

**For Annual Planning/Program Review Requests AND Off-Cycle Requests**

Welcome to the Cuyamaca College Technology Request Form!

Annual planning/program review requests are reviewed and prioritized in the Spring. *Anything outside that time frame can be submitted for Off-Cycle consideration and must be submitted via a different form. Please submit one form per request.* Complete the entire form thoroughly and answer all questions with specific details. For replacement requests for computer labs, employee computers, classrooms and offices, please contact the Help Desk at [c-helpdesk@gcccd.edu](mailto:c-helpdesk@gcccd.edu).

- For assistance with quotes, please email Sherri Braaksma.
- If you already have a funding source identified, you still need to submit a request for purposes of inventory, sustainability and support.
- Please keep in mind when filling out this form that extra consideration is given to proposals that demonstrate one or more of the following:
  - Support of learning outcomes (student, program, institutional, or service)
  - Assistance to multiple departments

\* 1. Technology Plan Year

2020-2021

\* 2. Title of Request

\* 3. Location of Request

\* 4. Department

\* 5. Contact Person

Name

Email Address

\* 6. Description

Please provide a brief description of the technology/software or technology project and its core goal(s).

**Proposal Justification**

**A. College and District Strategic Plan**

\* 1. Please explain how the technology or enhancement supports the strategic plan. Include information on how students will be impacted and/or employees or the college or district overall. Consider whether this would this be a district-wide implementation.

Which Strategic Plan priority (or priorities) are supported by this request?  
To access the Strategic Plan, please click [here](#).

- Basic Skills Acceleration
- Guided Student Pathways
- Student Validation and Engagement
- Organizational Health
- Other (please specify)

\* 2. How does the request support the above priorities?

\* 3. Who would this impact? Please select all that apply.

- Students
- Employees
- College
- District
- Other (please specify)

\* 4. What is the number of students or employees impacted per semester?

\* 5. How would this impact the above group(s)?

## B. Statewide Initiatives/Mandates

\* 6. Does the technology support a state-wide initiative or is it a legal mandate or in support of a legal mandate?

Yes

No

\* 7. If yes, please explain how the technology supports a state-wide initiative or is it a legal mandate or in support of a legal mandate?

## C. Criticality/Urgency

\* 8. Please be aware that projects, once approved, are typically scheduled 6 months to a year in advance. Consider the consequences if the technology/software is not implemented, upgraded or renewed.

What are the consequences if the technology/software is not implemented/upgraded, or renewed?  
Examples: Security concerns, loss of FTES, mandates, accreditation, etc.

\* 9. What is your preferred time for implementation?

## D. Supporting Data

\* 10. Tell us how the data you have supports the implementation of the technology. This can be qualitative or quantitative in the form of surveys, observations, SLO or other assessment data, institutional research data or other reports and data.

\* 11. How critical is this need in terms of supporting curriculum and services?

1 - Preferred, but not critical in support of current curriculum and services	5 - Critical need in support of current curriculum and services (Cannot deliver curriculum or services without it)
---	--

**X**

12. Please attach any supporting data/documentation using the "Upload" button below.

No file chosen

## 2019-20 Technology Request Form

### COST ANALYSIS

Please list as much information as you can in sections E, F, and G. We understand that you may not be able to fully answer all of these questions independently. Based on the information you provide, District IT and/or Instructional Computing Services may conduct a Statement of Work (SOW) analysis and provide input on items such as time to implement, employee hours, number of individuals needed to implement, the needs for a campus and/or district project manager, vendor cooperation, integration with current systems, etc.

### E. Resource Factors

\* 1. Is the request for hardware or software?

- Hardware
- Software

\* 2. Is the request for new or an upgrade to existing technology?

- New (new to the campus)
- Upgrade (replacing outdated technology) **This is an upgrade to the most current version.**

### F. Cost

\* 3. Total initial cost of request: This includes hardware and software maintenance, licence, taxes, fees, shipping, storage, etc. Contact Sherri Braaksma for assistance.

\* 4. Funding Source:

- General Fund
- Grant
- Other (please specify)

5. Please attach quote using the "Upload" button below.

Choose File

No file chosen

## 2019-20 Technology Request Form

### Grant Funding Source

\* 1. Please specify the grant that will fund the technology you are requesting.

## 2019-20 Technology Request Form

### Evaluation Plan

## G. Evaluating the Technology

1. Evaluation

i. How do you plan to evaluate the technology after implementation?

2019-20 Technology Request Form

Type of Request

1. Is this an Off-Cycle Request (e.g., not part of the annual planning/program review process)?

Yes

No

2019-20 Technology Request Form

Off-Cycle Requests Only

1. What are the exigent circumstances and/or contributing factors that would qualify this request to be eligible for Off-cycle consideration? Please explain why this request cannot wait until the next annual planning cycle.

2019-20 Technology Request Form

Ready to Submit

1. Are you ready to submit your technology request?

Yes

No



(https://www.abby.com/en-us/finereader/)

1 Billing Information

2 Confirmation and Payment

3 \$ USD Finish

Customer support

English

Language: English

Show price in: USD - United State...

### Products in Your Shopping Cart



ABBY FineReader 15 Standard

Quantity: 2 Price: \$398.00

- Download Insurance Service *i*
- Add Back-up DVD to my order for only \$12.00 *i*
- I have a coupon code

Total: \$398.00

[Back to shopping \(https://abby.store/\)](https://abby.store/)

### Payment Information





Credit Cards

PayPal

Cash at 7-Eleven/ACE

Select other meth... *v*

Check only if you are a company

Email:	<input type="text" value="Email"/>	
Full name:	<input type="text" value="Full name"/>	
City:	<input type="text" value="City"/>	
Zip or postal code:	<input type="text" value="Zip or postal code"/>	
Country:	<input type="text" value="United States of America"/>	
State or province:	<input type="text" value="California"/>	
Card number:	<input type="text" value="Card number"/>	
Card expiration date:	<input type="text" value="Month"/>	<input type="text" value="Year"/>
Security code:	<input type="text" value="CWV2/CVC2 code"/>	
Card holder name:	<input type="text" value="Card holder name"/>	

CONTINUE

Your payment is securely processed by our partner 2Checkout.



## NEED ASSISTANCE?

Check out our Customer Support ([https://checkout.abbyy.com/support/?merchant=ABBYCOM&template=ABBYCOM\\_24420\\_CART&lang=en](https://checkout.abbyy.com/support/?merchant=ABBYCOM&template=ABBYCOM_24420_CART&lang=en)) for more information on online payment related issues, order status and transactions.

For prompt service, please state the order number from your confirmation email as a reference. We are happy to answer any questions you might have on the ordering process.



## HOTLINE:

**(888) 247-1614** (USA/Canada)

**+31 88 000 0008** (International)

**+1 (650) 963-5701** (USA/Canada)

24/7 English phone support for online payment related issues.

Order processed by 2Checkout, authorized reseller and merchant of the products and services offered within this store. Avangate Inc dba 2Checkout | 9040 Roswell Rd, Ste 450, Atlanta, 30350, USA

[Privacy Policy \(privacy.php?CART\\_ID=6afb0cad0afee4bf3530141698ad21c\)](#) | [Terms and Conditions \(terms\\_conditions.php?CART\\_ID=6afb0cad0afee4bf3530141698ad21c\)](#) | [Refund Policy \(refund\\_policy.php?CART\\_ID=6afb0cad0afee4bf3530141698ad21c\)](#)