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Request to Pursue IT Initiative

For Consideration by the Information Technology Governance Body

Step 2 Submission: Business Case

Initiative Short Title:

Division/Office of:

For the Division/Office:

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|  |  |  |
| (Business Division Director Name) |  | (Signature) |

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|  |  |  |
| (Business Division Budget Officer Name) |  | (Signature) |

Date:

|  |  |
| --- | --- |
| General Information | |
| **Initiative Name:** |  |
| **Requesting Division/Office:** |  |
| **Contact Name:** |  |
| **Contact Phone Number:** |  |
| **Contact Email:** |  |
| **Participating Agencies:** |  |
| **Stakeholders:** |  |
| **Date ITGB Reviewed Step 1 Submission:** |  |

| 1. Existing Automation and Business Process   *Describe how the business is currently functioning, including a description use of any existing automation such as a software application and/or information system and/or manual process.* |
| --- |
| **Current IT Solution:**  **Developed by:**  **Existing Contract/Agreement?  Yes, Start Date:** **Expiration Date:**  **No**  **Exceptions in Place:**  **O&M Support Provided by:**  **Annual O&M Cost:**  **Comments:** |
| **Description of Current Business Process:** |

| 1. Initiative Description   *Briefly describe proposed initiative. Indicate whether the IT solution will contain or impact any data subject to HIPAA, FERPA or other legislation regarding confidentiality, privacy and/or security.* |
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| **Requirements for data security/privacy:**  **HIPAA**  **FERPA**  **Other:** |

| 1. IT Implementation Strategies/Options |
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| *Provide a detailed description for each IT solution strategies/options analyzed for the business case. A response is required on each line to indicate:*   * *who will do the work to implement the IT solution (e.g., specific DHHS division/office, vendor, university, etc.);* * *whether there will be procurement or contract amendment and party responsible for authoring;* * *whether any exceptions will be needed for the option such as for procurement, NCID, hosting, or other standards;* * *staffing approach (e.g., existing/new state employees, temporaries, short-term IT contractors, etc.);* * *implementation cost (include Independent Verification and Validation) and O&M cost (include third-party assessment for hosting);* * *whether disaster recovery hosting was included in estimated implementation and O&M costs or that DR is not needed or available for the solution to be implemented; and* * *who will provide operations and maintenance (O&M) support after the IT solution is implemented.*   *Repeat the Options subsection for each strategy/option analyzed. List the recommended approach first.* |
| **Option 1 (Recommended):**  **Implemented by:**  **Procurement Approach:  Competitive Bid  Sole Source Contract  Contract Amendment**  **Other:**   **N/A**  **Who (Name or Area) in the Division Will Draft the Procurement/Contract Document?**  **Exception(s) Needed?  Yes Describe:**  **No**  **Staffing Approach:**  **Implementation Cost:**  **O&M Support Provided by:**  **Annual O&M Cost:**  **Hosting Costs Includes Disaster Recovery?  Yes**  **No, the submitting division has determined that in the event of a disaster, this application/system would not need to be recovered**  **N/A, DR hosting is not available for technology solution to be implemented.**  **Comments:** |
| **Option 2:**  **Implemented by:**  **Procurement Approach:  Competitive Bid  Sole Source Contract  Contract Amendment**  **Other:**   **N/A**  **Who (Name or Area) in the Division Will Draft the Procurement/Contract Document?**  **Exception(s) Needed?  Yes Describe:**  **No**  **Staffing Approach:**  **Implementation Cost:**  **O&M Support Provided by:**  **Annual O&M Cost:**  **Hosting Costs Includes Disaster Recovery?  Yes**  **No, the submitting division has determined that in the event of a disaster, this application/system would not need to be recovered**  **N/A, DR hosting is not available for technology solution to be implemented.**  **Comments:** |
| **Option 3:**  **Implemented by:**  **Procurement Approach:  Competitive Bid  Sole Source Contract  Contract Amendment**  **Other:**   **N/A**  **Who (Name or Area) in the Division Will Draft the Procurement/Contract Document?**  **Exception(s) Needed?  Yes Describe:**  **No**  **Staffing Approach:**  **Implementation Cost:**  **O&M Support Provided by:**  **Annual O&M Cost:**  **Hosting Costs Includes Disaster Recovery?  Yes**  **No, the submitting division has determined that in the event of a disaster, this application/system would not need to be recovered**  **N/A, DR hosting is not available for technology solution to be implemented.**  **Comments:** |

| 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. 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. 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. 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. Refined Timeline   *Describe the timeline for the IT initiative, including at a minimum the time needed for procurement, development, rollout/deployment, and legacy application/information system support. Include major milestones. Consider all relevant state, federal, and/or departmental approval processes.* |
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| 1. Assumptions and Constraints   *List any assumptions or constraints for the proposed IT initiative.* |
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| 1. Assigned Action Items from ITGB Step 1 Review/Approval   *List and provide an update for all action items assigned by the ITGB during Step 1 review/approval.* |
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| 1. Dependencies   *Identify key dependencies for successfully completing the proposed IT initiative.* |
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| **Have any legislative changes/actions been taken or are planned?  Yes (Describe below)  No** |
| **Subject Matter Expert (SME) Staffing Required – List the key subject matter experts that will be involved or part of the project, and any issues/constraints on their availability.** |
| **Other Dependencies:** |

| 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. Measures of Success   *Beyond meeting milestones, costs, and specifications, how will you measure the success of the initiative? Link measures to the Expected Outcomes documented in the Step 1 proposal for the IT initiative.* |
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| **Explain how the initiative promotes equity in access to healthcare, health information, or applicable DHHS services:** |

| 1. **Funding Mechanism**   *Describe how the requesting division/office intends to fund the IT initiative and ongoing operations and support (e.g., grants, existing appropriations, expansion requests, automation funds, federal funding, etc.).* |
| --- |
| **Project Funding** |
| **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:** |
| **Operations and Maintenance Funding** |
| **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. Cost/Benefit Analysis   *Complete the* ITGB Application Step 2 Cost-Benefit Analysis *workbook and attach to this application to provide cost/benefit analysis details. Add additional worksheets or workbooks as necessary to cover all IT implementation strategies/options analyzed for the business case.* |
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**Submit completed applications (Business Case document and Cost/Benefit Analysis workbook(s)) electronically to** [**DHHS.IT.Proposals@dhhs.nc.gov**](mailto:DHHS.IT.Proposals@dhhs.nc.gov)**.**