

**Needs and Requirements**



Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Title: \_\_\_\_\_

**1. Booking / Scheduling Requirement**

A	Do you book / schedule any of the items listed to the right?  Additional details: _____ _____ _____  Describe Other:	<input type="checkbox"/> Media - NP <input type="checkbox"/> Equipment <input type="checkbox"/> Rooms <input type="checkbox"/> Print Media <input type="checkbox"/> Personnel <input type="checkbox"/> Meetings <input type="checkbox"/> Digital Media <input type="checkbox"/> Other
B	Do you book / schedule resources by Time and Date or Date only?  Additional details:	Time and Date Date Both
C	Do you book / schedule packages of resources of any type: a.v. carts with media? Additional details:	Yes or No
D	Do you want to allow patrons / faculty the option to place orders online? Additional details:	Yes or No
E	Do you process Recurring Orders: semester, quarterly, etc? Additional details:	Yes or No
F	Do you process on-demand orders—checkouts with and without an existing reservation? Additional details:	Yes or No
G	What is the estimated number of orders processed per year? Additional details:	Total:
H	What kind of requests are these?  Additional details: _____ Describe Other:	<input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Memo <input type="checkbox"/> Other
I	How far in advance are reservations typically received?  Additional details: _____ Describe Other:	<input type="checkbox"/> Same Day <input type="checkbox"/> Weeks <input type="checkbox"/> Months <input type="checkbox"/> Other
J	Do you want the system to generate email confirmations and notices? Additional details:	Yes or No

## 2. Description (Database Detail)

A	What is the present number of inventory types in your collection? Additional details: _____ _____ Describe Other:	Non-Print: _____ Print: _____ Equipment: _____ Rooms: _____ Other: _____ Total:
B	How many pieces (copies) are there of each of the above items? Additional details: _____ _____ Describe Other:	Non-Print: _____ Print: _____ Equipment: _____ Rooms: _____ Other: _____ Total:
C	What is the number of buildings and/or locations serviced by your center? Additional details:	Buildings: _____ Locations: _____ Total:
D	What is the total number of users (patrons) serviced by your center? Additional details:	Total:
E	Does your inventory include library and/or text books? What are the scheduling or circulation requirements for these items? Additional details:	Yes or No
F	Is your data available in any of the formats listed to the right? Is your data currently on another booking system? <span style="float: right;">Yes or No</span> Brand or Model Name: _____ Additional details:	<input type="checkbox"/> MARC <input type="checkbox"/> ASCII <input type="checkbox"/> XML <input type="checkbox"/> Other
G	Is any of your inventory currently bar coded? Note: are your current labels 3 of 9 or Coda Bar, etc. Please specify. Please include sample label(s).	Yes or No
H	Please provide samples of the numbering schemes currently being used to identify inventory, locations, users, etc. Additional details:	

## 3. Other Features / Requirements

A	Do you catalog using MARC records? For conversion purposes, from what source will your current records come? Additional details:	Yes or No
B	For the convenience of your patrons, would you like to catalog your digital content—including subscription services—in your online catalog? Additional details:	Yes or No
C	Do you have any special scheduling requirements? Additional details:	Yes or No
D	Will you be providing any of the following online services? <span style="float: right;">Yes or No</span> Additional details: _____ Describe Other:	<input type="checkbox"/> Third party subscription service <input type="checkbox"/> Local digital content support <input type="checkbox"/> Content downloading <input type="checkbox"/> Real-time streaming <input type="checkbox"/> Other

E	Do you track inventory maintenance and/or repairs? Additional details:	Yes or No
F	Do you require special control for inventory stored in various rooms and/or locations? Additional details:	Yes or No
G	Does your operation include rental and/or sales capability? Additional details:	Yes or No
H	Does your system charge for its service? Yes or No Additional details: _____ Describe Other:	<input type="checkbox"/> Charge Back <input type="checkbox"/> Flat Rate <input type="checkbox"/> Rental Fee <input type="checkbox"/> Annual Charge <input type="checkbox"/> Other
I	Do you require Accounts Receivable capability? Additional details:	Yes or No
J	How many hours per week are spent on the circulation of resources, including supportive paperwork? Additional details:	Total: _____
K	Do you use or require special labels for your materials? Please provide a sample(s). Additional details:	Yes or No
L	Please provide samples of all output requirements - lists, labels and reports: Additional details:	
M	Does your service include off air taping?	Yes or No
N	Do you duplicate (video) material to fill orders?	Yes or No

