Sample
Strategic Technology Plan
for
The Hartford Historical Society (HHS)

January 2011
Strategic Technology Plan

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Strategic Technology Plan

Executive Summary

The Hartford Historical Society (HHS) has recognized that our technology resources have not kept pace with trends in the museum and library field. We have patched solutions together over the years and hoped that nothing dire happened until we could find funding to adequately plan for our technology needs and implement those plans.

Then NSP offered HHS a chance to participate in the strategic technology grant program. This technology plan along with a grant request to NSP for the first year technology needs is the result.

Enclosed is a three-year strategic technology plan for HHS. Our tech team developed the information necessary for completion of this plan, working with the NSP consultant. Previously, the key members of the tech team completed a two-day training program provided by NSP to help prepare us for the effort.

The team found that although HHS had made advances in some areas, the organization had stagnated and now needs to adapt itself to new demands for on-line access to information, digitized images, and membership and donor opportunities and services. At the core of every change we want to make is the fact that our technology infrastructure is seriously out of date. Staff is not all using the same versions of software, causing inefficiency, problems sharing files, and some equipment is so old that it can not handle new word documents, grant filing requirements, or the digitization that is at the core of our business as we move forward.

HHS cannot achieve any of the results described below without a workable plan in place that capitalizes on potential sources of revenue, decreases costs by increasing efficiency, reduces the risks of lost data in all areas of our services, and advances the mission and strategic plan.

It was determined that sustaining a workable technology platform was the necessary first step. In tandem with that, we plan to replace our outdated development (fundraising) software, since what we have been using for 15 years (Raiser’s Edge) has gotten increasingly expensive to maintain. Lack of training as well as errors within the data have made it difficult to generate useful reports. Lastly, we want to update and re-conceptualize our website and initiate an
e-newsletter. By optimizing our use of technology in these ways, HHS will be better able to serve as the community’s trusted source for resources and information about Connecticut history.

To implement and maintain these plans and projects will require a fairly substantial increase in our funding requirements. As part of the Strategic Tech Program of The Hartford Foundation, we hope to receive a grant to offset unfunded costs in the first year. The remainder will be covered from reserves and from other grants. The renewal year costs will be included in subsequent annual budgets.

1. Introduction

1.1. Mission

HHS’s mission is to inspire and foster a lifelong interest in history through exhibitions, programs, and Connecticut-related collections because examining and understanding the past, and connecting the past with the present, provides a guide for the future.

1.2. Organizational Overview

HHS is organized with an executive director, department heads, managers, and a support staff of twenty-nine. HHS is 501(c)3 qualified and operates under an independent board of directors. HHS has an independent audit completed each year and for the past 14 fiscal years has received a clean audit opinion. Funding is provided by income from both restricted and unrestricted endowment funds, donations from individuals and businesses, grants from private, local, state and federal foundations and businesses, sponsorships from companies and foundations. An annual fund drive has been made for the last 10 years and has met the goals established.

The Hartford Historical Society (HHS) is located in Hartford Connecticut. HHS occupies 58,000 square feet spread throughout a 1928 house and three additions.

Incorporated by an Act of the General Assembly in 1825, with only one short period of dormancy in the 1830s, HHS has operated as a museum and library continually since its incorporation.

Audience
HHS serves the following primary audiences:

1. School groups and teachers

2. Researchers and learners of all ages (academics, professionals, collectors, media writers and staff, family historians, history buffs, genealogists)

3. Heritage visitors seeking an educational and entertaining experience by themselves or with family, friends, or affinity groups.

**Services**

HHS provides four main categories of services.

1. Collections: Stewardship of the HHS collections is one of the primary services HHS provides. Through our collections we ensure that the lives and experiences of all of Connecticut’s people, as well as a broad range of topics are represented by examples in the collections and that all of the documents and artifacts are taken care of. Some of this work is behind-the-scenes, and some is directly provided one-on-one and in groups to scholars, students, connoisseurs, collectors, family historians, genealogists, other museum professionals, and the media as well as to anyone who has a question generally about Connecticut history either in person in our research center or remotely, through email or the telephone.

