



# Stage 4 Project Readiness and Approval

California Department of Technology, SIMM 19D, Revision 6/28/2017

## 4.4 General Information

**Agency or State Entity Name:**

California Highway Patrol

**Organization Code:**

2720

**Proposal Name:**

Wireless Mobile Video and Audio Recording System (WMVARS)

Department of Technology Project Number: 2720-114

## 4.5 Submittal Information

**Contact Information:**

**Contact First Name:**

Jay

**Contact Email:**

Jay.Song@chp.ca.gov

**Contact Last Name:**

Song

**Contact Phone Number:**

(916) 843-4100

**Submission Date:**

6/20/2019

**Submission Type:**

New Submission

Updated Submission (Pre-Approval)

Updated Submission (Post-Approval)

Withdraw Submission

Reason: Select...

If "Other," specify:

**Sections Updated (For Updated Submissions only, check all that apply)**

- 4.4 General Information
- 4.5 Submittal Information
- 4.6 Primary Solicitation Results
  - 4.6.1 Solicitation Key Action Dates Variance
  - 4.6.2 Addenda
  - 4.6.3 Final Bid Respondents
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- 4.7 Ancillary Solicitation Status
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- 4.14 Project Management Planning
- 4.15 Risk Register

**Summary of Changes:**

N/A

**Project Approval Executive Transmittal**

See attached

**Condition(s) from Previous Stage(s):**

<b>Condition #</b>	Per Stage 3 approval memo dated June 6, 2019 from CDT, the WMVARS was approved to move to Stage 4 of the PAL subject to the following conditions:  <ol style="list-style-type: none"> <li>1. CHP must acquire Independent Verification &amp; Validation (IV&amp;V) services prior to the start of the solution vendor. Per State Administrative Management Manual (SAM) 4930.3, IV&amp;V services are required for all reportable projects.</li> <li>2. CHP must have an approved Stage 4 prior to any issuance of a purchase ordering document against the Department of General Services master contract established for MVARs.</li> <li>3. CHP must provide the Purchase ordering document with the Stage 4 package.</li> </ol>
<b>Condition Category</b>	Select... If "Other," (specify)
<b>Condition Sub-Category</b>	Select... If "Other," specify:
<b>Condition</b>	
<b>Assessment</b>	Select... If "Other," specify:
<b>Agency/State Entity Response</b>	
<b>Status</b>	Select... If "Other," specify:

Add additional conditions as needed.

## 4.6 Primary Solicitation Results

### 4.6.1 Solicitation Key Action Dates

<b>Activity:</b>	Kick Off Meeting with DGS If "Other," specify:
<b>Actual Start Date:</b>	1/09/2019
<b>Actual End Date:</b>	1/17/2019
<b>Actual Duration (Number of Business Days):</b>	6
<b>Activity:</b>	DGS Approval for Release of Bid If "Other," specify: <a href="#">Click here to enter text.</a>
<b>Actual Start Date:</b>	1/09/2019
<b>Actual End Date:</b>	1/17/2019
<b>Actual Duration (Number of Business Days):</b>	<a href="#">Click here to enter text.</a>

**Activity:** Release of Solicitation  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 2/28/2019

**Actual End Date:** 3/27/2019

**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Activity:** Last Day to Submit Final Questions  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 3/14/2019

**Actual End Date:** 3/14/2019

**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Activity:** Last Day to Submit Changes to Requirements  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 3/14/2019

**Actual End Date:** 3/14/2019

**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Activity:** Final Bids Due  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 4/11/2019

**Actual End Date:** 4/11/2019

**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Activity:** Evaluation Period (Administrative & Technical  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 4/11/2019

**Actual End Date:** 4/25/2019

**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Activity:** Technical Clarifications to Bidders  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 5/10/2019

**Actual End Date:** 5/10/2019

**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Activity:** Notify Suppliers of Cost Opening  
If "Other," specify: [Click here to enter text.](#)

