| 1.1 General Information | | | | |
| --- | --- | --- | --- | --- |
| Agency or State Entity Name: | | |  | |
| Organization Code: | | |  | |
| Proposal Name: | | |  | |
| Proposal Description: | | |  | |
| When do you want to start this project?: | | | Date Picker | |
| Department of Technology Project Number: | | | 0000-000 | |
| 1.2 Submittal Information | | | | |
| Contact Information: | | | | |
| Contact First Name | | | | Contact Last Name |
|  | | | |  |
| Contact Email | | | | Contact Phone Number |
|  | | | |  |
| Submission Date: | | | Date Picker | |
| Version Number: | | |  | |
| Project Approval Executive Transmittal | | | |
| Attachment: | Include the Project Approval Executive Transmittal as an attachment to your email submission. | | |

| 1.3 Business Sponsorship |
| --- |

| Executive Sponsors | | | |
| --- | --- | --- | --- |
| Title | **First Name** | **Last Name** | **Business Program Area** | |
|  |  |  |  | |
| *Select + to add additional Executive Sponsors* | | | | |
| Business Owners | | | | |
| Title | **First Name** | **Last Name** | **Business Program Area** | |
|  |  |  |  | |
| *Select + to add additional Business Owners* | | | | |

| **Program Background and Context** |
| --- |
|  |

| **1.4 Stakeholders** |
| --- |
| **Key Stakeholders** |

| Org. Name | Name | |
| --- | --- | --- |
|  |  | |
| Internal or External? | Internal  External | |
| When is the Stakeholder impacted? | | |
| Input to Business Process | During the Business Process | Output of the Business Process |
|  |  |  |
| How are Stakeholders impacted? | | |
|  | | |
| How will the Stakeholders participate in the project? | | |
|  | | |
| *Select + to add additional Stakeholders* | | |

| 1.5 Business Program |
| --- |

| Org. Name | | | | Name | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | |  | | | | |
| When is the unit impacted? | | | | | | | | |
| Input to the Business Process | | | | During the Business Process | | | | Output of the Business Process |
|  | | | |  | | | |  |
| How is the business program unit impacted? | | | | | | | | |
|  | | | | | | | | |
| How will the business program participate in the project? | | | | | | | | |
|  | | | | | | | | |
| *Select + to add additional Business Programs* | | | | | | | | |
| 1.6 Business Alignment | | | | | | | | |
| Business Driver(s) | | | | | | | | |
| Financial Benefit | | | | | | | | |
| Increased Revenue | Cost Savings | | | | Cost Avoidance | | Cost Recovery | |
|  |  | | | |  | |  | |
| Mandate(s) | | | | | | | | |
| State | | | | | | Federal | | |
|  | | | | | |  | | |
| Improvement | | | | | | | | |
| Better Services to Citizens | Efficiencies to Program Operations | | | | Improved Health and/or Human Safety | | Technology Refresh | |
|  |  | | | |  | |  | |
| Security | | | | | | | | |
| Improved Information Security | Improved Business Continuity | | | | Improved Technology Recovery | | Technology End of Life | |
|  |  | | | |  | |  | |
| Strategic Business Alignment | | | | | | | | |
| Strategic Plan Last Updated? | | | | | Date Picker | | | |
| Strategic Business Goal | | | | | Alignment | | | |
|  | | | | |  | | | |
| *Select + to add additional Business Goals and Alignment* | | | | | | | | |
| Executive Summary of the Business Problem or Opportunity | | | | | | | | |
|  | | | | | | | | |
| Business Problem or Opportunity and Objectives Table | | | | | | | | |
| Problem ID | | Problems/Opportunities | | | | | | |
|  | |  | | | | | | |
| Objective ID | |  | | | | | | |
| Objectives | |  | | | | | | |
| Metric | |  | | | | | | |
| Baseline | |  | | | | | | |
| Target | |  | | | | | | |
| Measurement Method | |  | | | | | | |
| *Select + to add additional Objectives* | | |  | | | | | |
| *Select + to add additional Problems* | | |  | | | | | |
| Project Approval Lifecycle Completion and Project Execution Capacity Assessment | | | | | | | | |
| 1. Does the proposal development or project execution anticipate sharing resources (state staff, vendors, consultants or financial) with other priorities within the Agency/state entity (projects, PALs, or programmatic/technology workload)? | | | | | | | | |
|  | | | | | | | | |
| 1. Does the Agency/ state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes? | | | | | | | | |
|  | | | | | | | | |

| 1.7 Project Management |
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| Project Management Risk Score: |  | | | |
| --- | --- | --- | --- | --- |
| Attach completed Statewide Information Management Manual (SIMM) Section 45 Appendix A: | Include the completed SIMM 45 Appendix A as an attachment to your email submission. | | | |
| Existing Data Governance and Data | | | | |
| 1. Does the Agency/state entity have an established data governance body with well-defined roles and responsibilities to support data governance activities? If an existing data governance org chart is used, please attach. | |  | | If applicable, include the data governance org chart as an attachment to your email submission. |
| 1. Does the Agency/state entity have data governance policies (data policies, data standards, etc.) formally defined, documented, and implemented? If yes, please attach the existing data governance plan, policies or IT standards used. | |  | | If applicable, include the data governance policies as an attachment to your email submission. |
| 1. Does the Agency/state entity have data security policies, standards, controls, and procedures formally defined, documented, and implemented? If yes, please attach the existing documented security policies, standards, and controls used. | |  | | If applicable, include the documented security policies, standards, and controls as an attachment to your email submission. |
| 1. Does the Agency/state entity have user accessibility policies, standards, controls, and procedures formally defined, documented, and implemented? If yes, please attach the existing documented policies, accessibility governance plan, and standards used, or provide additional information below. | |  | | If applicable, include the documented accessibility policies, standards, and controls as an attachment to your email submission. |
| 1. Do you have existing data that you are going to want to access in your new solution? | |  | | If applicable, include the data migration plan as an attachment to your email submission. |
| 1. If data migration is required, please rate the quality of the data. | | | Select... | |

