

# Community Project Demographic Data Forms A-E

STATE: *Pennsylvania*

NC COMMUNITY PROJECT: *Youth Engaged in Technology*

COMMUNITY PROJECT LOCATION:

Please Indicate Community Project Type:

- State Strengthening
- Youth at Risk

Connectivity Contact Person - Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

## FORM D Connectivity Form

Site Location	Computers Installed		Internet Connected		Training Sessions			
	Yes	*No	Yes	*No	Training Topic	Number of Youth Trained	Number of Adults Trained	Number of Community Program Staff Trained
1.								
2.								
3.								
4.								
5.								
6.								
7.								
<b>TOTAL TRAINED</b>								

\* If no, please indicate the date the computer will be installed and/or Internet connected \_\_\_\_\_