

# Information Technology Policy

## ***Business Proposal***

**Number**OPD-BUS001A

**Category**Business

**Contact**RA-ITCentral@pa.gov

**Effective Date**April 6, 2020

**Supersedes**None

**Scheduled Review**January 2024

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  ***Proposal Title:*** *Enter business proposal title here.* ***Submission Type:*** *Select the submission type.* ***Business Owner***: *Provide personnel and/or program area designated Business Owner*. ***Cost:*** *What is the total anticipated cost? Include both internal and external costs.* *Provide a breakdown of costs by Funding Source. If the Cost Centers are known, add them as well.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Funding Source*** | ***Total Costs*** | ***IT Costs***  | ***Business Costs*** | ***Cost Centers*** |
|  **State** | *Enter Costs* | *Enter Costs* | *Enter Costs* | *Click or tap here to enter text.* |
|  **Federal** | *Enter Costs* | *Enter Costs* | *Enter Costs* | *Click or tap here to enter text.* |
|  **Other** | *Enter Costs* | *Enter Costs* | *Enter Costs* | *Click or tap here to enter text.* |
| ***TOTAL*** |  |  |  |  |

 *Use the following table to define the internal IT resource costs. Business resource costs are not required.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Resource Type*** | ***Hours*** | ***Rate*** | ***Total*** | ***Notes*** |
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|  |  |  |  |  |
|  |  |  |  |  |
| ***TOTAL*** |  |  |  |  |

***Mandated Completion Date:*** *Click or tap to enter a date.**Only add a date if it was defined within the new law or mandate.* |

***Request Description:***

*Provide a summary of the request.*

***Business Need/Drivers:***

*Describe why this new request is necessary or what problem it will solve. Is there an existing solution within the enterprise or is a new solution required? If existing solution, does it require significant redesign or modernization?.*

1. When did the agency become aware of the opportunity or problem (s) this project will address? *Click here to enter text*.
2. What steps has the agency taken to address or mitigate the problem(s)? *Click here to enter text.*
3. Does the agency want to modernize or replace an end-of-life system? *Choose an item.*
	1. If yes, what system will be modernized or replaced? *Click here to enter the application(s).*
4. Is the solution custom or an off-the-shelf product? *Choose an item.*
	1. If custom, why is an off-the-shelf product not a feasible option? *Click here to enter text.*
5. If applicable, did the agency reach out to the Governor’s Chief Digital Officer, through its Digital Director, in terms of potential solutions? *Choose an item*.
6. If not a newly identified opportunity or problem(s), what are the past costs relative to this ongoing project or problem? *Click here to enter past costs.*

***Vision, Goals and Objectives:***

*What is the vision and supporting goals and objectives of the initiative?*

***Guiding Principle Alignment:***

1. Which Commonwealth guiding principle is this related to (select all that apply)?

|  |  |
| --- | --- |
| ***Select the guiding principle this aligns to*** | ***Include the name of mandate, initiative, priority this aligns to*** |
|[ ]  Legislative Mandate (Federal/State) | *Only select this guiding principle if the new law or mandate has a defined date. This is a date outlined in the mandate, not a target completion date.* |
|[ ]  Governor Priority | *If yes, Please specify. Click here to enter text*.*Click* [*here*](https://www.governor.pa.gov/) *for additional information.*   |
|[ ]  Program Priority | *If yes, define what Program Priority this aligns to?  Please specify. Click here to enter text*. |
|[ ]  Other, please explain | *If yes, define what Other Priority this aligns to?  Please specify. Click here to enter text*. |

1. Did you consult with IT to determine if there is another solution that may exist and in use within state government? *Choose an item*.
	1. If yes, what IT organization(s) did you consult with? *Click here to enter text.*
	2. If yes, what was the result of your search? *Click here to enter text.*
	3. If not planning to use an existing solution, why? *Click here to enter text.*
2. Is this request associated to a public facing application or website? *Choose an item.*
3. Is this request associated to a business essential application? *Choose an item.*
	1. If yes, what business essential application is the request associated to? *Click here to enter text.*
	2. If yes, what is the business essential application’s technology useful life? *Choose an item.*
4. Does this request require regulatory compliance? (CJIS, IRS, etc.) *Choose an item.*
5. Does this request have a GIS, mapping, or location component? *Choose an item.*
6. Does this request have a dependency on data from SAP? *Choose an item.*
7. Will this request require any form of open data? *Choose an item.*
8. Will this request involve or affect a process overseen by the Office of Comptroller Operations, including vendor or grantee payments, payroll, accounting, or financial reporting? *Choose an item.*

***Alignment Details:***

*Describe how this proposal supports the selected Guiding Principle(s). What outcomes are to be achieved? What are the Critical Success Factors (CSFs) that will be used to measure the success?*

***Customer Experience:***

*Will this initiative improve customer experience?*

 *Provide justification for expected customer experience.*

*Did you assess the accessibility of the solution by reviewing an Accessibility Conformance Report (Completed a VPAT) and/or Policy Driven Adoption for Accessibility (PDAA) Assessment? See* [*ITP-ACC001*](https://www.oa.pa.gov/Policies/Documents/itp_acc001.pdf) *for more information.* *Choose an item.*

***Approach:***

*Describe the approach to solve the opportunity or business problem including frameworks used (e.g., Design Thinking, FEAF, ITIL, DevOps) and alternatives that may be under consideration, and how should it be executed.*

***Approvals****(A wet signature not required, documented approval such as email is acceptable)*

|  |  |  |
| --- | --- | --- |
| ***Role*** | ***Signatory*** | ***Date*** |
| Agency Head or Designee |  | *Click to enter a date.* |

This chart contains a history of this publication’s revisions.

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| --- | --- | --- |
| **Version** | **Date** | **Purpose of Revision** |
| Original | 04/06/2020 | Base Document |
| Revision | 11/08/2021 | Added additional questions to provide organizations advanced notice of upcoming requests. Improved the BUS001a form to add better controls and provided better alignment to the project intake form. |
| Revision | 01/23/2023 | Removed the “procurement only” option from the Submission Type field (since a BUS001A is not required for procurement only initiatives) Added note under Guiding Principle Alignment “Select all that apply”Updated link/language for Governor’s priorities, website is being updated for the new administration. |