in-kind and/or cash). (10 pts)
- The program plan outlines a plan for sustainability of the program beyond the GTOPs grant. (5 pts)

*Basic Scoring for Criteria with 15 pts for I.1:*

1. Does not address any goals of DI Strat. Plan.
2. Addresses issues that surround the goals of the DI Strat Plan.
3. Continuation of program previously funded; does not address current goals of DI Strat Plan.
4. Touches on one goal of DI Strat. Plan.
5. Touches on multiple goals.
6. Touches on two or more goals
7. Directly addresses one goal.
8. Directly addresses two goals
9. Directly addresses two goals and touches upon one other goal
10. Directly addresses three goals
11. Directly addresses three goals and touches upon one other goal
12. Directly addresses four goals
13. Directly addresses four goals and touches upon one other goal
14. Directly addresses five goals and touches upon one other goal
15. Directly Addresses six goals

*Basic Scoring for Criteria with 15 pts for IV.1:*

- 1-3. No faith in organization's ability to manage funds and matching funds appropriately.
- 4-6. Grave concerns about organization's ability to manage funds and matching funds appropriately.
- 7-10. Prior track record raises concern of organization's ability to manage funds and matching funds appropriately.
- 11-12. Some concerns regarding organization's ability to manage funds and matching funds appropriately.
- 13-14. Concerns regarding organization's ability to manage funds and matching funds appropriately are alleviated by program plan and documentation about current capabilities of organization to manage funds and matching funds appropriately.
- 15. No question organization will manage funds and matching funds appropriately.

*Basic Scoring for Criteria with 10 pts:*

- 0.0 Does not fit criteria.
- 1.0 Fits with major weaknesses.
- 2.0 Fits with moderate weaknesses
- 3.0 Fits with minor weaknesses.
- 4.0 Fits with no discernible weaknesses; not remarkable.
- 5.0 Strong with moderate weaknesses.
- 6.0 Strong with minor weaknesses
- 7.0 Strong with no discernible weaknesses.
- 8.0 Extremely strong with moderate weaknesses.
- 9.0 Extremely strong with minor weaknesses.
- 10.0 Perfectly fits criteria and goals.

*Basic Scoring for Criteria with 5 pts:*

- 0.0 Does not fit criteria.
- 1.0 Fits with major weaknesses.
- 2.0 Fits with no discernible weaknesses; not remarkable.
- 3.0 Strong with moderate weaknesses.
- 4.0 Extremely strong with moderate weaknesses.
- 5.0 Perfectly fits criteria and goals.

**Conclusion**

The GTOPs 2016 Working Group recommends the Commission approve the GTOPs Goals, Application Scoring Criteria, Grantee Application, and Grant Reviewers' Application.

**Exhibits**

- A) GTOPs 2016 Timeline (as previously approved)
- B) Blank Program Application for GTOPs (Recommendation for Approval Needed)
- C) 2016 Grant Review Committee Application (Recommendation for Approval Needed)



### GTOPs 2016 Timeline


November 25, 2015	Grant Review Committee Applications Due
December 8, 2015	GTOPs Applications Due
December 9, 2015	Austin Community Technology and Telecommunications Commission Regular Meeting: Grant Review Committee selected
December 16, 2015	Grant Review Committee Orientation (Tentative date) The Committee is required to attend an orientation meeting wherein they will receive guidelines, instructions, evaluation forms and a packet of grant applications.
January 10, 2016	Written Questions Due (from Reviewers)
January 18, 2016	Written Responses Due (from Applicants)
January 31, 2016	First Round of Scores Due
February 12, 2016	Oral Presentations (Tentative date depending on location) Grant applicants will be selected to give a five-minute presentation followed by Q&A.
February 19 2016	Final Deliberation (Tentative depending on location and need) Once the ranking has been established, the reviewers will deliberate on the final disbursement of grant monies. The highest-ranking proposals within core program priorities are generally given full grants with runners up often receiving partial grants. * Final Scores to commission a few days before the Commission Mtg.
March 9, 2016	Austin Community Technology and Telecommunications Commission Regular Meeting The final awards recommendations are presented to the Commission for a vote at the regular March meeting. Once accepted, the award recommendations will be forwarded to the City Manager for final approval.