**Actual Start Date:** 5/10/2019

**Actual End Date:** 5/10/2019  
**Actual Duration (Number of Business Days):** [Click here to enter text.](#)  
**Activity:** Public Cost Opening  
 If "Other," specify: [Click here to enter text.](#)  
**Actual Start Date:** 5/16/2019  
**Actual End Date:** 5/16/2019  
**Actual Duration (Number of Business Days):** [Click here to enter text.](#)  
**Activity:** Other  
 If "Other," specify: Contract Cost Negotiation Section 6.5, PCC 6611 Negotiations  
**Actual Start Date:** 5/30/2019  
**Actual End Date:** 5/30/2019  
**Actual Duration (Number of Business Days):** [Click here to enter text.](#)  
**Activity:** Demonstration  
 If "Other," specify: [Click here to enter text.](#)  
**Actual Start Date:** 6/04/2019  
**Actual End Date:** 6/04/2019  
**Actual Duration (Number of Business Days):** [Click here to enter text.](#)  
**Activity:** Contract Award  
 If "Other," specify: [Click here to enter text.](#)  
**Actual Start Date:** 6/17/2019  
**Actual End Date:** 6/17/2019  
**Actual Duration (Number of Business Days):** [Click here to enter text.](#)  
**Activity:** Contract Execution  
 Issuance of a purchase order is dependent on CDT Project Approval.  
**Actual Start Date:** 6/21/2019  
**Actual End Date:** 6/21/2019  
**Actual Duration (Number of Business Days):** [Click here to enter text.](#)

**Add additional key action date activities as needed.**

#### 4.6.2 Addenda

**Addenda Number:** 0000011599 #1  
**Addenda Category:** Other  
 Modifications to administrative requirements, key action dates, exhibits, specification, & statement of work  
**Addenda Number:** 0000011599 #2  
**Addenda Category:** Modifications to cost methodology or cost worksheets

<b>Addenda Category:</b>  <b>Addenda Number:</b> <b>Addenda Category:</b>	If "Other," specify: <a href="#">Click here to enter text.</a> <b>0000011599 #3</b> New or adding solicitation activities/event (e.g., insertion of confidential discussions) All proposals were declared as drafts & final proposals are due 5/1/2019. Modifications to key action dates <b>0000011599 #4</b> Other Modifications RFP: Additional non-mandatory desirable/scorable, customer reference score calculation. Modification to specification and SOW to read Addendum #4 If "Other," specify:
<b>Add additional addenda as needed.</b>	
<b>4.6.3 Final Bid Respondents (Statewide Contract)</b>	
<b>Respondent Name:</b>  <b>Compliant:</b> <b>Non-compliance Category:</b>	Axon Enterprise, Inc.  No Other If "Other," specify: Material Deviation in Cost Worksheet Exhibit 8.21 Addendum 2
<b>Add additional non-compliance categories as needed.</b>	Technical requirements deviation discovered in the bidder's Volume II – Cost Data after cost opening
<b>Negotiations Conducted:</b> <b>Intent to Award:</b> <b>Protest:</b> <b>Protest Disposition:</b> <b>Contract Number:</b> <b>Contract Start Date:</b> <b>Contract End Date:</b> <b>Total Contract Cost (without Optional Years):</b> <b>Optional Years:</b> <b>Option Years (Number of Months):</b> <b>Total Cost of Optional Years:</b> <b>Total Contract Cost (with Optional Years):</b>	No No No Select... ... Date Picker Date Picker ... ...
<b>Respondent Name:</b> <b>Compliant:</b> <b>Non-compliance Category:</b>	Digital Ally, Inc. No Non-compliant to administrative requirement(s) If "Other," specify:

**Add additional non-compliance categories as needed.**

Material Deviations (Technical)

**Negotiations Conducted:**

No

**Intent to Award:**

No

**Protest:**

No

**Protest Disposition:**

Select...

**Contract Number:**

Click here to enter text.

**Contract Start Date:**

**Contract End Date:**

**Total Contract Cost (without Optional Years):**

Click here to enter text.

**Optional Years:**

**Option Years (Number of Months):**

Click here to enter text.

**Total Cost of Optional Years:**

Click here to enter text.