2. Exhibitions: permanent and temporary exhibitions serve as a means to educate and entertain the public. Three permanent exhibitions at HHS have been the mainstay of our educational programs for students in grades K through High School *(Amistad: A True Story of Freedom), Tours and Detours through Early Connecticut, and Choice, Chance, and Change*). HHS also developed and maintains the exhibition spaces at the Old State House, which include *History is All Around Us* in the William H. Mortensen Gallery, *Steward’s Museum of Curiosities*, and the Holcombe Education Center. HHS’s temporary exhibitions are used to make community connections, showcase objects that cannot be permanently displayed, and generally provoke interest in Connecticut history.

3. School programs: HHS provides a rich and varied selection of educational offerings that address core curriculum needs and spark learning in students from pre-K through high school. In addition, HHS regularly
partners with area college professors to provide seminars, internships, and special tours for their students. The school programs include museum tours, outreach programs, History Day (part of the National History Day program), professional development programs for teachers and teachers in training—usually in teaching certificate or graduate education programs (HHS is a State Department of Education accredited provider of Continuing Education Units), and the Interdistrict School Partnership Program, which pairs 4th- and 5th-grade students in urban and suburban or rural schools for a series of programs during the school year focused on cultural diversity in the state, both past and present, to help bridge economic, social and cultural gaps and promote multi-racial understanding. All educational programs are designed to meet the goals and objectives specified in The Connecticut Framework: K-12 Curricular Goals and Standards and Connecticut’s Common Core of Learning and to help build the skills necessary for success on the Connecticut Mastery Tests and the Connecticut Academic Performance Tests.

4. Adult and non-school learning: workshops, public programs, guided adult tours, activities for families, and adult outreach programs, such as PowerPoint presentations about selected topics in Connecticut history are offered to adults and non-school youth groups, such as scouts, after-school programs, and children’s library patrons,

HHS is one of the largest providers of history education programs in the Greater Hartford Metropolitan Region, and served 15,310 students and 2,484 teachers and chaperones in the most recent school year. Last year, HHS also managed and delivered school programs at the Old State House, serving over 11,000 students and over 1,500 teachers and chaperones through programs there.

HHS also serves adult researchers (academics, professionals, collectors, media writers and staff, family historians, history buffs, genealogists) and heritage visitors and tourists singly or in groups. In 2007/8 HHS served approximately 4700 adults (not including website users whose number we cannot currently calculate). HHS currently has 1200 members.

1.3. Organization’s Key Goals

As stated in our current strategic plan, the key goals of HHS over the next three years are:
1. Diversify funding sources of the organization so grant-funded percentage is reduced to 35%.
2. Improve the quality and offerings of our membership package so that member retention is increased and new members join.
3. Establish HHS as the historical expert and thought leader on Connecticut history issues and as the go-to source for historical commentary.
4. Strengthen partnership with key collaborators, including the Connecticut Department of Education.

1.4. Technology Attitudes

All members of the staff are excited and enthusiastic about the changes that will be seen when our strategic technology plan is in place – in fact most of us have been waiting a very long time to see changes! The number one staff concern is a lack of training on new software and/or hardware both initially and on a continuing basis. Another concern is the proper development of policy manuals for applications. Everyone is aware that in order to maintain visibility and viability in order to attract new visitors and supporters, we must upgrade and maintain our current systems.

2. Evaluation Process

2.1. Involved Parties

The Tech Team: Our tech team is composed of 3 staff: the IT Coordinator, the Executive Director and the Director of Administration. This team bears the primary responsibility for the development, documentation and maintenance of the technology plan. All projects were amassed and prioritized by this team with our technology consultant; responsibilities were assigned to one of the three team members who then functioned as individual program managers to develop projects with smaller sub-groups.

Program Managers: Each of the three team members served as program managers during the technology planning process, drawing input from other staff to develop functional specifications for the elements in our technology plan.

Funders: Through the course of this project we will identify what information is required by grant makers, what they are they willing to pay for, and what parts of
our services augmented by technology are most useful for visitors, members, and the community we serve.

Visitors, members, and the history community: Over the years HHS has gathered data from visitors and members requesting on-line membership, on-line giving, and access to our collections (library and museum). This plan takes those requests into consideration so we can provide accurate and timely information and service to our users, members, and the community.

Technology consultants: Through judicious use of technology consultants we will be able to identify what we can expect technology to help us do as well as what we cannot expect technology to do, what the best applications for our business are and how to use them most effectively.

Vendors: Through judicious selection of website-related vendors, we will identify how to streamline our present website so it serves our patrons and visitors better and promotes our services to retain sustainability and momentum. In selecting other vendors, we will identify what products and expertise we can buy and what services vendors offer as part of their product sale.

