Stage 1 Business Analysis

1.1 General Information

Agency or State Entity Name: Click here to enter text.

Organization Code: Auto Populates

Proposal Name: Click here to enter text.

Proposal Description: Click here to enter text.

Proposed Start Date: Click here to enter text.

Delegated Cost Threshold (Optional): ☐ Over   ☐ Under

Department of Technology Project Number: Click here to enter text.

1.2 Submittal Information

Contact Information:

Contact First Name:	Contact Last Name:
Click here to enter text.	Click here to enter text.
Contact Email:	Contact Phone Number:
Click here to enter text.	Click here to enter text.

Submission Date: Date Picker

Submission Type:
☐ New Submission   ☐ Withdraw Submission
☐ Updated Submission (Pre-Approval) ☐ Updated Submission (Post Approval)

Sections Updated (For Updated Submissions Only)

☐	1.1 General Information	☐	1.6 Statutes or Legislation
☐	1.2 Submittal Information	☐	1.7 Program Background and Context
☐	1.3 Preliminary Assessment	☐	1.8 Strategic Business Alignment
	☐ 1.3.1 Reportability Assessment	☐	1.9 Business Problem or Opportunity Summary
	☐ 1.3.2 Impact Assessment	☐	1.10 Business Problem or Opportunity and Objectives Table
☐	1.4 Business Sponsor and Key Stakeholders	☐	1.11 Business and Stakeholder Capacity
☐	1.5 Business Driver(s)	☐	1.12 Organizational Readiness

Summary of Changes:
Click here to enter text.

Project Approval Executive Transmittal: <Attach Transmittal>

Stage 1 Business Analysis

1.3 Preliminary Assessment

1.3.1 Reportability Assessment

	Yes	No
1. Does the Agency/state entity anticipate requesting a budget action to support this proposal?	☐	☐
2. Does the Agency/state entity anticipate the estimated total development and acquisition cost to exceed the Department of Technology's established Agency/state entity delegated cost threshold **and** the proposal does not meet the criteria of a desktop and mobile computing commodity expenditure?	☐	☐
3. Does this proposal involve a new system development or acquisition specifically required by legislative mandate **or** is subject to special legislative reporting or review as specified in budget control language or other legislation?	☐	☐

Anticipated Reportability	Yes	No
Is this proposal anticipated to be reportable?	☐	☐

Planned Reporting Exemption	Yes	No
Does the Agency/state entity anticipate seeking an exemption from project reporting? (Answer only if Anticipated Reportability above is "Yes.")	☐	☐

1.3.2 Impact Assessment

	Yes	No
1. Is the funding source(s) identified for this proposal?	☐	☐

	FUND SOURCE Mark all that apply	FUND AVAILABILITY DATE
If "Yes," select applicable funding source(s) and enter the fund availability date. If funding source is "Other Funds," specify below: Click here to enter text.	☐ General Fund	FY YYYY-YY
	☐ Special Fund	FY YYYY-YY
	☐ Federal Fund	FY YYYY-YY
	☐ Reimbursements	FY YYYY-YY
	☐ Bond Fund	FY YYYY-YY
	☐ Other Funds	FY YYYY-YY

	Yes	No
2. Will the State possibly incur a financial sanction or penalty if this proposal is not implemented? If "Yes," provide details in Section 1.9 Business Problem or Opportunity Summary.	☐	☐
3. Is this proposal anticipated to have high public visibility? If "Yes," provide details in Section 1.9 Business Problem or Opportunity Summary.	☐	☐
4. On a scale of 1 to 3 (1 = None, 2 = Partially, 3 = Fully), indicate how well the current business processes are documented, communicated and available for review.	Select Number	

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SIMM Section 19A Stage 1 Business Analysis
A.2 Stage 1 Business Analysis Template   Rev. 12/2014

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1.4 Business Sponsor and Key Stakeholders

Executive Sponsors

Title	First Name	Last Name	Business Program Area
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Business Owners

Title	First Name	Last Name	Business Program Area
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Key Stakeholders

Title	First Name	Last Name	Business Program Area/Group	External
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	☐
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	☐
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	☐
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	☐

1.5 Business Driver(s) Mark all that apply

Financial Benefit: ☐Increased Revenues ☐Cost Savings ☐Cost Avoidance ☐Cost Recovery	Mandate(s): ☐State ☐Federal
Improvement: ☐Better Services to Citizens ☐Efficiencies to Program Operations ☐Improved Health and/or Human Safety ☐Technology Refresh	Security: ☐Improved Information Security ☐Improved Business Continuity ☐Improved Technology Recovery

1.6 Statutes or Legislation

Statutes or Legislation: ☐New Statutes or Potential Legislation
☐Changes to Existing Legislation
☐Not Applicable

Bill Number: Click here to enter text.

