CAMPUS / DEPARTMENT APPLICATION AND SOFTWARE TECHNOLOGY PROPOSAL

Campus / Department_____

Submitted By:_____ **Date:**_____

I. Proposed Technology (hardware, software, web subscription, etc.):

_____

Population Served:_____
Number Served:_____

Objectives and activities:

Time frame for implementation:_____

II. Evaluation: Provide what objective measurements are to be used to measure success as well as how and when.

Is proposed aligned with Campus/District Improvement Plan: ☐ **Yes** ☐ **No**

Person Responsible for Evaluation (Campus Admin/Dept Director);

Name:_____ **Signature:**_____**Date:**_____

III. Amount Requested

	Model/Title	Quantity/Lic.	Cost per Item
Hardware $ _____	_____	_____	_____
Hardware $ _____	_____	_____	_____
Printers $ _____	_____	_____	_____
Software $ _____	_____	_____	_____
Software $ _____	_____	_____	_____

Other Expenses _____

_____

Total Cost $_____

Vendor information attached: ☐ Yes ☐ No

IV. Reviewing Authority

Instructional Technology / Staff Development Representative: ☐ Yes ☐ No ☐ N/A

Name:_____ Signature:_____ Date:_____
Notes;

Technology Department Director (Compatibility Check): ☐ Yes ☐ No ☐ N/A

Name:_____ Signature:_____ Date:_____
Notes;

Instructional Implementation Director: ☐ Yes ☐ No ☐ N/A

Name:_____ Signature:_____ Date:_____
Notes;

V. Final Approving Authority

Assistant Superintendent of Academic Services: ☐ Approved ☐ Not Approved

Name:_____ Signature:_____ Date:_____
Notes;

VI. Purchasing Authority

Finance Representative: ☐ Approved ☐ Not Approved

Name:_____ Signature:_____ Date:_____

Note; If approved and further Technology Department action is needed, please forward copy to Technology Director.

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