| 1.8 Criticality Assessment |
| --- |

| Business Criticality | | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Legislative Mandates: | | | N/A | |  | | | | | | | | |
| Bill Number(s)/Code(s): | | | | | | | |  | | | | | |
| Language that includes system relevant requirements: | | | | | | | |  | | | | | |
| Business Complexity Score | | | |  | | | Include the completed SIMM 45 Appendix C as an attachment to your email submission. | | | | | | |
| Noncompliance Issues | | | | | | | | | | | | | |
| Indicate if your current operations include noncompliance issues and provide a narrative explaining the how the business process is noncompliant. | | | | | | | | | | | | | |
| Programmatic Regulations | HIPPA/CJIS/FTI/PII/PCI | | | | | Security | | | ADA | | Other | | N/A |
|  |  | | | | |  | | |  | |  | |  |
|  | | | | | | | | | | | | | |
| 1. What is the proposed project start date? | | | | | | | | | | | | Date Picker | |
| 1. Is this proposal anticipated to have high public visibility? | | | | | | | | | | | |  | |
| If “Yes,” please identify the dynamics of the anticipated high visibility below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| 1. If there is an existing Privacy Information Assessment, include as an attachment to your email submission. | | | | | | | | | | | | | |
| 1. Does this proposal affect business program staff located in multiple geographic locations? | | | | | | | | | | | |  | |
| If “Yes,” provide an overview of the geographic dynamics below and enter the specific information in the space provided. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| City | | State | | Number of Locations | | | | | | Approximate Number of Staff | | | |
|  | |  | |  | | | | | |  | | | |
| *Select + to add Locations* | | | | | | | | | | | | | |

| 1.9 Funding |
| --- |

| 1. Does the Agency/state entity anticipate requesting additional resources through a budget action to complete the project approval lifecycle? | | |  | |
| --- | --- | --- | --- | --- |
| 1. Will the state possibly incur a financial sanction or penalty if this proposal is not implemented? If yes, please identify the financial impact to the state below: | | |  | |
|  | | | | |
| 1. Has the funding source(s) been identified for this proposal? | | |  | |
| FUNDING SOURCE |  | **FUND AVAILABILITY DATE** | | | |
| General Fund |  | Date Picker | | | |
| Special Fund |  | Date Picker | | | |
| Federal Fund |  | Date Picker | | | |
| Reimbursement |  | Date Picker | | | |
| Bond Fund |  | Date Picker | | | |
| Other Fund |  | Date Picker | | | |
| If “Other Fund” is checked, specify the funding: |  | | | | |
| 1.10 Reportability Assessment | | | | |
| 1. Does the Agency/state entity’s IT activity meet the definition of an IT Project found in the State administrative Manual (SAM) Section 4819.2?   If “No,” this initiative is not an IT project and is not required to complete the Project Approval Lifecycle. | | |  | |
| 1. Does the activity meet the definition of Maintenance or Operations found in SAM Section 4819.2?   If “Yes,” this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report. And provide an explanation below. | | |  | |
|  | | | | |
| 1. Has the project/effort been previously approved and considered an ongoing IT activity identified in SAM Section 4819.2, 4819.40?   If “Yes,” this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report. | | |  |
| 1. Is the project directly associated with any of the following as defined by SAM Section 4812.32?   Single‐function process‐control systems; analog data collection devices, or telemetry systems; telecommunications equipment used exclusively for voice communications; Voice Over Internet Protocol (VOIP) phone systems; acquisition of printers, scanners and copiers.  If “Yes,” this initiative is not required to complete the Project Approval Lifecycle. Please report this workload on the Agency Portfolio Report. | | |  | |
| 1. Is the primary objective of the project to acquire desktop and mobile computing commodities as defined by SAM Section 4819.34, 4989?   If “Yes,” this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity. Submit a copy of the completed, approved Stage 1 Business Analysis to the CDT and track the initiative on the Agency Portfolio Report. | | |  | |
| 1. Does the project meet all of the criteria for Commercial‐off‐the‐Shelf (COTS) Software and Cloud Software‐as‐a‐Services (SaaS) delegation as defined in SAM 4819.34, 4989.2 and SIMM 22   If “Yes,” this initiative is a non-reportable project. Approval of the Project Approval Lifecycle is delegated to the head of the state entity; however, submit an approved SIMM Section 22 form to CDT. | | |  | |
| 1. Will the project require a Budget Action to be completed? | | |  | |
| 1. Is it anticipated that the project will exceed the delegated cost threshold assigned by CDT as identified in SIMM 10? | | |  | |
| 1. Are there any previously imposed conditions place on the state entity or this project by the CDT (e.g., Corrective Action Plan)?   If “Yes,” provide the details regarding the conditions below. | | |  | |
| 10. Is the system specifically mandated by legislation? | | |  | |

| Department of Technology Use Only | |
| --- | --- |
| Original “New Submission” Date | Date Picker |
| Form Received Date | Date Picker |
| Form Accepted Date | Date Picker |
| Form Status | Select... |
| Form Status Date | Date Picker |
| Form Disposition | Select... If “Other,” specify: |
| Form Disposition Date | Date Picker |