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| **Technology Initiation Proposal Submission** | | | | | | | | |
| * Please complete and return this form to [SAR@tech.nj.gov](mailto:SAR@tech.nj.gov) * We will respond to your request regarding next steps as soon as your request has been reviewed. * If you have any questions, we are here to help, please contact: [SAR@tech.nj.gov](mailto:SAR@tech.nj.gov) | | | | | | | | |
| **Contact Information** | | | | | | | | |
| **Agency Name** | | | *<Agency Name>* | | | **Date of Request** | *<MM/DD/YYYY>* |
| **Agency CIO** | | | *<Agency CIO Name>* | | |  |  |
| **Agency CISO** | | | *<Agency Chief Information Security Officer Name>* | | |  |  |
| **Agency Point of Contact** | | | *< Name/E-Mail/Phone>* | | | | | |
| **Project Information** | | | | | | | | |
| **Project Name** | | | *< Full Project Name as indicated on Tactical Plan>* | | | **Tactical Plan #** | *<999x999999>* |
| **Business Needs** | | | Describe your business need, explaining what problem needs to be solved and/or benefits provided. Please include in your description the answer to the question: “Why is this initiative necessary?”  *< This is an example of a business need:*  *The Agency is not meeting its statutory requirement of five (5) business days to approve or deny an application because the current business process and its supporting automated systems do not enable processing to take place at field office locations. Currently, applications are received and mailed to the central office. End-to-end processing currently takes eight (8) business days.>* | | | | | |
| Yes | No | | Have you documented your high-level business requirements? Please provide a copy, if available. | | | | | |
| Yes | No | | Are your new business process flows documented? | | | | | |
| Describe any specific time constraints/limitations/deadlines for this initiative (e.g. federal mandate deadline, contract expiration, hardware/software end-of-life, etc.). | | | | | | | | |
| Are there any consequences of not fulfilling the business need (e.g. financial penalties, non-compliance fines, exceedingly long manual processing times, etc.)? | | | | | | | | |
| **Scope / Impact** | | | | | | | | |
| What is the scope (breadth of impact) of this initiative? Please check option below: | | | | | | | | |
| Federal | | Multi-State | | Statewide | Exec Branch | Multi-Agency | Agency-Specific | |
| Yes | No | | Does it support a Governor’s initiative? | | | | | |
| Yes | No | | Is it in the Agency’s strategic plan? Provide reference: | | | | | |
| Yes | No | | Is it legislatively mandated (Federal, State, other)? | | | | | |
| New | Existing | | If known, does this require new or existing infrastructure (or both)? *Leave blank if none.* | | | | | |
| What research has been done to date on this project? Note: If you have already investigated and arrived at a proposed solution, please provide details here (including any helpful information, such as: vendor product URL, slick sheet or other documentation): | | | | | | | | |

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| **Financials / Benefits** | | | | | |
| $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | If known, what is the estimated budget for this initiative? | | | |
| Yes | No | Is the budget tied to the published Governor’s budget? | | | |
| Indicate funding source(s), as well as amounts and expiration dates, as applicable (e.g. Federal, State, grant, Agency, etc.) | | | | | |
| Yes | No | Does this initiative provide revenue generation to the State? | | | |
| Yes | No | Does this initiative provide Service Delivery improvement(s)? | | | |
| **Please do not write below this line. For OIT Use Only.** | | | | | |
|  | | | | | |
|  | | | | | |
| **Receipt and Initial Review of TIP** | | | | | |
| **Received by** | | *<Receiver Name>* | **Date Received** | *<MM/DD/YYYY>* |
|  | |  | **Date Reviewed** | *<MM/DD/YYYY>* |
|  | Proceed to schedule | | | | |
|  | More information needed (return to submitter for resubmission with additional information)  *<Specific additional information being requested will be listed here…>* | | | | |
|  | |  |  |  |
| **TIP Review Meeting:** | | | | | |
| **Meeting Facilitator** | | *<Meeting Facilitator Name>* | **Date of Review** | *<MM/DD/YYYY>* |
| **Meeting Location** | | *<Meeting Location>* | **Time** | *<HH:MM PM>* |
| **Attachments[[1]](#footnote-1)** | |  |  |  |

**Asset Classification Document: Technologies and Infrastructure Document:**

*<Document> <Document>*

1. Attachments are blank prior to review meeting; they will be filled out during the meeting, then attached afterward for reference. [↑](#footnote-ref-1)