**United States Department of Agriculture**

Food and Nutrition Service



**FNS Office of Information Technology**

**Portfolio Management Division (PMD)**

**FNS Requirements Traceability Matrix Template**

**for**

**[Project or System Name]**

**Version 1.1**

September 09, 2013

**Revision History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Version** | **Date** | **Author** | **Change Description** |
| 1.0 | 03-12-2013 | 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**

|  |  |
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| **Area of Concern** | **Contact Person** |
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| 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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# Requirements Traceability Matrix

| Project Name: | <required> | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Sponsor Name: | <required> | | | | | | | | | |
| Project Manager Name: | <required> | | | | | | | | | |
| FNS Program(s) Supported: | <required> | | | | | | | | | |
| Project Description: | <required> | | | | | | | | | |
| ***ID*** | ***Functional Requirement*** | ***Status*** | ***Design Document*** | ***System Component(s)*** | ***Use Case Number*** | ***Test Case Number*** | ***Tested In*** | ***Implemented In*** | ***Verification*** | ***Additional Comments*** |
| 001 |  |  |  |  |  |  |  |  |  |  |
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| 034 |  |  |  |  |  |  |  |  |  |  |

# 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.

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| --- | --- | --- | --- |
| 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 |  |  |