

# I. Project Identification

FY2022



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|----------------------|
| <b>Project Title</b> |
|                      |

|               |
|---------------|
| <b>Agency</b> |
| Select Agency |

|                         | Name | Phone | Email |
|-------------------------|------|-------|-------|
| Proposal Submitter      |      |       |       |
| Agency Head             |      |       |       |
| Agency IT Director      |      |       |       |
| Agency CFO              |      |       |       |
| OPM Budget Analyst      |      |       |       |
| Project Manager         |      |       |       |
| Executive Sponsor       |      |       |       |
| Agency LEAN Coordinator |      |       |       |
| Agency Data Officer     |      |       |       |

# II. Project Details

## A. Project Dates

| Proposed Start Date | Expected Completion Date | Project Duration (months) |
|---------------------|--------------------------|---------------------------|
|                     |                          |                           |

B. **Project Description** - Provide a brief high level summary of the project in plain English without technical jargon that also includes the purpose and importance of the project. This information will be used for reporting the project to the Governor, General Assembly and Connecticut Open Data website.

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**C. Summary**

| Summary - Describe the high level summary of what needs to be implemented to complete the project |
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D. **Business Goals** - List up to 5 key business goals you have for this project, when (FY) the goal is expected to be achieved, and how you will measure achievement, Must have at least one. Please use action phrases beginning with a verb to state each goal. Example: "Reduce the Permitting process by 50%". In the Expected Result column, please explain what data you will use to demonstrate the goal is being achieved and any current metrics.

| Business Goal (Action Phase) | Target FY for Goal | Current Condition | Expected Result |
|------------------------------|--------------------|-------------------|-----------------|
|                              | FY23               |                   |                 |
|                              | Select             |                   |                 |
|                              | Select             |                   |                 |
|                              | Select             |                   |                 |
|                              | Select             |                   |                 |

E. **Technology Goals** - From a technical perspective, following the above example, list up to 3 key technology goals you have for this project and in which Fiscal Year (FY) the goal is expected to be achieved. Please use action phrases beginning with a verb to state each goal. Example: "Improve transaction response time by 10%".

| Technology Goal | Target FY for Goal | Current Condition | Expected Result |
|-----------------|--------------------|-------------------|-----------------|
|                 | Select             |                   |                 |
|                 | Select             |                   |                 |
|                 | Select             |                   |                 |

F. **Priority Alignment** - The criteria in this table, in concert with other factors, will be used to determine project priorities in the capital funding approval process. Briefly describe how the proposed projects will align with each criterion.

| Priority Criterion   | Y/N | Explanation |
|--|-----|-------------|
| Is this project aligned with business and IT goals of your agency?   | Yes |             |
| Does this project reduce or prevent future increases to the agency's operating budget?   | Yes |             |
| Will this project result in shared capabilities?   | Yes |             |
| Has the agency performed due diligence to determine if a solution that is currently being used by other state agencies or other states can be leveraged? | Yes |             |
| Is this project being Co-developed through participation of multiple agencies?   | Yes |             |

G. **Organizational Preparedness** - The criteria in this table will be used to determine project implementation capabilities, governance and commitment.

| Preparedness Criterion   | Explanation |
|--|-------------|
| How will your agency be compliant with the <a href="#">Management of State Information Technology Projects policy</a> ? Provide any compliance details to date.                          |             |
| Explain the key milestones or activities that need to be completed as part of the project.   |             |
| Describe the level of commitment that senior management will provide to the project.   |             |
| Will, or has, the agency gone through a LEAN process improvement initiative related to this project? Provide a summary of the LEAN activities.   |             |
| How is the agency prepared for and experienced in Vendor Management?   |             |
| Please indicate if the agency has provided up to date information on the Information Technology Project Portfolio and the Information Technology Application Portfolio SharePoint sites? |             |
| Describe what procurement vehicles are expected for this project such as RFP, use of existing state contract, ITB, etc.  |             |
| How is the agency prepared to support this system once implemented (post-production support)? Who will host the solution?  |             |

H. **Project Ramp Up** - If capital funds are awarded for this project, how long will it take to ramp up? What are the key ramp-up requirements and have any of these already been started? For example, has a project manager been identified? Has an RFI been issued? Is a major procurement required such as an RFP?

I. **Post Production Support** - Do you have the experienced staff with the proper training to sustain this initiative once it's a production system? Do you anticipate having to hire additional staff to sustain this? What training efforts are expected to be needed to maintain this system?

J. **Financial Estimates** - From IT Capital Investment Fund Financial Spreadsheet

| Estimated Total Development Cost   | Estimated total Capital Funding Request | Estimated Annual Operating Cost | One Time Financial Benefit | Recurring Annual Financial Benefit |
|--|---|---------------------------------|----------------------------|------------------------------------|
|  |   |                                 |                            |                                    |
| <b>Explanation of Estimates</b>  |   |                                 |                            |                                    |
|  |   |                                 |                            |                                    |
| <b>Assumptions: Please list key assumptions you are using to estimate project development and implementation costs</b> |   |                                 |                            |                                    |
|  |   |                                 |                            |                                    |

### **III. Expanded Business Case**

- A. Statutory/Regulatory Mandates** - 1) Cite and describe federal and state mandates that this project is intended to address. 2) What would be the impact of non-compliance?

**Statutory / Regulatory Mandates:**

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**Impact of non-compliance:**

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- B. Primary Beneficiaries** - Who will benefit from this project (citizens, businesses, municipalities, other state agencies, staff in your agency, other stakeholders) and in what way? Please be specific.

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**Important:**

- If you have any questions or need assistance completing the form please contact Jim Hadfield - Once you have completed the form and the [IT Capital Investment Fund Financial Spreadsheet](#) please e-mail them to Jim Hadfield.

Jim Hadfield, (860) 418-6438; [Jim.Hadfield@ct.gov](mailto:Jim.Hadfield@ct.gov)