#### 4. Hardware

A	What types of printers do you have available? Please provide Brand and Model information. Describe Other:	Laser: _____ Dot Matrix: _____ Label Printer: _____ Other:
B	Do you have Bar Code Reading Equipment? Additional details: _____ Describe Other:	Yes or No <input type="checkbox"/> Attached <input type="checkbox"/> Portable <input type="checkbox"/> Both <input type="checkbox"/> Other
C	Other Hardware: Additional details:	More details:
D	How many <b>local workstations</b> are needed as a minimum requirement to start? How many are Windows XP / NT / 2000+ / Vista / V7 Describe Other:	Total: _____ XP: __ NT: __ 2K: __ Vista: __ V7: __ Other:

### 5. Other Characteristics

A	Does your center share resources with other centers? Additional details:	Yes or No
B	Do you wish to produce a hard copy catalog? Additional details:	Yes or No
C	Do you provide subject area research for your printed catalog? Additional details:	Yes or No
D	Do you receive large batches of requests at certain times during the year? Additional details:	Yes or No
E	Do you experience a significant number of “non-ship” days? Additional details:	Yes or No
F	Do you require very detailed statistical reporting? Additional details:	Yes or No
G	Do you require viewer or audience statistics? Additional details:	Yes or No
H	Do you circulate and evaluate vendor previews? Additional details:	Yes or No
I	Do you send a high volume of direct mail pieces to your users? Additional details:	Yes or No

### 6. Additional Information

A	Do you anticipate any dramatic growth in your center / operation in the next three (3) years? For example, are you adding any new services? Additional details:	Yes or No
B	Describe any special characteristics of the center / operation you wish to share? Additional details:	Yes or No
C	When do you anticipate funding will be available for your automation project? Additional details:	Yes or No
D	Do you currently pay an annual “System Support” fee?	Yes or No

**Please indicate if you would like additional information on any of the following Services / Support Options.**

**7. Special Services**

<ul style="list-style-type: none"><li><input type="checkbox"/> Data Conversion - Including Medianet, Media Minder, VIS and many other systems.</li><li><input type="checkbox"/> Installation</li><li><input type="checkbox"/> On-Site Training</li><li><input type="checkbox"/> Technical Support</li><li><input type="checkbox"/> Pre-Paid Annual Support Contract</li><li><input type="checkbox"/> Free Upgrades for Systems Under Support Contract</li></ul>	
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**8. Tek Data Software Options**

<ul style="list-style-type: none"><li><input type="checkbox"/> E/7 Online Booking and Catalog Service (Special Monthly Rates for Small-Sized Operations)</li><li><input type="checkbox"/> Participation in Shared Resources</li><li><input type="checkbox"/> Hourly Scheduling by Time of Day</li><li><input type="checkbox"/> Bar Code Label Production</li><li><input type="checkbox"/> MARC Record Import and Export</li><li><input type="checkbox"/> Hard Copy Catalog</li><li><input type="checkbox"/> Video Streaming Support</li><li><input type="checkbox"/> Meta Data Import</li><li><input type="checkbox"/> Single Sign On for Video Streaming Subscription Services: Discovery, United, Power Media, L360, etc.</li><li><input type="checkbox"/> Very Detailed Statistical Reporting</li><li><input type="checkbox"/> Daily Booking that includes Special Routing / Delivery</li><li><input type="checkbox"/> Recurring Order Processing</li><li><input type="checkbox"/> LADP Support</li><li><input type="checkbox"/> Custom Programming</li></ul> <p>Additional details:</p>
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Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

**Tek Data Systems Company**

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