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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:* |
| --- |
|  |

| 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****.**