**United States Department of Agriculture**

Food and Nutrition Service



**FNS Office of Information Technology**

**Portfolio Management Division (PMD)**

**FNS Business Case 755 Template**

**(Business Case Detailed)**

**for**

**[Project or System Name]**

**Version 1.1**

September 09, 2013

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Change Description** |
| 1.0 | 03-08-2013 | IT Governance Branch (ITGB) | Created the document. |
| 1.1 | 09-09-2013 | IT Governance Branch (ITGB) | Re-formatted the document. |
| 1.2 |  |  |  |
| 1.3 |  |  |  |

**Contact Information**

|  |  |
| --- | --- |
| **Area of Concern** | **Contact Person** |
| IT Governance Lead | Kevin Russ |
| SDLC Coordinator | Syed Jaffery |
| ITIRB Coordinator | Sunny Dilawari |
| Portfolio Management Division Director, Chief Portfolio Officer | Jacqueline Butler |
| Program Management Branch Chief | Allison Willcox |

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# FNS BUSINESS CASE: FNS755

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| **Section 1 – Administrative Information** | | |
| **INSTRUCTIONS:** Use this form to describe and justify Information Technology support for a business need. Completion of all information is necessary to obtain approval. All blocks should contain a summary entry, limited in length to the size of the form. N/A should be entered in blocks that do not apply. Contact the OIT Project Manager assigned to your organization for assistance. | | |
| 1. Business Need Title: | 2. Type of Request (System/Contractor Support): | |
| 3. Strategic Plan Element Related to This Request: | | |
| 4. Name of Originator: | 5. Name of Originating Organization: | |
| 6. Originator's Phone Number: | 7. System Required by Law/Reg/PMA/Directive Number: | |
| 8. Primary System Benefit: | | |
| 9. Potential Funding Source: | 10. Submission Date: | |
| **Section 2 - Approval** | | |
| Originator Name: | | |
| Signature: | | Date: |
| Branch/Section Chief Name: | | |
| Signature: | | Date: |
| Division/Program Director Name: | | |
| Signature: | | Date: |
| **Section 3 - Impact on FNCS Program and Business Areas** | | |
| **Instructions:** Briefly describe the business problem, issue, or need that constitutes the basis of this request. Cite the specific business goals and objectives that cannot or are not being currently met. Goals are defined in the FNCS strategic plan, business plans, and annual performance plan prepared in compliance with GPRA (Public Law 103-62). | | |
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| **Section 4 – Needed Capability** |
| **Instructions:** Present a short functional description of the capability needed or the technological opportunity identified. Describe needed capability in terms of problems or issues to be addressed, functions to be performed, or services to be provided. If applicable, cite any statutory or regulatory authority, Congressional, Secretary, or other high-level direction, such as interagency or state agreements, to justify the requested capability. |
|  |
| **Section 5 - Capability Shortfall** |
| **Instructions:** Present a short summary of the capability shortfall and explain how the shortfall was identified and documented. Define, if applicable, the ability of the current technology to meet the business requirements in support of the mission, program, management function, or to take advantage of the technology opportunity identified. Succinctly define, in as much detail as possible, the specific limitations of current facilities, equipment, or service to meet projected demand and the needed capability. Include appropriate graphs, tables, and formulas to define the extent of the shortfall. |
|  |
| **Section 6 - Operational Benefits** |
| **Instructions:** Describe the benefits created by the needed capability, technological opportunity, or proposed policy. Benefits may accrue from more efficient operations, improved responsiveness to customers, lower operational costs, or other savings. Specify if the projected benefit is based on empirical research or a calculated assumption. If any empirical research was done to support this request, state how the shortfall and potential improvement were quantified. If applicable, summarize the business analysis determination of benefits and identify models and methodologies used to quantify the shortfall and potential improvement. |
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| **Section 7 - Criticality** |
| **Instructions:** How would you rank (High, equal, low) this requirement compared to all of the other business needs and issues in your functional area? Describe why the requirement is either high, equal, or low. |
|  |
| **Section 8 - Current and Planned Capability** |
