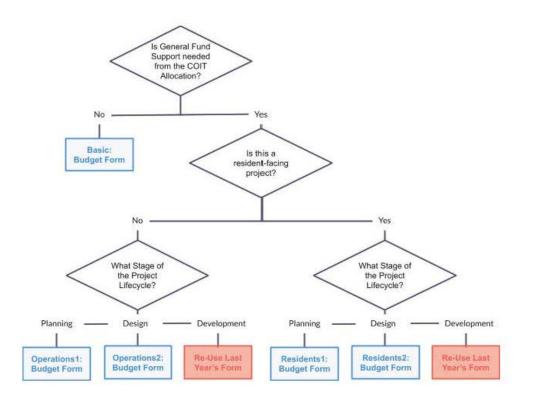


# **FY 2021-22 COIT Budget Process Overview**

#### **Budget Intake Paths**



#### FY 2020-21 BUDGET FORM

## **Basic Form [Everyone Fills This Out]**

#### **Section 1: Project Overview**

4	<b>D</b>		T'. I
1.	$\nu r \cap$	IDCT	11112
١.	110	CCL	Title

- 2. Department
- 3. Executive Sponsor
- 4. Product Owner / Business Lead
- 5. Project Manager
- 6. Is General Fund support needed from the COIT Allocation?

Yes No
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### **Section 2: Project Details**

7. Using layman terms, what is the objective of this project including short-term and long-term outcomes?

[Open Text Box]

8. Is this your Department's highest priority project?

Yes	No

9. Will the proposed project provide resident facing services?

Yes	No
i	

10. What type of request?

Replacement of	Development of a	Enhancement of an	Other
legacy technology	new service	existing service	

#### 11. Theme (9 options dropdown)

Business Specific	Residential Digital Services	
Customer & Case Management	Resource Management	
Digitization & Document / Records	Risk Management: Cybersecurity & Business	

Management	Continuity	
Infrastructure: Network & Data Centers	Staff Collaborative Tools - Data Analysis / Data Sharing	

12. Select which ICT Strategic Goal the technology project most supports

Support and Maintain Critical Infrastructure	Prepare and Protect City Systems	Make City Operations  More Efficient and  Effective	Improve the Customer Service Experience
			p =

13. How would the proposed project support **citywide strategic goals**, including citywide equity goals if relevant. (1-2 sentences)

[Open Text Box]

14. Please identify any specific Department strategic goals or objectives this project is aligned with, including Department equity goals if relevant.? (4-5 sentences)

[Open Text Box]

15. Have you consulted with Department of Technology staff about project requirements?

Yes	No
. 65	

## **Section 3: Funding Requirements**

16. What stage in the project lifecycle are you in?

Planning	Design	Development
_	_	

17. Projected Timeline

FY Start	[Drop-down]
FY End	[Drop-down]

- 18. Duration (in years) [Auto-calculated]
- 19. Five year Costs and GF budget requests for COIT funding

FY22-23	FY23-24	FY24-25	FY25-26	FY22-27
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<b>Total Cost</b>	High			
	Low			
GF Request to COIT				

- 20. Total Cost (from start to finish and prior to maintenance phase, both high & low) [Auto-calculated]
- 21. FTEs: What are the existing and new FTEs (0.1 decimal) and their classifications?

Proposed Uses	FY22-23	FY23-24	FY24-25	FY25-26	FY26-27
Existing FTEs					
Existing Classifications					
New FTEs					
New Classifications					

22. Anticipated annual ongoing maintenance and support costs.

#### **Department Comments**

- 23. What are the consequences of not doing this project?
- 24. If you would like to provide any additional justifications, please describe below.

## **Operations 1: Non-Resident + Planning Phase Form**

c		<b>D</b> .	
<b>SACTION</b>	Д.	KIICINACC	Justification
Jechon	т.	Dusiliess	Justillanon

1. Will the planned technology be a critical system for department operations?

Definition: A critical system is essential to the continued function of your department, even in the event of an emergency. When it fails or is interrupted, business operations would be significantly impacted.

