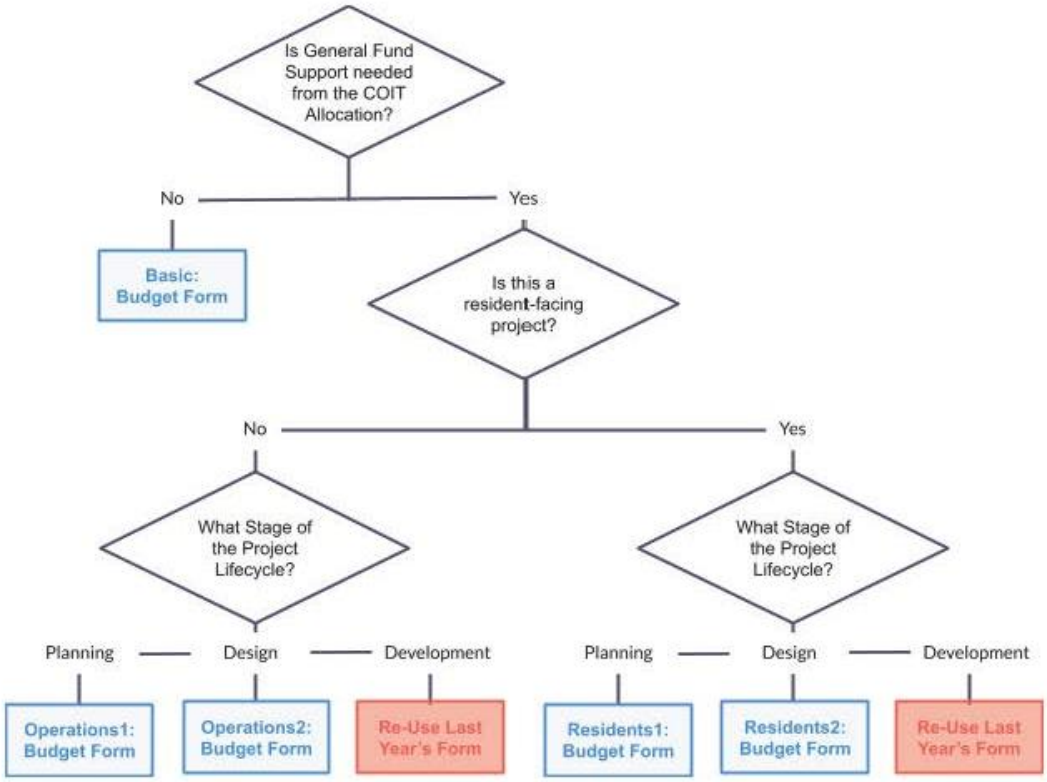
FY 2023-242022-23 COIT Budget Process Overview

Budget Intake Paths



FY 2023-24~~2022-23~~ BUDGET FORM

Basic Form [Everyone Fills This Out]

Section 1: Project Overview

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1. Project 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

Section 2: Project Details

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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

10. What type of request?

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

11. Theme (9 options dropdown)

Business Specific	Residential Digital Services
Customer & Case Management	Resource Management

Digitization & Document / Records Management	Risk Management: Cybersecurity & Business 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~~ 1. Online and Accessible City Services Residents Can Use	~~Prepare and Protect City Systems~~ 2. City Operations that are Efficient and Cost-Effective	~~Make City Operations More Efficient and Effective~~ 3. IT Infrastructure You Can Trust

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. What are the consequences of not doing this project? If relevant, please include whether the project is needed to meet a new legal requirement, and potential interruptions to business operations if not funded.

~~15.~~16. Have you consulted with Department of Technology staff about project requirements?

Yes	No

Section 3: Funding Requirements

~~16.~~17. What stage in the project lifecycle are you in?

Planning	Design	Development

~~17.~~18. Projected Timeline

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

~~18.~~19. Duration (in years) [Auto-calculated]
~~19.~~20. Five year Costs and GF budget requests for COIT funding

		FY23-24 ~~FY22-23~~	FY24-25 ~~FY23-24~~	FY25-26 ~~FY24-25~~	FY26-27 ~~FY25-26~~	FY27-28 ~~FY26-27~~
Total Cost	High					
	Low					
GF Request to COIT						

~~20.~~21. Total Cost (from start to finish and prior to maintenance phase, both high & low) [Auto-calculated]
~~21.~~22. FTEs: What are the existing and new FTEs (*0.1 decimal*) and their classifications?

Proposed Uses	FY23-24 ~~FY22-23~~	FY24-25 ~~FY23-24~~	FY25-26 ~~FY24-25~~	FY26-27 ~~FY25-26~~	FY27-28 ~~FY26-27~~
Existing FTEs					
Existing Classifications					
New FTEs					
New Classifications					

~~22.~~23. 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

Section 4: Business Justification

~~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.~~

~~2.~~1. What is the problem you are trying to solve? Include equity analysis of the problem as relevant. (descriptive only)

2. Please provide the most significant quantitative metrics that illustrate the problem~~-~~(s) and that can be tracked to identify potential improvement over time.