## Agency Intake

### AFR Submission Status

Username (For Use With Application Tool)	<input type="text"/>
Password (For Use With Application Tool)	<input type="text"/>
Share latest AFR info with United Way Capital Area?	<input type="radio"/> Yes <input type="radio"/> No

### Agency Information

 *Agency Legal Name	<input type="text"/>
ALIAS / DBA for Agency (enter only if different than legal name above and an "Assumed Name Certificate" is provided to HHSD)	<input type="text"/>
*Agency Street Address	<input type="text"/>
*Agency City	<input type="text"/>
*Agency State	<input type="text"/>
*Agency Zip	<input type="text"/>
*Agency Tax ID	<input type="text"/>
Agency Website	<input type="text"/>
*City of Austin Vendor Code	<input type="text"/>
*Agency Main Phone	<input type="text"/>

#### AFR Contact

*AFR Contact Name	<input type="text"/>
AFR Contact Title	<input type="text"/>
*AFR Contact Phone	<input type="text"/>
AFR Contact Fax	<input type="text"/>
*AFR Contact Email	<input type="text"/>

#### Executive Director

*Executive Director / CEO	<input type="text"/>
*ED / CEO Work Phone	<input type="text"/>
ED / CEO Cell Phone	<input type="text"/>
*ED / CEO Email	<input type="text"/>

#### Performance Contact - Primary

*Primary Perf. Contact	<input type="text"/>
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Name	
Primary Perf. Contact Title	
*Primary Perf. Contact Phone	
Primary Perf. Contact Fax	
*Primary Perf. Contact Email	
<b>Performance Contact - Alternate</b>	
Alt. Perf. Contact Name	
Alt. Perf. Contact Title	
Alt. Perf. Contact Phone	
Alt. Perf. Contact Fax	
Alt. Perf. Contact Email	
<b>Financial Contact</b>	
*Financial Contact Name	
Financial Contact Title	
*Financial Contact Phone	
Financial Contact Fax	
*Financial Contact Email	
<b>Financial Contact - Alternate</b>	
Alt. Financial Contact Name	
Alt. Financial Contact Title	
Alt. Financial Contact Phone	
Alt. Financial Contact Fax	
Alt. Financial Contact Email	
<b>Physical Mailing Address</b>	
Mailing Address	
Mailing City	
Mailing State	
Mailing Zip	
<b>BOARD CHAIR</b>	
*Board Chair	
*Board Chair Mailing Address	
*Board Chair City	
*Board Chair State	
*Board Chair Zip	
*Board Chair Work Phone	

*Board Chair Email	
<b>VOLUNTEER PROGRAM INFORMATION</b>	
Volunteer Contact Name	
Volunteer Contact Title	
Volunteer Phone	
Volunteer Fax	
Volunteer Email	
<b>CERTIFICATION OF AFR</b>	
The executive director and the board chair affirm that the information provided in this AFR -Administrative and Fiscal Review is true and accurate and has been authorized by the board of directors	<input type="radio"/> Yes <input type="radio"/> No
<b>SUCCESSION OF AUTHORITY IN CASE OF DISASTER/EMERGENCY (Start with First Person <u>After</u> Executive Director / CEO)</b>	
*Succession of Authority (SoA) Name	
*SoA Phone	
SoA Cell Phone	
SoA Fax	
*2nd in line SoA Name	
*2nd in line SoA Phone	
2nd in line SoA Cell Phone	
2nd in line SoA Fax	
<b>ACCESSIBILITY INFORMATION</b>	
Identify Available Agency Accessibility Options	<input type="checkbox"/> Accessible Main Entrance <input type="checkbox"/> Within one block of a Public Bus <input type="checkbox"/> Designated Handicapped Parking <input type="checkbox"/> Policy for Provision of Accessible Service <input type="checkbox"/> Accessible Public Restroom
<b>Provide Agency's total number of unduplicated clients served last fiscal year.</b>	
Unduplicated # of clients	
Agency Fiscal Year Begin	-- Please Select --
Agency Fiscal Year End	-- Please Select --
<b>Agency Programs, Brief Description and Emergency Response Information (25 words max)</b>	
Program Name (1)	

