# Student Technology Fee Operating/Maintenance/Infrastructure Request Form Fiscal Year 2009-10 Northwestern State University of Louisiana

# ALL BLANKS MUST BE FILLED COMPLETELY

Prepared by:STAT	For:Campus Initiative
Department/Unit:STATCollege	:Campus: Campus Community
Which NSTEP Goals/Objectives does this proj	ect meet?1-10
Requested equipment will be located/installed/	housed? Building:Campus Community
Are department property policies and procedur	es in place for requested equipment?Yes
Which individual will be responsible for proper	rty control of the requested equipment?
Signature:	Date:
Proposal Requested Amount:\$_107,909.80	Budget Attached (circle one): YES/NO
Proposal delivered to Student Technology local	ted in Watson Library, Room 113. Date
item. If the proposal does not incl will be retuned to requestor.	ude all requested information, it
1. Describe target audience.	
All students on all NSU campuses will benefit	from these purchases.
2. Describe project/initiative for which you are	requesting funds.
Supplies for student labs; Anti-Virus, AD and p to maintain current software upgrades; Resourc to maintain with current software upgrades and	
<ol> <li>State measurable objectives that will be used project.</li> </ol>	to determine the impact/effectiveness of the
To enhance student learning for all NSU studen	

4. Indicate how each project objective will be evaluated.

The effectiveness of the equipment will be evaluated by the usage of the equipment by the student body at the different locations.

5. If funded, which NSTEP <a href="http://www.nsula.edu/nstep/NSTEP.pdf">http://www.nsula.edu/nstep/NSTEP.pdf</a> objective(s) will this funding of this project advance. How will funding of the project advance the University and College/unit technology plan?

Objectives 1, 2, 3, 4, 5 and 9 will be enhanced.

6. Provide a justification for funding of this project. Estimate the number of student that will be served per academic year and in what ways. Please indicate also any unique needs of the traget group.

This project will directly affect all students on the Natchitoches, Shreveport and Ft. Polk campuses. Distance learning student's will also benefit from the purchase.

7. List those individuals who will be responsible for the implementation of the project/initiative and indicate their demonstrated abilities to accomplish the objectives of the project.

Jennifer Long, Student Technology - will serve as project manager

8. Describe any personnel (technical or otherwise) required to support the project/initiative.

Student Technology will be provide all technical support necessary.

9. Provide a schedule for implementation and evaluation.

Funding - September

Purchase - October

Installation - October/November

Equipment should be available for student use in November.

10. Estimate the expected life of hardware and software. Explain any anticipated equipment/software upgrades during the next five years.

The hardware should have a life span from 4-5 years. This equipment is in a rotation of replacement for student use.

11. Explain in detail a plan and policy that will be in place to ensure property security/controls for any equipment received through a Student Technology Fee.

If you are requesting equipment that will be either/or checkout to students or moved within the department, you must provide a checkout/loan policy.

The department will follow property controls already in place by the university.

12. Attach a letter of support for the project signed by the requesting unit's Dean, the appropriate Vice President (for non-academic units), or the SGA President from the requesting campus (for student requests).

Attached.

# **Budget:**

Lab Supplies	\$35,000.00
McAfee Anti-Virus	\$24,000.30
Imail/Active Directory	\$ 2,695.50
Printing Software for student labs	\$ 3,588.00
SPSS Software Maintenance	\$ 4,813.00
Resource Center Copier	\$ 3,949.00
Microsoft Licenses for student labs	\$23,864.00
Total	\$97,909.80
Maintenance	\$10,000.00
Total	\$10,000.00
Grand Total	\$107,909.80

## Jennifer Long

From:

Tracy Brown

Sent:

Tuesday, September 15, 2009 3:07 PM

To:

Jennifer Long

Subject:

Final McAfee Numbers

Attachments:

NSU - McAfee.pdf; NSU - Future Com Services.pdf

Jennifer,

Here is the final breakdown for the McAfee renewal. I have also attached the quotes for you. Let me know, if you have any questions.

Thanks,

--tracy

McAfee

Cost of

AntiVirus

\$50,890.50 \$17.62

Faculty

\$15,912.09

Staff

\$10,978.11

\$26,890.20

Student Tech

\$15,207.24

**Teaching Labs** 

\$8,793.06

\$24,000.30

\$50,890.50

Tracy Brown Associate Director of Technical Services Northwestern State University Office of Information Systems 200 Roy Hall Natchitoches, LA 71457

Phone: (318) 357-5594



## lpswitch Inc. **Messaging Division**

Thank you for your interest in Ipswitch Messaging software. This Quote -- RCAQ00038428-- is valid till 08/29/2009 Fed ID # 04-312-9831.

#### QUOTATION

From: Phone: Belinda Krueger (706) 312-3587

Email:

bkrueger@imailserver.com

To:

Mike McDonald

Company: Address:

Northwestern State University

998 South Jefferson

Natchitoches, LA 71497 USA

Email: Phone: mwm@nsula.edu

Fax:

3183575594

Date:

07/30/2009

10 Maguire Rd

Suite 220

Lexington, MA 02421

Order Line: (706) 312-3530

Fax: (706) 312-0899

Product Description	Price	<b>Discount</b>	Quantity	<u>Amount</u>	
Imail Premium v11 - Unlimited User License Serivce Agreement	2,995.00	10%	1	2,695.50	
MT-7340-0011					
SN: 292U14C0INKG5PH Quote for Budget Cycle 2010 through 2011					
	Sub Total:  Tax Rate:  Total Fees:			\$2,695.50	
			0.0%		
				\$2,695.50	

10% Education Discount Applied

#### Fast Order Processing:

Orders may be processed via telephone, fax, email or mail to:

Ipswitch, Inc. 753 Broad St. Suite 200 Augusta, GA 30901 Phone: 706-312-3530

Fax: 706-312-0899

Email: MessagingOrders@ipswitch.com

Orders: Ipswitch accepts company Purchase Orders, VISA, Master Card, American Express, check and Wire Transfer of Funds Shipping: FOB Origin. All orders processed within 24 hours and shipped electronically.

