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Request to Pursue IT Initiative

For Consideration by the information technology Governance Body

**Emergency/Fast-Track Approval**

Initiative Short Title:

Division/Office of:

For the Division/Office:

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| --- | --- | --- |
|  |  |  |
| (Director Name) |  | (Director Signature) |

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| --- | --- | --- |
|  |  |  |
| (Budget Officer Name) |  | (Budget Officer Signature) |

Date:

| 1. **Business Need/Problem Statement**   *Briefly describe the business need and/or business problem driving the fast track request and the stakeholders (other DHHS divisions/offices, other governmental entities, citizens, etc.) impacted. Indicate why this request is being fast-tracked as an emergency.* |
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| **Business need/problem:** |
| **Stakeholders impacted:** |
| **Reason for emergency/fast-track request:** |

| 1. **Proposed Technology Solution and IT Impacts**   *Describe the proposed technology solution and indicate whether the solution will impact any data subject to HIPAA, FERPA, or other legislation regarding confidentiality, privacy and/or security. List any existing IT assets that may be impacted by the proposed solution (e.g., any applications/information systems, system interfaces, software, hardware, IT services, IT contracts, and/or IT staff).* | |
| --- | --- |
| **Requirements for data security/privacy:**  **HIPAA**  **FERPA**  **Other:**  **Proposed automation solution:** | |
| **IT Asset Impacted** | **Description of Impact** |
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| 1. **Operations and Maintenance Strategy**   *Provide information on who are the business and technical owners of the IT solution once it is implemented.* |
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| **Business Owner:**  **IT O&M Owner:** (if within the APMO, provide name of the APM) |

| 1. **Diversity Equity Inclusion**   *Explain how the initiative promotes equity in access to healthcare, health information, or applicable DHHS services:* |
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|  |

| 1. **Data Analysis**   *Describe how data will be collected, transformed, integrated, analyzed and included in reports:*  *List any existing IT assets or DHHS Data Office initiatives that may be impacted by the proposed solution (e.g., any applications/information systems, system interfaces, software, hardware, IT services, IT contracts, IT staff, and/or DHHS Data Office initiatives such as Electronic Data Management, Business Intelligence Data Platform 2.0, GDAC Interface, etc.).* ***A meeting with the Chief Data Officer and Enterprise Architecture is required prior to submission of your proposal.*** |
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| 1. **Alignment with Cloud First Strategy**   *Provide information around the proposed initiative’s alignment with DHHS’ Cloud First strategy and who was contacted in the Cloud Center of Innovation (CCoI).* |
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| **Has the CCoI been engaged?  Yes, Name:**  **No**  **Will the initiative support one or all the following technologies? (Check all that apply)**  **Software as a Service (SaaS)  Platform as a Service (IaaS)  Infrastructure as a Service (IaaS)**  **If the initiative can’t support the department’s cloud first strategy, explain why:** |

| 1. **Risk Assessment**   *Identify any areas or issues that have a potential negative impact on completing the proposed IT initiative.* |
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| 1. **Proposed Implementation Approach**   *Provide the information requested below to describe the proposed approach to implementing the solution.*  *See* [*https://files.nc.gov/ncdit/documents/files/What-is-an-IT-Project.pdf*](https://files.nc.gov/ncdit/documents/files/What-is-an-IT-Project.pdf) *for the state’s definition of an IT project.* |
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| **Implemented by (DHHS Division, Vendor, University, etc.):**  **Implementation Staffing Approach:**   | **Roles**  (PM, BA, Technical Lead, Programmer, Tester, etc.) | **Staffing Approach**  (Current/New State Employee, Contractor, Temporary) | **Name**  (or enter TBD if not currently known) | | --- | --- | --- | | **Project Manager** |  |  | |  |  |  | |  |  |  | |  |  |  |   **O&M Support Provided by:**  **Comments:** |
| **Procurement Approach:  Competitive Bid  Sole Source Contract  Amendment to Existing Contract**  **Other:**  **N/A**   | **Procurement Team Role** | **Name** | | --- | --- | | **OPCG Contact** |  | | **Primary Author of Procurement Doc** |  | | **Secondary Authors/SMEs** |  | | **Contract Manager** |  | | **Contract Administrator** |  | | **Other Role(s):** |  | |
| **Exception(s) Needed?  Yes (Complete table below)**  **No**   | **Exception Type** (check all that apply) | **Description** | | --- | --- | | **Sourcing** |  | | **Standards** |  | | **Security** |  | |