**Total Contract Cost (with Optional Years):**

Click here to enter text.

**Respondent Name:**

WatchGuard, Inc.

**Compliant:**

No

**Non-compliance Category:**

Other

If "Other," specify: Material Deviation in Cost Worksheet, Exhibit 8.21 Addendum 2

**Add additional non-compliance categories as needed.**

Material Deviations (Cost)

**Negotiations Conducted:**

No

**Intent to Award:**

No

**Protest:**

No

**Protest Disposition:**

Select...

**Contract Number:**

Click here to enter text.

**Contract Start Date:**

**Contract End Date:**

**Total Contract Cost (without Optional Years):**

Click here to enter text.

**Optional Years:**

**Option Years (Number of Months):**

Click here to enter text.

**Total Cost of Optional Years:**

Click here to enter text.

**Total Contract Cost (with Optional Years):**

Click here to enter text.

<b>Respondent Name:</b>	Coban Technologies, Inc.
<b>Compliant:</b>	Yes
<b>Non-compliance Category:</b>	Choose an item. If "Other," specify:
<b>Add additional non-compliance categories as needed.</b>	
<b>Negotiations Conducted:</b>	Yes
<b>Intent to Award:</b>	Yes
<b>Protest:</b>	No
<b>Protest Disposition:</b>	Choose an item.
<b>Contract Number:</b>	1-19-58-70 (Event ID 0000011599)
<b>Contract Start Date:</b>	6/17/2019
<b>Contract End Date:</b>	6/16/2022
<b>Total Contract Cost (without Optional Years):</b>	\$ 54,976,480.00
<b>Optional Years:</b>	Additional seven (7) – one (1) year extensions
<b>Option Years (Number of Months):</b>	<a href="#">Click here to enter text.</a>
<b>Total Cost of Optional Years:</b>	<a href="#">Click here to enter text.</a>
<b>Total Contract Cost (with Optional Years):</b>	<a href="#">Click here to enter text.</a>

**Add additional respondents as needed.**

#### 4.6.4 Subcontractor Information

Complete the subcontractor information only for the subcontractors of the intended awardee.

Subcontractor Name	SB	DVBE	N/A
Vision Communication Company	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Add additional subcontractor as needed. Sub is for local appliance deployment's maintenance & support (3%)**

#### 4.7 Ancillary Solicitation Status

<b>Solicitation Title:</b>	Purchase Order
<b>Status:</b>	Completed
<b>Awardee Name:</b>	Coban Technologies, Inc.
<b>Contract Number:</b>	2720-0000005499 (PO #)
<b>Contract Start Date:</b>	6/27/2019
<b>Contract End Date:</b>	6/26/2020
<b>Total Contract Cost (without Optional Years):</b>	3,461,141
<b>Optional Years:</b>	
<b>Optional Years (Number of Months):</b>	....
<b>Total Cost of Optional Years:</b>	

<b>Total Contract Cost (with Optional Years):</b>	....
<b>Solicitation Title:</b>	Independent Verification & Validation Services (IV&V Draft)
<b>Status:</b>	Not Started
<b>Awardee Name:</b>	<a href="#">Click here to enter text.</a>
<b>Contract Number:</b>	<a href="#">Click here to enter text.</a>
<b>Contract Start Date:</b>	10/07/2019 (Anticipated Start Date w/ 60 CHP contract processing)
<b>Contract End Date:</b>	
<b>Total Contract Cost (without Optional Years):</b>	\$750,000.00 (for three years at \$250,000 per year)
<b>Optional Years:</b>	
<b>Optional Years (Number of Months):</b>	\$0.00
<b>Total Cost of Optional Years:</b>	<a href="#">Click here to enter text.</a>
<b>Total Contract Cost (with Optional Years):</b>	\$750,000.00 (for three years at \$250,000 per year)

Add additional ancillary solicitation statuses as needed.