| **Instructions:** State whether or not any systems, facilities, equipment, or other assets are currently deployed or presently planned and funded to meet this business need. If so, describe quantitatively their capabilities and specify why additional support is needed. Where applicable, use tables to present that required information more clearly. If this requirement proposes to replace an existing investment, provide the existing system name and OMB number, or other identification. References should be made to the existing architecture and asset inventory. Provide back up data in attachments. Are there any alternative sources in the public (FNS/USDA, etc.) or private sectors that could perform this function? If so, explain why you did not select one of these alternatives. How will this investment reduce costs or improve efficiencies? |
|  |
| **Section 9 - Impact of Not Approving the Business Need** |
| **Instructions:** Describe the negative impact on FNCS' ability to perform its mission responsibilities if this IT system capability shortfall is not resolved or is not developed and implemented. If applicable, include as attachments any appropriate graphs, tables, and formulas used to quantify the impact on performance. Identify databases, or other sources of data, models, and methodologies used to support the business impact analysis. At a minimum, explain how the impact of not implementing the opportunity was determined. Define the expected change in mission performance indicators if the capability shortfall is not resolved. Include as attachments additional data to support the business case. Explain performance analysis used to quantify the impact of not implementing the opportunity, and identify the external factors (such as validated growth projections used to support the analysis). |
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| **Section 10 - Timeframe** |
| **Instructions:** Present your best estimate of when the capability shortfall will seriously affect the Agency's ability to perform its mission if no action is taken. Also present your best estimate of when action must be taken to avoid the adverse impact on services that will result. Explain the performance analysis, if any, which was used to quantify the extent of the impact over time. If the request is being made to take advantage of a technology opportunity, estimate how soon after a system came on line that the purpose benefits would be realized. Specify how that estimate was made. If applicable, quantify when the capability shortfall will seriously affect the Agency's ability to perform its mission if no action is taken. Establish when action must be taken to avoid the adverse impact on services that will result. |
|  |
| **Section 11 - Technical Feasibility** |
| **Instructions:** Assess the technical feasibility of the request, as well as compatibility with existing policies and systems. Evaluate any alternative approaches to satisfying the requirements beyond those suggested by the requestor. Identify any implementation dependencies that may enhance or impair a technical solution. |
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| **Section 12 - Cost Estimate** | | | | | | | |
| **Instructions:** Using the worksheet below, provide the best estimate of development and implementation costs of this requirement. Cost Worksheet: | | | | | | | |
| ***Cost Worksheet:*** | | | | | | | |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | | **Year 5** | **Total** |
| Initial/Development Costs |  |  |  |  | |  |  |
| Analysis and Design |  |  |  |  | |  |  |
| Hardware |  |  |  |  | |  |  |
| Utility/Support Software |  |  |  |  | |  |  |
| Application Development |  |  |  |  | |  |  |
| e-Authentication Interface |  |  |  |  | |  |  |
| Testing, Implementation |  |  |  |  | |  |  |
| Training |  |  |  |  | |  |  |
| Security Certification |  |  |  |  | |  |  |
| Recurring Costs (annualized) |  |  |  |  | |  |  |
| Operations and Maintenance |  |  |  |  | |  |  |
| Application Hosting Security |  |  |  |  | |  |  |
| C&A updates Schedules |  |  |  |  | |  |  |
| HW/SW upgrades |  |  |  |  | |  |  |
| Total 5 Year Cost Estimate: | | | | | | | |
| Total Number of Government FTE's (Full Time Equivalent):   * Number of Program area FTEs: * Number of OIT FTEs: | | | | | | | |
| **Section 13 - OIT Project Management (PM) Review (OIT Use Only)** | | | | | | | |
| **Instructions:** Using the worksheet below, the OIT PM shall provide a brief discussion of this business case. Discuss the importance of this effort within the agency and your recommendation to the CIO. | | | | | | | |
|  | | | | | | | |
| OIT Project Manager Name: | | | | | | | |
| Signature: | | | | | Date: | | |

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# Approvals/Signatures

The undersigned acknowledge that they have reviewed the [name of document] document and agree with the information presented within this document. Changes to this document will be coordinated with, and approved by, the undersigned, or their designated representatives.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | [Project or System Name] Project Manager |  |  |
|  |  |  |  |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | [Project or System Name] Business Owner |  |  |
|  |  |  |  |
| Signature: |  | Date: |  |
| Print Name: |  |  |  |
| Title: |  |  |  |
| Role: | Organization’s Approving Authority |  |  |