## Miami-Dade County Information Technology Business Case Narrative FY2025-26

| A. Capital Project Identification In                         | Tormation  |      |  |
|--|--|------|--|
| Date:  |  |      |  |
| Program Name:  | Program #:   |      |  |
| Project #:   | BAT Enhancement Request # (if Applicable):           |      |  |
| Project Start Date:  | Project End Date:                                    |      |  |
| Requesting Department Information:                           |  |      |  |
| Department Name:   | Priority #:  |      |  |
| Technical Contact Name:                                      |  |      |  |
| Prepared By:   |  |      |  |
| Contact Phone #:   | Email:   |      |  |
| ITD Technical Lead (Assigned by ITD):                        |  |      |  |
|  |  |      |  |
| Department Director Approval of Submission                   | Printed Name   | Date |  |
| <b>NOTE</b> : Please refer to the IT Governance Process Manu | ial for descriptions of the Business Case Components |      |  |
| B. Strategic Alignment                                       |  |      |  |
| B1 – Background Information                                  |  |      |  |
|  |  |      |  |
|  |  |      |  |
| B2 – Problem Statement                                       |  |      |  |
| B2 – Problem Statement                                       |  |      |  |
|  |  |      |  |
|  |  |      |  |
| B3 – Project Goals/Objectives                                |  |      |  |
|  |  |      |  |
|  |  |      |  |
|  |  |      |  |
| B4 – Proposed Solution                                       |  |      |  |
|  |  |      |  |
|  |  |      |  |
| B5 – Is this mandated? By what?                              |  |      |  |

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| C. Business Process Impact  |  |  |  |  |  |
|---|--|--|--|--|--|
| C1 – Implementation Strategy  |  |  |  |  |  |
|   |  |  |  |  |  |
| C2 – Project Schedule   |  |  |  |  |  |
| C2. Due in at Staffin a   |  |  |  |  |  |
| C3 – Project Staffing   |  |  |  |  |  |
| C4 – Specific Process Impacts   |  |  |  |  |  |
|   |  |  |  |  |  |
| C5 – Departmental Readiness   |  |  |  |  |  |
|   |  |  |  |  |  |
| D. Technical Information  |  |  |  |  |  |
| D1 – ITD approval regarding standards and confirmation that there is NO enterprise solution that could address the department's problem statement. (Requires approval from Mariaelena Salazar, ITD Assistant Director, or designee) |  |  |  |  |  |
| COMMENTS:   |  |  |  |  |  |
|   |  |  |  |  |  |
|   |  |  |  |  |  |
| Approved Pending Approval   |  |  |  |  |  |
|   |  |  |  |  |  |
| Mariaelena Salazar, ITD Assistant Director or designee  |  |  |  |  |  |

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## **BUSINESS CASE SPREADSHEET**

Office of Management and Budget Representative

Please answer the following questions regarding your proposed project. Departments are ENCOURAGED to work with ITD and your departmental budget liaison in advance of preparing project requests to review feasibility in advance of final submission. This will prevent unnecessary work for departments preparing budget submissions that may not meet requirements. The Business Case and this worksheet should be used to ensure that all required information is addressed. It is REQUIRED that the Project Description be written so that if funded, it can be used in the narrative section of the IT Strategic Plan and the Budget.

|  |         | Dollar amount be entered in thousands (000s) |         |         |        |
|--|---------|--|---------|---------|--------|
| ction 1: DIRECT Cost Questions   | FY24-25 | FY25-26                                      | FY26-27 | FY27-28 | FY28-2 |
| ) Will hardware be purchased for this project? If yes, enter apital costs by year.   |         |  |         |         |        |
|  |         |  |         |         |        |
| Will there be any recurring costs for hardware? If yes, ter recurring costs by year.   |         |  |         |         |        |
| Will any software be purchased for this project? If yes, ter capital costs by year.  |         |  |         |         |        |
|  |         |  |         |         |        |
| Will there be any recurring costs for software? If yes, enter ecurring costs by year.  |         |  |         |         |        |
|  |         |  |         |         |        |
| Will the project require any new positions? If so, enter the nual costs of the new positions, including fringe benefits, by ear. |         |  |         |         |        |
|  |         |  |         |         |        |
| Will the project require any OTHER costs not listed above? yes enter the costs by year. (FIRST YEAR IMPLEMENTATION DSTS)         |         |  |         |         |        |
|  |         |  |         |         |        |
| ection 2: Revenue Sources  |         |  |         |         |        |
| Will any funding from existing operating budgets be located to this project? If yes, enter amounts by year.                      |         |  |         |         |        |
|  |         |  |         |         |        |
| ) Has any grant funding been received for this project? If yes, enter amounts by year.   |         |  |         |         |        |
|  |         |  |         |         |        |
| ) Will any interagency or outside agency funding be llocated to this project? If yes, enter amounts by year.                     |         |  |         |         |        |
|  |         |  |         |         |        |
| otal Estimated Cost  |         |  |         |         |        |
|  |         |  |         |         |        |
| nank you. This completes the Business Case Spreadsheet   |         |  |         |         |        |

| Signature | Print Name | Date |
|-----------|------------|------|