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Request to Pursue IT Initiative

For Consideration by the information technology Governance Body

**Step 1 Submission: Business Concept**

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 request.* |
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| 1. **Existing Business Process/Automation**

*Describe how the business is currently functioning, including use of any existing automation such as a software application(s)/information system(s) and/or manual processes.* |
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| 1. **Initiative Description**

*Briefly describe proposed initiative.* |
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| 1. **Cloud Center of Innovation (CCoI)/Enterprise Architecture Engagement**

*Indicate whether DHHS CCoI/Enterprise Architecture has been engaged in advance of or as part of the proposed initiative. If so, provide the name of the person engaged. .* |
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| **Has CCoI/Enterprise Architecture been engaged? [ ]  Yes, Name:** [ ]  **No****Architectural Risk Assessment completed? [ ]  Yes, Result:**   **[ ]  No** |

| 1. **Initiative Drivers and Strategic Alignment**

*Briefly describe the business drivers, including any regulatory drivers, for the proposed initiative. Indicate how the proposed initiative aligns with department and/or division mission and/or goals. Indicate whether the proposed initiative will contain or impact any data subject to HIPAA, FERPA or other legislation regarding confidentiality, privacy and/or security.* |
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| **Is this initiative mandated? [ ]  Yes, Citation:** [ ]  **No****Mandatory implementation date? [ ]  Yes:**   **[ ]  No****Requirements for data security/privacy:** **[ ]  HIPAA** **[ ]  FERPA** **[ ]  Other:**  **Other regulatory drivers (e.g., NVRA; 52 US.C. §20506.(a)(6); and N.C.G.S. §163A-884):**  |
| **Describe strategic alignment with DHHS and/or division mission and/or goals:** |

| 1. **Business Process Re-Engineering/Standardization Effort**

*Indicate whether business process streamlining or standardization is planned in advance of or as part of the proposed initiative. If yes, described the re-engineering/standardization effort.* |
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| **Is business process re-engineering/standardizing planned or already completed?**[ ]  **Yes (Describe below)** [ ]  **No**  |

| 1. **Possible Automation Strategies If Known**

*Briefly list all possible automation strategies to meeting the business need. Include all options such as leveraging other DHHS automation/solution(s), procurement of new IT solution (e.g., commercial off-the-shelf (COTS), software-as-a-service (SaaS)), adaptation of another government IT solution (i.e., government off-the-shelf (GOTS)), uplift of current application/information system, etc. Indicate whether a strategy is preferred and reason for selection.* |
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| 1. **Expected Outcomes**

*Describe the anticipated outcomes of the initiative (e.g., compliance with a state/federal mandate, efficient service delivery, etc.). Include any proposed regulatory change(s).* |
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| 1. **Stakeholder Impacts on Automation**

*List all business and operational impacts for each stakeholder (e.g., DHHS, specific division(s), state, local health departments, etc.) resulting from each possible automation strategy. For each impact identify the magnitude of impact (High, Medium, Low, or None) using the following guidelines:**1.* ***High*** *indicates that the magnitude of impact is significant and stakeholder support and preparation is critical to the alternative’s success.**2.* ***Medium*** *indicates that there is a manageable impact to the stakeholder.**3.* ***Low*** *indicates the alternative will have a minor impact to the stakeholder.**4.* ***None*** *indicates that the stakeholder will not be impacted by the automation strategy.* |
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| 1. **IT Assets Impacted**

*List any IT assets currently in use that may be impacted by this initiative. This includes, but is not limited to, any applications/information systems, system interfaces, software, hardware, IT services, IT contracts, and/or IT staff.* |
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| 1. **High-Level Cost Estimate and Funding Mechanism**

*Provide a high-level cost estimate to implement the proposed IT initiative and for annual operations and maintenance. Include all business costs and IT costs. Describe how the requesting division/office intends to fund the IT initiative (e.g., grants, existing appropriations, expansion requests, automation funds, federal funding, etc.).*  |
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| **High-level project (implementation) cost estimate:**   |
| **State funding %:** **Existing state funds %:**   **Expansion request(s) %:**  **Federal funding %:** **Federal agency:** **Advanced Planning Document or APD Update required? [ ]  Yes [ ]  No****Grant funding %:**  **Grant name and source agency:**  **Grant proposal deadline:**   **Grant expiration date:**  **Other funding %:** **Describe:** **Funding comments:**  |
| **Annual O&M cost estimate:**   |
| **State funding %:** **Existing state funds %:**   **Expansion request(s) %:**  **Federal funding %:** **Federal agency:** **Advanced Planning Document or APD Update required? [ ]  Yes [ ]  No** **Grant funding %:**  **Grant name and source agency:**  **Grant proposal deadline:**   **Grant expiration date:**  **Other funding %:** **Describe:** **Funding comments:** |

| 1. **High-Level Timeframe**

*Provide an overview of the planned timeframe for the IT initiative, including, at a minimum, planned start/finish dates. Take into account all relevant state, federal, and/or departmental approval processes.* |
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| 1. **Proposed Next Steps**

*Describe actions that will be undertaken next (e.g., feasibility study, procurement, etc.) and resources needed to proceed with the initiative, including the development of the ITGB Step 2 application. Include cost information for any short-term IT contractors or temporary staff that will be needed.*  |
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| 1. **Consequence of Non-Approval**

*Describe what the impacts will be to the business if the proposed IT initiative is not approved.* |
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**Submit completed applications electronically to** **DHHS.IT.Proposals@dhhs.nc.gov****.**