

CLPCCD Software Acquisition/Request Form

This form is to provide the ITS Department the necessary information for any software (application and/or technology) you want to purchase or install.

Submitting this form provides ITS the opportunity to assess the software/application you are looking to acquire. Part of the assessment is to review existing software that performs the function or has the requirements needed. We encourage employees to contact ITS if they learn about software functionality before exploring any purchases.

Our goal in ITS is to align products to the technical roadmap associated with the CLPCCD Strategic plan and Technology Plan that serve all students and employees in the district.

Section A: Contact Information	
1. Employee Name	2. Employee Email
3. Employee Location: <input type="checkbox"/> Chabot College <input type="checkbox"/> Las Positas <input type="checkbox"/> District	
Section B: Request Assessment	
1. Who will use this software? (check all that apply) <input type="checkbox"/> Students <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	
2. Which locations will use this software? (click all that apply) <input type="checkbox"/> District Office <input type="checkbox"/> Chabot <input type="checkbox"/> Las Positas	
3. How does the product support students/staff at both colleges and/or the district?	
4. How does the product support the College / District Mission and Strategic Initiatives?	
5. How does the product support <u>College/District DEIA</u> ?	
6. How does the product support improvements to the Student-Centered Funding Formula (SCFF) metrics?	
Section C: Product Information	
1. Product Name	
2. Vendor/Product URL	
3. What type of software is this? <input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Enhancement to current version	
4. When date do you expect this software to go live?	
5. What is the primary purpose of acquiring the software solution:	

Section D: Financial Assessment

1. What is the initial licensing/purchasing cost?

2. What is the funding source of the initial licensing cost?

3. Are the funds from an on-going source? Yes No

If 3 is Yes, 3A. What is the on-going cost frequency Monthly Yearly Other: _____

3B. What is the on-going dollar amount required?

3C. What is the ongoing funding source?

Section E: Technical Assessment

1. How will the product be hosted? District ITS The Vendor

2. Who will manage the project for this software request? District ITS The Vendor

3. What are the system specifications? You will need to provide a comprehensive list as an attachment.

4. Will this require integration with current applications? (check all that apply)

Banner Degree Works SSO (single sign on) Other:

5. Does this software use or access personally identifiable information (PII)? Yes No

6. Is this software compliant? FERPA HIPAA (if required)

7. Will this software require a MyPortal Card? Yes No

8. From all your research, please attach any documentation on the technical requirements.

Section F: Security Assessment

This section is for you to provide any information as we assess the security associated with the vendor/product.

1. Attachments: to submit with this request form:

1A. The vendor's Terms and Conditions.

1B. HECVAT Full Version if accessing PII or Lite version if no PII

1C. SSO specs

1D. Other vendor details associate with software.

Section G: Next Steps

Please submit this form to Kristen Whittaker kwhittaker@clpccd.org, include all attachments. ITS will meet and provide recommendation to the CTO.

[See CLPCC Software Acquisition Workflow](#)