

OFFICE AUTOMATION SYSTEM REQUEST AND DESCRIPTION

DATE OF REQUEST

1. OFFICE SYMBOL	2. TITLE OF REQUESTING OFFICE	3. STATUS OF SYSTEM <input type="checkbox"/> PROPOSED <input type="checkbox"/> APPROVED BY OA STEERING COMMITTEE <input type="checkbox"/> OPERATIONAL
4A. INDIVIDUAL TO CONTACT FOR FURTHER INFORMATION	4B. TELEPHONE NO. <i>(Include area code)</i>	
5. MAJOR APPLICATIONS	6. FIVE-YEAR ADP PLAN ACTIVITY NO.	
7. SYSTEM(S) DESCRIPTION <i>(Description of applications, purpose of systems, primary and routine users of the information, attach additional sheets of paper if necessary).</i>		

8. CURRENT EQUIPMENT

9. DEFICIENCIES AND LIMITATIONS *(Explain why the existing system cannot meet the requirements or why it is inefficient in doing so).*

10. SOFTWARE REQUIREMENTS

10A.

- | | |
|---|---|
| <input type="checkbox"/> WORD PROCESSING | <input type="checkbox"/> COMMUNICATION
<i>(Format and speed (Specify))</i> |
| <input type="checkbox"/> ELECTRONIC SPREADSHEET | <input type="checkbox"/> PROGRAMMING
LANGUAGES <i>(Specify)</i> |
| <input type="checkbox"/> DATA BASE MANAGEMENT | <input type="checkbox"/> CALENDAR |
| <input type="checkbox"/> GRAPHICS | <input type="checkbox"/> PROJECT MANAGEMENT |

10B. OPERATING SYSTEM

11. HARDWARE REQUIREMENTS

11A. CONFIGURATION *(Describe or diagram proposed physical arrangement of hardware. Attach additional sheet(s) of paper, if necessary).*

11B. SOURCE

- GSA SINGLE-VENDOR CONTRACT OTHER *(Specify)*
- WAIVER TO GSA SINGLE-VENDOR CONTRACT *(Give vendor's name)*

11C. COMPONENTS *(Specify number of workstations, printers, and any other components used within the system)*

PLANNED NUMBER OF EMPLOYEES ▶		NUMBER OF WORKSTATIONS ▶	
12. TYPE OF ACQUISITION	13. ESTIMATED SYSTEM COST		
<input type="checkbox"/> NEW <input type="checkbox"/> REPLACEMENT <input type="checkbox"/> LEASE RENEWAL <input type="checkbox"/> UPGRADE	A. <input type="checkbox"/> ANNUAL LEASE <input type="checkbox"/> PURCHASE		
	B. HARDWARE	\$	/Per
	C. SOFTWARE	\$	/Per
	D. TRAINING	\$	/Per
	E. MAINTENANCE/SUPPORT	\$	/Per
	F. INSTALLATION	\$	/Per
	G. OTHER <i>(Specify below):</i>	\$	/Per
		\$	
14A. SIGNATURE OF AUTHORIZING OFFICIAL <i>(Head of Service/Staff Office or Regional Administrator)</i>	14B. DATE		