Description (1) (50 words or less)	<div></div>
Service (1)	<div></div>
If Shelter / Housing, please indicate number of beds (1)	<div></div>
If Child Care, please indicate number of Children (1)	<div></div>
Program Name (2)	<div></div>
Description (2) (50 words or less)	<div></div>
Service (2)	<div></div>
If Shelter / Housing, please indicate number of Beds (2)	<div></div>
If Child Care, please indicate number of Children (2)	<div></div>
Program Name (3)	<div></div>
Description (3) (50 words or less)	<div></div>
Service (3)	<div></div>
If Shelter / Housing, please indicate number of Beds (3)	<div></div>
If Child Care, please indicate number of Children (3)	<div></div>
Program Name (4)	<div></div>
Description (4) (50 words or less)	<div></div>
Service (4)	<div></div>
If Shelter / Housing, please indicate number of Beds (4)	<div></div>
If Child Care, please indicate number of Children (4)	<div></div>
Program Name (5)	<div></div>
Description (5) (50 words or less)	<div></div>
Service (5)	<div></div>

If Shelter / Housing, please indicate number of Beds (5)	<input type="text"/>
If Child Care, please indicate number of Children (5)	<input type="text"/>
Program Name (6)	<input type="text"/>
Description (6) (50 words or less)	<div><div></div><div></div></div>
Service (6)	<div><div></div><div></div></div>
If Shelter / Housing, please indicate number of Beds (6)	<input type="text"/>
If Child Care, please indicate number of Children (6)	<input type="text"/>
Program Name (7)	<input type="text"/>
Description (7) (50 words or less)	<div><div></div><div></div></div>
Service (7)	<div><div></div><div></div></div>
If Shelter / Housing, please indicate number of Beds (7)	<input type="text"/>
If Child Care, please indicate number of Children (7)	<input type="text"/>
Program Name (8)	<input type="text"/>
Description (8) (50 words or less)	<div><div></div><div></div></div>
Service (8)	<div><div></div><div></div></div>
If Shelter / Housing, please indicate number of Beds (8)	<input type="text"/>
If Child Care, please indicate number of Children (8)	<input type="text"/>
Program Name (9)	<input type="text"/>
Description (9) (50 words or less)	<div><div></div><div></div></div>
Service (9)	<div><div></div><div></div></div>
If Shelter / Housing, please indicate number of Beds (9)	<input type="text"/>
If Child Care, please indicate number of Children	<input type="text"/>

(9)	
Program Name (10)	
Description (10) (50 words or less)	
Service (10)	
If Shelter / Housing, please indicate number of Beds (10)	
If Child Care, please indicate number of Children (10)	
<b>For Additional Programs Not Listed Above, Upload File List Below</b>	
Additional Agency Information Upload - Limited to 12MB (Optional)	<div>Click to upload - Additional Agency Information Upload - Limited to 12MB (Optional)</div> <div>Delete</div>
<b>If your agency provides services in <u>more than one location</u>, complete and save the separate branch info for each office, using the form entitled "Agency Branch Office".</b>	

## Additional Information

Agency Vision	
Agency Mission	
<b>Describe the community issues the agency is attempting to address; please cite independent data sources. Include a description of the targeted population (the population most at risk of experiencing the issues described) as well as demographic and geographic characteristics.</b>	
Agency Overview	
Please list the agency's affiliations, licensures, certifications, or accreditations.	
List any national level accreditations, including date issued and date of expiration.	

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Agency Board Information

*Number of Board Members	<input type="text"/>
Frequency of Meetings	-- Please Select --
Please briefly describe the board and volunteer committee structure including functions and activities.	
Please briefly describe how the board participates in fundraising activities.	
Does the board review program performance?	<input type="radio"/> Yes <input type="radio"/> No
Does the board annually approve the budget?	<input type="radio"/> Yes <input type="radio"/> No
If necessary, please include further explanation for any items in this section.	

City Of Austin Use Only

# Program Application For GTOPs

CTK Test Agency - Do Not Remove  
Agency Legal Name: CTK Test Agency - Do Not Remove (Agency Intake)

## GTOPs Program Application

GTOPs Application  
Funding Year 2015

### GTOPs

Please rate the following GTOPs goal priorities in order of your application preference (1 being highest priority and 4 being lowest priority)

- Social, Health and Well-being (including Family & Health Services)
- Arts, Culture and Community (including creative, relevant content creation and production)
- Education and Workforce (including educational programming, professional development and skills training)
- Public Access & Civic Engagement (including innovative capacity building for neighborhood and community organizations serving a wide variety of clients with a diverse set of needs)

Social, Health, and Well-being	<input type="text"/>
Arts, Culture, and Community	<input type="text"/>
Education and Workforce	<input type="text"/>
Public Access and Civic Engagement	<input type="text"/>

### IMAGINE AUSTIN

Please select one the following Imagine Austin Priority Programs that best reflects your proposed program goals

- Invest in Compact and Connected Austin, p. 178
- Economic Development, p. 194
- Creative Economy, p. 200
- Healthy Austin, p. 206

\*Imagine Austin Priority

Please also justify how your proposed program aligns with the selected Imagine Austin Priority Program. You may reference the pages accessible at: <http://austintexas.gov/imagineaustin> for assistance.

