CSU Channel Islands Accessible E&IT Pre-Purchase Form

# Purpose of the Conducting Research

In compliance with California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, the University must apply accessibility standards to Electronic and Information Technology (E&IT) products and services that it buys, creates, uses and maintains. When researching products it is the university’s responsibility to obtain the most accessible product that meets the business needs.

# Instructions

1. The person actually using the product or service is responsible for completing the requester information and the product/service information sections.
2. This form must be completed and attached along with any vendor quote to an online requisition in PeopleSoft.
3. Requests for Apple voucher purchases must first complete this form and submit the form to Technology and Communications (T&C) for their approval. After approval, T&C will purchase the voucher then notify Procurement and the person requesting the voucher when it has been issued, what the voucher number is and when the voucher is available for pickup at T&C.
4. The Procurement ATI Compliance Specialist and T&C will review the form and either proceed with the purchase or inform the person using the product or services that further information is needed prior to the purchase.

# Section 1: Requester Information

| **Online Requisition Number** |  |
| --- | --- |
| **Requester Name** |  |
| **Title** |  |
| **Phone Number** |  |
| **Email** |  |
| **Department/Division** |  |
| **Authorized Contact for Technical Questions** |  |
| **Email** |  |
| **Phone Number** |  |
| **Date Completed** |  |

# Section 2: Product/Service Information

| **Product/Service Name** |  |
| --- | --- |
| **Version Number** |  |
| **Vendor/Developer Name** |  |
| **Apple Voucher: Yes\_\_\_ No \_\_\_ T&C Approval: Yes \_\_\_\_ No \_\_\_\_****Apple Voucher Amount $\_\_\_\_\_\_\_\_** |
| **What does this product/service do, and how will it be used?** *Please write a brief narrative; narrative should contain at least 2 complete sentences.* |
|  |
| **What is the setting this product/service will be used in?** |
| **Setting** | **Yes/No** | **Comments** |
| Individual Work Stations (note quantity) |  |  |
| All employees in a Department, College or Division |  |  |
| Computer Lab (list type of lab) |  |  |
| Classroom |  |  |
| Public Facing (elaborate in comments) |  |  |
| Other purpose - Explain |  |  |
| **In order to determine campus impact, who will be using this product/service?** Please be specific (for example: all students, all web site visitors, employees, only IT staff, etc.) |
| **Group** | **Estimated # of users: list 0 if none or N/A)** | **Comments** |
| Students |  |  |
| Faculty (note if research or course development) |  |  |
| Staff |  |  |
| General Public/Visitors |  |  |
| Other |  |  |
| Note: California Government Code Section 11135 and Section 508 of the Rehabilitation Act of 1973, as amended, require the CSU to purchase the most accessible product that meets the business and functional requirements for the product. |
| **List other competing products been reviewed as part of the selection process for this purchase?**  |
| 1.2.3. |

# Section 3: Procurement Compliance Specialist Decision

| **Review** |
| --- |
| **Impact** | Low | Medium | High |
| **Recommendation**  | **Check** | **Comments** |
| Low impact – full Section 508 review not needed at this time |  |  |
| Approved for Procurement Credit Card Purchase |  |  |
| Documentation Review Needed |  |  |
| Repeat Purchase without changes, previously approved E&IT |  |  |
| Repeat Purchase with changes, review needed |  |  |
| Documentation and Testing Review Needed |  |  |
| Exception Applies |  |  |
| **Accessibility or Purchasing Documentation Needed** |
| **Type of Documentation** |
| VPAT  |  |
| Section 508 Acknowledgement |  |
| DVD’s/ Videos Captions (Closed, open, audio) |  |
| EEAAP (Equally Effective Alternative Access Plan) |  |
| Accessibility Roadmap |  |
| Apple Voucher Number |  |
| Purchase Order Number |  |
| **Testing Request** (List what testing needs to be completed and designate who should complete the testing) |
|  |
| **Comments** |
|  |

# Section 4: Signature

| T&C |  | Date |  |
| --- | --- | --- | --- |
| Procurement |  | Date |  |