

# TSDS Training and Support Vendor Letter of Intent

To: Texas Education Agency  
 TSDS Training & Deployment Team  
 1701 North Congress Avenue  
 Austin, Texas 78701-1494  
[TSDS\\_training@tea.texas.gov](mailto:TSDS_training@tea.texas.gov)

Vendor Legal Entity Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_

It is the intent of [Entity Name] \_\_\_\_\_ to provide TSDS FCN Level 2 (i.e. ESC Level) training and customer support for the following TSDS components from [Begin Date] \_\_\_\_\_ through [End Date] \_\_\_\_\_. (Select all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> TSDS Incident Management System (TIMS)*    | <input type="checkbox"/> Early Childhood Data System (ECDS)            |
| <input type="checkbox"/> Unique ID (UID)*                           | <input type="checkbox"/> Residential Facility Tracker (RFT)            |
| <input type="checkbox"/> Operational Data Store (ODS)               | <input type="checkbox"/> State Performance Plan Indicator 14 (SPPI-14) |
| <input type="checkbox"/> Public Education Management System (PEIMS) | <input type="checkbox"/> Class Roster (CR)                             |
|   | <input type="checkbox"/> Special Education Language Acquisition (SELA) |
|   | <input type="checkbox"/> Charter School Waitlist (CSW)                 |
|   | <input type="checkbox"/> Child Find (CF)                               |

Estimated number of staff members you intend to send to TEA for certification? \_\_\_\_\_ (Required\*)

**It is our understanding that we will be responsible for providing Customer Support from 7:00 AM to 6:00 PM (CT) Monday through Friday with the following incident response times:**

Severity Category	Criteria & Conditions of Incident
<b>Severity 1</b>	<ul style="list-style-type: none"> <li>The system, component, or application is down and unusable;</li> <li>Critical Services and Schedules will be impacted;</li> <li>The result is a negative LEA-wide Impact to activities; and</li> <li>No alternative or bypass is available.</li> <li>Needed LEA resources must be available to assist with incident resolution until the incident is resolved.</li> <li>Initial response to the ticket in <b>4 business hours</b>.</li> </ul>
<b>Severity 2</b>	<ul style="list-style-type: none"> <li>The system, component, or application is down or unusable;</li> <li>Critical Services and Schedules will be impacted;</li> <li>The result is a negative LEA-wide Impact to Activities; and</li> <li>An alternative or bypass is available.</li> <li>Needed LEA resources must be available to assist with incident resolution until the incident is resolved.</li> <li>Response within <b>8 business hours</b>.</li> </ul>
<b>Severity 3</b>	<ul style="list-style-type: none"> <li>New tickets are Severity 3 by default.</li> <li>The system, component, or application is degraded or difficult to use;</li> <li>There is no critical LEA-wide Impact to Activities; and</li> <li>An alternative or bypass is available.</li> <li>Response in <b>24 business hours</b>.</li> </ul>
<b>Severity 4</b>	<ul style="list-style-type: none"> <li>The system, component, or application is usable but causes some loss of capability;</li> <li>There is no critical LEA-wide Impact to Activities; and</li> <li>Deferred maintenance is acceptable.</li> <li>Response in <b>5 business days</b>.</li> </ul>

## TSDS Training and Support Vendor Letter of Intent

Provide contact information for up to two LEA clients for whom you are providing this training and support so that we can confirm:

LEA 1

- Client LEA Name \_\_\_\_\_
- Point of Contact Name \_\_\_\_\_
- Contact Title \_\_\_\_\_
- Contact Email address \_\_\_\_\_
- Contact Phone number \_\_\_\_\_

LEA 2

- Client LEA Name \_\_\_\_\_
- Point of Contact Name \_\_\_\_\_
- Contact Title \_\_\_\_\_
- Contact Email address \_\_\_\_\_
- Contact Phone number \_\_\_\_\_

Listed below are the Legal and Limited Legal Authorities for *[Entity Name]* \_\_\_\_\_:

Executive Name: \_\_\_\_\_ Title: \_\_\_\_\_ (\*Required)

Email: \_\_\_\_\_ (\*Required)

Limited Authority (backup) Name: \_\_\_\_\_ (\*Required)

Email: \_\_\_\_\_

State Employer Identification Number (EIN) for your organization \_\_\_\_\_

Are you or any of your employees currently an employee of an Education Service Center (ESC) or a Local Education Agency (LEA)?

\_\_\_\_ Yes                      \_\_\_\_ No

**TEA defines Legal Authority as an individual with the authority to act as an approver for authorized TSDS certified employees for your organization, granting said employees access to TSDS components for which they're certified.**

**\*\*In the event the Legal Authority for your organization changes, please submit changes on the signed Letter of Intent: Legal Authority addendum and email to [TSDS\\_training@tea.texas.gov](mailto:TSDS_training@tea.texas.gov).**

\_\_\_\_\_  
Signature of Agent of Entity

\_\_\_\_\_  
Date