FY-15 Investment Brief

**I. Project Identification**

**Project Title:**

**Agency Name Agency Business Unit**

**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**

1. **Project Dates**

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

1. **Project Description -** This information will be used for listings and report to the Governor and
 General Assembly on capital funded projects.
2. **Summary.**

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|  **Summary - Describe the high level summary of this project in plain English without technical jargon** |
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| **Purpose – Describe the purpose of the project** |
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| **Importance – Describe why this project is important** |
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| **Outcomes – What are the expected outcomes of this project** |
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| **Approach and Success Evaluation – Provide details of how the success of the project will be evaluated** |
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1. **Business Goals**. List up to 10 key business goals 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.

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| **Business Goal (Action Phase)** | **Target FY for Goal** | **Current Condition** | **Expected Result** |
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1. **Technology Goals**. From a technical perspective, following the above example, list up to 10 key technology goals 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%".

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| **Technology Goal** | **Target FY for Goal** | **Current Condition** | **Expected Result** |
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1. **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.

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| **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?  |  |  |

1. **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?

1. **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 off 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?

1. **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?
2. **Financial Estimates.** From IT Capital Investment Fund Financial Spreadsheet

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| --- | --- | --- | --- | --- |
| **Estimated Total Development Cost** | **Estimated total Capital Funding Request** | **Estimated Annual Operating Cost** | **One Time Financial Benefit** | **Recurring Annual Financial Benefit** |
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| **Explanation of Estimates** |
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| **Assumptions: Please list key assumptions you are using to estimate project development and implementation costs** |
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III. **Expanded Business Case**

1. **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.

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| **(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?  |  |  |

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| 2) What is the expected impact of NOT doing this project? |
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| (3) How will you demonstrate achievement of benefits? |
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1. **Statutory/Regulatory Mandates.**  1) Cite and describe federal and state mandates that this project in intended to address. 2) What would be the impact of non-compliance?

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| 1. Statutory / Regulatory Mandates:
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| 1. Impact of non-compliance:
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1. **Primary Beneficiaries.**  Who will benefit from this project (citizens businesses, municipalities, other
state agencies, staff in your agency, other stakeholders) and in what way?

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**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](http://www.ct.gov/opm/lib/opm/finance/itim/investment_brief_financial_spreadsheets_fy13_v4_0.xlsx) **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