Yes	No

- 2. What is the problem you are trying to solve? <u>Include equity analysis of the problem as relevant.</u> (descriptive only)
- 3. Please provide the most significant quantitative metrics that illustrate the problem (s)
- 4. Have you mapped out the current business process?

res
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5. Is this project needed to meet a new legal requirement? If yes, please explain.

Yes	No

- a. If yes, please provide more details
- 6. Does your department require resources for a planning and scoping phase, separate from product development?

140
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7. Matching Funds: In order to support a wider range of projects, COIT encourages departments to help pay for a portion of total project costs. How much of the total project costs is your department willing to support and what are the sources?

	FY22-23	FY23-24
Matching Funds		
Funding Source(s)		

## **Operations 2: Non-Resident + Design Phase Form**

#### **Section 4: Business Justification**

1	Will the planned	project he a	critical s	vstem in c	denartment (	operations?
١.	vviii tile plailileu	טוטוכנו טב מ	CHILICAL 3	731 <u>6</u> 111 111 (	י אוובווובווני	operations:

Definition: A critical system is essential to the survival of your department. When it fails or is interrupted, business operations are significantly impacted.

	Yes No							
3. 4. 5. 6.	<ul> <li>4. What non-technology alternatives are available to address the problem?</li> <li>5. How do other agencies inside the City address this problem?</li> <li>6. How do organizations outside the City address this problem? Please describe relevant examples.</li> <li>7. What will be the scale of impact once implemented?</li> </ul>							
	Single Department / Customer	Multiple Depar Customers	tments /	Citywide				
8.	8. Have you mapped out the current business process?							
	Yes		No					
	attach any diagrams. Have you conducted any	user research?						
	Yes		No					
10.	. What is the project mana	ngement method	lology?					
	Agile	Waterfa	II	Hybrid				
11.	Please explain why you c	hose this metho	dology.					
12.	Have you built any proto	types to test pot	ential solutions?	•				
	Yes No							

13. [If NO] Should develop and ev	resources be ava aluate prototype		•		_	9
Yes			N	lo		
14. Describe your p 15. Are other depa						?
Yes			N	lo		
If yes, please list suppo	rting departmer	nts.				
Section 5: Risk Asse	ssment					
16. Is this project n	eeded to meet a	a new lega	al requiren	nent? If yes, plo	ease e	explain.
Yes			No			
17. Identify the hig City's Data Clas	hest classificatio sification Standa		•	•	ntain.	Please refer to the
Public Int	ernal Use	Sensitive	?	Protected Restricted		
18. Will your syster	n have any of th	e followin	ıg data typ	oes or characte	ristics	?
Financial	Personal Hea	lth	Resident Data		Busii	ness Data
High Transaction (# or \$)	High Volume					
Section 6: Financial  19. Please identify		iencies yc	ou expect t	to gain.		
Replace Outdated Technology	Simpler Custo Experience	omer	Financial	Savings	Incre	eased Revenue
Productivity Increases	Reduced Administrativ	e Steps	Fewer De	edicated Staff	Othe	er

20. Describe how you will measure the efficiency gains / financial savings (4-6 sentences)

departments to	rour department willing to suppo		
departments to	our department willing to suppo		he sources?
departments to		ort and what are t	
	: In order to support a wider rang help pay for a portion of total pro	• •	
Regular upgrade cost ¡	,		
Regular upgrade cycle	frequency		year(s)
Major upgrade cost pe	er cycle		
Major upgrade cycle fr	equency		year(s)
•	cted life of the system? [Open Te ipated upgrade cycle and cost?	ext]	
Total annual ongoing	savings [calculated]		
Maintenance savings			
Revenue gains			
Consolidation savings			
Downtime avoidance			
Overhead savings			
Hardware & software s	avings		
Efficiency gains			

