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|  | **OFFICE OF ENTERPRISE TECHNOLOGY SERVICES****IT GOVERNANCE****Information Technology (IT) and Telecommunications (TC)** **Spend Request Checklist** |
| Pursuant to [Executive Memorandum 16-02](http://budget.hawaii.gov/statewide-policies/executivememorandums/em-2016/), all IT and TC acquisitions by Executive Branch departments or agencies (with the exception of the Department of Education, University of Hawai‘i, and Office of Hawaiian Affairs) of $100,000 or more must obtain prior approval from the State Chief Information Officer. This dollar threshold applies to budgeted and unbudgeted acquisitions. |
| **REMINDER**: Attach all supporting documents (e.g., forms, vendor quotes, explanatory diagrams, brochures, or other). |
| 1. **Request should include project background and a description of how the purchase will be used to support departmental and/or enterprise goals, including:**
 |
| 1. **Background/Description**

(e.g., to include all applications, systems and components, supported users, functions of the system, purposes, hosted or install location, method of implementation and support, use of in-house vs. consultants, etc.) |  |
| 1. **Alternatives Considered**

(e.g., consideration and discussion on alternative approaches, technologies, vendors) |  |
| 1. **Impact If Denied**

(e.g., business impact to the public, department, and/or the State) |  |
| 1. **Installation/Implementation Schedule**

(e.g., equipment install will occur over the next 90 days upon delivery, upgrade will occur in 4th quarter of FY16, or other) |  |
| 1. **Vendor Information**

(Include vendor name, contact name, phone number, and email.) |  |
| 1. **Compliance/Regulatory/Legal**

(Are there compliance, regulatory or legal requirements related to this request? If yes, please describe.) |  |
| 1. **Security — Cyber/Physical**

(Are there additional or unique security requirements related to this request? If yes, please explain.) |  |
| 1. **Health/Safety**

(Is this request in response to addressing Health or Safety issues or concerns in the State? If yes, please describe.) |  |
| 1. **Cost Price Details**
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| 1. **Cost** (Specify initial cost, include all costs broken down by type, e.g., hardware, software, infrastructure/telcom, consulting services, travel, other direct)
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| 1. **Cost Comparison**

(e.g., list info from multiple vendor quotes, license count verification, support level, or other) |  |
| 1. **If purchase not budgeted, explain what trade-offs were made to enable purchase.**

(e.g., delayed purchase of future projects, reduce scope request for a budgeted purchase, or other) |  |
| 1. **Funding Mechanism**

(e.g., G-17-001-T, General Funds, CIP, Special Funds, Federal Funds, or other) |  |
| 1. **Procurement Approach**

(e.g., SPO Price List 12-03, IFB, or other) |  |
| 1. **In-House Personnel**

(e.g., additional position requirements, or reductions) |  |
| 1. **For initial procurement of products or services, include a 5-year Total Cost Ownership (TCO) estimated for Software Subscription (S/S) or Operation & Maintenance (O&M) costs, if applicable.**
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| 1. **Software Subscription**

(TCO estimated, if applicable) |  |
| 1. **Operations & Maintenance**

(TCO estimated, if applicable) |  |
| 1. **For recurring operations and maintenance, attach previous year’s vendor quote and explain any differences, if applicable.**
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| 1. **Products/SKUs**

(Compare against previous quote for accuracy.) |  |
| 1. **License Counts**

(Provide confirmation license counts have been reviewed and verified.) |  |
| 1. **License User Validation**

(Provide a list of users for each license.) |  |
| 1. **License Host Validation**

(Provide a list of hosts for each license.) |  |
| 1. **License Type**

(e.g., subscription, non-perpetual, perpetual or other) |  |
| 1. **Support Level Changes**

(e.g., increase response time from Next Business Day, 8x5, 24x7, 6-hour, or other) |  |
| 1. **Price Increase**

(Explain) |  |
| 1. **Discussion of Benefits (return on investment) to the State, including:**
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| 1. **Return on Investment (ROI)**

(ROI can be described in either conventional business finance terms or terms of impact on the daily life of citizens and visitors to the State – i.e., a “Public ROI”; quantify where feasible, use non-quantifiable measures and descriptors in other cases) |  |
| 1. **Risk Reduction** (How does outcome of this request reduce risk in terms of business continuance, single point of failure, etc.?)
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| 1. **Efficiency Gains**

(e.g. network throughput increase, increase in business process speed, automation of a process, or other) |  |
| 1. **Infrastructure Consolidation, Standardization, or Shared Service Opportunities**

(e.g., purchase will allow us to consolidate multiple sites, standardization across the environment, ability to share network infrastructure with various agencies, or other) |  |
| 1. **What organizational initiatives are being supported?**

(e.g., Legislative, Executive/Governor, Enterprise, Departmental) |  |
| Submit completed form and any attachments to: ETS.ITG@hawaii.gov |