**Instructions:**

*Please answer the questions below as best you can. The Service’s Program Managers will review your request and will let you know if any additional information is needed.*

***Thank you for submitting your technology request!***

**Name**: Click here to enter text. **Department**: Click here to enter text. **Date**: Click here to enter text.

1. **What technology equipment are you requesting to be implemented (Please Include Links for online purchases where possible)?**

Click here to enter text.

1. **Where will the technology be implemented? (Select all that apply)**

[ ] Innovations Group Homes

[ ] Innovations Host Homes

[ ] Innovations Family Model

[ ] Innovations Companion Homes

[ ] Core Labor Source

[ ] Out and About

[ ] Mental Health Services

[ ] Other: Click here to enter text.

1. **What individuals will be impacted (check all that apply):**

[ ] Staff; who: Click here to enter text.

[ ] Individual(s) in services; who: Click here to enter text.

1. **What supports will this provide for the individual(s) being impacted?**

Click here to enter text.

1. **What is the overall goal?**

Click here to enter text.

1. **Is there an ISSP already in place or will this be a part of a new ISSP goal?**

Click here to enter text.

1. **What are the metrics for criteria of effectiveness?**

Click here to enter text.

1. **Data collection will be required if approved:**
	1. **What type of data will be collected (i.e., Time on Task, Number of Prompts required, etc.)?**

Click here to enter text.

* 1. **How will baseline data be collected?**

Click here to enter text.

* 1. **How will ongoing data be collected?**

Click here to enter text.

* 1. **Where will these data be stored?**

Click here to enter text.

1. **What will be needed in addition to the equipment for this to be successful?**

Click here to enter text.

1. **What is the cost of the technology?**

Click here to enter text.

1. **What funding source are you requesting to use for purchasing the equipment?**

[ ]  Foundation dollars

[ ]  Grant funding

[ ]  Donation

[ ]  Using current budget

[ ]  Other: Click here to enter text.

1. **What is the implementation timeline?**

Click here to enter text.

1. **Does it meet the Imagine tech priority of implementing emerging technology that can be utilized in an individual’s daily routine in order to make their lives easier, healthier, and more fulfilling?**

[ ]  Yes

[ ]  No

**Send your completed form to:**

Laurel Rochester

Lrochester@imaginecolorado.org