| 1. **Implementation Timeline**   *Describe the proposed implementation timeline, including the time needed for procurement, development and testing, training and rollout/deployment, and transition to operations and maintenance support. Consider all relevant state, federal, and/or departmental approval processes.* | | |
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| **Activity/Phase** | **Duration** | **Target Completion Date** |
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| 1. **Implementation Cost Estimate and Funding Mechanism**   *Provide a cost estimate to implement the proposed solution, including all business costs and IT costs. Replace the SFY headings with the appropriate year, i.e., SFY 2020, SFY 2021, etc., and revise the number of months as appropriate for all fiscal years to cover the entire timeline of the initiative. Include a list of all funding sources and percentages of each, ensuring that the total funding sources for each year equals 100%.*  *Add comments as necessary regarding costs and funding, including any new state employee hires needed.* |
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| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | **Implementation Cost Category** | **SFY X** | **SFY X** | **SFY X** | **SFY X** | **SFY X** | **TOTAL** | |  | **(x Months)** | **(x Months)** | **(x Months)** | **(x Months)** | **(x Months)** | | 1 | Agency Personnel (531xxx) |  |  |  |  |  |  | | 2 | External Personnel (Short-Term IT Contractor/Temporary Staff) |  |  |  |  |  |  | | 3 | Vendor RFP - include IV&V services if required by federal funding source |  |  |  |  |  |  | | 4 | Department of Information Technology (DIT) Services - Hosting (Setup, Maintenance, and Disaster Recovery) |  |  |  |  |  |  | | 5 | Department of Information Technology (DIT) Services - Staffing/Other Costs |  |  |  |  |  |  | | 6 | Hardware and Infrastructure |  |  |  |  |  |  | | 7 | Software |  |  |  |  |  |  | | 8 | Software as a Service |  |  |  |  |  |  | | 9 | Other (Describe) |  |  |  |  |  |  | | **Implementation Total** | |  |  |  |  |  |  | |  | **Funding Sources** |  |  |  |  |  |  | |  | Existing State % |  |  |  |  |  |  | |  | Expansion State % |  |  |  |  |  |  | |  | Federal % |  |  |  |  |  |  | |  | Grant % |  |  |  |  |  |  | |  | **Funding Source Total (must = 100%)** |  |  |  |  |  |  | |
| **Comments:** |

| 1. **Operations and Maintenance Cost Estimate and Funding Mechanism**   *Provide a cost estimate for the operations and maintenance of the proposed solution for 5 full years (i.e., 60 months), including all staffing, business and IT costs. Replace the SFY headings with the appropriate year, i.e., SFY 2020, SFY 2021, etc., and update the number of months for each SFY as needed to reach the 60-month total. Include a list of all funding sources and percentages of each, ensuring that the total funding sources for each year equals 100%.*  *Add comments as necessary regarding costs and funding, including any new state employee hires needed and ongoing legacy application maintenance costs.* |
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| |  | **O&M Cost Category** | **SFY X** | **SFY X** | **SFY X** | **SFY X** | **SFY X** | **SFY X** | **TOTAL** | | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  | **(x Months)** | **(12 Months)** | **(12 Months)** | **(12 Months)** | **(12 Months)** | **(x Months)** | | 1 | Agency Personnel (531xxx) |  |  |  |  |  |  |  | | 2 | External Personnel (Short-Term IT Contractor/Temporary Staff) |  |  |  |  |  |  |  | | 3 | Vendor RFP |  |  |  |  |  |  |  | | 4 | DIT Services - Hosting/Disaster Recovery Hosting |  |  |  |  |  |  |  | | 5 | DIT Services - Staffing/Other Costs |  |  |  |  |  |  |  | | 6 | Hardware and Infrastructure |  |  |  |  |  |  |  | | 7 | Software |  |  |  |  |  |  |  | | 8 | Software as a Service |  |  |  |  |  |  |  | | 9 | Other (Describe) |  |  |  |  |  |  |  | | **O&M Total** | |  |  |  |  |  |  |  | |  | **Funding Sources** |  |  |  |  |  |  |  | |  | Existing State % |  |  |  |  |  |  |  | |  | Expansion State % |  |  |  |  |  |  |  | |  | Federal % |  |  |  |  |  |  |  | |  | Grant % |  |  |  |  |  |  |  | |  | **Funding Source Total (must = 100%)** |  |  |  |  |  |  |  | |
| **Comments:** |

**Submit completed applications electronically to** [**DHHS.IT.Proposals@dhhs.nc.gov**](mailto:DHHS.IT.Proposals@dhhs.nc.gov)**.**