

# IHS IT Agency Procurement Request

## Instructions

In response to requirements by FITARA (Federal IT Acquisitions Reform Act) for the implementation of category management, IHS OIT has established new workflows and processes to justify our IT procurements. Our decisions to fund IT purchases must be defensible to auditors and therefore greater detail is required. This form was developed to assist in the gathering and reporting of the additional required details.

*When this form has been completed and all required signatures are collected, attach the completed form and all associated approvals and artifact documents to the IT procurement UFMS requisition.*

**IT Capital Planning and Investment Control (CPIC) Thresholds and Requirements are defined in the [Indian Health Manual \(IHM\) Part 8, Chapter 4](#).**

- Total purchase or contract cost less than \$25K within a five year life cycle – All Form Sections (except E –IT Governance) must be completed.
- Total purchase or contract cost greater than \$25k within a five year lifecycle:
  - Require IT governance documentation and approval through the Capital Planning and Investment Control (CPIC) process. CPIC is a structured approach to managing IT investments to ensure that IT investments align with the IHS mission, strategic goals, and supports business needs, while minimizing risks and maximizing returns throughout an investment’s life cycle.

The Capital Planning and Investment Control (CPIC) Business Needs Statement and Business Case Manager application was developed to facilitate the creation and tracking of the required IT governance documentation. The URL to the application is <https://home.ihs.gov/cpicwebapp>.

Questions about the CPIC process should be submitted to [CPICSupport@ihs.gov](mailto:CPICSupport@ihs.gov).

- Require that all Form Sections below must be completed.

## Accessibility Requirements

All IT Procurement are subject to Section 508 of the Rehabilitation Act, and Part 339 of the HHS Acquisition Regulations (HHSAR). Information and regulations for procuring accessible IT can be found at the following:

- GSA: [Procuring Accessible Information and Communications Technology \(ICT\)](#)
- GSA: [BuyAccessible Wizard](#) – assists in determining whether or not §508 applies to specific products and services, what sections apply, and documenting ICT accessibility requirements.
- [Part 339 – Acquisition of Information Technology](#) of the HHSAR.

Questions about §508 and the Part 339 of the HHSAR should be submitted to [IHSsection508@ihs.gov](mailto:IHSsection508@ihs.gov)

**Informational Links** *Note: These links require IHS Network or VPN connection for access*

- [OIT Approved Hardware and Software List](#)
- [IT Specific Object Class Codes](#)

# IHS IT Agency Procurement Request

## Procurement Request Form

This document and all associated approvals and artifact documents must be attached with the UFMS requisition for all Information Technology purchases.

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### A. IHS Area/Facility/Office Information

Area/Facility/Office Name:

Address

City

St

Zip

Area/Facility/Office Director

E-Mail

Phone #

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### B. Request/Project Point of Contact Information

Requestor or Primary Point of Contact

E-Mail

Phone #

## C. Request/Project Specifications

Proposed Request/Project Name Priority Tracking Number (Optional)

Brief Description and Justification for Request/Project

This request is  
for a service

This request is for an  
existing contract

Existing  
Contract or PO #

CAN(s) to  
Charge

Estimated Total Request/  
Project Amount

Start of Services

End of Services

If for a Reasonable Accommodation, provide the RA#

Anticipated Supply Source:

NITAAC

NASA SEWP

GSA IT 70

Army CHESS IT

Other

## D. Suggested Vendor and IGCE Information

You can include attachments with this form by using the "Add Attachments" button.

Name:

Address

City

ST

Zip

IGCE Provided By

Phone

E-Mail

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## E. IT Governance - acquisitions \$25K and above within a 5 year life cycle

*(if applicable)*

IT Governance ID Number (Note: this number is assigned during the CPIC process)

Name of Submitted Business Needs Statement and/or Business Case:

Provide the "Review Completed" date for each of the Enterprise Performance Life Cycle (EPLC) stage-gate reviews as appropriate:

### 1) Stage Gate 1 – Architecture Review.

a) Artifact Required: Business Needs Statement

b) Review Completed (date)

### 2) Stage Gate 2 – Project Selection Review.

a) Artifact(s) Required: Business Case and approval by the;

i) Chief Information Officer (CIO) - for less than \$501K within a 5 year life cycle, or

ii) Information Technology Investment Review Board (ITIRB) - for greater than \$501K within a 5 year life cycle

b) CIO or ITIRB Review Completed

### 3) REQUIRED: Include all associated approval documents and artifacts as attachments to the UFMS requisition

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## F. Apple iOS Devices

*(if applicable)*

All new iOS devices being purchase must be associated with the IHS Enterprise Apple Device Enrollment Program (DEP), Customer Account ID 1249115, to enable IHS to automatically associate all Apple iOS devices to the IHS Mobile Device Management (MDM) application. IHS uses MDM to ensure all mobile devices are properly configured to meet federal cybersecurity requirements.

All Apple iOS devices must be purchased from, or thru, a reseller that has an "Apple DEP Reseller ID" (No Exceptions) so that we can ensure the devices are properly configured and managed. The IHS Apple DEP Customer Account ID is 1249115.

The Contracting Officer, or whomever purchases the devices, must obtain the Reseller's DEP ID and provide that ID number to CPICsupport@ihs.gov so OIT can synchronize accounts. This process ensures the device hardware is electronically marked as IHS property, which can't be removed, even by a factory reset.

If the device needs to be surplussed for any reason, the device must be released by the MDM server administrator. If you have specific configuration requirements for these devices that you would like to be managed by the MDM application, please contact Steve Carnes, Acting Director for OIT/DITO and CES Team Lead to discuss.

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## G. Certification

I certify that the following criteria have been met in determining the need for the requested item(s):

The items are absolutely essential to program needs, and are in alignment with the [IHS Approved Equipment List \(AEL\) or Approved Software List \(ASL\)](#). *IF specifications exceed those in the AEL/ASL, provide additional justification in section C.*

The items requested are the least expensive that satisfy the technical needs of the requesting program.

The items meet initial use or replacement standards.

There are no other items available, either from equipment pools or unrequired sources within the Indian Health Service that will meet the program needs.

Staff is now, or will be, qualified to utilize requested items.

If interfaced with IHS network, items have been verified as compatible.

All statements on or attached to this form are a true and accurate representation and are in accordance with applicable laws, departmental regulations, and agency policies.

This purchase will in no way attempt make use of a government purchase card to circumvent IT acquisitions governance process.

Purchase will comply with Part 8, Chapter 4, Capital Planning & Investment Control of the Indian Health Manual

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## H. Approvals and Signatures

All requests require the following approvals:

**Signature: Requestor**

**Signature: Area/Facility/Office IT Approver**

**Signature: Area/Facility/Office ISSO**

**Signature: Area ISC or IHS CIO**

If this request is for a Medical Device that meets the FITARA definition of IT, the AREA Biomedical Engineer must sign.

**Signature: Area/Facility/Office Biomedical Engineer**