

lynda.com
Plan for Implementation
Spring 07

The Web program would like to enhance all its courses by offering the students access to a diverse movie library, covering the topics we teach as well as other topics students may be interested in. This QuickTime movie library can be accessed by Web students from anywhere; most movies are closed captioned. Students can work at their own pace in a Windows or Mac environment. Over ~15,200 movies are available. Using these movies will enhance web-delivered courses by providing up-to-date instruction with samples, examples, and show-and-tell that an online instructor cannot do. In a traditional classroom, these techniques are readily available through instructor demonstration with computer/projector and actual live demonstration. These movies will provide this type training for the online students. Students can dig deeper into topics presented since they will have access to the entire library or can explore topics they wish to know about but are not covered in the courses they are taking.

These classes will use lynda.com movies as a pilot during Spring 07:

WEB 2210	Martha Merrill
MDT 1000	Michael Tomlinson
WEB 2220	Don Amos
WEB 2701-02-03	Dawn Goodrich
WEB 2812	Michael Tomlinson
WEB 2200	Linda Randolph

Each lead instructor/instructor is to prepare quizzes/assignments/graded exercises in each course to encourage the students to utilize the movies. Reports will be generated showing student usage. The program will look at the value-added benefit of the movies to the curriculum; hopefully improvements will show up in terms of standards for success in the courses.

The plan is to incorporate the movies in each WEB course if the pilot is deemed successful.

Purpose: You must complete this form for purchases where the basis for the vendor selection is:

1. There is only one *specific* supply or service that can reasonably meet your need
2. There is only one vendor who can reasonably provide that supply or service.

You **MUST** meet BOTH criteria to have a sole source procurement.

You **MUST** meet criteria #1 to have a *brand name* sole source procurement.

Requesting Department: _____ Date of Request: _____

Contact Name: _____ E-Mail: _____

Phone: _____ FAX: _____

Before a decision can be made to approve your request for Sole Source purchase, the following information is needed. Please provide all of the requested information on this form and submit it to the Purchasing Department.

Note: A sole source justification cannot be based on price alone.

Vendor Name: _____

Vendor Contact: _____

Phone: _____ FAX: _____

Check one: This is a recurring purchase from _____ to _____ (cannot exceed 1 yr); OR
 This is a one-time purchase for this product or service.

Note: If additional space is required, use additional sheets of paper and submit with this completed form.

1. NEEDS STATEMENT

Describe in detail the product and/or service to be purchased and how they meet your needs.

2. FEATURES REQUIREMENTS

What unique design/performance features does this product/service have that are essential to your requirements? Please provide a brief, yet technical, explanation as to why these features are essential. Provide the manufacturer and model of your existing equipment. List the major features/capabilities of the product/service that are required:

Web-delivered content (QuickTime movies) on these applications:

3Ds Max	Internet Explorer
Access	iPhoto
Acobat	iTunes
AfterEffects	iWeb
Amorphium Pro	Keynote
Aperture	LiveType
Audition	Mac OS
Blogger	Mac OS Server
Carrar	Maya
Cinema4D	Motion
ColdFusion	Movie Maker
Compressor	Office 2003
Contribute	Outlook
Corel Draw	Pages
Director	PaintShop Pro
Dreamweaver	Painter
DVDStudioPro	Photoshop (all versions)
eBay	Photoshop 6-7-CS-CS2
Encore DVD	Photoshop Elements
Excel	Picassa
FileMakerPro	PowerPoint
Final Cut Pro	Premier Pro
Fireworks	Publisher
Flash	Quark XPress
Flex	QuickTime
Freehand	SoundTrack Pro
GarageBand	Studio
GoLive	Ultra Dev
iDVD	Veazar
iLife	Visio
Illustrator	Windows XP
iMovie	Word
InCopy	WordPerfect
InDesign	XCelsius

3. COMPETING BRANDS INVESTIGATED

What other suppliers did you contact? Did you consider other products or services with similar capabilities? Indicate the specific brands/models of competitors' products that were investigated and describe why, specifically, they did not meet some, or all, of the FEATURES REQUIREMENTS listed on Item #2. Requestor needs to state that to the best of his/her knowledge, these are the only companies that make this type of equipment. Please list sales representatives and telephone numbers so we may contact these vendors to verify that other products do not meet your needs.

4. BRAND NAME SOLE SOURCE

Is the specific brand/model of product being recommended for purchase available from more than one source (i.e., dealers, distributors)?

Yes No

If "Yes", this will be processed as a brand name sole source. Please provide the company names of known sources:

5. CONFLICT OF INTEREST STATEMENT

The Department agrees that there is no real or potential Conflict of Interest in recommending this product and/or service as a Sole Source procurement.

Department Approval:

By signing below, the Department is certifying that the information submitted on this form is accurate. The final determination of sole source of brand name sole source will be made by the Purchasing Department.

Signature

Date

President Approval:

Signature

Date