3. Please indicate which, if any, of the metrics listed above are included in regular reporting to the Controller's City Performance Unit and/or are included in DataSF's Open Data Portal.

4. Have you mapped out the current business process?

Yes	No

~~4.~~5. Have you conducted any user research?

Yes	No

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

~~6. Does your department require resources for a planning and scoping phase, separate from product development ?~~

~~7.~~6. 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?

	FY23-24~~FY22-23~~	FY24-25~~FY23-24~~
Matching Funds		
Funding Source(s)		

Operations 2: Non-Resident + Design Phase Form

Section 4: Business Justification

~~1. 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.~~

~~2.~~1. What is the problem you are trying to solve? Include equity analysis of the problem as relevant. (descriptive only)
~~Please provide quantitative metrics that illustrate the problem (s)~~

2. Please provide the most significant quantitative metrics that illustrate the problem(s) and that can be tracked to identify potential improvements over time.

3. Please indicate which, if any, of the metrics listed above are included in regular reporting to the Controller's City Performance Unit and/or are included in DataSF's Open Data Portal.

~~3.~~

~~4. What non-technology alternatives are available to address the problem?~~

~~5.~~4. How do other agencies inside the City address this problem?

~~6.~~5. How do organizations outside the City address this problem? Please describe relevant examples.

~~7.~~6. What will be the scale of impact once implemented?

Single Department / Customer	Multiple Departments / Customers	Citywide

~~8.~~7. Have you mapped out the current business process?

Yes	No

~~Please attach any diagrams.~~

~~9.~~8. Have you conducted any user research?

Yes	No

9. If Yes, please share some of the most significant findings that support the need for this project.

10. Describe your plans to account for equity and accessibility impacts through user testing.

11. What is the project management methodology?

Agile	Waterfall	Hybrid

~~10.~~12. Please explain why you chose this methodology.

~~11.~~13. Have you built any prototypes to test potential solutions?

Yes	No

~~12.~~14. [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	No

~~13.~~15. Describe your plans to account for equity and accessibility impacts.

~~14.~~16. Are other departments potentially interested in using your technology?

Yes	No

If yes, please list supporting departments.

Section 5: Privacy Risk Assessment

~~15.~~17. ~~Is this project needed to meet a new legal requirement? If yes, please explain.~~

~~16.~~18. 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	Internal Use	Sensitive	Protected	Restricted

~~17.~~19. Will your system have any of the following data types or characteristics?

Financial	Personal Health	Resident Data	Business Data
High Transaction (# or $)	High Volume		

Section 6: Financial Planning

~~18.~~20. 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

~~19.~~21. Describe how you will measure the efficiency gains / financial savings (4-6 sentences)

~~20.~~22. 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]	

~~21.~~23. What's the expected life of the system? [Open Text]

~~22.~~24. 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		

~~23.~~25. 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?

	FY23-24~~FY22-23~~	FY24-25~~FY23-24~~
Matching Funds		
Funding		

Source(s)		

Resident 1: Resident + Planning Phase Form

Section 4: Business Justification

~~1. Will the planned technology be a critical system for department operations?~~
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2. Please provide the most significant quantitative metrics that illustrate the problem-(s) and that can be tracked to identify potential improvement over time.
3. Please indicate which, if any, of the metrics listed above are included in regular reporting to the Controller's City Performance Unit and/or are included in DataSF's Open Data Portal.
~~3.~~
4. Have you mapped out the current business process?

Yes	No

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

6. Have you conducted any user research?

Yes	No

If Yes, please share some of the most significant findings that support the need for this project?

7. If available, would you be interested in additional support to help conduct user research and business mapping if available?

Yes	No

~~8. Does your department require resources for a planning and scoping phase, separate from product development ?~~

~~9.~~8. 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?

	FY23-24~~FY22-23~~	FY24-25~~FY23-24~~
Matching Funds		

Funding Source(s)		

Resident 2: Resident + Design Phase Form

Section 4: Business Justification

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~~9.~~8. Are other departments potentially interested in using your technology?

Yes	No

If yes, please list supporting departments.

Section 5: Status of Gathering Requirements

~~10.~~9. Have you conducted any user research?

Yes	No

If Yes, please share some of the most significant findings that support the need for this project?

~~11.~~10. Please select and share details on the groups of people who will participate in user testing.

Residents	Businesses	Visitors	Employees

~~12.~~11. Describe where and when ~~-~~you anticipate user testing will be conducted.
~~13.~~12. Describe your plans to account for equity and accessibility impacts.
~~14.~~13. Does your user-testing plan include people with disabilities?

Yes	No

~~15.~~14. ~~Is this project needed to meet a new legal requirement? If yes, please explain.~~

~~If yes, please provide more details~~

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	FY23-24~~FY22-23~~	FY24-25~~FY23-24~~

Matching Funds		
Funding Source(s)		