

Investment Business Case (Form) / **ITEM / Today** (Data as of: Jun 26, 2014)

Form Report, printed by: Administrator, System, **Jun 26, 2014**

GENERAL INFORMATION

General

NOTE: Every Investment Business Case (IBC) form must also have the associated fiscal year(s) funding filled out on the appropriate Investment Biennium Funding forms. After completion of the IBC go to these forms and fill out the funding data.

Project Title:

Item Type:

Choose "Project"

Home Portfolio:

Is this a Change/Update to an existing Project in CTP?

Investment Description:

Project Status Form Description (for active projects):

Proponent Secretary:

Proponent Agency:

Prepared By:

Investment Business Case Approval Date:

Planned Initiation Start Date:

Project Initiation Approval (Date):

Planned Completion Date:

Has the business owner(s) been identified?

If yes, list:

(Business Owner – the primary functional stakeholder whose responsibilities are to identify and communicate business needs and knowledge for the investment, and insure the business needs are appropriately addressed by the investment.)

Has the project sponsor(s) been identified?

If yes, list:

Project Sponsor - An individual, usually part of the organization management team, who makes the business case for the investment. This individual usually has the authority to define investment goals, secure resources, and resolve organizational and priority conflicts.)

Project Cost:

| | | |
|--|--|--|
| Project Status Form Cost (for active projects): | | |
| Investment Approval Status: | | <i>This category can only be set by VITA</i> |
| PPEA Involvement: | | |
| Total General Fund Project Cost: | | |

BRT Dependency

| | |
|---|--|
| Is this Investment Business Case related to multiple BRTs? [Yes/No]: | |
| Select BRTs that this Investment Business Case fulfills. Select BRTs this investment supports by clicking on the "Add" button (below right). From the pop-up box, choose from the list of your agency BRTs in your BRT portfolio. Ensure you click 'OK' at the bottom of the pop-up list box. After the BRTs have been added, indicate the Primary BRT by double clicking on the cell in the "Weight" column. Describe how the investment supports the BRTs by clicking on the BRT name and then press the "Edit" button; enter the description in the "Annotation" box. | |

BRT Dependencies - Direction: Supports, Type: BRT

| | | | Dependency Properties | Item Properties | | | | | |
|---|-----|------|-----------------------|-----------------|--------|------------|----------|-------------|---------------|
| # | I/P | Name | Weight | Secretary | Agency | BRT Status | BRT Type | Description | Business Need |
| | | | | | | | | | |

| Item Properties - continued | | |
|-----------------------------|--------------|-----------------|
| # | Submitted by | Submission Date |
| | | |

| SCOPE | | |
|--|---|--|
| Scope | | |
| Define the scope of the project: | | |
| Business Affect | | |
| How will this project affect the way you do business? | | |
| If "Transform the business", does your agency plan to conduct a Business Process Re-Engineering (BPR) study first? | | |
| Why or why not? | | |
| If your agency is planning a BPR study, identify the approach: | | |
| | <i>Technology Retooling - includes but is not limited to expediting access to information and gathering and communicating data.</i> | |
| If "Other", describe the approach: | | |
| If "Improve the business" or operational: | | |
| If "Run the business", what will happen if this project is not implemented? | | |
| Risk/Complexity | | |
| Complete a Select Risk/Complexity Assessment form to determine the investment complexity and risk ratings in questions 14 & 15. The Pre-Select Investment Analysis form will automatically score the complexity and risk ratings. | | |
| How would you rate the project's complexity? | <i>Green = Low Risk and Complexity; Yellow = Medium Risk and Complexity; Red = High Risk and Complexity</i> | |
| What is your preliminary risk assessment for this project? | | |
| Which component of this project is considered to be the highest risk? | | |
| Estimated Costs - Confidence Level | | |
| What is your confidence level in the accuracy of the initial investment estimated cost at | | |

| | |
|--|--|
| completion? | |
| Describe the method used to determine the estimated cost at completion. | |
| External Factors | |
| Describe the external factors impacting the investment. | |

| BENEFITS | |
|---|--|
| Under served by Technology | |
| Are those who will benefit from this project currently underserved by technology? | |
| If yes, list. | |
| Code of VA Based Benefits | |
| Will this project provide any of the following Code of Virginia-based benefits to the Commonwealth? | |
| Public Protection: | |
| If yes, how? | |
| Health: | |
| If yes, how? | |
| Education: | |
| If yes, how? | |
| Environment: | |
| If yes, how? | |
| Code of VA Based Benefits | |
| Safety: | |
| If yes, how? | |
| Customer Service: | |
| If yes, how? | |
| Citizen Access to Services: | |
| If yes, how? | |
| Other: | |
| If yes, how? | |
| | |
| | |
| Project Benefits | |
| Does this project benefit or have the potential to benefit one or more of the following? | |
| Other Agencies within your Secretariat: | |
| Other Agencies outside your Secretariat: | |
| All Agencies: | |
| Local Governments: | |
| Can this project be provided by other service? | |
| If, No, why? | |
| Tangible and Intangible Benefits | |

