

Ohio Department of Medicaid

IT REQUEST

General Information

Contact Name <i>(person who needs the service)</i>	Contact Office/Bureau name	Date submitted
Contact Address <i>(street, floor, city, state and zip)</i>	Contact e-mail address	Ticket #
Customer Name <i>(person making request)</i>	Phone Number	Contact's Supervisor/Manager Approval
General Cost Estimate \$	Assistant Deputy Director Authorization <i>(indicate approval by signature or attached e-mail)</i> X _____	
Asset Tag Needed <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(any item that can easily walk away should be tagged)</i>		
Type of Service Request <i>(please check all that apply)</i> <input type="checkbox"/> New <input type="checkbox"/> Extension <input type="checkbox"/> Amendment <input type="checkbox"/> Services <input type="checkbox"/> Hardware <input type="checkbox"/> Software <input type="checkbox"/> Other <i>(explain)</i>	This Request is for <input type="checkbox"/> Individual <input type="checkbox"/> Group <input type="checkbox"/> Unit <input type="checkbox"/> Section <input type="checkbox"/> Office <input type="checkbox"/> Enterprise	Is this request for an IT project? <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes Project ID or Name
Are there other related tickets? <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(indicate ticket numbers)</i> Ticket Number Ticket Number	Does this IT Procurement require a firm Purchase Order (PO) date? <input type="checkbox"/> No <input type="checkbox"/> Yes Requested PO Date Reason for PO	Is this request using an existing PO or Contract? <input type="checkbox"/> NA / Unknown <input type="checkbox"/> No <input type="checkbox"/> Yes PO Number Contact Number

Purchasing Information

Is this request a SOLE SOURCE purchase request? <i>(Sole Source = Specific products or services available from <u>Only One</u> source/vendor. No competitive bid for procurement)</i> <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Yes <i>(If "yes", the contact must attach a Sole Source justification memo as a separate document for review).</i>		
Is this request as the result of a DAS-OIT or an ODM Agency Contract/Agreement? <input type="checkbox"/> No <input type="checkbox"/> Yes, If yes list number and name below DAS-OIT or Agency Contract/Agreement Number DAS-OIT or Agency Contract/Agreement Name		
Will this purchase require Federal APD approval? <input type="checkbox"/> Yes <input type="checkbox"/> No	Application Lifecycle and Project System (ALPS) Number	Additional Specifications Needed for Hardware or Software <i>(please attach to ITR)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

Briefly describe your need or purpose of request <i>(include business and/or technical need and what software and/or hardware the service is targeted for. Attach detailed justification).</i>
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Special Delivery Instructions Needed <i>(See Reference Below for bulk items)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
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Additional sheet attached

QTY	Manufacturer	Item or Title	Make and Model # or Version	Description or Item Number	Estimated Cost Each

Additional sheet attached for additional names and Novell ID's of the individuals who will be using the software.

For Software – List, Names, Novell ID's and State of Ohio ID's of individuals that will be using the software.

Rationale	Describe
Is this item / service mandated by or needed to remain compliant with policy, state, or federal regulations? Identify the specific policy or regulation.	
Is this item / service a dependency with higher priority project? If so, identify the project.	
What are the risks associated with NOT obtaining this item / service? (e.g., out of compliance with regulation, service disruptions)	
Are there adverse financial impacts if the service is not obtained? Identify the cost of the impact.	
Identify any recurring costs associated with this request, including annual amounts.	

Funding/Budget Information *(Office Budget coordinators/budget team must complete the below fields).*

Office Budget Coordinator Name	Office Budget Coordinator Phone Number	Office Budget Coordinator Section Email Address		
Budget Coordinator Information				
Address	Floor	City	State	Zip Code
OAKS Speed Chart:		<input type="checkbox"/> Additional sheet attached		

Signature by CIO or Designee *(Sign here or attach email indicating approval or denial)*

X _____

Approved **Denied**

Comments or special Instructions

Special Delivery Instructions

**All skid items will not exceed 52 inches in height including the skid.
All items must be safely secured to the skid and shrink wrapped.**