In compliance with [Board Policy Review of Business Applications and System Implementation](https://www.du.edu/bfa/media/documents/policy/documents/Policy-Review_of_Business_Applications_Final.pdf), 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

Vendor Technology Form and Required Vendor Supporting Documentation to IT.PMO@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:

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|  |

Describe how you or your department will use this product:

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

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| --- |
|  |

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

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| --- |
|  |

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?

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| --- |
|  |

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 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:

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| --- |
|  |

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

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| --- |
|  |

Please list anticipated members of your product implementation team:

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| --- |
|  |

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.

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|  |

**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:

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| --- |
|  |

**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:

|  |
| --- |
|  |

**Vendor Technology Form** - **To Be Completed by Product Vendor**

|  |  |  |  |
| --- | --- | --- | --- |
| Submission Date: |  | Title of Technology Initiative: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Vendor: |  | Vendor Website: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Vendor Contact: |  | Email: |  | Phone: |  |

**Required Vendor Supporting Documentation**

* Please submit a SOC2 report. If not available, please submit an architectural diagram, vulnerability assessment and/or other security/compliance/privacy reports.
* Please submit PCI DSS (Payment Card Industry Data Security Standard) documentation if applicable.
* Please submit an SLA for any Cloud services.
* Please submit a VPAT [(Voluntary Product Assembly Template).](http://www.itic.org/policy/accessibility/)

If a VPAT is not available, please explain how product meets disability access and use requirements.

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What type of training and support, both initial and ongoing, is offered for your product? Are additional costs associated?

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|  |

Do you provide a sandbox or test environment? Are additional costs associated?

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|  |

What types of authentication protocols (ex. Active Directory) do you support?

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|  |

Please explain how user access is granted and revoked? Is role based provisioning available?

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|  |

What type of data will be stored within the product?

|  |
| --- |
|  |

If data is being stored in the product, how long is it being retained and what is the process for removal?

|  |
| --- |
|  |

Does the product involve access to or processing of non-public data: credit card or other financial information, Personally Identifiable Information, education records, health records? If so, how will the data be transferred and secured? (email, website, ftp, etc. please give full description)

|  |
| --- |
|  |

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

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| --- |
|  |