2.2. Decision Making Process

Planning began with our Technology Consultant soon after the first group meeting. The planning process used for decision making with relation to the development of the technology strategic plan and its implementation was as follows.

- All staff began in a group meeting led by the Technology Consultant. Prior to this meeting, our Technology Consultant gathered information about each staff member’s technology desires and needs. Notes were taken and posted by the executive director.

- The Network Administrator and a technology team member evaluated the organization’s current technology holdings, staff levels of technology proficiency, and technology needs.

- The tech team and the Technology Consultant met to list projects, describe their value to the organization, and rate their size and importance to HHS.
• The tech team held conversations with all involved parties and in consultation with the Technology Consultant finalized its technology plan of action

• Smaller projects identified during the planning process were begun and completed [copiers were networked, remote access for some staff established, some parts of the telephone answering process were simplified]

• The finalized technology plan will be presented to staff and the organization’s board

• The technology plan will be submitted to the funders for financial assistance

• Implementation of the tech team's plan will begin, including planning for the immediate future and subsequent years

• After implementation has begun, the tech team will meet periodically with identified sub-groups on individual projects to review progress, report back to the full team, make suggestions for future action, and compile findings for the executive director, staff, board, and funders

3. Technology Initiatives

3.1. Sustain a Workable Technology Platform

a) Replace computer workstations and Peripherals (see section 4.1)

• The average workstation at HHS is four years old.

• The majority of the workstations are running Windows 2003, which now is under limited support from Microsoft

• HHS currently uses a mixture of various forms of Office 97, Office 2000, and Office 2003 making sharing documents with older machines problematic

b) Replace accounting system file server (see section 4.1)

• The current server was installed in August 2004. It is a Windows 2003 server with a RAID 5 configuration, a Pentium III processor and 512 MB of RAM
- The server has begun showing signs of age with a hard drive failing in 2010.
- Users intermittently have difficulty connecting to it.

c) Determine long-term usefulness of the Voyager library system and define a process for replacement or upgrading
- Investigate details about switching from a Windows box onsite to an offsite/Solaris solution including economy, ease, and access.

d) Replace OPAC/ Voyager Server OR Outsource to ExLibris
- The OPAC (Online Public Access Catalog and the catalog system widely used in libraries throughout the world, replacing card catalogs) server was installed in 2004. Originally a Windows 2003 server, it was reformatted in 2007 and Windows 2003 was installed as part of an upgrade to the Voyager software which servers as our online library catalog.
- Since it is a critical database server, high availability (and reliability) is a must. At five years of age, it is time to begin planning for its replacement. User groups indicate that pursuing the Windows with Oracle path that we are currently on is not optimal. If we choose to go with a UNIX based solution, outsourcing to ExLibris is likely our best choice.

e) Provide Technical Support and Maintenance of Infrastructure (see sections 4.1 and 4.2)
- Staff is currently dependent on one person for general support of hardware and software. We have called in outside assistance as needed.
- The organization adds and replaces machines on an as needed basis. Functional, but less powerful machines have been handed down to staff with simpler needs.
- There is currently no protocol or plan for staff technical training.
- There is currently no plan for network administration and it is done on an “as-needed” basis by a staff person without any protocols for what should be done.
- There are no protocols on the use of e-mail, the Web, or other computer technology except in the staff manual regarding use of any HHS equipment and resources for work-related use only.

- There is no written plan for maintenance. Operating system patches are continually applied on Tuesdays. Other patches are done less frequently unless a threat is imminent.

**f) Create and Implement General IT Policies and Provide Technology Training to include the following**

- Create IT policy and update personnel manual regarding implementation of IT policies

- Improve and standardize file naming conventions on shared drive

- Improve and standardize file naming conventions for all digital files

- Store digital files on a separate server.

- Develop a plan for proper back-up of email according to document retention law

- Currently the organization does not offer or require standardized technology training for its employees. This has resulted in the inability of staff to fully utilize the organization’s current technology. This lack of training, in turn, has resulted in office inefficiency

- As a result of a lack of a formal, standardized training, there is a heavy reliance on the few staff members with current technological knowledge. This causes the few tech-savvy staff members to spend an increasing amount of time providing support to the less tech-savvy staff members, resulting in a loss of time spend on job specific tasks

- Staff members have indicated that they feel they are lacking in certain technology areas.

- Staff members have requested technology training to maximize their efficiency in performing their own daily tasks.

