

# **Stage 1 Business Analysis**

California Department of Technology, SIMM 19A.3 (Ver. 3.0.9, 02/01/2022)

## General Information

1. Agency or State entity Name: Choose an item.

If Agency/State entity is not in the list, enter here with the [organization code](http://dof.ca.gov/Accounting/Policies_and_Procedures/Uniform_Codes_Manual/organization_codes/documents/5orgnumb.pdf).

Click or tap here to enter text.

1. Proposal Name and Acronym: Click or tap here to enter text.
2. Proposal Description: (Provide a brief description of your proposal in 500 characters or less.)

Click or tap here to enter text.

1. Proposed Project Execution Start Date: Click or tap to enter a date.
2. S1BA Version Number: Choose an item.

## Submittal Information

1. Contact Information

Contact Name: Click or tap here to enter text.

Contact Email: Click or tap here to enter text.

Contact Phone: Click or tap here to enter text.

1. Submission Type: Choose an item.

If Withdraw, select Reason: Choose an item.

If Other, specify reason here: Click or tap here to enter text.

Sections Changed, if this is a Submission Update: (List all sections changed.)

Click or tap here to enter text.

Summary of Changes: (Summarize updates made.)

Click or tap here to enter text.

1. Attach [Project Approval Executive Transmittal](https://cdt.ca.gov/policy/simm-19/) to your email submission.
2. Attach [Stage 1 Project Reportability Assessment](https://cdt.ca.gov/policy/simm-19/) to your email submission.

## Business Sponsorship

1. Executive Champion (Sponsor)

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Business Program Area: Click or tap here to enter text.

1. Business Owner

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Business Program Area: Click or tap here to enter text.

1. Product Owner

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Business Program Area: Click or tap here to enter text.

*TIP: Copy and paste or click the + button in the lower right corner on any section to add additional Executive Champions, Business Owners, or Product Owners with their related Business Program Areas as needed.*

## Stakeholder Assessment

The Stakeholder Assessment is designed to give the project team an overview of communication channels that the state entity needs to manage throughout the project. More stakeholders may result in increased complexity to a project.

1. Indicate which of the following are interested in this proposal and/or the outcome of the project. (Select ‘Yes’ or ‘No’ for each.)

State Entity Only: Choose Yes or No.

Other Departments/State Entities: Choose Yes or No.

Public: Choose Yes or No.

Federal Entities: Choose Yes or No.

Governor’s Office: Choose Yes or No.

Legislature: Choose Yes or No.

Media: Choose Yes or No.

Local Entities: Choose Yes or No.

Special Interest Groups: Choose Yes or No.

Other: Choose Yes or No.

1. Describe how each group marked ‘Yes’ will be involved in the planning process.

Click or tap here to enter text.

## Business Program

1. Business Program Name: Click or tap here to enter text.
2. Program Background and Context: (Provide a brief overview of the entity’s business program(s) current operations.)

Click or tap here to enter text.

1. **How will this proposed project impact the product or services supported by the state entity?**

Click or tap here to enter text.

*TIP: Copy and paste or click the + button in the lower right corner to add Business Programs, with background and context and impact descriptions as needed.*

## Project Justification

### Strategic Business Alignment

**Enterprise Architect**

Title: Click or tap here to enter text.

Name: Click or tap here to enter text.

Strategic Plan Last Updated? Click or tap to enter a date.

Strategic Business Goal: Click or tap here to enter text.

Alignment: Click or tap here to enter text.

*TIP: Copy and paste or click the + button in the lower right corner to add Strategic Business Goals and Alignments as needed.*

**Mandate(s):** Choose an item.

Bill Number/Code, if applicable: Click or tap here to enter text.

Add the Bill language that includes system-relevant requirements:

Click or tap here to enter text.

*TIP: Copy and paste or click the + button in the lower right corner to add Bill Numbers/Codes and relevant language as needed.*

### Business Driver(s)

**Financial Benefit:** Choose Yes or No.

Increased Revenue: Choose Yes or No.

Cost Savings: Choose Yes or No.

Cost Avoidance: Choose Yes or No.

Cost Recovery: Choose Yes or No.

Will the state incur a financial penalty or sanction if this proposal is not implemented? Choose Yes or No.

If the answer to the above question is “Yes,” please explain:

Click or tap here to enter text.

**Improvement**

Better Services to the People of California: Choose Yes or No.

Efficiencies to Program Operations: Choose Yes or No.

