



TEMPLATE TMP-08 v1.0

Vendor Assessment Form

VENDOR	Service / product scope
{Vendor}	{short description of service / product}
Contact	{Name, email, phone, website, etc. }
information	
Completed by Title Date	

Board approval

Vendor	✓ Yes
Approved	☐ Yes, with mitigations/actions/caveats:
	\square No, reason

This checklist should be completed and saved as a versioned pdf prior to service purchase. May need to be updated prior to extension of service.

1 VENDOR ASSESSMENT

Product/Service Requirements {Product/Service Requirements}			
Vendor reputation and stability			
Service offered, key features and			
functionalities			
Does the service / product fulfil the			
needs:			
 Services, features, functionalities 			
Compliance			
Support			
Budget, cost, pricing plan, cost model			
Additional considerations			