- There is no formal orientation or training for the staff in regard to the organization’s technology resources. No office manual exists that provides
an overview of the systems, or the systems’ capabilities and procedures to remedy a problem.

g) Optimize Use of Graphics Software by Staff

- Identify staff with advanced needs in graphics software and then provide the necessary software and training as needed.
- Identify staff with moderate needs in graphics software and provide them with copies of PhotoShop Elements and training as needed.
- Have a dedicated scanning area with graphics software where all staff can have access. Provide basic instruction on each type of scanner (we have four types).
- For interested staff, add the GNU Image Manipulation software to their computer with basic training. This program can be useful in restoring damaged or corrupted image files.

h) Develop Improved Telephone Information about HHS and Access to Staff (see sections 4.1 and 4.5)

- There is no easy way to update the voice-mail outgoing messages and most importantly, making changes to the telephone tree is extremely cumbersome.
- There is no way for a caller to get or give information about collections or to make specific inquiries over the telephone without talking to a staff person.
- Because our front desk staff has changed from receptionist to service providers, the telephone needs have changed and need to be updated (long-distance call ability and some reconfiguring of hardware).

3.2. Replace, Purchase, and Implement the Fundraising Software (see sections 4.3 and 4.4)

- The system we have is difficult for staff to use and has coding errors throughout as a result of decisions made over ten years ago.
- The fundraising system does not track all the information we need.
- Staff have not been trained on the software and training in the old system is expensive.
• Because of the way our current fundraising system was set up in the 1990s, it cannot create all of the types of reports we need

• We cannot create new reports to respond to new situations because we have not purchased the software (Crystal Reports) and been trained to do use it.

• There is no system for managing the fundraising system, no one is assigned to ensure that the information entered into the system is accurate and entered in the correct places

• Our current fundraising software manual is from 2006

• The HHS needs to better track grants and individual visits and there is no way to do this electronically

• We cannot afford multiple users on the old system

• Because of coding problems, we have not effectively merged and automated mailing lists from other internal departments (History Day, education, publicity), which exists in a combination of paper files and excel spreadsheets

• Generating reports requires a great deal of time and can only be done on a limited basis

• Doing internal assessment at regular intervals (monthly progress reports) currently is not done because of lack of staff training and miscoding

3.3. Upgrade Web site (see section 4.5)

a) Current web site was built in 1997 and modestly re-designed in 2000. The design has not been upgraded since then although many sections have been added

• The site has grown impossibly large and unfocused

• The site needs to incorporate more automated membership and donation connections, Google-Checkout was recently added, so visitors can purchase a membership, make a donation, and buy a book. We would like to capitalize and improve these functions.

• The site no longer answers the core questions of why members and visitors should support our mission.
• Visiting and contact information could be more quickly apparent.

• There are too many offerings, and these should be streamlined for better focus.

• Implement technology (eMuseum) through which remote users can access HHS collections

b) Implement eblasts for an “e-newsletter”

• Visitors to our website can sign up to receive news about HHS. We currently receive email addresses, but often nothing else. Through a series of e-contacts, we plan to build relationships and encourage membership or program attendance using our website for back-up and further information

• Currently the HHS publishes a quarterly newsletter but we would like to offer more regular updates on HHS’s activities

• We are currently in the process of collecting email addresses from departments outside of fundraising

• Constant-Contact is in place and will need to be continually updated (a process to do this is part of the plan)

4. Technology Areas

4.1. Infrastructure

See attached Exhibit A showing current technology inventory including workstations, server(s) and peripherals.

Status

All workstations and peripheral equipment at HHS have been purchased on an as needed basis as staffing needs change and existing machines become obsolete or inadequate. Older but still functional machines are passed down to staff members that need less powerful machines, often resulting in an inability to share documents efficiently.

We have come to rely on an increasing number of small printers caused, in part, by small offices scattered throughout the building. These have been purchased by various departments with available funds. However, the smaller printers have a much shorter life expectancy than the larger models. We also find ourselves
needing a variety of toner supplies as the cartridges are often not interchangeable. In an attempt to reduce copying costs, we have installed two networked printers on a trial basis. We must now overcome, through staff education and training, the unwillingness of staff members to walk to an office next door or down a hallway to pick up a print job.

The HHS has had a permanent Internet hook up through AT&T since 2007. AT&T manages the router. A Watchguard firewall was installed at that time.

