



VERMONT IT Activity Business Case & Cost Analysis (IT ABC Form)

The IT ABC form is **required for all IT Activities with an estimated cost over \$100,000 and for ANY IT Activity, REGARDLESS of cost if the activity has any of the concerns regarding security and data in Section 2 of this form.** This form should be initially completed by the Business working with the Agency's ADS IT Director or their designee to gather relevant information. The Agency's EPMO Portfolio Manager should be included once the initial information has been gathered and they will facilitate the review for approval and verify the forms completion.

1. General Information

This section is used to document information related to the proposed IT Activity. It specifies the persons' responsible for executing the project. It also describes the project at a high level, the problem the business is trying to solve, and documents any proposed solution the team may have as a result of an exploration activity. *Quality Assurance refers to technical quality of the solution is not end-user specific. Please be sure to attach a completed Architectural Design document before routing this form for approval.*

Date Submitted		Agency	
Person Completing Form		Department	
IT Activity/Project Name		Division	
Project Type		Agency IT Lead	
Est. Project Start Date		Est. Project End Date	
Sponsor		Project Manager	
Business Lead		Business Analyst	
Finance Manager		Enterprise Architect	
ADS Delegate Admin		IT ABC Form Version	
Program Code		Billing Code	
High Level Project Description (Max 3 Lines) <i>To be completed by the BUSINESS LEAD</i>			
Describe the business problem you are trying to solve. <i>To be completed by the BUSINESS LEAD</i>			
What is your proposed solution and procurement plan (i.e., RFP, contract extension, sole source, etc.)?			
Will this project require a new contract?		If yes, identify the contract owner.	
Does the Business/ADS have necessary resources to complete this project?	<i>(Yes or No, please explain your response here. You may use Section 10 if you need more room.)</i>		
Architectural diagram completed?		Business process re-engineering complete?	



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2. Information Security

This section identifies if the solution stores/transport/controls access to confidential/sensitive/nonpublic information and/or represents significant reputational risk to the State.

Does the proposed solution store/transport/control access to confidential, sensitive, nonpublic information, and/or represent significant reputational risk to the State?		
If "Yes" to the above, check all that apply below:		
<input type="checkbox"/> Personally identifiable information	<input type="checkbox"/> Tax information obtained from the federal government	
<input type="checkbox"/> Information regarding credit card payments	<input type="checkbox"/> Information associated with minor children	
<input type="checkbox"/> Health related information	<input type="checkbox"/> Other sensitive, confidential, or non-public information	

3. Business Justification

Business Value	Description
Enterprise Alignment and Readiness	Meets the goals of the Governor, Agency of Digital Services and/or business agency it supports. <i>(This question MUST be answered for the form to move forward.)</i>
Financial	A net decrease to State costs resulting from: a reduction in operating costs, State labor costs, and/or infrastructure costs. <i>(Section 8 of this form MUST show a decrease to claim a financial business value.)</i>
Customer Service	A new or improved customer service (for internal or external customers). <i>(Examples include service automation, improved access to information, improved service quality, faster turnaround times, etc.)</i>
Risk Reduction	A reduction of a risk to the State as a result of replacing an unstable system, improving security, implementing a sustainable solution, etc.
Compliance	Meets a previously unmet State or Federal compliance requirement.
Reduces Technical Debt	Results in reduction of costly, unsupported systems and applications.
Equity	The State of Vermont is committed to advancing equity for all those who live, work, play, and learn in Vermont. In this section indicate how this project aligns with the State's values and goals. <i>(For example, Does the project encourage or prioritize contractors led by members of marginalized groups does the project seek to reduce disparities for marginalized or underserved groups, does the project enhance services to underrepresented or underserved communities?)</i>
Operations	Will there be a significant improvement to current operations? For example: Increased and/or improved efficiencies.

Business Value	Business Value Description	How will Achievement be Measured?
Enterprise Alignment and Readiness <i>What about this activity is important to the Governor, ADS, or the Business in achieving the State's goals?</i>		



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Business Value	Business Value Description	How will Achievement be Measured?



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Business Value	Business Value Description	How will Achievement be Measured?



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4. Leveraging the Success of Others

This section details what other State, Federal or Municipal government entities are using to meet the same or similar business need. It further justifies the proposed solution and explains how it may be within industry standards.

Is there an existing State solution that could meet the business needs?		
If yes, has this solution been evaluated to see if it could be used?		
Are other State, Federal, or Municipal government entities using the proposed solution to meet a similar business need?		
If yes to the above, what governmental entity or entities?		
If no, why are we choosing a solution that no other government entity uses?		