## 4.8 Contract Management

Complete the questions below in reference to the primary solicitation.	Yes	No
1. Has the role of Contract Manager been assigned and has the Contract Manager reviewed and gained an understanding of the scope, activities, tasks and deliverables of the contract? If "No," briefly explain below why this has not been accomplished: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the assigned Contract Manager understand the processes for post award contract activities, including contract amendments, contract work authorizations, terms and conditions, and contract escalation/resolution? If "No," briefly explain below why this has not been accomplished: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Has a post-award or kickoff meeting between the Contract Manager and state project team members been scheduled to align state and contractor expectations related to contract, budget, invoicing, requirements review, and contractor incentives? If "No," briefly explain below why this has not been accomplished: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Does the Contract Manager understand the Agency/state entity and federal processes, policy, and applicable procedures? If "No," briefly explain below why this has not been accomplished: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Does the Contract Manager have a plan to collect and assess contractor and project performance information on a regular basis (e.g., establish meetings with Project Managers, communication techniques)? If "No," briefly explain below why this has not been accomplished: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 4.9 Organizational Readiness

	Yes	No
1. Does the Agency/state entity currently have a mature release management process with a repeatable and scalable testing methodology that supports all stages of testing (system, integration, security, performance, interfaces, regression, user acceptance, and accessibility)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



If "No," briefly describe below the release management process that will be used to manage, plan, schedule, and control a software build through the different phases and environments, including testing and deploying software releases:

...

2. Does the project team have a clear understanding of the lines of business that will be impacted by the project?    
 If "No," briefly explain below how the Agency/state entity plans to educate the project team to ensure all members have a clear understanding of the goals that the project intends to achieve:

...

3. Does the Agency/state entity have processes and methodologies in place to support organizational change management (OCM) activities identified in Stage 1, Section 1.12.4 Training and Organizational Change Management?    
 If "No," briefly describe below how the Agency/state entity will perform OCM activities for this proposal:

...

4. Does the Agency/state entity have dedicated resources assigned to business process improvement or business process reengineering activities?    
 If "Yes," specify the areas of business process improvement needed below:  
 ...  
 If "No," briefly explain below how the Agency/state entity will perform business process improvement or business process reengineering activities for this proposal:

#### 4.9.1 Project Organization Chart

See attached

### 4.10 Project Readiness

1. Select the system development methodology you plan to use to design and develop the new system:  
 Agile/Iterative       Waterfall       Other

If "Other," specify the methodology and provide a brief description below:

The system being implemented is a Commercial Off the Shelf solution; includes configuration no customization.

Describe below the Agency/state entity's past project experience using the system development methodology identified. If this methodology has never been used before, describe the training and staff development that will be provided to prepare staff to leverage this methodology.

The CHP has previously implemented Commerical Off the Shelf software solutions, including the current Computer Aided Dispatch system.

	Yes	No	N/A
2. Has the Agency/state entity received approval of the Evaluation and Selection Report?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Has the Agency/state entity engaged the Office of Technology Services (OTech) for capacity planning and the development of the solution delivery timeline? If "No" and data center capacity planning and alignment services are needed and the Agency/state entity has not engaged OTech, explain below: ...	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Have resource commitments been obtained for all staff resources identified in Stage 3, Section 3.19 Staffing Allocation? If "No," explain below why commitments have not been obtained and the plan to mitigate this risk: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
5. Does the project staffing plan ensure sufficient staff resources are available to perform project activities while also supporting maintenance and ongoing operations for other Agency/state entity initiatives? If "No," explain below how sufficient resource levels will be maintained for all project activities: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
6. Have all identified project leads received formal project management training?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

If "No," explain below how the Agency/state entity will educate the project team leads on project management basics:

7. If California Department of Technology oversight services are required, has a Service Request (SR) for oversight services been submitted?  Yes  No  N/A

If "Yes," provide the SR number below; if "No," provide a brief explanation below:

Will coordinate with CDT PAL team once oversight has been identified (CDT Project Number 2720-114)

8. Has the project begun procurement activities for Independent Verification and Validation (IV&V) services per the State Administrative Manual Section 4940.3?  Yes  No  N/A

If "Yes," indicate the planned start date for IV&V services below:

Date Picker

If "No" or "N/A," provide a brief explanation below:

Currently collaboratively working with CDT – STPD and PAL teams in successfully completing the IV&V services. Completion is contingent to FY 19/20 budget approval.