The Avaya phone system is fairly robust. The network administrator is responsible for changing telephone extensions and for troubleshooting the phone mail system. Wiring is done by an outside firm as is any other, more extensive work. The major failing of the phone system is that the telephone tree is difficult to manage and is rarely updated.

Resolution

The existing network needs continual upgrades of new equipment and software. This situation will remain as technology will continue to evolve, so HHS needs a plan to adequately update our systems strategically and annually.

A plan needs to be included in HHS’s operating and depreciation budgets for staggered replacement in the future. Estimated retirement dates will be updated in the inventory list. Additionally, some room to expand will need to be built into equipment purchased. No significant expansion is forecasted in the next three to five years so this can be a conservative expansion margin.

The telephone system needs to have an overhaul of the telephone tree and introductory messages.

Implementation

- Set up a relationship and account with a technology consultant for ongoing assistance when needed.
- Contract with a technology consultant to train staff on how to fix basic technology and software problems.
- Conduct a review once a year of computer equipment to determine what is working, what is not working, and if anything needs replacement. This does not preclude interim assessments.
• If equipment needs replacement, contract with technology consultant who can advise on how to replace equipment.

• Train and maintain skills for at least two staff other than IT staff person in the use of automated back-up system

• Create new phone tree

4.2. Technical Support

Status

Currently, HHS has technical support from one staff person who is knowledgeable about computers. She has a good understanding of our operating systems and the computers themselves. However, if she is away or otherwise unavailable, there is no one to back her up and, consequently, she has been required to be on call when on vacation. She currently has remote access to two computers within the building but should this situation continue, needs remote access to all servers. Other staff members have knowledge about some parts of the system, but no one has extensive knowledge beyond the staff person assigned to technical support.

Additionally, HHS does not have staff on board who can do advanced troubleshooting when problems with the equipment or existing network arise and there is no service contract with a vendor for this work. All maintenance or repair is paid per job on an hourly basis.

Resolution

HHS has built a relationship with a local technology firm to provide technical support in the form of troubleshooting when staff cannot fix a computer problem. They have provided assistance with setting up our firewall and troubleshooting a software conflict on one of our servers. We need to continue and formalize this relationship.

We will also formally define technical support responsibilities for additional staff members and will be providing training where necessary. In addition to defining responsibility, we have developed a protocol for staff members who need technical support.
Implementation Plan

- Train two additional staff persons on technical matters so that they can provide technical support when necessary
- Determine if contract with technology contractor is economical and adequate to meet other technical support needs
- Contract with a company for technical support

4.3. Training

Staff skills training is embedded throughout this proposal as an integral part of the technology plan and is further detailed in Exhibit A

Status

The majority of staff members are comfortable with basic word processing tasks. Fewer staff members are adept with spreadsheets and Access databases. Because of learning curve in MS Access, the Education Department uses an alternative product (FileMaker Pro) for scheduling, billing, data entry and generating reports related to school tours.

A list of specialty software currently used by the various departments at HHS includes TMS (The Museum System, the working database for museum collections not intended for the general public; TMS works with eMuseum to make portions of the database accessible on the web), Voyager (the book and manuscript database that includes a web component for access by the general public), Connexion (an additional book and manuscript cataloguing software provided by OCLC), Fundware (for finance and accounting), ADP Payroll (for payroll), and Raiser's Edge (the present fundraising and membership database). Department training on these products for new staff is provided by current staff members. The exception has been Raiser's Edge. Several years ago an outside trainer was brought in with mixed results and because of costs, training was thereafter suspended.

The specialty software used by the different departments has a certain amount of overlap with other departments. Most non-collections staff may have need of the search functions of TMS (The Museum System) and training on this product has been done on an occasional basis and ad-hoc basis. Additional and refresher
training is desirable to make searching easier and more accurate and complete. Basic training in searching Voyager (the online catalog of print and manuscript material) is less of an issue, but the core staff that uses it with visitors should all be trained at least annually.

The HHS staff generally has a moderate and functional level of computer literacy. Although we have a Windows package including Excel, Access, Publisher and Word, some staff are not proficient in the applications needed to complete their work in the most efficient manner (fundraising staff are not proficient in setting up queries/new reports, mail merge not understood by staff who must generate volumes of annual appeal letters; editing functions not consistently used throughout the staff when sharing documents).

