



# Technology Acquisition Document

Please return to CCPS Technology Department

Software and Hardware purchases must be pre-approved in two ways:

1. A Technology Acquisition Document must be submitted and meet minimum specifications set forth by the CCPS Technology Department.
2. Purchase Order Requisition submitted to Technology Department.

## Choose Site:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> All Elementary | <input type="checkbox"/> CTC             | <input type="checkbox"/> Millbrooke      |
| <input type="checkbox"/> All High       | <input type="checkbox"/> Cumberland Hall | <input type="checkbox"/> MLK             |
| <input type="checkbox"/> All Middle     | <input type="checkbox"/> Day Treatment   | <input type="checkbox"/> NDMS            |
| <input type="checkbox"/> Alternative    | <input type="checkbox"/> HHS             | <input type="checkbox"/> Optional        |
| <input type="checkbox"/> Belmont        | <input type="checkbox"/> HMS             | <input type="checkbox"/> Pembroke        |
| <input type="checkbox"/> CCHS           | <input type="checkbox"/> Holiday         | <input type="checkbox"/> Psychologists   |
| <input type="checkbox"/> CCMS           | <input type="checkbox"/> Indian Hills    | <input type="checkbox"/> Sinking Fork    |
| <input type="checkbox"/> Civitan        | <input type="checkbox"/> Lacy            | <input type="checkbox"/> South Christian |
| <input type="checkbox"/> Crofton        | <input type="checkbox"/> Maintenance     | <input type="checkbox"/> Transportation  |
| <input type="checkbox"/> District       |  | <input type="checkbox"/> Other           |

## Site-Specific Information

Your Name \_\_\_\_\_  
 Your Title \_\_\_\_\_  
 Contact # \_\_\_\_\_

Site Contact Name (if different) \_\_\_\_\_  
 Site Contact Title (if different) \_\_\_\_\_  
 Site Contact # (if different) \_\_\_\_\_

List the location(s) of proposed hardware/software:

- Room(s) # \_\_\_\_\_
- Lab(s) Rm # \_\_\_\_\_
  - # of Workstations \_\_\_\_\_
- Office Workstation(s) \_\_\_\_\_
  - # of Workstations \_\_\_\_\_
- Entire School \_\_\_\_\_

Target Date for Use by End-User \_\_\_\_\_

For whom is the new hardware/software intended (check all that apply):

- Student Use (Approx. # \_\_\_\_\_)
- Certified Staff Use (Approx. # \_\_\_\_\_)
- Support Staff Use (Approx. # \_\_\_\_\_)



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*Pages 2 - 4 should be filled out in collaboration with the vendor.*

Company Name \_\_\_\_\_ Product Name \_\_\_\_\_

Version \_\_\_\_\_ Is CCPS currently running your product?  No  Yes (Where \_\_\_\_\_ )

SALES/LICENSING	
Contact Name	_____
Contact #	_____
Email	_____

TECHNICAL SUPPORT	
Contact Name	_____
Contact #	_____
Email	_____

## I. Software Requests Section

Does the application require a server?  Yes  No

Will the server need to be a dedicated server?  Yes  No  N/A

Have you included the price of the server in the overall quote?  Yes  No  N/A

Does the product require data backups?  Yes  No  N/A

If Yes, please explain \_\_\_\_\_

Do they need remote access?  Yes  No  N/A

Is the product compatible with McAfee?  Yes  No  N/A

Is the product compatible with Vista or Windows 2008?  Yes  No  N/A

What processes are running on the server, if applicable? \_\_\_\_\_

How will end user authentication be created and managed? \_\_\_\_\_

### Server Specs (if applicable)

Operating System		Memory		Hard Drive Space		Processor Speed	
Minimum	Recommended	Minimum	Recommended	Minimum	Recommended	Minimum	Recommended

### End User Machine Specs

Operating System		Memory		Hard Drive Space		Processor Speed	
Minimum	Recommended	Minimum	Recommended	Minimum	Recommended	Minimum	Recommended

### Network Specs

Speed		Connection Type	
Minimum	Recommended	Wireless	Wired



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## II. Internet/Streaming Section (if applicable)

Does this application run from the Internet?  Yes  No (If Yes, continue section)

Is there a caching content option for inside the district?  Yes  No

Do you work with MS Proxy 2.0 to cache content?  Yes  No  N/A

Avg. Page Load Size	Largest Page Size	HTTP or HTTPS?	Plugins Necessary? Please specify.	Supported Browsers

## III. Licensing Section

Licenses are purchased:  Per User  Per Workstation  Building-Wide  District-Wide

Licenses expire:  Yearly  Never (Perpetual)

License Expiration Date (if applicable): \_\_\_\_\_

# Licenses being purchased: \_\_\_\_\_

## IV. Installation and Support Section

Does the product allow unattended installation?  Yes  No

Will the vendor install software on site?  Yes  No

If Yes, what is the installation fee? \_\_\_\_\_

*\*For all installations, CCPS Tech Staff must accompany vendors. Vendors must supply technical training for our staff.*

Has fee been included in the quote?  Yes  No

Do you offer updates on the product?  Yes  No

If Yes, how often? \_\_\_\_\_

Are updates automatic or manual? \_\_\_\_\_

Are updates remote or hands-on? \_\_\_\_\_

Do you offer *end user* training on the product?  Yes  No

Cost of training: \_\_\_\_\_

Has the training cost been included in the quote?  Yes  No

Do you offer *technical support* training on the product?  Yes  No

Cost of training: \_\_\_\_\_

Has the training cost been included in the quote?  Yes  No

Are any additional peripherals needed to run the software?  Yes  No

If Yes, please explain:



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## V. Financial Section

\*Complete Vendor Quotes must be attached

Total Cost of Quote \_\_\_\_\_

Purchase price will be invoiced:       Annually       Monthly       Quarterly

Does initial purchase include first year of support?       Yes       No

Support contract includes:

- Upgrades
- Phone Support (Support Phone # \_\_\_\_\_ )
- Web-Conferencing Support
- Onsite Support
- Data Repair
- Other \_\_\_\_\_

## VI. Signatures Section

All signature boxes must be filled in before purchase can be finalized.

Signatures indicate the above information is accurate.

Technology Acquisition Documents will be kept on file for the life of the product.

Principal / Director
Date

Building STA
Date

Technology Director
Date

CCPS Purchasing
Date

Vendor
Date

<b>Office Use Only</b>	
MUNIS Code Used for Purchase	
PO #	
Date Ordered	