

# Vendor Question Form

## Instructions:

**This form is not the ITS Checklist.**

After the vendor has completed this form the submitter must fill out the ITS Checklist using this information.

The purpose of the ITS Checklist is to ensure the technology under review meets NAU's standards for ITS, Accessibility and Compliance prior to a contract being signed. This form is to be provided to vendors so that they can provide necessary information to the requester.

If software being purchased is hosted by the vendor or is "cloud" based, the vendor will need to complete the Higher Education Cloud Vendor Assessment Tool.

If you are the vendor, please download, complete, and save this fillable short form. Next, return the completed form to your NAU contact, via e-mail. If you need help completing this form, please reach out to your NAU contact directly.

## Project Information

Type of Purchase\*

- Software  Hardware  Both

Name of Software/Hardware\*

Software Version Number

Short Description of Software/Hardware: \*

Vendor Name\*

Vendor Software Web Page\*

## Software Utilization

### How

Where (or how) will the software be hosted? \*

- Installed on a few local NAU machines  Hosted and maintained by NAU ITS  
 Hosted and maintained by your/the requestor's department  Hosted by a third-party vendor or "cloud"  
 Hybrid - combined NAU and third-party hosting

How will the software be installed? \*

- Installed by vendor  NAU ITS Install  Installed by department

Who will provide end user support? \*

- NAU ITS  Vendor  The requestor's department

Who will provide training? \*

- NAU ITS  Vendor  The requestor's department

## Important Considerations

Will the vendor be providing any hardware installation? \*

Yes  No

Will the vendor modify the software specifically for NAU's needs? \*

Yes  No

Will the vendor be hosting a website on NAU's behalf? \*

Yes  No

Will the vendor create, distribute, and/or publish software code, data images, etc. for NAU? \*

Yes  No

Will the vendor have access to NAU's network that is not accessible to the public? \*

Yes  No

Will the software integrate with another NAU system? \*

Yes  No  I'm not sure

Is there a mobile version? \*

Yes  No  I'm not sure

Will the product require NAU specific branding (adding the NAU logo or NAU colors)? \*

Yes  No  I'm not sure

Will users sign in with their NAU credentials? \*

Yes  No  I'm not sure

Who will manage adding and removing user access? \*

NAU ITS  Vendor  The requestor's department

**Will this application collect or process any of the following information: (If uncertain, please contact [ITS-InformationAssurance@nau.edu](mailto:ITS-InformationAssurance@nau.edu))**

Personally Identifiable Information (PII) (ie: name, DOB, SSN, birth place, address, mother's maiden name) \*

Yes  No  I'm not sure

Credit card payment information\*

Yes  No  I'm not sure

Protected Health Information (PHI) under the definition of the Health Insurance Portability and Accountability Act\*

Yes  No  I'm not sure

Research data that is protected by the Federal Information Security Management Act (FISMA) or any other data use standard\*

Yes  No  I'm not sure

Family Educational Rights and Privacy Act (FERPA) data\*

Yes  No  I'm not sure

## Vendor Project Manager (if any)

Phone #  Full Name  Email Address

## Vendor Contact Information

Phone #  Full Name  Email Address