**Procurement SOFTWARE Questionnaire**

**SUNY Geneseo**

**INSTRUCTIONS**

**To initiate a software purchase, please complete this questionnaire in full and submit with the corresponding purchase requisition (non-catalog order) in KnightSource.** It is recommended that software purchases be submitted at least two (2) months in advance of a new purchase (or renewal), when feasible,to allow for the required accessibility review and procurement processes, including any needed negotiations related to the licensing and/or end user terms, to be completed.

**CONTACT INFORMATION & FUNDING**

1. **Department:** Click or tap here to enter text.

2. **Department Contact Person:** Click or tap here to enter text.

3. **Funding Source:** Click or tap here to enter text.

*(Account approver's signature is required on this Questionnaire.)*

**Business Purpose**

4. Please identify whether the product is new or a renewal, upgrade, or replacement, of an existing product. Choose an item.

4a. If "replacement" was selected, please indicate what product it is replacing. Click or tap here to enter text.

5. Please describe the product, and its intended business purpose (i.e., use).

 Click or tap here to enter text.

**RISK-ASSESSMENT**

6. Please identify *who* will be using the software, as well as *how* they will be using it. Click or tap here to enter text.

7. Please describe what type(s) of data will pass through the software and to which the software provider will have access. Click or tap here to enter text.

8. Please indicate whether the product may require integration with or transfer data into, out of, or between existing SUNY Geneseo systems.

[ ]  Not applicable

[ ]  May require integration with existing Geneseo systems

[ ]  May require transferring data into, out of, or between existing Geneseo systems

9. Please indicate whether CIT has been consulted on this purchase. Yes [ ]  No [ ]

If you answered "yes," please indicated who in CIT was consulted, and whether they expressed any concerns: Click or tap here to enter text.

If you answered "no," please explain why. Click or tap here to enter text.

**VENDOR SELECTION**

10. Please describe the research/review process undertaken that resulted in the product and/or service being selected.

Click or tap here to enter text.

**Required Action by Department**

[ ]  Contact the software provider or reseller to request a copy of the **Voluntary Product Accessibility Template (VPAT)** for the desired product.

[ ]  Submit VPAT to:

1. Procurement Services by attaching the file with the VPAT to the electronic purchase requisition in KnightSource (non-catalog order).

AND

1. Electronic Information Accessibility Committee via the VPAT SUBMISSION - Voluntary Product Accessibility Template located at:

[[*https://docs.google.com/forms/d/e/1FAIpQLSfhRGexaz2d6Jz3bh2WJsHpmBiDyG5Jv0sgQEe3paFeIxvh3g/viewform*](https://docs.google.com/forms/d/e/1FAIpQLSfhRGexaz2d6Jz3bh2WJsHpmBiDyG5Jv0sgQEe3paFeIxvh3g/viewform)](https://docs.google.com/forms/d/e/1FAIpQLSfhRGexaz2d6Jz3bh2WJsHpmBiDyG5Jv0sgQEe3paFeIxvh3g/viewform)

[ ]  If the product will be hosted by the software provider, please download the [**Higher Education Cloud Vendor Assessment Tool (HECVAT)**](https://www.geneseo.edu/sites/default/files/sites/purchasing/Copy%20of%20GeneseoVendorAssessmentTool.xlsx) and ask the software provider to complete and return to you**.**

[ ]  Submit HEVACT to:

Procurement Services by attaching the file with the HEVACT to the electronic purchase requisition (non-catalog order) in KnightSource.

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| **APPROVALS** |
| **For Department**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Department Head\_\_\_\_\_\_\_\_\_\_Date | **Funding Source Approval**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account Approver if not Department Head\_\_\_\_\_\_\_\_\_\_Date |
| **For Procurement Services**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Rebecca E. AnchorDirector of Purchasing & Central Services\_\_\_\_\_\_\_\_\_\_Date |