



LOURDES A. LEON GUERRERO

Governor, Maga'håga'

JOSHUA F. TENORIO

Lt. Governor, Sigundo Maga'låhi


TECHNOLOGY ACQUISITION REVIEW (TAR)

OTECH FORM 20-010

COVID-19 RELATED SUPPORT: Technology Project Support requests related to the Government of Guam's COVID-19 response. *(Check box if applicable)*

Government of Guam Technology acquisitions must be reviewed by the Office of Technology (OTECH) for accessibility, information security/compliance, and system/network compatibility prior to acquisition.

1. TAR Submission Date:	2. Updated TAR Submission Date:	3. Version#
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TO:  OFFICE OF TECHNOLOGY GOVERNMENT OF GUAM	FRANCISCO L.G. LUJAN, Jr. Chief Technology Officer Office of Technology GovGuam Data Center 211 Aspinall Avenue Hagåtña, Guam 96910	4. Requestor's Contact (* PROJECT PRIMARY CONTACT):			
		Name:			
		Job Title:			
		Phone:	Mobile:	Fax:	
		Email:			

5. Agency/Project Information:

Department/Agency	Division	Branch/Bureau/Section

6a. Project Name:

6b. Project Type Category: *Identify the Project Type Category most closely describing the project request.*

- Hardware Purchase & Implementation (i.e. desktop, laptop, printer, scanner, server, storage, etc.)
- Network Infrastructure (i.e. data drops, switch routing, etc.)
- GGWAN Services (i.e. connection to the GGWAN, AD services, etc.)
- Telecommunication Purchase & Implementation (i.e. Telephone services, VoIP, etc.)
- Website Services (i.e. new website, new website feature/plugin, etc.)
- Cybersecurity Services (i.e. firewall, patches, antivirus, etc.)
- Software Purchase & Implementation (i.e. new software/application, warrenty, warranty renewals, etc.)
- Other:

6c. Project Description: *Provide a brief description of the project.*

6d. Project History& Background: *Provide some background and briefly describe the current process that is in place.*

6e. Project Resources: *Describe what resources (personnel, funds, etc.) are available and level of commitment to this project if approved.*

6f. Project Funding: *Provide some details regarding funding for this project. Is the project covered under a Federal Grant, Local Funding, etc.? If applicable, include grant expiration dates.*

6g. Project Support Model: Describe the support model (responsible person/organization).

6h. Project Timeline: Provide details pertaining to the project timeline, milestones, implementation target, project and/or funding deadlines, etc.

7. Request OTECH site visit. SITE ADDRESS:

8. Project Category: Identify the most appropriate category for the project from the following list:

- Urgent/Highest Priority:** Projects that need to be accomplished as soon as possible to ensure the ongoing operations of the Government of Guam. These types of projects may impact the health and safety of the general public including GovGuam employees, or they may be due to legal liability issues, or may be required to comply with local or federal law.
- Operational Support:** Projects that are required to ensure the efficient operations of the Government of Guam.
- Enterprise:** Projects that will impact the work and activities of the Government of Guam as a whole.
- Department/Division:** Projects that will support the strategic initiative of the Government of Guam by enhancing or facilitating the function and operations of a department(s).

9. Special Notes/Requests:

USER DISCLAIMER: I certify by my signature that I have read, understand, and agree to abide by the **OTECH IT Hardware and Software Acquisition Policy** and all other applicable IT policies, protocols and regulations. (<https://otech.guam.gov/policies/>)

10. Requestor's Signature: _____ **Date:** _____

FORM SUBMISSION INSTRUCTIONS: All requests must be complete with signatures. All completed forms must be emailed to CTO@otech.guam.gov and cc IT.request@otech.guam.gov

Attach all Technology Acquisition supporting documents, to include, product price quotes, product research, current and/or previous GovGuam Purchase Orders, contracts, etc.

11. Technology Acquisition Review (FOR OTECH USE ONLY)

TAR Received by: _____ **Signature:** _____ **Date:** _____

OTECH Personnel Review (NOTES):

CTO REVIEW

- Technology Acquisition Review Received and Approved
- Technology Acquisition Review Received and Denied due to:

- Technology Acquisition Review Requires additional information:

Signature: _____ Date: _____

OTECH SITE VISIT SCHEDULE

Date: _____
Time: _____
POC Information: _____
Site Address: _____
Notes: _____