Utilization of Publisher has been based on trial and error. Some staff members know how to create a new Access database, but other staff use different databases, so information is duplicated. New data is handled through revising and/or copying an existing database.

Staff members that are the most proficient in utilizing a variety of applications are not in positions that would normally give them access to the larger organization or time to provide training/technical assistance to others. The chief financial officer and the business / accounting staff use Fundware proficiently.

While in today’s business environment, basic familiarity of Word, Excel, and Outlook is expected in all incoming staff, HHS uses a variety of specialty programs that most new employees can not be expected to have experience in. Standardized, entry level training and refresher courses should be held for TMS, Voyager, the new fundraising software when selected, and QuickBooks. Training in TMS and Voyager should be geared to being able to run searches in HHS collections for patrons and for marketing, education, and exhibition purposes. For QuickBooks, which we use for our point of sale/cash register, all staff should be able to run the cash register. By the same token, basic training on fundraising software should include all data tracking (and entering functions) that would be done at the Front Desk and in our research center to track visitation and use of the collections.

**Resolution**

All staff needs to be trained in productivity applications like MS Office in a three-part training program.
1. Orientation: every staff person gets a real tech orientation as part of their welcome to the organization. This would include: What applications does everyone use? What are our filing standards? Whom do you call when you have trouble? Where are necessary supplies located? How often are you expected to check email and voice mail? What is the expected reply time to telephone and email? What are the expectations when you are out on vacation or for a day?

2. Remedial training: If and when it becomes evident that a staff member does not have basic skills, that person or persons will be sent for basic computer training, in person or through online classes.

3. New versions: when a new version of Office comes out (e.g. Office 2007), a trainer will be brought in to make sure that staff have some exposure to the new features (and thus don’t end up using great new tools in old ways). This training will be mandatory and brief.

Staff identified as having a higher skill base will be requested to act as in-house “techies” on both a planned and as needed basis.

In addition managerial and other staff members identified by senior managers need to be trained in applications fundamental to their roles and responsibilities. This training is considered below as application training.

1. Application training: The supervisor of each staff position that requires the use of some but not all of HHS’s major applications (Sage 50, Fundware, TMS, Voyager, etc.) are expected to arrange for in-service training and apprenticeship for all new employees to learn the application.

2. Remedial training: If and when it becomes evident that a staff member does not have the skills or is not maintaining his or her skills adequately on software fundamental to his or her job duties, that person or persons will be sent for basic computer training, in person or through online classes.

3. New versions: When a new version of a major application comes out, a trainer will be brought in to make sure that the staff has exposure to the new features. This training could be on-site or on-line.

Staff proficient in applications will be expected to help direct care staff as needed once they have reached a level of comfort in particular applications. Procedures
to access and provide this assistance will be outlined in the protocol to be created as referenced below.

Implementation

- Determine training sessions for managerial and support staff
- Request funding for initial training of staff in applications
- Access external training sessions
- Plan for on-going computer training in HHS annual operating budget in the training line
- Recruit in-house trainers with strong skill base and ability to teach others
- Provide mechanism and time for in-house trainers to train others

4.4. Data Management

Status

The HHS is currently using a number of different databases (Excel, FileMaker, Access, Raiser's Edge) to manage its various constituent databases. The databases used for our educational programs (FileMaker and Excel) work well for transitory information (the teachers’ names and students participating change constantly), and special projects in our cataloguing department work well using Access. Our largest data management problem is within fundraising. Over the years, Raiser’s Edge has gotten increasingly costly and previous management has cut back on training, leaving no one adequately trained to use it. Raiser’s Edge does not track all the information we need, cannot do smart searching in database by field, cannot create all of the types of reports we need without the expensive addition (and difficult to use) Crystal Reports, cannot create new reports to respond to new situations, and there is no procedures manual to ensure that the information entered into the database is accurate and entered in the correct places. Over the course of 2009-2010, staff has researched a variety of other solutions, including versions of Raiser’s Edge, and concluded that Sage 50 is a better system for our needs. It is an economical easy-to-use fundraising software that multiple staff can be trained on and it is appropriate for our institution’s size and mission.

With an easier and more widely used fundraising system, it is expected that the current use of ad hoc databases and miscellaneous spreadsheets will go down.
As 2010-2011 progresses, we will gradually determine and introduce the applications of Sage 50 that can be accessed and/or used by all staff.