## 4.11 Requirements Baseline

	Yes	No	N/A
1. Has the Agency/state entity modified any mid-level or detailed solution requirements since obtaining approval of the Stage 3 Solution Development? If "Yes":	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
<ul style="list-style-type: none"> <li>Enter the percentage of change in the space provided.</li> <li>Describe below the modification(s), impact(s) to the recommended alternative, and how the requirements align with the business objectives established in the Stage 1 Business Analysis:</li> </ul>			Percentage of Change ...%
2. Has the requirements traceability been updated to accurately reflect any modification(s)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

### 4.11.1 Final Requirements Count

Total Functional Requirements:	148
Total Non-Functional Requirements:	6
Total Project/Transition Requirements:	0
Requirements Grand Total	154

## 4.12 Schedule

### 4.12.1 Schedule Summary

	Estimated Date	Final Baseline Date	Difference
Project Planning Start Date	9/01/2014	9/01/2014	0
Project Planning End Date	6/29/2018	6/25/2019	361
Project Start Date	7/02/2018	11/02/2019	361
Project End Date	6/30/2021	11/30/2022	365

### 4.12.2 Reason(s) for Difference

Project start delay was associated with the BCP funding approval process. Dates provided in the Final Baseline Date column will be revised/finalized after contract execution

### 4.12.3 High Level Master Schedule and Key Milestones

See attached.

## 4.13 Cost Baseline

### 4.13.1 Cost Summary

	Estimated Proposed Cost	Final Baseline Cost	Difference
Total Planning Cost (One-Time)	519,748	1,125,401	(605,653)
Total Project Cost (One-Time)	54,853,548	47,226,219	7,627,329
Total Future Operations IT Staff and OE&E Cost (Continuing)	42,864,065	21,221,920	21,642,145

<b>TOTAL:</b>	98,237,361	69,573,540	28,663,821
<b>Annual Future Operations IT Costs (M&amp;O)</b>	14,288,022	11,381,545	2,900,477

#### 4.13.2 Reason(s) for Difference

The above Final Baseline Costs are based on published contract pricing rates. Total Planning costs increased as planning activities extended through the end of FY 18/19. Project was originally expected to start at the beginning of FY 18/19. An additional year of redirected staffing costs and new staff hired per the approved BCP make up the overage. Total Project costs decreased as actual vendor contracted pricing came in lower than originally estimated. Total Future Operations costs are lower as we are reporting on 1 year as opposed to 3 years. Annual Future Operations costs are lower than originally estimated; primarily due to actual vendor maintenance and support costs lower than expected.

#### 4.13.3 Budget Change Proposal (BCP) Summary

Budget Request ID	[REDACTED]
Budget Request Year	[REDACTED]
Requested Amount	[REDACTED]
Status	[REDACTED]

Add additional BCP summaries as needed.

#### 4.13.4 Financial Analysis Worksheets (Baseline)

See attached

### 4.14 Project Management Planning

	Yes	No	N/A
Are the following project management plans or project artifacts complete, approved by the designated Agency/state entity authority, and available for California Department of Technology review?			
<b>Risk Register</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
....			
<b>Contract Management Plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
....			
<b>Cost Management Plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
<b>Implementation Management Plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
....			
<b>Requirements Management Plan</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
....			
<b>Deliverable Expectation Document (DED)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
This project involves the implementation of a COTS solution. The required deliverables are identified as part of the Request for Proposal, Statement of Work and the functional requirements.			

### 4.15 Risk Register

See attached

**Stage 4 Project Readiness and Approval – Department of Technology Use Only**

<b>Original "New Submission" Date</b>	8/16/2019
<b>Form Received Date</b>	10/15/2019
<b>Form Accepted Date</b>	10/15/2019
<b>Form Status</b>	Completed
<b>Form Status Date</b>	9/25/2019
<b>Form Disposition</b>	Approved
	If "Other," specify:
<b>Form Disposition Date</b>	9/25/2019