	<input type="text"/>
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### APPLICANT INFO

Applicant Organization	<input type="text"/>
Organization's Federal TAX ID Number	<input type="text"/>
Organization Type	Non Profit 501c3
Contact Person	<input type="text"/>

### Physical Mailing Address

Mailing Address	<input type="text"/>
Mailing City	<input type="text"/>
Mailing State	<input type="text"/>
Mailing Zip Code	<input type="text"/>

Telephone Number	<input type="text"/>
FAX	<input type="text"/>
E-Mail Address	<input type="text"/>
Organization or Program Website Address	<input type="text"/>

Program Name	<input type="text"/>
Fiscal Agent (if different from applicant organization)	<input type="text"/>
Briefly describe the program in 50 words or less	<div><div></div></div>
TOTAL Amount of City Funds (Grant Amount) Requested (\$10,000 - \$25,000)	<input type="text"/>
TOTAL Program Cost (Matching + Grant Amounts Requested)	<input type="text"/>

#### 1) Program

Please describe your program and the community need it addresses. If relevant, describe how this program differs from services already available in the community. Where possible, indicate measurable outcomes that you expect to achieve if the program is successful. Please also identify your clients and where possible include demographic and geographic information.

1) Program	<div><div></div></div>
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#### 2) Mission

Describe how your program supports the mission and goals of GTOPs.

2) Mission	<div><div></div></div>
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#### 3) Community Impact

Please describe how your program will have an ongoing and/or lasting impact on the community.

3) Community Impact	<div><div></div></div>
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#### 4) Community Involvement

Please describe and demonstrate participation by community members in your program (explain how you contacted them, how many became involved, and what sectors of your community they represent). Provide specific examples of how they participated in selecting and planning your program and how they will be involved in carrying out the program.

4) Community Involvement	<div><div></div></div>
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#### 5) Implementation Plan / Workplan

List in chronological order specific steps you will take to complete this program.

Next to each step, identify who will be responsible for carrying out the step or activity.

Estimate the date the step will be completed (month and year).

**OPTIONAL UPLOAD - copies of facility diagram, technical plans, equipment list and/or construction drawings, as appropriate**  
**OPTIONAL UPLOAD - if the program requires remodeling, construction or other physical improvements, attach permission from the property owner**

5) Implementation Plan / Workplan	<div></div>
Attach Implementation Plan/Workplan Narrative Support Here  (One File Upload per Button)	<div><div>Click to upload - Attach Implementation Plan/Workplan Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div><div>Delete</div></div>
Attach Implementation Plan/Workplan Narrative Support Here  (One File Upload per Button)	<div><div>Click to upload - Attach Implementation Plan/Workplan Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div><div>Delete</div></div>
Attach Implementation Plan/Workplan Narrative Support Here  (One File Upload per Button)	<div><div>Click to upload - Attach Implementation Plan/Workplan Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div><div>Delete</div></div>

**6) Evaluation tools, procedures and/or measures**  
  
**Please describe how you plan to measure your success. Please present a clearly defined plan to evaluate and document the degree to which the program achieved its goals and objectives. You may include any tools, procedures or measures you will be using for evaluation as an attachment.**

**OPTIONAL UPLOAD – Evaluation tools, procedures and/or measures**

6) Evaluation tools, procedures and/or measures	<div></div>
Attach Evaluation Narrative Support Here  (One File Upload per Button)	<div><div>Click to upload - Attach Evaluation Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div><div>Delete</div></div>
Attach Evaluation Narrative Support Here  (One File Upload per Button)	<div><div>Click to upload - Attach Evaluation Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div><div>Delete</div></div>
Attach Evaluation Narrative Support Here  (One File Upload per Button)	<div><div>Click to upload - Attach Evaluation Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div><div>Delete</div></div>

