



Houston-Galveston Area Council Telework Program

Please complete the following application to be considered for the Houston-Galveston Area Council (H-GAC) Telework Incentive Program. Program participants will be selected primarily on their readiness for implementation, level of commitment, and the number of employees that will participate as described in this application. Organizations selected as incentive program participants are eligible to receive professional consulting services to help develop and implement a Telework Program.

1. Name of organization: _____
2. Tax ID #: _____
3. Address of the worksite where the Telework Program will be implemented:

4. Name and title of primary telework contact: _____
5. Phone: _____ Fax: _____
E-mail: _____
6. Number of employees at worksite: _____
7. Type of business: _____
8. Anticipated number of new teleworkers in first year: _____
9. Anticipated frequency of teleworking: (*e.g. twice a week, once a week*)

10. Is remote access available? Yes No
11. What form of remote access do you have? (*Check appropriate boxes*)
 Analog Cable ISDN DSL VPN Dial-in Other - please specify _____

Please answer questions 12 & 13 if your organization has an existing telework program.

12. Estimated number of existing teleworkers: _____
13. Why do you want to expand teleworking? _____

14. What kind of assistance do you need to expand teleworking?

- Forming internal steering committee
- Overcoming upper management resistance
- Overcoming middle management resistance
- Developing selection criteria
- Developing policies & agreements
- Conducting training
- Conducting technology and connectivity assessment
- Evaluating program effectiveness
- Obtaining financial resources to offset labor costs
- Other - please specify: _____

Please answer questions 15 & 16 if your organization does not have a telework program.

15. Has your organization decided to implement a teleworking program? Yes No
16. a) If yes, reasons for implementing a Telework Program: _____

16. b) If no, reasons for not having a Telework Program: _____

Application Form





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17. Potential obstacles: _____

18. What kind of assistance do you need? (check all that apply)

- Forming internal steering committee
- Overcoming upper management resistance
- Overcoming middle management resistance
- Developing selection criteria
- Developing policies & agreements
- Conducting training
- Conducting technology and connectivity assessment
- Evaluating program effectiveness
- Obtaining financial resources to offset labor costs
- Other – please specify: _____

For all applicants:

Organizations selected as incentive program participants are eligible to receive up professional consulting services to help develop and implement a telework program.

Do you have upper management support for participating in the Telework Program?

- Yes No

Signature of top ranking management official at your worksite

Name: _____

Title: _____ Date: _____

For your application to be considered, please attach a letter of commitment from upper management to this application.

Mail completed application (and letter of commitment) to:

Houston-Galveston Area Council

Attn: Ms. Ch'rese Jackson

P.O. Box 22777

Houston, TX 77227-2777

or

Fax to: (713) 993-4508

For more information, call

H-GAC at (713) 993-2487