Legal Reference: Click here to enter text.

Additional Information: Click here to enter text.

Stage 1 Business Analysis

1.7 Program Background and Context

Click here to enter text.

1.8 Strategic Business Alignment

Strategic Business Goals	Alignment
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.

Strategic Plan Last Updated: Date Picker

1.9 Business Problem or Opportunity Summary

Click here to enter text.

1.10 Business Problem or Opportunity and Objectives Table

ID	Problems or Opportunities	Objective #	Objective	Metric	Baseline	Target	Measurement Method
ID#	Problem/Opportunity	OBJ #	Objective	Metric	Baseline	Target	Measurement
ID#	Problem/Opportunity	OBJ #	Objective	Metric	Baseline	Target	Measurement
ID#	Problem/Opportunity	OBJ #	Objective	Metric	Baseline	Target	Measurement
ID#	Problem/Opportunity	OBJ #	Objective	Metric	Baseline	Target	Measurement
ID#	Problem/Opportunity	OBJ #	Objective	Metric	Baseline	Target	Measurement
ID#	Problem/Opportunity	OBJ #	Objective	Metric	Baseline	Target	Measurement

1.11 Business and Stakeholder Capacity

1.11.1 Business Program Priorities

	Yes	No
Does this proposal share resources (state staff, vendors, consultants or financial) with other Agency/state entity business program priorities?	☐	☐

Provide narrative here

1.11.2 External Stakeholder Involvement

Provide narrative here

1.11.3 New or Changes to Business Processes

	Yes	No
Does the Agency/state entity anticipate this proposal will result in the creation of new business processes?	☐	☐
Does the Agency/state entity anticipate changes to existing business processes?	☐	☐

Provide narrative here

Stage 1 Business Analysis

1.12 Organizational Readiness

1.12.1 Governance Structure

	Yes	No
Does the Agency/state entity have an established governance structure for combined business and IT decision making, including information security and privacy?	☐	☐

Provide narrative here

1.12.2 Leadership Participation

Identify the levels of leadership that are aware of and engaged in addressing the business problem(s)/opportunity(ies) identified in this proposal (check all that apply):

- ☐ Executive
- ☐ Senior Management Business/Program
- ☐ Mid-level Management Business/Program
- ☐ Senior Management IT
- ☐ Mid-level Management IT
- ☐ Enterprise Architect

Provide narrative here

1.12.3 Resource Capacity/Skills/Knowledge

	Yes	No
Does the Agency/state entity anticipate requesting additional resources, through a budget request, to further study this proposal and/or perform procurement analysis?	☐	☐
Of the Agency/state entity resources identified to perform Stage 2 Alternatives Analysis and Stage 3 Procurement Analysis for this proposal, enter the percentage of staff who have had experience with planning projects of a similar nature.	Enter %	

Provide narrative here

1.12.4 Training and Organizational Change Management

	Yes	No
With respect to the magnitude of this proposal, does the Agency/state entity have resources, processes, and methodologies in place to provide training and organizational change management services?	☐	☐
Does this proposal affect business program staff located in multiple geographical locations? If "Yes," enter the number of geographical locations:	☐	☐

Enter Number of Locations

Provide narrative here

1.12.5 Enterprise Architecture

	Yes	No
Does the Agency/state entity have a documented target (or future state) enterprise architecture that provides the overall business and IT context for this proposal?	☐	☐

Provide narrative here

1.12.6 Project Management

Organizational Project Management Maturity Score: <Enter Score>

Stage 1 Business Analysis

Department of Technology Use Only	
Original "New Submission" Date	Date Picker
Form Received Date	Date Picker
Form Accepted Date	Date Picker
Form Status	Choose an item.
Form Status Date	Date Picker
Form Disposition	Choose an item.
Form Disposition Date	Date Picker