



K12 Cooperative Purchasing Program

Understanding that the purchase, management and support of computers take a toll on IT staff at K12 schools in Arizona the State of Arizona is looking to expand the cooperative purchasing program for the collective purchase of digital devices (computers/tablets) and the services that support such devices.

A cooperative purchasing program is that in which multiple school districts or charter schools combine their buying requirements onto a single contract and aggregate volume to enhance their purchasing power. The goal is to create equity in Arizona K12 in a way that small, medium, and larger school districts benefit equally from competitive prices, reduction in time spent in procurement and contracting, and enjoy more favorable terms and conditions.

This "interest form" seeks to capture your interest in participating in this program. This form is not a commitment to participate.

What happens next after you express your interest in participating in this program? By expressing your interest, the State of Arizona will be able to assess the size of this collective participation in diverse purchasing contracts. You will then be invited to provide feedback on the Statement of Work of this program and will be informed about the next steps in the establishment of the next purchasing tasks.

End of Block: INTRODUCTION

Start of Block: LEA

Q4 What is the name of the LEA (Local Education Agency) that you are representing?

Q5 Select whether the LEA you represent is a charter school or a school district (non-charter).
Charter or District?

▼ Charter ... District

Q6 Select the County where your LEA main offices reside
County

▼ Apache ... Mohave

Q7 Is your response at the school level or at the district level?

- My responses are at the District level
- My responses are for an individual school (I am yet to discuss and align with my district)
- Other _____

Q8 Please enter your information.

- First Name _____
- Last Name _____
- Email _____
- Title _____

Q9 Please enter the contact information of your School Superintendent (for school districts) or
Charter Representative (for charter schools)

- First Name _____
- Last Name _____
- Email _____

End of Block: LEA

Start of Block: INTEREST

Q10 In addition to the purchase of digital devices (computes), please select what other types of services you would be interested in receiving as part of the cooperative purchasing program. We will ask you more specifics about the technology and services in the next pages.

- White glove services for staging devices (asset tagging, enrollment or imaging of a device prior to shipping to your school)
- Service to add new devices into your existing inventory management tool (with your permission and access to your systems)
- Accidental damage protection (insurance to reimburse for accidental damages)
- Maintenance support (includes on-site break fixes or shipping devices for repairs)
- Disposal of older / broken devices
- Software for inventory management
- Others _____

End of Block: INTEREST

Start of Block: DEVICES

Page Break

Q11 DEVICES

Q12 Select the "predominant" platform for your Office Productivity tools at your district:
Office productivity tools are the set of applications that allow for the creation of general documents such as spreadsheets, memos, presentations, etc.

- Microsoft
 - Google
 - Other _____
-

Q13 Indicate the **number of devices** that you **currently** have in your district for each of these categories (approximate numbers are OK). Specify the number of devices for students, teachers and other staff.

	Students	Teachers	Others
Google Chromebooks			
Windows Laptops			
Windows Desktops			
Apple Devices			
Other			
Other			

Q14 Please select your typical refresh cycle for each category of devices
On the column, select the number of years that best indicate how often you replace devices for students, teachers or others

	3 years	4 years	5 years	6 years	More than 6 years	No Refresh Plan
Student Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Teacher Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Devices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q15 Provide a projection of the number of devices you plan to purchase in future school years and for each of the categories (estimates are OK).

	2022-2023	2023-2024	2024-2025	2025-2026	2026-2027
Google Chromebooks					
Windows Laptops					
Window Desktops					
Apple Devices					
Other					
Other					

Q16 Specify the type of processor (CPU) that you prefer for each of these categories:

- Student Devices _____
 - Teacher Devices _____
 - Other Devices _____
-

Q17 What is your minimum RAM requirement for each of these categories

- Student Devices _____
 - Teacher Devices _____
 - Other Devices _____
-

Q18 What type of graphics card do you prefer for each of these categories

- Student Devices _____
 - Teacher Devices _____
 - Other Devices _____
-

Q19 What is your preferred size of Hard Drive for each category:

- Student Devices _____
 - Teacher Devices _____
 - Other Devices _____
-

Q20 Please provide your preferred manufacturer / models for Chromebook Devices
Provide your preference for Students, Teachers and Other staff as

applicable. Model 1 is your top preference in models, Model 2 is second preferred option and so on.

	For Students	For Teachers	Others
Manufacturer / Model 1			
Manufacturer / Model 2			
Manufacturer / Model 3			
Manufacturer / Model 4			
Manufacturer / Model 5			

Q21 Please provide your preferred manufacturer / models for Windows Devices
 Provide your preference for Students, Teachers and Other staff as applicable. Model 1 is your top preference in models, Model 2 is second preferred option and so on.

	For Students	For Teachers	Others
Manufacturer / Model 1			
Manufacturer / Model 2			
Manufacturer / Model 3			
Manufacturer / Model 4			
Manufacturer / Model 5			

Q22 Please list the vendors or suppliers from which you typically purchase devices

Supplier 1 _____

Supplier 2 _____

Supplier 3 _____

Supplier 4 _____

Supplier 5 _____

End of Block: DEVICES

Start of Block: SERVICES

Q23 You indicated that you are interested in diverse services for your devices. Please indicate which of these services you are **currently** paying for or already receive from your existing suppliers:

White glove services for staging devices (asset tagging, enrollment or imaging of a device)

Service to add new devices into your existing inventory management tool (with your permission and access to your systems)

Accidental damage protection (insurance to reimburse for accidental damage)

Maintenance support (includes on-site break fixes or shipping devices for repairs)

Disposal of older / broken devices

Others _____

Q24 What is your experience with the services you currently receive from your suppliers?

Q25 Do you have any additional comments or questions regarding the Cooperative Purchasing Program?

Q26 Before submitting your responses, you may want to take some time to review your answers. To do so, click BACK to navigate through the different pages of this form.

When you are ready to complete, click the SUBMIT button below.

The Office of Digital Teaching and Learning will be in touch for next steps in the formation of this K12 cooperative purchasing program.

End of Block: SERVICES
