

Borough of Naugatuck Technology Needs Assessment-Departmental
Fiscal year July 1, 2016-June 30, 2017

I. Current Status:

Department Name: _____ Department number (ex. 1010): _____

Number of employees: _____ Current number of Computers/Laptops: _____

Current number of Printers/Phones/Cell phones/Tablets etc. _____

Additional Notes: _____

II.

A. Assessment of Department Current Technology Status-Strengths:

B. Assessment of Department Current Technology Status- Weaknesses:

III. 2016-2017 Department Technology Requirements: Please list any technological requirements *greater than \$5000.00* that you need in the next fiscal year, the reason for that need, estimated cost, any projected cost savings and the impact to your operation if not funded and acquired. Please list each requirement as a separate project.

Project 1:

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Project 2:

Project 3:

Project 4:

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IV. Please list any future identified technology needs by year below, estimated project cost and purpose:

FY 2017-2018:

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FY 2018-2019:

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FY 2019-2020:

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Additional Information or Comments:

Department representative: _____ Date presented: _____