

In compliance with the [Review of Business Applications and System Implementation Policy](#), this technology proposal allows for evaluation of the institutional impact, risk and compliance with adequate controls and regulatory standards.

Prior to beginning the procurement process, please complete this form and submit with the completed required supported documentation to IT.TSC@du.edu.

To Be Completed by DU Administrative Unit /School/College

Submission Date: Title of Technology Initiative:

Department:

Employee Sponsor: Email:

Technology Proposal

Please provide a detailed product description, including name and version:

Describe how you or your department will use this product:

Are you currently consulting with someone from IT on this initiative? If yes, who:

When is this product needed? Please provide estimated implementation timeline:

Approximately how many people will be impacted by this product? Please list numbers below:

Students: Faculty: Staff: Alumni: Other:

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

What type of data will be stored within the product?

Will any non-public data (credit card or other financial information, personally identifiable information, student information or health records) be stored in the product or with the vendor? Please explain:

If you answered **yes** to the previous question, see below.

We take the data security of our University, employees, and vendors very seriously and conduct thorough due diligence as part of our vendor onboarding process. Atlas is a secure cybersecurity questionnaire exchange platform that we use to conduct our assessments. The vendor will receive an email request to complete our questionnaire from Atlas (assessment_request@securityscorecard.io).

Please provide the vendor's IT Security contact email address you would like the questionnaire sent to.

If data is being stored in the product, how long is it being retained and how, and by whom, will it be retrieved, removed or destroyed?

Will this product be integrating with and sending data to or receiving data from any current DU systems? Please explain:

Who in your unit will assign permissions and grant/revoke access to the product?

Please list anticipated members of your product implementation team:

Will the vendor have technical persons or other representatives physically come to campus? If yes, please provide description of professional services to be provided, i.e. implementation, customization, consulting, training, etc.

Cost

Original purchase/lease amount (1st year):

Annual maintenance/lease cost (2nd year):

Estimated yearly increase percentage:

Cloud Hosting cost, if applicable:

Please indicate funding source:

Operating Fund Plant Fund Gainshare Fund One Time Funding

Additional Comments:

To Be Completed by Technology Review Committee

Recommended by Technology Committee: YES NO

Please include FERPA language in contract: YES NO

Please include HIPAA language in contract: YES NO

Date: IT Representative:

Additional comments: