***This form is a required part of the procurement process when a school/division/department requests to purchase a technology solution. Please complete and submit your request on this form via email at*** ***ITS-ReviewRequests@lausd.net******.***

**School/Division/Department:**

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| --- | --- | --- | --- |
| Submission Date: |  | School/Division/Department Name: |  |
|  |  |  |  |
| Division Head: |  | Title: |  |

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| --- | --- | --- | --- |
| Requester: |  | Email: |  |

**Technology Proposed**

Select the type of services/software/hardware product. Check all that apply:

|  |  |
| --- | --- |
|[ ]  Equipment that uses a digital interface, software, or system to store, manage, control, manipulate or retrieve information. |[ ]  Professional services for application developers, web developers, technical support, helpdesk, troubleshooting, graphics designer, etc.  |
|[ ]  Equipment that connects to internal or external networks (i.e., Internet of Things, etc.) |[ ]  Software (i.e., Cloud-based, desktop, subscription, perpetual, custom-developed, etc.) |
|[ ]  Communications products (i.e., VoIP phones, radios, base stations, PA systems, etc.)  |[ ]  Domain name purchases (i.e. .com, .org, .NET website addresses) |
|[ ]  Security systems (i.e., security cameras, alarms, etc.)  |[ ]  Other, please describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

1. Provide proposed vendor name, product make/model number and estimated funding source:

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1. Is this product a one-time purchase or will this be a recurring expense? Please explain:

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1. Describe the product and how you or your school/division/department will use this product?

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1. Are you currently working with someone from Information Technology Services? If yes, who:

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1. When is this product needed? Please provide an estimated timeline:

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1. Who will be the primary user/beneficiary of the product? Please list the number of users below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Students |  | Teachers: |  | Staff: |  | Parents: |  |

1. Will any equipment be provided by the vendor? If so will it be connected to the District’s network? Please explain:

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1. Is this product offered in the cloud, on premise, or both?

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1. Will any non-public data (credit card or other financial information, personally identifiable information, student information or health records) be stored within the product? If yes, what type of data? Please explain:

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1. Will any non-public data be transmitted by the product or the vendor? Please explain:

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1. If any non-public data is stored, how long will it be stored, how is it stored, how is it backed up and who will access the data? Please explain:

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1. Will this product be integrated with any current LAUSD systems and either send or receive data? Please explain:

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1. How will the data be transferred and secured? (i.e., email, website, ftp, etc.) Please explain:

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1. Will this product require a username and password to log in? Does this include SSO integration? Please explain:

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1. How will user access be granted and revoked? Please explain:

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|  |  |

1. Will the vendor have technical staff or other representatives located onsite? If yes, please provide a description of required professional services (i.e., implementation, customization, consulting, training, etc.) Please explain:

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1. What type of training and support, both initial and ongoing, is provided? Please explain:

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**INTERNAL USE BY ITS ONLY**

**Technology Reviewer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  | **ITS Approval** |
| Date: | \_\_\_\_\_\_\_\_ | Infrastructure: | \_\_\_\_\_\_\_\_\_\_\_ |  Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_ | Applications: | \_\_\_\_\_\_\_\_\_\_\_ |  Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_ | IT Security: | \_\_\_\_\_\_\_\_\_\_\_ |  Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
| Date: | \_\_\_\_\_\_\_\_ | Project Management: | \_\_\_\_\_\_\_\_\_\_\_ |  Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |
|  |  |  |  |  |  |  |
| Date: | \_\_\_\_\_\_\_\_ | Others(s): | \_\_\_\_\_\_\_\_\_\_\_ |  Signature:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_ |

*If approved, please identify which, if any, additional Procurement documents should be considered in the agreement.*

|  |  |
| --- | --- |
| Data Use Agreement: | \_\_\_\_\_\_\_\_ |
| IT Professional Services contract Template: | \_\_\_\_\_\_\_\_ |
| IT Master Services Agreement Template: | \_\_\_\_\_\_\_\_ |
| Other IT Template: | \_\_\_\_\_\_\_\_ |

Additional comments:

|  |  |
| --- | --- |
| **Infrastructure:** |  |
| **Applications:** |  |
| **IT Security:** |  |
| **Project Management:** |  |
| **Others(s):** |  |