THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA
SOFTWARE LICENSE SUBSCRIPTIONS / WEB TOOL APPLICATION (Cloud-Based)/iPad APPLICATIONS

The District is required to protect students from accessing inappropriate content. Before completing this form, check the Approved Software and Web Tools list to see if the product is already listed. If not, complete this form to request access, examine the Software / Web Tool, including but not limited to, Terms and Conditions, Privacy Policy, external links and advertisements.

APPLICATION INFORMATION   Date Submitted _____

Section #1 - To Be Completed by Teacher/Staff Member Requesting Software/Web Tool

Requestor's Name:	School/Department:	Phone Ext:
Product Name:	Manufacturer's Name:	Web Tool URL:

Describe the Intended Use of Product:	Subject Material:
	Is This a Pilot? ☐ Yes ☐ No
	Pilot Length: _____ days

Indicate Type of Product Below:	Date Pilot Expires:
☐ Software (Reside on District Computer or Server) ☐ Web Tool (Cloud Based application) ☐ iPad ☐ Other	Cost of Pilot:

Grade Level Targeted: ☐ PreK-2 ☐ 3-5 ☐ 6-8 ☐ K-8 ☐ 9-12 ☐ K-12 ☐ Adult	Number of Students / Users Using the Program at Any Given Time?	Intended Use Time: ☐ Before School ☐ During School ☐ After School ☐ 24 x 7 x 365 ☐ Home Use ☐ Office Use ☐ _____	Who Will Be Using This Product? ☐ Students ☐ Parents ☐ Teachers ☐ Administrators ☐ Support Staff ☐ All of the above	List Costs Below: $_____ Per Student/User $_____ Per Teacher $_____ Per Computer Station $_____ Per Site / School

Will This Be Replacing an Existing Software/Web Tool Product Currently in Use in the District?   ☐ Yes ☐ No
If Yes, Which One? _____

Will This Support or Be Used With an Existing Software/Web Tool Program? Explain How It Will Be Used.

What Does This Software/Web Tool Offer that Current Programs Don't Have?

Will Student Information (Data) Be Entered? ☐ Yes ☐ No If Yes, What Data:	Will There Be One (1) Log-In? (Teacher) ☐ Yes ☐ No	Individual Student Log-ins Required? ☐ Yes ☐ No
	Is the Use of District Naming Conventions Permitted, if Student Names are Required? ☐ Yes ☐ No	

Sales Representative's Name	Phone Number:	Email Address:

Section #2 - To Be Completed by School/Department Administrator

Administrator's Name:	Administrator's Signature	Is School/Department Funding Software/Web Tool if Approved ☐ Yes ☐ No
Will this Software/ Web Tool Be Available to Other Teachers / Staff? ☐ Yes ☐ No	Program Implementation Will Require additional Hardware: ☐ Server, ☐ Computers, ☐ Tablets Other _____	Quantities needed: Server _____ Computers _____ Tablets _____ Other _____	Purchase of Additional Hardware is Funded? ☐ Yes ☐ No

Funding Available From: ☐ School   ☐ District   ☐ Grant   ☐ Internal Funds   ☐ Other _____

If Grant Money is Used, What is the Grant Deadline?

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Section #3 -To Be Completed by the Software/Web Tool Vendor

If Student Information/Data Is Collected, **Where Is It Stored – Region/Country?**	I Have Confirmed Costs Listed in Section 1 ☐ Yes ☐ No
How Long Is Student Information Stored?	**Provide Additional Cost Information Below:**
Can the Student Data Be Deleted or Downloaded to the District Upon Request? ☐ Yes ☐ No	Additional Cost for Support Materials ☐ Yes ☐ No Pricing for Support Materials $_____ / each
What Security Measures are in Place?	Multi-site Discounts Available? ☐ Yes ☐ No List Below or Provide Price Sheet Showing Discount Levels and All Costs Associated with Use.
Bandwidth Requirements?	$_____ Multiple Sites _____ (list #) $_____ District-wide
URL's that Need to Be White Listed	$_____ Training (if applicable) $_____ Annual Maintenance & Support $_____ Other
Is Your Product "One Roster" Compliant? ☐ Yes ☐ No	District-wide Multiple Year Discount Available? ☐ Yes ☐ No
Windows or IOS? Minimum windows version required?	Part of the Florida Data Consortium? ☐ Yes ☐ No Willing to sign Student Data Privacy agreement? ☐ Yes ☐ No
Does application use any deeper learning built in features - Artificial Intelligence?	
Name of person completing this section:	Date completed:
Comment(s):	

Section #4 - To Be Completed by Curriculum & Instruction/Chief Academic Office

Reviewed by Curriculum & Instruction Dept.? ☐ Elementary ☐ Middle ☐ High ☐ All the Above	Will This Be in Addition to or Replacing an Existing Software / Web Tool Currently in Use within the District? ☐ Addition ☐ Replacing, List Current Software/Web Tool _____	Who in Curriculum was Assigned to Review this Software / Web Tool Request? Name_____ Title _____
Describe Intended Use of the Product. How Will it Be Utilized in the Classroom?		
Will Be Considered for More Than One School? ☐ Yes ☐ No		Approved by Curriculum for Submittal to the Software / Web Tool Committee? ☐ Yes ☐ No
Administrator's Signature		
Comments:		

Section #5 - To Be Completed by Records Department

Has the Privacy Policy been Reviewed? ☐ Yes ☐ No	Compliant with FERPA (Family Educational Rights & Privacy Act)? ☐ Yes ☐ No
	Compliant with CIPA (Children's Internet Protection Act)? ☐ Yes ☐ No
Reviewed by	Signature

Section #6 - To Be Completed by Purchasing Department

Have the Terms and Conditions been reviewed? ☐ Yes ☐ No	Is a contract required for this Software/Web tool? ☐ Yes ☐ No ☐ Possible Due to Dollar Amount or if Utilized District Wide.	Any Exceptions to Standard Terms and Conditions? ☐ Yes ☐ No
What Other Areas Need to Be Addressed in the Contract, If Any?		
Reviewed by	Signature	Administrator's Signature

Section #7 - To Be Completed by Information & Technology Division

Comments by **ITSD**:	
Reviewed by (**Director of ITSD**) Name:	Signature:

Comments by **MISD**:	
Reviewed by (Director of **MISD**) Name:	Signature:

Comments by **NISD**:	
Reviewed by (Director of **NISD**) Name:	Signature:

Comments by **MITD**:	
Reviewed by (Director of **MITD**) Name:	Signature:

Comments by **Chief Information Officer**:	
Reviewed by (**Chief Information Officer**) Name:	Signature:

SOFTWARE STATUS (To be completed by – MITD office):

Approved (Enter Date): _____

Approved/Pending Contract (Enter Date): _____

Denied (Enter Date): _____