Based on the meeting transcripts, here are the current issues and blockers that need to be addressed. These are the main points of discussion and potential roadblocks to the project's success and timeline.

1. Discovery and Integration Blockers

These are the most critical blockers right now, as they prevent the team from beginning development.

- **Service Request Platform Integration:** We need to figure out how our new system will connect with the existing Service Request platform. This is the entry point for many manual requests, and without this connection, our automation won't be fully effective. The team is trying to schedule a collaborative call with Susie to understand the platform and its APIs.
- **Onboarding Integration:** The core business problem starts with onboarding, but we don't know how to access the data collected during that process. We need a discovery session with the Onboarding team to learn how to leverage that information and feed it into our system. This is crucial for a complete solution. Linda is struggling to get a meeting with them.
- **WebKYC Reuse:** We need to confirm if the existing WebKYC APIs can be reused. It's a related process, but we have to check if their APIs are suitable for what we need to do. Reusing them would save significant development time, but it's a major question mark.
- **External User Onboarding:** A significant blocker is how to onboard clients who are **not currently Corporate Connect users**. We need to determine if a simple **OTP (One-Time Password)** is sufficient for authentication or if we need to go through a full user account creation process. This requires a discussion with the security team to get a clear answer.
- **Disparate Systems:** The project's vision is to replace a variety of different systems and processes (like those for CME and GSF) with one reusable service. The challenge is fully understanding and bridging the gaps between these manual workflows and a standardized digital process.

2. Technical and Architectural Blockers

These are technical decisions and dependencies that must be resolved before we can finalize the architecture and data model.

- **Central Repository Location:** There's a question about where the centralized data will live. While the plan is to build a new Auth Signer service, there's a comment about a system called "Fenex." We need to understand what this system is and if our service needs to be housed within it or if we can simply integrate with it.
- **Single vs. Multi-Approval Workflow:** The system needs to support both simple (straight-through) and complex (multi-person approval) workflows. We need to clearly define the data models and API boundaries to handle these different approval scenarios.
- **Document Storage:** The documents, like the signed ASL forms, are currently stored in various places like FileNet. The team needs to figure out how to access these documents from our new service and whether we need to keep historical versions forever.

3. Resource and Timeline Blockers

These are related to project management and ensuring we can meet deadlines.

- **Team Availability and Staffing:** The plan is to allocate 50% of the DCR team's capacity and bring in half of the Avalanche team to work on this project. The new designer, Rashri, is also getting onboarded, so we'll have a few weeks before the team is fully functional and up to speed.
- **Ambitious Timeline:** The goal is to deliver something that can be used by customers in Q4, but a prior estimate suggested the project could take six months **after** discovery is complete. This is a significant discrepancy that needs to be managed. The team acknowledges this and is trying to find a way to "fast track" development by breaking the work into smaller, releasable chunks.
- **Lack of Details:** The team is currently lacking granular details on the CME process and the data requirements. Linda is trying to get this information in a follow-up meeting. Without these specifics, the team can't accurately estimate the work or define the scope for the first development sprints.