Improved Equity, Diversity, and/or Inclusivity: Choose Yes or No.

Improved Health and/or Human Safety: Choose Yes or No.

Improved Information Security: Choose Yes or No.

Improved Business Continuity: Choose Yes or No.

Improved Technology Recovery: Choose Yes or No.

Technology Refresh: Choose Yes or No.

Technology End of Life: Choose Yes or No.

## Business Outcomes Desired

### Executive Summary of the Business Problem or Opportunity:

Click or tap here to enter text.

**Objective ID:** Click or tap here to enter text.

**Objective:** Click or tap here to enter text.

**Metric:** Click or tap here to enter text.

**Baseline:** Click or tap here to enter text.

**Target Result:** Click or tap here to enter text.

*TIP: Copy and paste or click the + button in the lower right corner to add Objectives as needed. Please number for reference.*

*TIP: Objectives should identify WHAT needs to be achieved or solved. Each objective should identify HOW the problem statement can be solved and must have a target result that is specific, measurable, attainable, realistic, and time-bound. Objective must cover the specific. Metric and Baseline must detail how the objective is measurable. Target Result needs to support the attainable, realistic, and time-bound requirements.*

## Project Management

### Project Management Risk Score: Click or tap here to enter text.

(Attach a completed [Statewide Information Management Manual (SIMM) Section 45 Appendix A Project Management Risk Assessment Template](https://cdt.ca.gov/policy/simm/) to the email submission.)

### Project Approval Lifecycle Completion and Project Execution Capacity Assessment

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)?

**Answer:** Choose Yes or No.

Does the Agency/state entity anticipate this proposal will result in the creation of new business processes or changes to existing business processes?

**Answer** (No, New, Existing, or Both)**:** Choose an item.

## Initial Complexity Assessment

1. **Business Complexity Score:**  Click or tap here to enter text.

(Attach a completed [SIMM Section 45 Appendix C](https://cdt.ca.gov/policy/simm/) to the email submission.)

1. **Noncompliance Issues:** (Indicate if your current operations include noncompliance issues and provide a narrative explaining how the business process is noncompliant.)

Programmatic regulations: Choose Yes or No.

HIPAA/CIIS/FTI/PII/PCI: Choose Yes or No.

Security: Choose Yes or No.

ADA: Choose Yes or No.

Other: Choose Yes or No.

Not Applicable: Choose Yes or No.

Noncompliance Description:

Click or tap here to enter text.

1. **Additional Assessment Criteria**

If there is an existing Privacy Threshold Assessment/Privacy Information Assessment, include it as an attachment to your email submission.

How many locations and total users is the project anticipated to affect?

Number of locations: Click or tap here to enter text.

Estimated Number of Transactions/Business Events (per cycle): Click or tap here to enter text.

Approximate number of internal end-users: Click or tap here to enter text.

Approximate number of external end-users: Click or tap here to enter text.

## Funding

### Planning

1. Does the Agency/state entity anticipate requesting additional resources through a budget action to ***complete planning*** through the project approval lifecycle framework? Choose an item.

If Yes, when will a budget action be submitted to your Agency/DOF for planning dollars?

Click or tap to enter a date.

1. Please provide the Funding Source(s) and dates funds for planning will be made available:

Click or tap here to enter text.

### Project Implementation Funding

1. Has the funding source(s) been identified for ***project implementation***? Choose an item.

If known, please provide the Funding Source(s) and dates funds for implementation will be made available:

Click or tap here to enter text.

Will a budget action be submitted to your Agency/DOF? Choose Yes or No.

If “Yes” is selected, specify when this BCP will be submitted: Click or tap here to enter text.

1. Please provide a rough order of magnitude (ROM) estimate as to the total cost of the project: Choose an item.

**End of agency/state entity document.**

**Please ensure ADA compliance before submitting this document to CDT.**

**When ready, submit Stage 1 and all attachments in an email to** [ProjectOversight@state.ca.gov](mailto:ProjectOversight@state.ca.gov).

Department of Technology Use Only

Original “New Submission” Date: Click or tap to enter a date.

Form Received Date: Click or tap to enter a date.

Form Accepted Date: Click or tap to enter a date.

Form Status: Choose an item.

Form Status Date: Click or tap to enter a date.

Form Disposition: Choose an item.

If Other, specify: Click or tap here to enter text.

Form Disposition Date: Click or tap to enter a date.

Department of Technology Project Number (0000-000): Click or tap here to enter text.