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|  | **OFFICE OF ENTERPRISE TECHNOLOGY SERVICES**  **IT GOVERNANCE**  **Information Technology (IT) and Telecommunications (TC)**  **Spend Request Checklist** |
| This form is to be used to provide supplemental information required for all IT and TC spend requests estimated at $100K or more. | |
| **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., include Department IT Roadmap initiative/project reference, description of 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 FY, or other) |  |
| 1. **Vendor Information**   (If known, 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** | |
| 1. **Cost** (Specify initial cost, include all costs broken down by type, e.g., hardware, software, infrastructure/telcom, consulting services, travel, other direct) |  |
| 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**   (means of financing, i.e., General Funds, CIP, Special Funds, Federal Funds, etc. – and indicate %s for each) |  |
| 1. **Procurement Approach**   (e.g., SPO Price List XX-XX, RFP, IFB, GSA, etc.) |  |
| 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.** | |
| 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.** | |
| 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 confirmation that list of users for each license is valid.) |  |
| 1. **License Host Validation**   (Provide confirmation that list of hosts for each license is valid.) |  |
| 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:** | |
| 1. **Return on Investment (ROI)**   (ROI should be described and quantified where feasible, either hard or soft savings, e.g., cost reduction, cost avoidance, productivity increase, or revenue increase) |  |
| 1. **Risk Reduction**  (How does outcome of this request reduce risk in terms of compliance, business continuance, single point of failure, etc.?) |  |
| 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](mailto:ETS.ITG@hawaii.gov) | |