# INFORMATION TECHNOLOGY PROJECT SUMMARY PACKAGE

## SECTION A: EXECUTIVE SUMMARY

1. **Submittal Date**

Enter the Submittal Date

1. **Type of Document**

[ ]  **SPR** [ ]  **PSP ONLY** [ ]  **Other:** Enter a description if you selected Other

**Project Number:** Enter the Project Number

1. **Project Title**

Enter the Project Title

**Project Acronym**

Enter the Project Acronym

**Estimated Project Dates**

Start: Estimated Start Date End: Estimated End Date

1. **Submitting Agency/state entity**

Enter the Submitting Agency/state entity

1. **Reporting Agency/state entity**

Enter the Reporting Agency/state entity

1. **Project Objectives**

Enter the Project Objectives

1. **Proposed Solutions**

Enter the Proposed Solutions

1. **Major Milestones Estimated Completion Date**

Major Milestone Line 1Estimated Completion Date Line 1

Major Milestone Line 2Estimated Completion Date Line 2

Major Milestone Line 3Estimated Completion Date Line 3

Major Milestone Line 4Estimated Completion Date Line 4

Major Milestone Line 5Estimated Completion Date Line 5

Major Milestone Line 6Estimated Completion Date Line 6

Major Milestone Line 7Estimated Completion Date Line 7

**PIER**

**Key Deliverables Estimated Completion Date**

Key Deliverables Line 1 Estimated Completion Date Line 1

Key Deliverables Line 2 Estimated Completion Date Line 2

Key Deliverables Line 3 Estimated Completion Date Line 3

Key Deliverables Line 4 Estimated Completion Date Line 4

Key Deliverables Line 5 Estimated Completion Date Line 5

Key Deliverables Line 6 Estimated Completion Date Line 6

## SECTION B: PROJECT CONTACTS

**Project #**

**Doc Type SPR**

### Executive Contacts

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Area Code | Phone # | Ext. | Area Code | Fax # | E-mail |
| Agency Secretary |       |       |     |       |       |     |       |       |
| State Entity Directory |       |       |     |       |       |     |       |       |
| Budget Officer |       |       |     |       |       |     |       |       |
| CIO |       |       |     |       |       |     |       |       |
| Project Sponsor |       |       |     |       |       |     |       |       |

### Direct Contacts

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Area Code | Phone # | Ext. | Area Code | Fax # | E-mail |
| Document prepared by |       |       |     |       |       |     |       |       |
| Primary contact |       |       |     |       |       |     |       |       |
| Project Manager |       |       |     |       |       |     |       |       |

## SECTION C: PROJECT RELEVANCE TO STATE AND/OR DEPARTMENTAL PLANS

**Project #**

**Doc Type SPR**

1. **What is the date of your current Technology Recovery Plan (TRP)?**

**Date**

1. **What is the date of your current Agency Information Management Strategy (AIMS)?**

**Date**

1. **For the proposed project, provide the page reference in your current AIMS and/or strategic business plan.**

**Doc.** **Page #**

1. **Is the project reportable to control agencies?**

[ ]  **Yes** [ ]  **No**

**If YES, CHECK all that apply:**

|  |  |
| --- | --- |
| **[ ]**  | 1. **The project involves a budget action.**
 |
| **[ ]**  | 1. **A new system development or acquisition that is specifically required by legislative mandate or is subject to special legislative review as specified in budget control language or other legislation.**
 |
| **[ ]**  | 1. **The estimated total development and acquisition costs exceed the Department of Technology’s established Agency/state entity delegated cost threshold and the project does not meet the criteria of a desktop and mobile computing commodity expenditure (see SAM 4989 – 4989.3).**
 |
| **[ ]**  | 1. **The project meets a condition previously imposed by the Department of Technology.**
 |

## SECTION D: BUDGET INFORMATION

**Project #**

**Doc Type SPR**

**Budget Augmentation Required?**

[ ]  No [ ]  Yes

**If yes, indicate fiscal year(s) and associated amount:**

|  |  |
| --- | --- |
| **FY** |  |
| **$** |
| **FY** |  |
| **$** |
| **FY** |  |
| **$** |
| **FY** |  |
| **$** |
| **FY** |  |
| **$** |

### Project Costs

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Fiscal Year** |       |       |       |       |       | **TOTAL** |
| **2.** | **One-Time Cost** |       |       |       |       |       | **$** |
| **3.** | **Continuing Costs** |       |       |       |       |       | **$** |
| **4.** | **TOTAL PROJECT BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** |

### Project Financial Benefits

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5.** | **Cost Savings/Avoidances** | **$**      | **$**      | **$**      | **$**      | **$**      | **$** |
| **6.** | **Revenue Increase** | **$**      | **$**      | **$**      | **$**      | **$**      | **$** |

## SECTION E: VENDOR PROJECT BUDGET

**Project #**

**Doc Type SPR**

|  |  |
| --- | --- |
| **Vendor Cost for SPR Development (if applicable)** | **$**      |
| **Vendor Name** |       |

### Vendor Project Budget

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1.** | **Fiscal Year** |       |       |       |       |       | **TOTAL** |
| **2.** | **Primary Vendor Budget** |       |       |       |       |       | **$** |
| **3.** | **Independent Oversight Budget** |       |       |       |       |       | **$** |
| **4.** | **IV&V Budget** |       |       |       |       |       | **$** |
| **5.** | **Other Budget** |       |       |       |       |       | **$** |
| **6.** | **TOTAL VENDOR BUDGET** | **$** | **$** | **$** | **$** | **$** | **$** |

### Primary Vendor History Specific to this Project

|  |  |  |
| --- | --- | --- |
| **7.** | **Primary Vendor** |       |
| **8.** | **Contract Start Date** |       |
| **9.** | **Contract End Date (projected)** |       |
| **10.** | **Amount** | **$**      |

### Primary Vendor Contacts

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Vendor | First Name | Last Name | Area Code | Phone # | Ext. | Area Code | Fax # | E-mail |
| 11. |       |       |       |     |       |       |     |       |       |
| 12. |       |       |       |     |       |       |     |       |       |
| 13. |       |       |       |     |       |       |     |       |       |

## SECTION F: RISK ASSESSMENT INFORMATION

**Project #**

**Doc Type SPR**

### RISK ASSESSMENT

**Has a Risk Management Plan been developed for this project?**

[ ]  **Yes**  [ ]  **No**

**General Comment(s)**