5. Risks

Describe any known risks related to this IT Activity. (Not necessarily project-level risks).

What are the risks of doing nothing (i.e., staying with the current solution)?	
What are the risks of moving forward with the proposed solution?	



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6. Proposed Solution Costs

In this section, itemize the estimated costs for the proposed solution. The Lifecycle of the solution is how many years you plan to use the proposed solution before investing dollars in substantial upgrades or going back out to RFP. The maximum you can enter is 5 years unless you have received authorization from the CIO to have a longer lifecycle. The EPMO will assist with ADS resource cost estimates.

Lifecycle of Proposed Solution (Max is 5 years excluding implementation.)		Years
Was a Request for Information (RFI) done?		
Identify Cost Estimated Source		
Cost Estimates Entered By (Name/Role)		
Description of Costs	Implementation Costs	Annual Operating
Vendor Implementation/Installation/Configuration		
Contracted Services for Project Management		
Contracted Services for Business Analyst		
Other Contracted Professional Services for Implementation		
ADS EPMO Project Oversight & Reporting		
ADS EPMO Project Manager for Implementation		
ADS EPMO Business Analyst for Implementation		
ADS Enterprise Architect Staff for Implementation		
ADS Security Staff for Implementation		
ADS Quality Assurance Services for Implementation		
Other ADS IT Labor for Implementation		
Software/Licenses		
Hosting		
Hardware		
Equipment or Supplies		
Vendor Annual Maintenance/Service Costs		
State IT Labor to Operate & Maintain the Solution		
Other Costs (Please describe in section 10.)		
Sub-Total Costs		
Total Lifecycle Operating Cost		
Sub-Total IT Activity Costs		
Estimated Independent Review Cost		
Total Implementation		
Total IT Activity Costs		

NOTE: Please refer to your EPMO Portfolio Manager for ADS IT staff hourly rates. These cost estimates do not include Business related costs as those are considered operational costs not specific to projects. Business costs may be further explained in Section 10.



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New IT Activity Costs Summary (Enter Applicable State Fiscal Years)

Implementation Costs			Lifecycle Operating Costs		
Fiscal Year	Federal Funds	State Funds	Federal Funds	State Funds	Total
SFY					
SFY					
SFY					
SFY					
SFY					
SFY					
SFY					
TOTAL					

7. Current Solution Costs

In this section detail the costs of the current solution. This is used to identify any potential cost savings to the State if the project is approved for implementation.

Description of Costs	Annual Operating
Software/Licenses	
Hosting Provider	
Hardware	
Equipment or Supplies	
State Labor to Operate & Maintain Current Solution**	
Vendor Annual Maintenance/Service Costs	
State labor costs to be <u>eliminated</u> as a result of automation provided by the new solution.	
Other Costs/Cost Avoidance (Please describe in section 10.) ***	
Total Annual Current Cost	
Total Current Lifecycle Cost	

Current Solution Costs to the State

% of Current Operating Costs paid for with State funds	%
Total Lifecycle Costs to be paid with State funds	

**Please refer to your EPMO Portfolio Manager for ADS IT staff hourly rates.

*** **IMPORTANT:** Include any additional agency, department, or program costs to be eliminated, or reduced, once the new solution is implemented.

8. Net Impact to State Costs

Cost	Dollar Amount
Proposed Solution Lifecycle Costs to be paid by the State	
Current Solution Lifecycle Costs to be paid by the State	
Net Change to State	



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9. Budget Information

This section validates that the Agency's business office has budgeted for the costs associated with this project.

Are your Business Office & Commissioner aware of this project and the plans for funding it?	
If State funding is required, do you have the money to pay for this year's costs out of your current fiscal year budget?	
If "No" to the above, what is your plan to obtain funding?	
Was the cost of this solution approved in your most recent budget submission to Finance & Management?	



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10. Comments and Additional Information

Please enter any additional comments or business justifications that should be taken into consideration. This should include any ADS Quality Assurance scope related to the project. Show Your Work from Section 6 above here, including cost calculations (Hours, Rates, Resources).

For Updated forms, detail what has changed from the previous version (revision history), include the date of the most recent update at the top of section 10.

Also, please list out any applications/systems that will be impacted by this activity. ***By signing this form, the business is certifying that the proposed system estimate includes all the costs to replace the required functionality of the system being replaced.***



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11. Final Approvals

Approver	eSignature/Date
Agency IT Director/Lead	
Agency Finance Lead	
ADS Chief Technology Officer	
Agency/Department Appointing Authority	
State CIO & ADS Secretary	