



# Electronic and Information Technology (E&IT) Procurement Request

### Purpose of the E&IT Procurement Request

This form must be completed, approved and attached to all technology-related requisitions, including hardware, software, hardware and software maintenance, software renewals and subscriptions, and cloud or hosted services.

**Colleges and departments, in coordination with their ITCs, are responsible for ensuring that the E&IT analysis has been completed and the product or service meets all accessibility requirements, and that the requisition package is complete before submitting for review.** Procurement and Contracts will return incomplete requisition packages to the requestor.

### Approvals

E&IT approval signifies that a complete and thorough Electronic and Information Technology (E&IT) Accessibility Analysis has been performed and that acquisition of the applicable E&IT product(s) or service(s) required by the department is subject to Section 5 of the Rehabilitation Act of 1973

ITS approval signifies: a) the division's acceptance that the product or service integrates with and/or does not impact the campus infrastructure, and b) acceptance of the ITS division's role in providing University support for the product or service.

Procurement and Contracts approval signifies that the department accepts the requisition package as complete.

### Exclusions

The following are excluded from the procurement approval process: computer supplies; computer monitors and displays; wireless presenters; keyboards; mice; speakers; video cards and video adapters; cables, except network patch cables; USB hubs; UPS battery backup for desktop; digital cameras, camera lenses and other camera accessories; facsimile machines; televisions; smartphones; and disks, SD cards, electronic and data storage devices. **Departments are responsible for securing Level 1 and 2 confidential data on all devices, including those excluded from this approval process.** Please see <http://www.calstatela.edu/accessibility/ati/eit-and-exclusions-defined> for a full list of exclusions.

### Instructions

1. Prepare the campus Purchase Requisition and include the requisition number (Req ID) on all forms submitted in the Requisition Package.
2. Include the following documentation:
  - Purchase Requisition (*required*)
  - ATI-4801 E&IT Procurement Request (*this form; required*)
  - Quote from vendor
  - **Plus** (if indicated in section 3)
    - ATI-4822 Equally Effective Alternative Access Plan (EEAAP)
    - ATI-4821 E&IT Exemption request
3. Submit the completed package to the ITS Help Desk (LIB PW Lobby).

### 1. Requestor Information

Contact Name:	Contact Email Address:	Phone:
Department:	College/Division:	ITC Name and phone:
Requisition # or Procurement card (attach statement):		
Is this a product renewal? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, original PO number, if known:	Original PO date, if known:

### 2. Product or Service Description and Function

*This field is mandatory.*

### 3. Accessibility Evaluation

Executive Order 926 (EO 926: January 1, 2005) mandates CSU campuses to make its programs, services and activities accessible to students, faculty, staff and the general public who visit or attend a campus-sponsored event, with disabilities. Section 508 of the Rehabilitation Act of 1973 requires the University to apply accessibility standards to all electronic and information technology products and services that it buys, creates, uses and maintains.

To see if an existing Voluntary Product Accessibility Template (VPAT) or Equally Effective Alternative Access Plan (EEAAP) is on file, please see: <http://www.calstatela.edu/accessibility/ati/eit-procurement-vpat-repository>

- A.** Is there an acceptable VPAT on file:  Yes #  No
- 
- B.** Does the product or service have accessibility problems and will some users require assistance?  Yes  No  
 Is there an existing EEAAP on file:  Yes #  No  
 If a new EEAAP is needed, fill out form *ATI-4822 Equally Effective Alternative Access Plan (EEAAP)*.



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**C.** Does this product meet the guidelines for an exemption request? See form [ATI-4821 E&IT Exemption Request](#) for details.  
 If yes, check the exemption requested and proceed to section 4:  Back Office  Commercially Unavailable  
 Fundamental Alteration  Sole Brand  Undue Burden/Net Cost Increase

**D.** If new accessibility documentation is required, complete the accessibility analysis worksheet, available at:  
<http://www.calstatela.edu/accessibility/ati/eit-procurement>  
 After analysis:

i.  The vendor has submitted a new VPAT, which is now available on the VPAT repository. #

ii.  This product is exempt and form *ATI-4821 E&IT Exemption Request* is attached.

iii.  This product does not have significant accessibility impact because of the following reasons:

## 4. IT Information

### A. Product or Service Installation and Support

SOFTWARE AND MOBILE APPS		
Number of software installations:	Number of licenses being purchased:	Is software customized (e.g., non-standard)? <input type="checkbox"/> Yes <input type="checkbox"/> No
If customized, what is the justification for this software?		
Describe the software support plan(s):		
Number of mobile app users:	Number of app licenses being purchased:	Is the app customized (e.g., non-standard)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Is this a functional app? <i>(For a role or job function)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this an instructional app? <i>(For course work)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the functional or instructional purpose:		

