

OITS Proposal Request

1. Identification

This request is placed on the behalf of (name of staff or faculty member:)

Department Rep's Name:

Department Rep's Email:

Department Rep's Phone/Ext:

Department:

Office Location:

Date Submitted:

2. Proposal Benefit/Need

A) Name of Software:

B) Name of Vendor:

C) Check all Benefits and Need Categories that apply. This purchase will:

- Improve Services Internally
- Support Regulatory Mandate
- Provide for Greater Efficiencies
- Be used for Instructional Purposes
- Be used for Research Purposes
- Other (Specify):

Aligns with CSI Strategic Plan (if applicable)

Priority # _____

D) Based upon the categories checked above, describe why this purchase is important:

E) Please indicate if any additional technology is needed and whether training is required:

F) If you are selecting a particular software, how did you determine the vendor you are requesting is best suited to your needs? Please be specific:

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3. Requested Due Date (When is it needed by?):

4. Proposal Visibility/Impact

Check all College Constituencies that are impacted.

- Faculty
- Students
- Facilities
- Community (external)
- Alumni
- Staff
- Foundation
- Other (specify):

5. Funding

- a) Do you need funding to complete this project or service? Yes No
- b) If yes, what will be your funding source? (i.e. grant, departmental budget, Student Tech Fee, etc...):
- c) What will be the estimated cost of this proposal?

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6. Technology Questions: Contact OITS if assistance is needed

- a) Does the software store sensitive student data? Yes No
- a. If YES, did you complete the CUNY Information Security Questionnaire? If needed, share with vendor to complete. Yes No
- b) Who from your area will be responsible for the reliability of the product?
- c) Is the software (Choose One):
- Stand-alone (installed on a work PC)
 - Networkable
 - Hosted
- d) Does the software require a server to run? Yes No
- e) Does the Software require server space? Yes No
- f) Does the software support authentication tie-in to College servers for users, if applicable?
Yes No
- g) Include the URL for the web page associated with the software:
- h) Is the software web-based? Yes No
- a. If YES, did you ask vendor for a VPAT form regarding ADA compliance of their website?
 Yes No

Note: The VPAT must be Level AA compliant.

7. Service Contract

A) What is the duration of the agreement? Start Date – End Date

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8. Approval Process

VP, AVP, or Dean Approval

By checking the "Approve" box below, you are confirming that your VP, AVP, or Dean has reviewed this document.

Date Reviewed: _____

Approve.

Comments:

Do not Approve

Comments:

Name (Please Print): _____

Signature: _____

For OITS Use Only

Date Reviewed: _____

Approve.

Comments:

Do not Approve

Comments:

Name (Please Print): _____

Signature: _____