| Tangible Benefits | |
|--|---|
| Will Tangible Benefits result from the project? | |
| | <i>(Tangible Benefits - Are benefits that can be measured and quantified. Tangible benefits include savings that result from improved performance and efficiency.)</i> |
| If "Yes", what type of tangible benefits do you expect? | |
| Cost Savings: | |
| Cost Avoidance: | |
| Additional Revenue: | |
| Other: | |
| | |
| If "Cost Savings", enter amount: | |
| If "Cost Savings", enter description: | |
| | |
| If "Cost Avoidance", enter amount: | |
| If " Cost Avoidance" enter description: | |
| | |
| If "Additional Revenue", enter amount: | |
| If "Additional Revenue", enter description: | |
| | |
| If "Other", enter amount: | |
| If "Other", enter description: | |
| | |
| Intangible Benefits | |
| Will Intangible Benefits result from the project? | |
| | <i>(Intangible Benefits – Are benefits that are difficult to measure and quantify. Intangible benefits include such things as customer retention, employee retention, and improved customer service.)</i> |
| If "Yes", what type of Intangible benefits do you expect? | |
| Service: | |
| Improve Efficiency: | |
| Other: | |
| | |
| If "Service", select one: | |
| | |
| If "Improve Efficiency", select all that apply: | |
| Automating a Manual Process: | |
| Expand Agency Collaboration: | |

| | |
|---|--|
| Streamline work processes: | |
| Other: | |
| If "Improve Efficiency" is "Other", provide description: | |
| If "Intangible Benefits" are "Other", provide description: | |

| TECHNICAL FEASABILITY | |
|---|---|
| Technical Approach | |
| Have you identified a technical approach for your project? | |
| If "Yes", describe the approach: | |
| Have you reviewed the Commonwealth Enterprise Architecture Standard? | |
| | <i>The Commonwealth Enterprise Architecture Standard is located at: http://www.vita.virginia.gov/uploadedFiles/VITA_Main_Public/Library/PSGs/EA_Standard.pdf</i> |
| Does the proposed approach comply with the Commonwealth Enterprise Architecture? | |
| If yes, explain how. If no, explain reasons for non-compliance. | |
| Technical Classification | |
| Would you classify your proposed investment as Enterprise, Collaborative or Agency-Specific? [Select one: Enterprise, Collaborative, Agency-Specific]: | |
| | <i>Enterprise Applications: Centralized administrative applications which act as the authoritative source of data or processing for the Commonwealth.</i> |
| | <i>Collaborative Applications and Services: Non-Enterprise business applications and services which provide two or more agencies the opportunity to work together, in a substantive, mutually beneficial relationship, towards a common integrated solution.</i> |
| | <i>Agency Applications: Applications which support a unique agency requirement or mission.</i> |

GOVERNANCE AND OVERSIGHT

| Data Governance | |
|--|--|
| Will the system store/exchange personal data (Employee, Recipient, etc.)? [Yes/No]: | |
| Will the system send/receive data from another agency/system? [Yes/No]: | |
| Have you reviewed all relevant Commonwealth Adopted Data Standards? [Yes/No]: | |
| Please see the link {URL below} for a complete list of all adopted data standards. | |
| http://www.vita.virginia.gov/oversight/dm/default.aspx?id=10344? | |
| Have you discussed this proposed investment with your Agency Data Steward? [Yes/No]: | |
| Security | |
| Has the agency ISO reviewed this planned investment? [Yes/No]: | |
| 2. Is this planned investment addressing a current IT Security Finding or identified risk? [Yes/No]: | |
| If yes, please describe. | |
| Is there a timeframe for addressing this IT Security Finding risk or violation? [Yes/No]: | |
| Select Date (Calendar): | |
| Enterprise Architecture | |
| Is this planned investment to replace an existing application(s)? [Yes/No]: | |
| If so, name the application(s). | |
| Is this planned investment to add, upgrade or replace an existing software tool(s) or product(s) (this includes COTS solutions, databases, computer languages, etc.)? [Yes/No]: | |
| If updating, name the | |

| | |
|--|--|
| software tool(s) or product(s). | |
| If adding, have you identified the new software tool(s) or product(s)? [Yes/No]: | |
| If so, what are the software tool(s) or product(s)? | |
| If not, how will the software tool(s) or product(s) be selected? | |
| Supply Chain Management | |
| Do you anticipate a procurement vehicle as part of this planned investment? [Yes/No]: | |
| If yes, which procurement method do you anticipate using? | |
| Do you intend on conducting an RFI as part of this planned investment? [Yes/No]: | |
| Do you intend on conducting an RFP as part of this planned investment? [Yes/No]: | |

| APPROVALS | | |
|---|--|---|
| Approval Trigger | | |
| Submit for approvals? | | |
| Agency IT Resource Approval | | |
| Indicate approval for new project or change to existing project. | | |
| Date and Time Stamp of Entry: | | |
| Comments (if any): | | |
| Agency Head Approval | | |
| Indicate approval for new project or change to existing project. | | - |
| Date and Time Stamp of Entry: | | |
| Comments (if any): | | |
| CIO Original Approval of Project (Strategic Planning) | | |
| CIO Original Approval Time and Date: | | |