



DRAPE: Digital Resources Acquisition Process Request Form

Received by IT: _____

Status: _____

Date: _____
School/Department: _____
Requestor: _____

Form Number (Provided by IT): _____

Title of Software or Hardware: _____ Room Number: _____
Version: _____ Quantity: _____
Publisher: _____ Amount of Annual License Fee: _____
Vendor: _____ Amount of One-Time Cost: _____

Account Number for Purchase → **REQUIRED**

What does this software or hardware do? _____

How will resource be accessed? Network Server Hosted/Cloud/Online Other (Identify)→
Type of Resource: Software Hardware Other:

URL for Technical Specifications → **REQUIRED**

Target Audience (End Users/Learners) _____

Will student data be entered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If YES:	<input type="checkbox"/> Manually?	<input type="checkbox"/> Import?	<input type="checkbox"/> Other?
Will adult data be entered?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	→ If YES:	<input type="checkbox"/> Manually?	<input type="checkbox"/> Import?	<input type="checkbox"/> Other?
What type of data?	<input type="checkbox"/> Directory Only	<input type="checkbox"/> Personal Data	<input type="checkbox"/> Both			
Source of data?	<input type="checkbox"/> PowerSchool	<input type="checkbox"/> Other (Identify)→				

In each area below, indicate at least one item this software or digital resource will address:

Strategic Plan Objectives

- Numeracy/Literacy
- Thinking/Social Skills/Character
- Life-Long Learning

Strategic Plan Strategies

- Innovation/Transformation/Personalization
- Change/Accountability/Communication/Engagement
- Individual/System-Wide Productivity

Pillars of Success

- Leadership
- Students
- Teachers
- Learning Environment
- Community

Technology Dimensions

- Learning Environment
- Professional Capacity
- Instructional Capacity
- Community Connections
- Support Capacity

Notes:

IMPORTANT: Before sending this form to IT, attach printed copies of quotes, contracts, licenses, and terms and conditions. The Legal Office must review these. This form will be returned to you if these items are not attached.

_____ Name of Requestor/Teacher/Staff Member/Etc.	_____ Signature of Requestor (1)	_____ Date of Signature
_____ Name of Principal/Department Head	_____ Signature of Principal/Department Head (2)	_____ Date of Signature
_____ Name of IT Executive Director	_____ Signature of IT Executive Director (3)	_____ Date of Signature
_____ Name of General Counsel/Designee	_____ Signature of General Counsel/Designee (4)	_____ Date of Signature
_____ Name of Chief Officer/Designee	_____ Signature of Chief Officer/Designee (5)	_____ Date of Signature

(1) I would like this item. (2) My school or program needs this item. (3) This item is network appropriate. (4) Legal documents have been reviewed. (5) The District needs this item.