

Technology Acquisition Request

*See page 3 for download instructions.

This checklist is designed to assist University of Wisconsin Parkside units planning to acquire, develop, or accept technology applications or services. When the first page is completed by the requestor, submit to CTS for review. CTS will return to the requestor.

Requestor			Department/Unit								
Solution				f Imple	ement	ation					
To be completed by the Requestor						Yes	No C	Comments/Response			
1.	What pro	Vhat problem is being solved or what business/educational need is being filled by this articular technology acquisition? Please be as specific as possible.									
2.	more de	Who will use the solution? For example, will it be limited to one user, a few users, one or more departments or courses, faculty, staff, students, the campus, the general public? Es-timate the number and types of users.									
3.	Per CTS	review, are there any existing alter	side?								
4.	Per Purc	chasing, is there an established con									
5.	Is the pr note whi	s the proposed solution used by another University of Wisconsin institution? If yes, please note which school.									
6.	What is	What is the urgency and desired time line for the implementing this solution?									
7.		List the supplier's website address and the name and phone number of a representative who can be contacted for more information.									
7.	NOTE: If the supplier has provided any technical documentation please attach a copy to the checklist.										
			C	n-Premise	Cloud	Hybri	d N/	A Con	nments		
8.	How is t	he proposed solution hosted?									
	1				1	l		J			
Pre	eparer Na	ime	Phone Ext	Preparer Si	!			Date			

To be completed by CTS						No	N/A	Comments/Response			
1.	Does the proposed solution meet University of Wisconsin System and University of Wisconsin-Parkside information security requirements?										
2.	Is ther need f	re an existin for the propo	g solution that rosed software?	neets the business/educational							
3.	Does CTS have the resources required for implementation?										
4.	Does CTS have the resources required for ongoing maintenance?										
5.	Is the proposed timeline of implementation possible?										
	Counter-Proposed timeline										
Approved Denied Conditionally approved						Comments					
								CTS: When completed, return to the requestor			
CTS Reviewer Name								to submit to purchasing.			
CTS	Review	wer Signatui	re	Date							
CTS Approver Signature Date											

Download Instructions:

Because this form requires an approver signature upon submission, it must maintain its fillable form attributes. In order to download this form while retaining its functional elements—such as editable text fields, comments, or signatures, please use the "Download" option.

Do not use the "Print (to pdf)" option, as it will automatically flatten the document and disable its fillable functionality.