Resolution

- Select vendor from which to purchase Sage 50
- Implement Sage 50 for our fundraising needs
- Determine if there are other office functions that can be integrated into the Sage 50, e.g. billing information, events and program management, etc.
- Ensure that staff is adequately trained on the database software he or she uses

Implementation

- Consult with system tech support or others to determine if we are using our databases at their full potential and where there is overlap that could be streamlined
- Alter databases if possible, to ensure they are tracking all of the information we need and that all reports contain all needed information
- Clean database so that information is accurate and consistent
- Clean database to eliminate unnecessary information
- Create a regular schedule and assign someone to clean database
- Clean current database for transfer of files
- Transfer information from current database to new database
- Train staff on use of new database
- Create a regular schedule and assign someone to clean database regularly
- Create a procedures manual for databases

4.5 Communications

Status

HHS conducts much of its communications in by traditional means, including the use of telephone, fax and paper mailings. We launched a Web site in 1997 in an
effort to provide a resource for information on the organization that is always available and reduces the load on calls for basic information about HHS’s programs and services.

The website has grown to the point of unwieldiness and is unfocused, although a diligent user can find basic information about services, programs, events as well as links to relevant resources. Staff and Board have email and Internet access, both of which are used extensively. Online communication with patrons is more limited. Online communication with donors is negligible. Office email and Internet protocols have not been developed.

Currently, paper mailings are done by entering addresses using mail merge, but not all staff that generate mailings are trained and proficient. Each time a new fundraising appeal is initiated we start with the letters from the previous year and add letters for newly identified potential donors.

There is no central store of phone numbers for important contacts. All staff is responsible for maintaining their own contact lists and there is no simple mechanism for updating contact information across HHS.

**Resolution**

As regards fundraising, the Executive Director and the Director of Public Outreach and Organizational Advancement (our development director), with the help of our data entry staff and the Communications Coordinator, will develop communications protocols. A focused effort will be made to collect client and donor email addresses. A system will be set up to update all addresses. We will set up system to input email addresses into central fundraising software. We will utilize the website to encourage donors, members, and visitors, and others to communicate with HHS online, and we will collect email addresses through this process. Currently those who use our research facilities via email are not included in our fundraising database. We have included an online donation option on our website, which needs to be more fully integrated.

The Director of Administration and the IT staff will develop network and email protocols and train staff

Our newsletter and all our publications and advertisements and communications will advertise the website and urge the collection of email addresses.
In addition to developing eblasts and an email newsletter, we will use individual emails solicited through current membership materials as well as on-line, to contact or respond to users and members more quickly. This will allow us to reduce postage and printing costs as well as to contact members and other interested parties more frequently and with more individually-tailored responses. By allowing the general public to sign up for our electronic newsletter and eblasts, we can begin cultivating these interested parties into becoming members or donating to the HHS.

HHS will utilize the newly-designed website as a primary communication tool to connect with donors, potential visitors, and members.

The new donor management database (fundraising software) will be used to easily generate targeted paper mailings for the annual campaign.

**Implementation**

- Consult with web developer with experience in design to determine how best to streamline our website for the casual information visitor while not ignoring those who will use our website for preliminary research.
- Copy existing website (HTML code) and share with web developer.
- Deliver existing visitation logs to website to show how the current site is being used by visitors as well as information from Google Analytics.
- Streamline all website off-shoots that have grown over time.
- Assign each department pages to check current data and ensure accuracy and consistency.
- Create a regular schedule for updating portions of the website and assign staff responsibility.
- Set protocol and procedures for creating new website projects and eliminating old ones.
- Train staff to maintain and update new website content.
- Create a procedures manual for website maintenance and content updating.
- Create a formal website links policy.
5. Implementation Plan Procedures

5.1. Responsibilities of staff, consultants, and vendors

a. Responsibilities of Staff

Executive Director: will create the technology action plan including a proposed timetable; create the technology budget with the chief financial officer; write grant proposals to pay for implantation of the technology plan; make sure that computer training for staff happens, and that responsibilities are distributed to insure the security of data retention and upkeep.

Director of Administration/Chief Financial Officer: will create the technology budget with the executive director; work with consultants and/or staff as necessary to buy equipment; work with our technology staff and consultants on responsibilities for tech support, and make sure that basic coverage in terms of skills and security exists (financially and physically)

Network Administrator: will work with computer consultants, will train on network software and web page set-up and updating, and will provide tech support to other staff as necessary. As the sole IT staff, she will also be trained on new database entry, database protocols, use of database for reports, etc.; ongoing review of database to ensure that information is being entered correctly; learn new telephone system; provide tech support on telephone system; learn store/retail accounting software. She will also – and has done so in the past – work with web design and programming consultants and vendors.

