

2011-2012 Connectivity Reimbursement Form

New Paths – ICT Services (Information and Communication Technologies)

IC-2011-02



Activity Report for Payment Request

(IC-2011-02)

CHECK ONE ONLY

Period ending September 30, 2011 (___) DEADLINE

Period ending March 31, 2012 (___) DEADLINE

General information

Name of the community:	
Person Responsible for Internet Connectivity:	
Technician Name (if applicable):	
Mailing address:	Telephone: _____
	Fax: _____
	E-mail: _____
Name of the Internet supplier:	
What is the cost of your monthly access fees?	

Results

SECTION 1	Videoconferencing	Connectivity
School Name	Do you have a videoconference in the School? (Y)___ (N) ____.	School Connectivity Type (check one)
	Does your School use videoconference at another School? (Y)___ (N) ____.	___ Fibre
		___ T1
		___ DSL
		___ C-Band
		___ LAN Extension
		___ KA Band Satellite
A. How would you rate the level of service and performance of the Internet service being used at this location?		
<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good
		<input type="checkbox"/> Excellent
B. Total Number of Students:		
C. Describe the Internet activities carried by clientele at this location. Please explain.		

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D. Total number of computers at this location?			
E. Number of hours (daily) which Internet service is accessible at this location?			
F. Are community members permitted access to use computer facilities at this site after normal business hours? Please explain.			
G. Describe the results that are being achieved in providing Internet access at this location.			
H. Videoconferencing Sessions			
Report on your videoconferencing sessions			
Type of session	Description of session	Number of calls held	Nbr. of Sites that Participated
SECTION 2		Connectivity	
School Name	Videoconferencing Do you have a videoconference in the School? (Y)___ (N) ____. Does your School use videoconference at another School? (Y)___ (N) _____.	School Connectivity Type (check one) ___ Fibre ___ T1 ___ DSL ___ C-Band ___ LAN Extension ___ KA Band Satellite	
A. How would you rate the level of service and performance of the Internet service being used at this location?			
<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
B. Total Number of Students:			
C. Describe the Internet activities carried by clientele at this location. Please explain.			

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D. Total number of computers at this location?				
E. Total number of computers connected to the Internet.				
F. Number of hours (daily) which Internet service is accessible at this location.				
G. Are community members permitted access to use computer facilities at this site after normal business hours? Please explain.				
H. Describe the results that are being achieved in providing Internet access at this location.				
I. Videoconferencing Sessions Managed? Report on your videoconferencing sessions				
Type of session	Description of session	Number of calls held	Nbr. of Sites that Participated	
SECTION 3		Videoconferencing	Connectivity	
Other Location		Do you have a videoconference in the School? (Y)___ (N) ____.	School Connectivity Type (check one)	
		Does your School use videoconference at another School? (Y)___ (N) ____.	___ Fibre	
			___ T1	
			___ DSL	
			___ C-Band	
			___ LAN Extension	
			___ KA Band Satellite	
A. How would you rate the level of service and performance of the Internet service being used at this location?				
<input type="checkbox"/> Poor		<input type="checkbox"/> Satisfactory		<input type="checkbox"/> Excellent
		<input type="checkbox"/> Good		
B. Total Number of Students:				
C. Describe the Internet activities carried by clientele at this location. Please explain.				

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D. Total number of computers at this location?			
E. Total number of computers connected to the Internet.			
F. Number of hours (daily) which Internet service is accessible at this location.			
G. Are community members permitted access to use computer facilities at this site after normal business hours? Please explain.			
H. Describe the results that are being achieved in providing Internet access at this location.			
I. Videoconferencing Sessions Managed? Report on your videoconferencing sessions			
Type of session	Description of session	Number of calls held	Nbr. of Sites that Participated
SECTION 4		Videoconferencing	Connectivity
Other Location	Do you have a videoconference in the School? (Y)___ (N) ____.	School Connectivity Type (check one)	
	Does your School use videoconference at another School? (Y)___ (N) ____.	<input type="checkbox"/> Fibre <input type="checkbox"/> T1 <input type="checkbox"/> DSL <input type="checkbox"/> C-Band <input type="checkbox"/> LAN Extension <input type="checkbox"/> KA Band Satellite	
A. How would you rate the level of service and performance of the Internet service being used at this location?			
<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
B. Total Number of Students:			
C. Describe the Internet activities carried by clientele at this location. Please explain.			

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F. Number of hours (daily) which Internet service is accessible at this location.			
G. Are community members permitted access to use computer facilities at this site after normal business hours? Please explain.			
H. Describe the results that are being achieved in providing Internet access at this location.			
I. Videoconferencing Sessions Managed? Report on your videoconferencing sessions			
Type of session	Description of session	Number of calls held	Nbr. of Sites that Participated
SECTION 5		Videoconferencing	Connectivity
Other Location	Do you have a videoconference in the School? (Y)___ (N) ____.	School Connectivity Type (check one)	
	Does your School use videoconference at another School? (Y)___ (N) ____.	___ Fibre	
		___ T1	
		___ DSL	
		___ C-Band	
		___ LAN Extension	
		___ KA Band Satellite	
A. How would you rate the level of service and performance of the Internet service being used at this location?			
<input type="checkbox"/> Poor	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Good	<input type="checkbox"/> Excellent
B. Total Number of Students:			
C. Describe the Internet activities carried by clientele at this location. Please explain.			

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I. Videoconferencing Sessions Managed? Report on your videoconferencing sessions				
Type of session	Description of session	Number of calls held	Nbr. of Sites that Participated	

Claim Summary

Calculate the total amount being requested for reimbursement for all site locations. (Include this amount in the Invoice for Payment Request (CI-2011-03) that you will address to the FNEC.)	
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You must send all corresponding (photocopies) of invoices.

NO EXTENSIONS WILL BE ALLOWED PAST THE DEADLINE DATES

THANK YOU,

Signature

Date

