Business Investment Request Form

Overall Status:					
	Approve	d			
	Approval	Date:			
	2/14/202	20			
Contact Information					
Today's Date:		Reference Number, if ag	oplicable (e.g. Remedy # or TSR):		
12/18/2019					
Requester's Name:		Owning Department:			
Maria Dominguez		Library Department			
This field will auto populate upon Save or Submit		, ,			
Request Details					
Request and/or Project Title:	Requested Start Date:		Requested Completion Date:		
Library Department: Renewal eLibrary	1/1/2020		1/31/2020		
State the business need:					
The Library Department is seeking a blanket v Waiver Request – List of Resources," from 202 was discussed with, and recommended by Sh The subscriptions listed do not store City own membership in order to have access to that re	20 -2026. The next renewal of annon M. Lawson, City of Pho led data and use a referring L	subscription content ser senix ACIO/CISO.	vices will be in 2025. A blanket renewal		
Explain the benefits and value if request is fulf	filled:				
Benefit 2: The eLibrary collection can continue branch locations circulate combined in a mon Benefit 3: The eLibrary is open 24/7. Select expected business outcome(s) if reques	th.	circulating collection, circu	ulating an equivalent of what 15 of our		
Reduce Costs Inci	rease Efficiencies	Increase Revenue	Mitigate Risk		
Continue Operations	Improve Customer S	ervice	Resolve Compliance Issue		
Vendor if Known:					
various, see attachement					
Explain business risk and impact if request is n	not fulfilled:				
Risk 1: Lapses is services would diminished se Risk 2: Increased staff overhead for one perso Risk 3: Availability of some resources would in	on that manages the system's	eLibrary collection.	is the largest contributor is the state.		
Security Details					
Will the outcome of this procurement result No Yes	lt in technical configuration c	hanges to existing cloud o	or on-premise City systems?*		
 Will the product or service of an outside particity of Phoenix information by that or any or No Yes 		olve the processing, revie	w, maintenance, retention, or use of		
 Will the product or service involve hosting outside parties) or CoP information?* No Yes 	by an outside party (i.e. off-si	te storage or cloud-based	I hosting by one or more		
4. Will any outside party have access to serve and documentation, electronic spreadsheet No Yes		information, whether ele	ectronic or physical (i.e. paper files		
5. Specify all personally identifiable information (PII) data elements that will be shared with or accessed by any outside party for					

this product or service (i.e. social security numbers, credit card numbers, financial accounts or records, employee names or

records, addresses, etc.).

Financial Details

This is a request for:		Specify available funding source(s):		
Spending Current Appropriation				
General	Enterprise	Grant		
Other				
Cost Center/WBS:		GL:		
754000000		520912		
Initial Cost:		Annual Maintenance Cost:	Annual Maintenance Cost:	
(Le	eave fields blank if estima	ates or actuals are unknown)		
On Behalf Of: (Middle Manager or Above) Maria Dominguez		Attachments can have letters and numbers in the title, but not characters. Characters in the name will result in an error and the request will not be submitted.	To submit, please provide required fields	

BIRF 6 Year Waiver Request -List of Resources.xlsx