

I. Project Identification

Project Title:

Agency Name

Your Name (Submitter)	Phone	Email
Agency Head	Phone	Email
Agency CIO / IT Director	Phone	Email
Agency CFO	Phone	Email
Project Manager (if known)	Phone	Email
OPM Budget Analyst	Phone	Email

II. Project Details

A. Project Dates

Proposed Start Date (MM/DD/YYYY) Expected Completion Date (MM/DD/YYYY) Project Duration (in months)

B. Project Description - This information will be used for listings and report to the Governor and CT Open Data website and General Assembly.

C. Summary.

Summary - Describe the high level summary of this project in plain English without technical jargon
Purpose – Describe the purpose of the project
Importance – Describe why this project is important
Outcomes – What are the expected outcomes of this project
Approach and Success Evaluation – Provide details of how the success of the project will be evaluated

D. **Business Goals.** List up to 6 business goals Is you have for this project, when (FY) the goal is expected to be achieved, and how you will measure achievement, Must have at least one.

Please use action phrases beginning with a verb to state each goal. Example: "Reduce the Permitting process by 50%". In the Expected Result column, please explain what data you will use to demonstrate the goal is being achieved and any current metrics.

Business Goal (Action Phase)	Target FY for Goal	Current Condition	Expected Result

E. **Technology Goals.** From a technical perspective, list up to 3 technology you have for this project and in which Fiscal Year (FY) the goal is expected to be achieved. Please use action phrases beginning with a verb to state each goal. Example: "Improve transaction response time by 10%".

Technology Goal	Target FY for Goal	Current Condition	Expected Result

F. **Priority Alignment.** The criteria in this table, in concert with other factors, will be used to determine project priorities in the capital funding approval process. Briefly describe how the proposed projects will align with each criterion.

Priority Criterion	Y /N	Explanation
--------------------	------	-------------

Is this project aligned with the Governor's Key Priorities?		
Is this project aligned with business and IT goals of your agency?		
Does this project reduce or prevent future increases to the agency's operating budget?		
Will this project result in shared capabilities?		
Is this project being Co-developed through participation of multiple agencies?		
Has the agency demonstrated readiness to manage project of this size and scope?		
Is the agency ready to deliver the business value proposed?		

G. **Organizational Preparedness.** Is your agency prepared to undertake this project? Is senior management committed, willing to participate, and willing to allocate the necessary time, energy and staffing resources? How will the project be managed and/or governed and who will make the key project decisions?

H. **Project Ramp Up.** If capital funds are awarded for this project, how long will it take to ramp up? What are the key ramp-up requirements and have any of these already been started? For example, has a project manager been identified? Has an RFI been issued? Is a major procurement required such as an RFP?

I. **Organizational Skills.** Do you have the experienced staff with the proper training to sustain this initiative once it's a production system? Do you anticipate having to hire additional staff to sustain this? What training efforts are expected to be needed to maintain this system?

J. **Financial Estimates.** From IT Capital Investment Fund Financial Spreadsheet

Estimated Total Development Cost	Estimated total Capital Funding Request	Estimated Annual Operating Cost	One Time Financial Benefit	Recurring Annual Financial Benefit
----------------------------------	---	---------------------------------	----------------------------	------------------------------------

Explanation of Estimates				
Assumptions: Please list key assumptions you are using to estimate project development and implementation costs				

III. Expanded Business Case

A. **Project Impact.** Beyond the top business goals identified in Section II, 1) What impacts will this project have, if any, in the targeted areas below, 2) What would be the impact of not doing this project, 3) How will the project demonstrate benefits are achieved.

(1) Impact Area (Vision)	Y /N	Description of Project Impact
Will this project provide efficient and easily accessible services for all constituents?		
Will this project promote open and transparent government with the citizens of the state?		
Will this project establish efficient and modern business processes?		
Will this project increase accuracy and timeliness of data for policy making, service delivery and results evaluation?		

2) What is the expected impact of NOT doing this project?

(3) How will you demonstrate achievement of benefits?
--

B. Statutory/Regulatory Mandates. 1) Cite and describe federal and state mandates that this project is intended to address. 2) What would be the impact of non-compliance?

(1) Statutory / Regulatory Mandates:

(2) Impact of non-compliance:

C. Primary Beneficiaries. Who will benefit from this project (citizens businesses, municipalities, other state agencies, staff in your agency, other stakeholders) and in what way?

Important:

- If you have any questions or need assistance completing the form please contact Jim Hadfield or John Vittner
- Once you have completed the form and the [IT Capital Investment Fund Financial Spreadsheet](#) please e-mail them to Jim Hadfield and John Vittner

John Vittner, (860) 418-6432; John.Vittner@ct.gov
Jim Hadfield, (860) 418-6438; Jim.Hadfield@ct.gov