Communications Coordinator: will work with consultants and find experts on Web page design and work with them on the web page and all e-communications.

Director, Public Outreach and Organizational Advancement: will oversee the creation and set up of files in fundraising software to insure adequate information and mailing lists, ensure adequate training for all fundraising staff so they can provide service to members electronically, gather pertinent and up-to-date information on donors, grants, and members, assist in all aspects of fundraising; keep mailing lists, etc. updated for use in outreach as well as fundraising.

All other staff: will attend trainings on computer issues, web page correction, document formatting, trouble shooting common problems, use of computer protocols, use of new database or changing use of current database; digital images and file naming
b. Responsibilities of consultants and vendors

Technology Consultant, general

- Advise on replacement of hardware, software
- Assist in buying network server if necessary
- Training of staff on tech support, document formatting, uses of basic databases

Fundraising Consultant/Vendor

- Assist in clean-up of current database
- Design transfer with HHS staff
- Create new database with staff
- Transfer data to new software
- Train staff
- Create manual
- Troubleshoot

Web design and programming consultant/vendor

- Describe process, milestones, technologies, and strategies that best serve HHS mission and purpose of website
- Provide itemized cost estimates
- Provide and adhere to timeline for completion
- Manage the web development, design and programming

c. Responsibilities of Vendors

- Troubleshooting of problems with telephone system
- Consultation with computer consultant on set-up of network
- Consultation with database developer on use of software products, as necessary
5.2. Required RFPs/RFIs

The following RFPs (request for proposal) will be developed for the implementation of the plan. HHS only has one major expenditure that requires a bid at this time, since our hardware has been consistently supplied by Dell and our decision about fundraising software has been made, getting comparative bids and information over the past year. We are also satisfied with our telephone and computer vendors.

- Website designer and programmer. Ideally we would like to hire the same person to design and program or people from the same firm. We have learned from past mistakes that it is not optimal for us to have the designer and programmer as separate firms. We will need a system that allows HHS staff to do most if not all of the updating in house.

5.3. Timeline

HHS is fortunate to have assessed the hardware and software needed to create a workable platform for the organization as well as the peripheral equipment needed. It will make sense to have our findings verified by a vendor.

Months 1-4

- Have computer vendor comment on the Network Administrator’s findings on hardware software, and peripheral equipment needs to create a workable platform for the whole organization
- Implement replacement plan for all hardware and software
- Update telephone system with new messaging
- Train back-up staff on updating telephone system and basic problems with telephone system
- Decide what remote access option to use and research what is needed to implement (selected staff currently uses “logmein” and we anticipate using paid versions if we need other services such as tech support for our servers)
- Draft and submit RFP for website design
- Review responses
• Purchase necessary website software
• Enter agreement for new fundraising software
• Clean database in preparation for fundraising changeover
• Install new fundraising software
• Train staff on use of new fundraising software
• Begin to work with web designer on website

**Months 5-7**
• Draft training program for staff, including new staff
• Draft computer protocols for staff
• Continue to work with web designer on website

**Months 8-10**
• Complete written training program for staff
• Complete written computer protocols for staff
• Hold staff meeting introducing training and protocols
• Create follow-up training schedules and procedures for training
• Continue website design and programming

**Months 11-12**
• Website up and running
• Train staff on updating website
• Review technology plan and make any necessary changes
• Review use of new fundraising software and determine if it is working to its capacity and staff are using it appropriately
• Depending on findings about staff use of fundraising software, plan follow-up training and implementation of new uses of fundraising software for next year (grants management, events and program management, for example)
• Determine if staff skills are adequate and staff training is successful
### Reoccurring Activities

<table>
<thead>
<tr>
<th>Period</th>
<th>Task</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual</td>
<td>Review technology infrastructure</td>
</tr>
<tr>
<td>Every six months</td>
<td>Review staff training needs</td>
</tr>
<tr>
<td>Annual</td>
<td>Review technical support needs</td>
</tr>
<tr>
<td>Annual</td>
<td>Review effectiveness of constituent management system</td>
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<tr>
<td>Annual</td>
<td>Review content of Web site and update strategy</td>
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6. **Budget. Technology Budget:** see Appendix A