# 2025-2026 College Technology Request Form

For Annual Planning and Program Review Requests

Date:
Is this request connected to another request?
□ Facilities Resource Request:  ROC Request:
This form is used to request the purchase of technology (hardware or software) for departments at Cuyamaca College. Annual planning/program review requests are reviewed and prioritized in the <b>Spring</b> .
<b>Off-cycle requests</b> (submitted outside of the planning window) must use this form and indicate urgent circumstances.
★ Important:
Please submit one form per request.
<ul> <li>If requesting technology replacements for standard classroom equipment, office computers, or software please contact Dean Hurtado Soto</li> </ul>
<u>jessica.hurtadosoto@gcccd.edu.</u> Items requested may be part of the <b>5-year replacement</b> funding cycle.
• For <b>quote and estimate assistance</b> , contact <b>Camillo Hernandez-Lutu</b> <a href="mailto:camillo.hernandez@gcccd.edu">camillo.hernandez@gcccd.edu</a> and please allow at least <b>2 weeks</b> for an estimate.
OFF-CYCLE REQUESTS?
Is this an Off-Cycle Request
□ Yes □ No

If yes, please describe the urgent need and why it cannot wait for the next planning cycle: *Include timeline impacts, accreditation, legal deadlines, etc.* 

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SEC	TION A: GENERAL INFORMATION
1.	Has this request been discussed with your dean?
	a. 🗆 Yes — Dean's Name:
	b. $\square$ No (Please make sure this request is approved by your dean before
	completing the form)
2.	<b>Title of Request</b> : (Short title summarizing the technology/software needed)
3.	<b>Department</b> : (Specify the department or division submitting the request)
4.	Primary Contact Person: (Name, title, email, and phone number)
5.	Type of Request:
	a. □ Hardware
	b. □ Software
	c. □ Both
6.	Is this a new purchase or an upgrade/replacement?
	a. □ New
	b. 🗆 Upgrade/Replacement

### **SECTION B: TECHNOLOGY DESCRIPTION & COST**

8.	Description of Technology or Software: Provide item name(s), use case, specs, quantity, purpose, and any features or integration needs.
9.	Are there any additional funds or resources needed? (e.g., installation, programming or storage)
	☐ Yes — Please describe:
	□No
11	. <b>Total Estimated Cost</b> (hardware, licensing, shipping, taxes, etc.): Please upload a
	quote.
Up	oload a price quote
12	If funding source has been identified, please select the type of funding:  General Fund Grant — Name of Grant:  Other:

## **SECTION C: STRATEGIC ALIGNMENT**

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14. How does this request align with the College and District Strategic Plan?

Describe how the request supports student success, equity, or operational excellence.

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	ch Strategic Plan priority does this request support? Select all that a
	crease equitable access
	iminate equity gaps in course success
	crease persistence and eliminate equity gaps
	crease completion and eliminate equity gaps crease hiring and retention of diverse employees
	, ,
	<b>does this request support the selected priorities?</b> Include details su tilingual access, inclusive content, accessibility features, engagement, e
	will be impacted by this request? (Select all that apply):
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SEC	TION D: STATEWIDE INITIATIVES AND LEGAL
MAN	IDATES
20.	Does this request support a statewide initiative or legal mandate?
	□Yes
	□ No
21.	<b>If yes, please explain:</b> Cite any relevant laws, initiatives, or compliance factors.
SEC	TION E: CRITICALITY AND TIMELINE Preferred time of
impler	mentation: e.g., Fall 2025, ASAP, etc. How critical is this request to current
curricu	ulum or service delivery? (1 = Preferred, but not essential; 5 = Cannot deliver
service	es without it).

#### **SECTION F: SUPPORTING DATA**

institutional	 	
	<b>cs (optional):</b> E.g., ent increased by 40	 nproves
		 nproves
		 nproves
		 nproves

**(b)** Upload Supporting Documents

### **SECTION G: EVALUATION PLAN**

27. How will you evaluate the effectiveness of this technology after implementation? Include both qualitative and quantitative methods (surveys, analytics, cost analysis, feedback, etc.).