University of North Florida: ADA Compliance Office

# VPAT Vendor Intake Form: Requirements for an Audit Review

Completing this document part of ADA Compliance’s three required submission criteria for the UNF acquisition and renewal products. The following three items must be sent to UNF’s ADA Compliance office for product acquisitions and renewal review:

1. a **Sandbox test site** (for ADA Compliance testing),
2. a completed product **Voluntary Product Accessibility Template (VPAT®),**
3. and the **VPAT Vendor Intake Form (this document.)**

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.

1. **Vendor Contact Information:**

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. **Name and version of the product considered for purchase:**

Click or tap here to enter text.

1. **Name and version of the product reviewed for the VPAT®:**

Click or tap here to enter text.

1. **Product vendor:**

Click or tap here to enter text.

1. **Accessibility Commitment: The vendor commits to achieving ICT ADA compliance. Check yes or no for vendor confirmation:**

**Yes, the vendor commits to achieving ICT ADA compliance.**

**No, the vendor does not commit to achieving ICT ADA compliance.**

1. **The product is considered to be or includes which of the following (check all that apply):**

Websites and web-based content (Internet & Intranet)

Web Application

Cloud-based

Non-web Software Application or Operating System

Multimedia (video/audio)

Content management systems

Hardware

Mobile application

Other: If checked, please provide additional information below:

Click or tap here to enter text.

1. **Provide a detailed description of the product (attach additional documentation if necessary):**

Click or tap here to enter text.

1. Vendor Signature for confirmation that each question and request in this form has been addressed with complete and accurate information and/or additional documentation. By signing this form, you are confirming that the following three required submission criteria has been submitted to UNF ADA Compliance:
2. Product VPAT®
3. Product Sandbox (for ADA Compliance testing)
4. VPAT Vendor Intake Form

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