HARDWARE and HARDWARE MAINTENANCE
Will this hardware connect to the campus network? Yes <input type="checkbox"/> No <input type="checkbox"/>
Installation and/or set-up will be handled by: <input type="checkbox"/> Dept. ITC <input type="checkbox"/> Vendor <input type="checkbox"/> ITS Other <i>(Describe)</i> _____
Ongoing maintenance will be handled by: <input type="checkbox"/> Dept. ITC <input type="checkbox"/> Vendor <input type="checkbox"/> ITS Other <i>(Describe)</i> _____
Describe the hardware support plan(s):

CLOUD AND HOSTED SERVICES
Check one: a) <input type="checkbox"/> Cloud-based or Hosted Service    b) <input type="checkbox"/> IT Contracted Service    c) <input type="checkbox"/> Data Storage Service
If a), is it: <input type="checkbox"/> Software as a Service (SaaS) <input type="checkbox"/> Infrastructure as a Service (IaaS) <input type="checkbox"/> Platform as a Service (PaaS)

### B. Product or Service Information Security

Will Levels 1 and 2 confidential data be stored on the above hardware or the above hosted service? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes: a) Describe the confidential data that will be stored:
b) Identify who will be responsible for encrypting the confidential data:
c) Identify the individual who maintains the backup copy of the data in the event of loss or breach resulting in unencrypted



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- confidential data being acquired or reasonably believes to have been acquired by unauthorized individuals:
- d) Attach vendor documentation that specifically describes the vendor's security measures for the transmission to and from the service, and while at rest.
  - e) Attach a vendor-signed copy of form *ITS-2808 Information Confidentiality and Non-disclosure Agreement*.
  - f)
    - i. If the vendor has **direct access** to Levels 1 and 2 confidential data, the vendor must review and include [ITS-2827 Contract Language for Third Parties with Direct Data Access](#). **OR**
    - ii. If the vendor has **indirect access** to Levels 1 and 2 confidential data, the vendor must review and include [ITS-2828 Contract Language for Third Parties with Indirect Data Access](#). **OR**
    - iii. Attach the latest [CSU General Provisions for Information Technology Acquisitions](#).

**ITS Review and Approval:**

*By signing this form, ITS accepts this product or service to be fully compatible with the campus infrastructure and is compliant with information security laws, regulations and guidelines.*

*Check the appropriate box and sign or initial after receiving and approving this procurement request. Include any comments or conditions that may apply to this procurement.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

Comments:

- Enterprise Applications  
  IT Infrastructure Services  
  IT Security and Compliance

**AVP ITS Review and Approval:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**5. E&IT Approval**

ITC Name ( <i>print or type</i> ):	ITC Signature:	Date:
<p><i>By signing this form, I affirm that the requestor or designee has performed a complete and thorough Electronic and Information Technology (E&amp;IT) Accessibility Analysis, as indicated in Section 3 above. I have determined that acquisition of the applicable E&amp;IT product(s) or service(s) required by my department is subject to Section 508 of the Rehabilitation Act of 1973, and codified in California Government Code 11135. <input type="checkbox"/> Yes <input type="checkbox"/> No</i></p> <p>Dean/Manager Name (<i>type or print</i>): _____</p>		
Dean/Manager Signature of Approval		Date



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## 6. IT Security Contract Language Review

The **CSU General Provisions for Information Technology Acquisitions** contract language along with the **CSU Information Security Requirements, Supplemental Provisions**, of the latest date published, apply to this procurement for the section(s) checked below.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1.0 Acknowledgement              | <input type="checkbox"/> 5.1 Compliance – PCI-DSS Requirements | <input type="checkbox"/> 7.0 Record Retention Requirements   |
| <input type="checkbox"/> 2.0 Disclosure Requirements      | <input type="checkbox"/> 5.2 Compliance – PA-DSS Requirements  | <input type="checkbox"/> 8.0(a) CSU right to conduct and/or review risk assessments                |
| <input type="checkbox"/> 3.0(a) Information Security Plan | <input type="checkbox"/> 5.3 Compliance – NACHA Requirements   | <input type="checkbox"/> 8.0(b) CSU right to conduct and/or review risk assessments                |
| <input type="checkbox"/> 3.0(b) Information Security Plan | <input type="checkbox"/> 5.4 Compliance – HIPAA Requirements   | <input type="checkbox"/> 9.0 Terminating or expiring the agreement – return/destroy protected data |
| <input type="checkbox"/> 4.0 Incident Response Mgmt.      | <input type="checkbox"/> 6.0 Personnel Security Requirements   |  |

## 7. Procurement and Contracts Approval

*By signing this form, I accept this requisition package as complete.*

\_\_\_\_\_  
Procurement Signature of Approval

\_\_\_\_\_  
Date