#### Payment Information:

Check or Money order payment, make checks payable to "Ipswitch, Inc." and send to:

Ipswitch Inc. 10 Maguire Rd. Suite 220 Lexington, MA 02421 Please pay in US S

Note: To ensure receipt and expedited processing of your payment, please be sure the remittance address is printed in black or blue ink and also includes the four digit zip code extension -- 3726 -- in the address as shown above.

International and Domestic Wire Transfer and ACH/EFT payments should be directed to:

Wachovia Bank, N.A.

1 Boston Place
Boston, MA 02108
ABA# 0211-0110-8
ACCT# 2000031629047
SWIFT CODE # PNBPUS3NNYC
Please pay in US \$

#### \*\*\*Please Note\*\*\*\*

All wire transfers and ACH/EFT payments must reference lpswitch invoice numbers. Please direct all inquiries to Accounts Receivable at: (781) 676-5836

Payment Terms: Net 30 Days in US dollars







# *PaperCut™*

# **ESTIMATE**

Date	Estimate #			
8/4/2009	168			

# 12494 NW 38 AVE Miami, Florida 33054

ALCOHOLOGICA DE LA CONTRACTORIO	and the state of t
Mama	Address
Name	AUUITESS

Northwestern State University Office of Information Technology

Contact: Alfred Ehlers

	Terms	erms P.C		O. Number	
	Net 15		4.2		AM
Description		Qty Cost		Total	
PAPERCUT NG LICENSE QUOTATION					
PaperCut NG Print Control for 3,000 Users (Education Price)				1,100.00	1,100.00
PaperCut NG Print Control for 9,000 Additional Us	ers (Education Price	ce)	9,000	0.21	1,890.00
First Year Premium Support @20% of Basic Licens	se Price		1	598.00	598.00
driver updates or Operational Systems (OS) level par License Extras PaperCut NG Additional Print Release Stations (1st PaperCut NG Tailor Web Tools (Optional, It will be PaperCut NG License Extension to cover additional PaperCut NG License Exception to cover 25,000 us	Included w/License added upon appro	se) oval)	0 0 3	200.00 200.00 0.00 0.00	0.00 0.00 0.00 0.00
This quotation is valid for 40 days from the date of i	issue.	Subtota	1	63,588.00	
Notes: PaperCut licences cover the listed number of users within a single or	ganization. This is an	Sales Tax (7.0%)		\$0.00	
organization-wide license with no limits on the number of servers, we	orkstations, or printers.			- <del></del>	3,588.00

Signature

Phone #	Fax#	E-mail	Web Site
800-236-8499	305-681-7446	info@mjprintcontrol.com	www.mjprintcontrol.com

RENEWAL INVOICE #: 00123503 **INVOICE DATE: 7/22/2009** 

Bill To:

Northwestern State University

Attn: Jennifer Long - Martin

Central Receiving, 998 South Jefferson,

NATCHITOCHES, LA, 71497

Ship To:

Northwestern State University Attn: Jennifer Long - Martin

Central Receiving, 998 South Jefferson,

NATCHITOCHES, LA, 71497

Customer No: 100427723 Contract No:

120205322

Renewal Representative: Andrew McGuire Representative Email: amcguire@spss.com

Representative Phone: (312) 651-3775

Туре	Product	License Method	Service ID	Service Start Date	Service End Date	Users	Price
Renewal Perpetual	PASW® Regression	Right to Copy	599065	10/27/2009	10/26/2010	25	USD 1,749.00
Renewal Perpetual	PASW® Statistics Base	Right to Copy	599064	10/27/2009	10/26/2010	75	USD 3,064.00
SUBTOTA	L	- Language				USI	D 4,813.00
SALES TA	X (X%)						\$X.XX
TOTAL PI	RICE			Million 185, 487, 487, 487, 487, 487, 487, 487, 487			\$X.XX

#### PAYMENT OPTIONS

All remittances must reference the Renewal Invoice number above. Purchase Orders may be submitted for Renewals in excess of \$1000.00. Invoice is subject to applicable sales tax and shipping. Contact your Renewal Representative for any questions.

Terms:

Payment due prior to service start date

(Service will automatically be TERMINATED 90 days after the service start date for any assets not renewed. To reinstate service, back maintenance and additional fees will be charged).

Tax IDs:

FEIN # 36-2815480 GST # 87921 0524 RT0001

USA Remit To:

1213 PAYSPHERE CIRCLE

Chicago, IL 60674

ACH Payments:

ABA: 071000039, Account 5800441346

Electronic Payment:

ABA: 026009593, Account 5800441346, Swift Code: BOFAUS3N

Bank of America

100 W. 33rd Street, New York, NY 10001

CANADA Remit To:

SPSS Inc. B9270 PO Box 9100 Postal Station F, Toronto, Ontario M4Y 3A5 Sort Code: 024156792, Account 48046205, Swift Code: BOFACATT

Bank of America, NA Canada Branch

200 Front Street West 26th Floor, Toronto, Ontario M5V 3L2