# Acquisition Team Product Accessibility Form

If you have any questions about the information needed to complete this document, you may contact the University’s ADA Compliance office at (904) 620-2870.

| PMO Section (SECTION FOR PMO PERSONNEL ONLY) |
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### Project Manager/POC for Project

Contact’s Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

1. **Have you reviewed other vendor products for this project?**

**Check yes or no for confirmation:**

Yes, if checked, list the additional products and vendors reviewed by providing additional documentation to ADA.

No

1. **UNF Project Management Office/Procurement Office Signature for validation that each question and request in the PMO Section has been addressed with complete and accurate information and/or additional documentation.**

| Signature: | Date: entry |
| --- | --- |
| Name: | Date: |

| Product Section |
| --- |

### UNF Department/College POC with Management Authority for the Product

Contact’s Name: Click or tap here to enter text.

Title: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

1. **Product Name and version of product considered for purchase:**

Click or tap here to enter text.

1. **Product Vendor:**

Click or tap here to enter text.

1. **Which audience(s) are expected to use this product as part of a University program, activity, or service?** Check all that apply.

**Students:** If yes, who? Please explain: Click or tap here to enter text.

**Faculty/Staff** (UNF employees): If checked, is this product for office use only? Answer below: Click or tap here to enter text.

**The Public** (general public, visitors, alumni, parents, etc.):

**Other:** If checked, please explain below: Click or tap here to enter text.

1. **Who is expected to use this product if purchased? If there are plans to expand the use of the product in the future, please explain (attach additional documentation if necessary.)**

Click or tap here to enter text.

1. **UNF Department/College POC with Management Authority for the Product’s Signature for validation that each question and request in this form has complete and accurate information and/or additional documentation.**

| Signature: | Date: |
| --- | --- |
| Name: | Date: |