**Appendix A - Technology Proposal Analysis Checklist**

Replace italicized text in the following checklist.

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| --- | --- | --- | --- |
| Project or Idea Name: | *Short Title for this Project/Idea* | Date: |  |
| Sponsor (and phone number): | *Primary Stakeholder – usually an Administrator, but can be a Planning Council (list Council, Chair and Chair’s phone number)* | Requestor/ Point of Contact (and phone number): | *Person most likely to be making, collecting or coordinating tactical decisions, overseeing (or executing) major tasks* |

**Additional Stakeholders**

*Anyone affected by the project’s implementation/outcome; Can be named individuals or groups (such as all students or all members of a department).*

**Scope/Description**

*Short description of the scope of the project; Should include basic requirements as described from the requestor’s perspective.*

**Benefits, Justification and/or Return on Investment**

*Brief explanation of why this Project or Idea is good for Palomar College.*

**Major Objectives/Deliverables**

*List the Project or Idea outcomes or results of implementing the Project or Idea in order to clarify expectations. Include any required or anticipated timeline for completion.*

**Technology Goal(s)**

Identify which of the Technology Goals this Project or Idea supports:

|  |  |  |
| --- | --- | --- |
| 🗸 | **Technology Goal** | **Work Group Confirmation** |
|  | 1. **Ensure operational data integrity and reliable technology infrastructure** |  |
|  | 1. **Facilitate student services, and enhance teaching and learning objectives, through smart campus, classroom and online technologies** |  |
|  | 1. **Ensure sustainable technology by using current vendor-supported software, by reducing local customizations, and by participating in statewide technology initiatives** |  |
|  | 1. **Optimize business processes and facilitate decision-making through automated workflows, dashboards and targeted reports** |  |
|  | 1. **Train and support users for effective use of technology** |  |
|  | 1. **Maximize efficiency through planned resource stewardship; clarify technology replacement plan and stabilize associated operational funding** |  |

**Impact Considerations**

*Brief notes about the impact of this Project or Idea; Consider the following:*

* *Impact/implication to institutional policies and procedures*
* *State, federal, or regional initiatives*
* *Impact to current operational team and business processes in requestor’s area or other areas*
* *Integration with existing systems/environment/processes*
* *Level of effort by IS, ATRC and/or other departments*
* *Impact/interaction with other technology projects, initiatives and maintenance activities*
* *Technology infrastructure requirements*

**Budget**

*Are funds available or needed? Consider any ongoing operational budget requirements (for example, whether this requires budget for maintenance).*

**Resources (staff, special software/equipment)**

*Who and what is required to complete the project or implement the idea? Consider any ongoing operational staffing required to operate or maintain this Project or Idea.*

**Priority Checklist**

Identify which of the Priority Considerations are addressed by this Project or Idea:

|  |  |  |
| --- | --- | --- |
| Y/N/? | **Priority Considerations** | **Work Group Confirmation** |
|  | **Compliance (e.g., Federal/State Mandate, Accreditation Standards)** *please explain* |  |
|  | **Capacity to Implement, Use and Maintain (review Impact, Budget and Resource Considerations above)** |  |
|  | **Redundancy to existing resource** *please explain* |  |
|  | **Cost Savings to the District** *please explain* |  |
|  | **Return on Investment** *please explain* |  |
|  | **Solves institutional or operational problem or need** *please explain* |  |
|  | **Alignment with Strategic Plan Goals (or other goals, e.g., Instructional Requirements, Enrollment Management, Student Success)** *please explain* |  |
|  | **Time Constraints (review Major Objectives/Deliverables above)** *please explain* |  |
|  | **Technical Currency or Operational Maintenance Requirement** *please explain* |  |
|  | **Efficiency and may have multiple application to different areas** *please explain* |  |
|  | **Other (please describe):** |  |

LAST 2 SECTIONS NOT NEEDED FOR PERKINS/SWP APPLICATIONS-PLEASE SUBMIT CHECKLIST WITH SIGNED TECHNOLOGY APPROVAL FORM

|  |  |
| --- | --- |
| Checklist submitted to Technology Master Plan Work Group: | *date* |
| Checklist returned to Requestor: | *date* |

The Technology Master Plan Work Group reviews Projects and Ideas Quarterly on the third Wednesday of January, April, July and October, and provides a response to assist the requestor and the appropriate Planning Council in establishing the project’s priority.

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| **Technology Master Plan Work Group Response** |
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