TELECOMMUNCATIONS SYSTEM STUDY REPORT
DOA-6497 (R08/95)
Wis Statute 16.99

State of Wisconsin
Department of E-Government
Bureau of Network Services

Agency	Contact	Date
Subject of Study	Address	Phone ( )

Instructions

This report and an analysis of the proposed purchase must be completed for voice and data communications services with annual expenditures of more than $10,000 or voice / data telecommunications equipment expenditures of more than $10,000. Equipment and services include, but are not limited to Voice Processing, Video Conferencing, PBX and Key Systems, ACD, Non-STS Long Distance, ISDN and IVR, and LAN Interconnection (WAN) Services.

This report does not need to be completed for LAN equipment or existing WAN data communication systems which will simply add drops to the State s Consolidated Data Network.

Submit two (2) copies with attachments as needed to:

Department of E-Government - BNS
State Acquisitions Manager
101 E. Wilson St, 8th Floor or P.O. Box 7844
Madison, WI 53707-7844

1. Proposed Equipment Purchase

2. Is this proposed purchase included in your Information Technology Plan on file with the Wisconsin Department of Administration?

No _____ If No, complete the rest of this form.

Yes _____ If Yes, does your IT Plan specifically cite the above proposed equipment or purchase, goal(s) or problem(s) and specific objective(s), cost / benefit analysis, alternatives explored, and reasons for recommendation?

No _____ If No, complete the rest of the form.

Yes _____ If Yes, cite the specific section(s), page number(s) and paragraph(s) for the above information.

3. Goal or Problem and Specific Objective(s) *(Attach additional sheets as necessary)* o Attachment

4. Cost / Benefit Analysis *(Attach additional sheets as necessary)* o Attachment

5. Alternatives Explored *(Attach additional sheets as necessary)* o Attachment

6. Recommendation / Justification *(Attach additional sheets as necessary)* o Attachment

7. Method of Purchase: *(Attach additional sheets as necessary)* o Attachment

Cash: Yes _____ No _____ Financed: Yes _____ No _____

If Financed, check which of the following applies?

_____ Master lease _____ Private _____ Other (Be specific) _____

Agency Telecommunications Approval	Date	Bureau of Telecommunications Management Approval	Date