21. Once implemented, what are the anticipated financial savings relative to the current

# **Resident 1: Resident + Planning Phase Form**

#### **Section 4: Business Justification**

Matching Funds

1.	Will the planned technology be a critical system for department operations?  Definition: A critical system is essential to the continued function of your department, even in the event of an emergency. When it fails or is interrupted, business operations would be significantly impacted.				
	Yes	No			
2.	What is the problem you are trying to solve? <u>Include equity analysis of the problem as relevant.</u> (descriptive only) Please provide the most significant quantitative metrics that illustrate the problem (s)				
4.	Have you mapped out the current busine	ss process?			
	Yes	No			
5.	Is this project needed to meet a new lega	ıl requirement? If yes, pleas	e explain.		
	Yes	No			
6.	Have you conducted any user research?				
	Yes	No			
es,	please share some of the most significant	findings that support the n	eed for this project?		
7.	If available, would you be interested in acand business mapping if available?	dditional support to help co	nduct user research		
	Yes	No			
8.	Does your department require resources from product development ?	for a planning and scoping	phase, separate		
	Yes	No			
9.	Matching Funds: In order to support a wider range of projects, COIT encourages departments to help pay for a portion of total project costs. How much of the total project costs is your department willing to support and what are the sources?				
		FY22-23	FY23-24		

	Funding Source(s)						
Resid	Resident 2: Resident + Design Phase Form						
Section	on 4: Business Jus	stification					
1.	<ol> <li>Will the planned project be a critical system in department operations?         Definition: A critical system is essential to the survival of your department. When it fails or is interrupted, business operations are significantly impacted.     </li> </ol>						
	Yes	·	No				
5. 6.	<ul><li>4. What non-technology alternatives are available to address the problem?</li><li>5. How do other agencies inside the City address this problem?</li></ul>						
	Yes		No				
Please	e attach any diagram	ns.					
8.	What will be the so	cale of impact once i	mplemented?				
_	e Department / omer	Multiple Dep Customers	eartments /	Citywide			
9.	9. Are other departments potentially interested in using your technology?						
Yes			No				
Section		ng departments.  Athering Requirented any user research					
	Yes		No				
If Vec	nlease share some	of the most significa	nt findings that su	pport the need for this project?			

11. Please select and share details on the groups of people who will participate in user testing.

Residents	Businesses		Visitors		Employees				
<ul><li>12. Describe where and when you anticipate user testing will be conducted.</li><li>13. Describe your plans to account for equity and accessibility impacts.</li><li>14. Does your user-testing plan include people with disabilities?</li></ul>									
Yes					Ν	О			
15. Is this projec	ct ne	eded to	meet a	new lega	al requiren	nent?	If yes, ple	ease	explain.
Yes					Ν	О			
If yes, please provide more details  16. Identify the highest classification of data that your system will contain. Please refer to the City's Data Classification Standard for details on each level.									
Public	Inte	rnal Use	e Sensitive		•	Protected			Restricted
17. Will your sys	stem	have an	y of th	e followin	g data typ	es or	characte	ristic	s?
Financial		Personal Health		Resident Data		Business Data			
High Transaction (# or \$)		High V	olume						
Section 5: Project Planning  18. What is the project management methodology?									
								Hybi	rid
Agile Waterfa  Please explain why you chose this methodology.						туы	ilu		
19. Have you built any prototypes to test potential solutions?									
Yes			No						
20. [If NO] Should resources be available, would you be interested in getting assistance to develop and evaluate prototypes before initiating final design and procurement?									
Yes				N	О				

#### **Section 6: Financial Planning**

21. Please identify the primary efficiencies you expect to gain.

Replace Outdated Technology	Simpler Customer Experience	Financial Savings	Increased Revenue
Productivity Increases	Reduced Administrative Steps	Fewer Dedicated Staff	Other

- 22. Describe how you will measure the efficiency gains / financial savings (4-6 sentences)
- 23. Once implemented, what are the anticipated financial savings relative to the current system/process?

Efficiency gains	
Hardware & software savings	
Overhead savings	
Downtime avoidance	
Consolidation savings	
Revenue gains	
Maintenance savings	
Total annual ongoing savings [calculated]	

- 24. What's the expected life of the system? [Open Text]
- 25. What's the anticipated upgrade cycle and cost?

Major upgrade cycle frequency	year(s)
Major upgrade cost per cycle	
Regular upgrade cycle frequency	year(s)
Regular upgrade cost per cycle	

26. Matching Funds: In order to support a wider range of projects, COIT encourages departments to help pay for a portion of total project costs. How much of the total project costs is your department willing to support and what are the sources?

FY22-23 FY23-2
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Matching Funds	
Funding Source(s)	