

## 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: ☐ Chabot College ☐ Las Positas ☐ District

### Section B: Request Assessment

1. Who will use this software? (check all that apply) ☐ Students ☐ Faculty ☐ Staff

2. Which locations will use this software? (click all that apply) ☐ District Office ☐ Chabot ☐ 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 College/District DEIA?

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? ☐ New ☐ Replacement ☐ 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](mailto:kwhittaker@clpccd.org), include all attachments. ITS will meet and provide recommendation to the CTO.

[See CLPCC Software Acquisition Workflow](#)