### *California Department of Technology Logo*CDT Technology Modernization Fund (TMF)

### Initial Intake Form

# **General Information**

1. Agency or State entity Name: Choose an item.

If Agency/State entity is not in the list, enter here with the [organization code](http://dof.ca.gov/Accounting/Policies_and_Procedures/Uniform_Codes_Manual/organization_codes/documents/5orgnumb.pdf).

Click or tap here to enter text.

1. Proposal Name and Acronym: Click or tap here to enter text.
2. Proposal Description: (Provide a brief description of the expected product or service from the TMF investment in 500 words or less.)
3. Contact Name
4. Role
5. Email
6. Phone

**Business Information**

1. Business Program Division/Branch Name
2. Provide a summary of the business problem and how it is currently addressed.
3. Describe how this proposal will improve the service offered by your business.
4. Is your team ready to start now? How long do you think it will take to implement your solution?

**Technology Information**

1. Briefly describe your proposed solution to address the business outcomes
2. Provide estimated one-time cost that is being requested from the TMF for this effort (not including staff costs) NOTE: Must be under $5M dollars.
3. TMF funding does not include ongoing Maintenance & Operations (M&O) funding. Does your concept require ongoing funding?
4. If your effort requires funding for M&O, describe how will it be funded (e.g., internal funding, future BCP, etc.)
5. How would you describe your project category?

a. Select one: Stand-alone business solution, Proof of Concept, MVP, Enhancement of existing system, other

b. If other, clarify your project category

1. What existing or new technology platforms, services, and/or products might this solution rely on?
2. Describe any RFI or market research you have done to determine the solution, and to estimate the cost and schedule.

If available, provide any supporting material regarding such market research to support the project duration and the cost estimate. Examples of market research could be a Request for Information, Proof of Concept, etc.

1. What do you anticipate needing to procure to solve this problem?

Multiple selection: software licenses, hardware, service

**Project Resources**

1. Describe the resources that the Department will contribute for this effort. Resources could include
	1. Monetary: e.g., Redirected funds, Special funds etc.
	2. Human: e.g., State staff, Contractor etc.
2. Provide your team composition, and include the names of the team, their time dedicated to this project etc.

|  |
| --- |
| **Team Composition** |
|  | **First and Last Name** | **Role (CIO, PM, Solutions Architect. etc)** | **Percentage of time dedicated to Project** | **Years of Experience** | **Other information that might be beneficial share** |
| **1** |  |  |  |  |  |
| **2** |  |  |  |  |  |
| **3** |  |  |  |  |  |
| **4** |  |  |  |  |  |

1. Provide your cost workbook. Use attached cost template (Sample table below)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  Project Name- Cost Workbook |   |   |   |   |
| **Software** |   |
| **Item #** | **Description** | **Qty.** | **Unit of Measure** | **Unit Price** | **Total** |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
| **Software Total** | **$0** |
| **Hardware** |   |
|  |  |  |  |  |   |
|  |  |  |  |  |   |
| **Hardware Total** | **$0** |
| **Services**  |   |
|   |   |   | each |   |   |
|   |   |   | hours |   |   |
|   |   |   | days |   |   |
|   | Unanticipated Tasks |   |   |   |   |
| **Services Total** | **$0** |
|   |   |   |   |   |   |
| **Grand Total** |  |

Part 2 of the TMF Intake Form

Please complete these sections only after TMF team has informed you about Advisory Committee support

# **General Information**

* Has this proposal ever been submitted to CDT as a PAL Stage 1 Business Analysis proposal?
* If your proposal has been submitted as a PAL Stage 1 Business Analysis proposal, provide the following information:
1. Project name, Project number, the last approved PAL Stage for this project. Not applicable
2. Description of progress on current PAL Stage (e.g., if PAL Stage 1 approved, describe progress on PAL Stage 2. If PAL Stage 2 in progress, Market Research performed, as-is business process documentation, requirements development, etc.)
* Has this proposal ever been included in a Budget Change Proposal (BCP)?
	+ If your proposal has been included in a BCP, provide the following information: Budget Year, Budget Request Name, Disposition
* Proposed Project Execution Start Date: Click or tap to enter a date.
* Proposed Project Execution End Date:

# **Business Information**

* Describe how State staff will be impacted by solving the business problem? Include the number and roles of potential staff impacted
* Describe how members of the public will be impacted by solving this business problem
* What monetary and human resources are you willing to fund into this project?
* Is the CIO engaged and committed to being an active participant? (Y/N)
* Please describe how the department will prioritize the sustainability of this project after implementation?

# **Project Performance**

# **Business Outcomes Desired**

**Objective ID:** Click or tap here to enter text.

**Objective:** Click or tap here to enter text.

**Metric:** Click or tap here to enter text.

**Baseline:** Click or tap here to enter text.

**Target Result:** Click or tap here to enter text.

*TIP: Copy and paste or click the + button in the lower right corner to add Objectives as needed. Please number for reference.*

*TIP: Objectives should identify WHAT needs to be achieved or solved. Each objective should identify HOW the problem statement can be solved and must have a target result that is specific, measurable, attainable, realistic, and time-bound. Objective must cover the specific. Metric and Baseline must detail how the objective is measurable. Target Result needs to support the attainable, realistic, and time-bound requirements.*

#

Some examples:

* Cost recovery - cost from 100 licenses is $100,000 before end-of-life of current system
* 50% increase in user adoption rate. Currently 20 user access per week
* 40% cost savings on staff time reduction. Currently 100 manhours per month spent on manual updates to xyz

# **Department of Technology Use only**

Original “New Submission” Date: Click or tap to enter a date.

Form Received Date: Click or tap to enter a date.

Form Accepted Date: Click or tap to enter a date.

Form Status: Choose an item.

Form Status Date: Click or tap to enter a date.

Form Disposition: Choose an item.

If Other, specify: Click or tap here to enter text.

Form Disposition Date: Click or tap to enter a date.

Department of Technology Project Number (0000-000): Click or tap here to enter text.

* What is your IT Project Cost Delegation?
* What is your DGS purchasing authority tier?
* Has this proposal been previously submitted to the TMF? (Y/N)
* If yes, what was the project name and what has been changed from the previous submission?