**7) Program Budget**  
  
**On a separate sheet please provide a budget showing the itemized costs for your program and your matching funds. Please use the following categories: Materials/Equipment, Personnel, and Services. A sample budget is included in the Information Packet for your reference.**  
  
**REQUIRED UPLOAD - annual revenue statement (one page summary)**  
**REQUIRED UPLOAD - summary of revenue sources (e.g. other City of Austin grants)**  
**REQUIRED UPLOAD - documentation of in-kind match (labor and items) and cash match, or funding plan as appropriate (e.g. letters of commitment, memorandums of understanding)**

7) Program Budget	<div></div>
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Attach Program Budget Narrative Support Here  (One File Upload per Button)	<div>Click to upload - Attach Program Budget Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div> <div>Delete</div>
Attach Program Budget Narrative Support Here  (One File Upload per Button)	<div>Click to upload - Attach Program Budget Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div> <div>Delete</div>
Attach Program Budget Narrative Support Here  (One File Upload per Button)	<div>Click to upload - Attach Program Budget Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div> <div>Delete</div>

## 8) Organizational Description

Please describe your organization and explain your mission, membership policy, number of members, geographic boundaries, and accomplishments.

**OPTIONAL UPLOAD - anything else a reviewer should know about your proposed program in the form of a brief narrative**  
**OPTIONAL UPLOAD - documentation of community support for the proposed program**

8) Organizational Description	<div></div>
Attach Organizational Description Narrative Support Here  (One File Upload per Button)	<div>Click to upload - Attach Organizational Description Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div> <div>Delete</div>
Attach Organizational Description Narrative Support Here  (One File Upload per Button)	<div>Click to upload - Attach Organizational Description Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div> <div>Delete</div>
Attach Organizational Description Narrative Support Here  (One File Upload per Button)	<div>Click to upload - Attach Organizational Description Narrative Support Here&lt;br&gt;&lt;br&gt;(One File Upload per Button)</div> <div>Delete</div>

**RE: Attachments (DO NOT include printed brochures, fliers, photographs or other promotional materials. Any such material will be discarded.)**

The signatory declares that s/he is the elected or appointed Chair, President, Executive Director or CEO of the applicant organization, assures that a majority of members of the organization's governing board have agreed to undertake this program, and assures that any funds received as a result of the application will be used only for purposes set forth herein.

## Agency Certification of GTOPs Application

Full Name of Signatory	<input type="text"/>
Signatory Title	<input type="text"/>
Date of Certification	<input type="text"/> / <input type="text"/> / <input type="text"/>

## (End of Application)

By certifying I acknowledge that I will not be able to edit content or upload supporting documentation files following certification.

[Please Scroll Up and Save Form]

[Advanced Search](#)

Department » Telecommunications » Programs » GTOPs Grant Reviewer Application



## GTOPS GRANT REVIEWER APPLICATION

### GTOPs Summary & Grant Review Committee Guidelines

**Vision:** A community where all citizens have access to the facilities and the necessary skills to participate in an emerging digital society.

**Mission:** To provide matching grant funds to Austin organizations for projects that create digital opportunities and foster digital inclusion.

### Goals:

1. Support programs that provide public access to computers and information technology, especially among underserved segments of our community.
2. Support programs that provide information technology literacy, education, and training.
3. Support programs that use information and communication technologies in innovative ways that serve the community.
4. Provide seed funding for Austin community and non-profit organizations for technological outreach and engagement efforts.

### Grant Review Committee Eligibility

In order to be eligible for consideration, applicants must:

- Be a resident within the greater Austin area (which includes extra-territorial jurisdiction) for a minimum of one (1) year
- Have a minimum of five (5) years experience in technology, education, neighborhood planning, community development or other area relevant to GTOPs.

Name \*

Street Address \*

Apartment/Suite Number

City \*

State \*

Zip Code \*

Phone Number \*

Email Address \*

Employer \*

Title \*

Please briefly describe your community involvement experience \*

Please briefly describe your qualifications to serve as a GTOPs reviewer \*

Please briefly describe why you wish to serve on the review board \*

By checking the box below, the applicant certifies he or she has read and understood the GTOPs Summary & Grant Review Committee Guidelines and that all information contained within this application is true and correct to the best of his or her knowledge.

The City of Austin reserves the right to request additional relevant documentation to verify the eligibility requirements such as copy of driver's license or identification card, resume, C.V., letters of recommendation and resume or C.V.

Agreement \*

☐

I agree

☐

I do not agree

Share

