



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 Air Resources Board

Organization Code:

3900

Proposal Name:

AB617 Intergrated Multi-Pollutant Emissions Inventory (IMPEI)

Department of Technology Project Number: 3900-069

4.5 Submittal Information

Contact Information:

Contact First Name:

Stephen

Contact Email:

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Contact Last Name:

Zelinka

Contact Phone Number:

(916) 445-2199

Submission Date:

5/04/2018

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)

- | | |
|---|---|
| <input type="checkbox"/> 4.4 General Information | <input type="checkbox"/> 4.11.1 Final Requirements Count |
| <input type="checkbox"/> 4.5 Submittal Information | <input type="checkbox"/> 4.12 Schedule |
| <input type="checkbox"/> 4.6 Primary Solicitation Results | <input type="checkbox"/> 4.12.1 Schedule Summary |
| <input type="checkbox"/> 4.6.1 Solicitation Key Action Dates Variance | <input type="checkbox"/> 4.12.2 Reason(s) for Difference |
| <input type="checkbox"/> 4.6.2 Addenda | <input type="checkbox"/> 4.12.3 High Level Master Schedule and Key Milestones |
| <input type="checkbox"/> 4.6.3 Final Bid Respondents | <input type="checkbox"/> 4.13 Cost Baseline |
| <input type="checkbox"/> 4.6.4 Subcontractor Information | <input type="checkbox"/> 4.13.1 Cost Summary |
| <input type="checkbox"/> 4.7 Ancillary Solicitation Status | <input type="checkbox"/> 4.13.2 Reason(s) for Difference |
| <input type="checkbox"/> 4.8 Contract Management | <input type="checkbox"/> 4.13.3 Budget Change Proposal (BCP) Summary |
| <input type="checkbox"/> 4.9 Organizational Readiness | <input type="checkbox"/> 4.13.4 Financial Analysis Worksheets (Baseline) |
| <input type="checkbox"/> 4.9.1 Project Organization Chart | <input type="checkbox"/> 4.14 Project Management Planning |
| <input type="checkbox"/> 4.10 Project Readiness | <input type="checkbox"/> 4.15 Risk Register |
| <input type="checkbox"/> 4.11 Requirements Baseline | |

Summary of Changes:

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Project Approval Executive Transmittal

Attachment: Include the Project Approval Executive Transmittal as an attachment to your email submission.

Condition(s) from Previous Stage(s):

Condition #

Condition Category	Select...
	If "Other," (specify)
Condition Sub-Category	Select...
	If "Other," specify:
Condition	
Assessment	Select...
	If "Other," specify:
Agency/State Entity Response	
Status	Select...
	If "Other," specify:
Add additional conditions as needed.	
4.6 Primary Solicitation Results	
4.6.1 Solicitation Key Action Dates	
Activity:	Select...
	If "Other," specify: Not Applicable
Actual Start Date:	
Actual End Date:	
Actual Duration (Number of Business Days):	
Add additional key action date activities as needed.	
4.6.2 Addenda	
Addenda Number:	****
Addenda Category:	Select...
	If "Other," specify:
Add additional addenda as needed.	
4.6.3 Final Bid Respondents	
Respondent Name:	Eastern Research Group, Inc. (ERG)
Compliant:	Yes
Non-compliance Category:	Select...
	If "Other," specify:
Add additional non-compliance categories as needed.	
Negotiations Conducted:	No
Intent to Award:	Yes
Protest:	No
Protest Disposition:	Select...
Contract Number:	17AQP009
Contract Start Date:	6/29/2018
Contract End Date:	6/28/2020

Total Contract Cost (without Optional Years):	\$989,610.05
Optional Years:	
Option Years (Number of Months):	12
Total Cost of Optional	\$10,389.95
Total Contract Cost (with Optional Years):	\$1,000,000.00

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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Add additional subcontractor as needed.

4.7 Ancillary Solicitation Status

Solicitation Title:
Status:	Select...
Awardee Name:	
Contract Number:
Contract Start Date:	
Contract End Date:	
Total Contract Cost (without Optional Years):
Optional Years:	
Optional Years (Number of Months):
Total Cost of Optional Years:	
Total Contract Cost (with Optional Years):

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)? 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: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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: ...	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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:	<input checked="" type="checkbox"/>	<input type="checkbox"/>

4.9.1 Project Organization Chart

Attachment: Include the project organization charts as an attachment to your email submission.

4.10 Project Readiness

1. Select the system development methodology you plan to use to design and develop the new system: <input type="checkbox"/> Agile/Iterative <input checked="" type="checkbox"/> Waterfall <input type="checkbox"/> Other If "Other," specify the methodology and provide a brief description below: ... 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. California Air Resources Board has successfully completed projects of similar size and scope to this project using the Waterfall system development methodology. Staff are adequately trained in the SDLC and Waterfall.	Yes	No	N/A
2. Has the Agency/state entity received approval of the Evaluation and Selection Report?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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: Click here to enter text.	<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? If "No," explain below how the Agency/state entity will educate the project team leads on project management basics:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
7.	If California Department of Technology oversight services are required, has a Service Request (SR) for oversight services been submitted? If "Yes," provide the SR number below; if "No," provide a brief explanation below:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8.	Has the project begun procurement activities for Independent Verification and Validation (IV&V) services per the State Administrative Manual Section 4940.3? If "Yes," indicate the planned start date for IV&V services below: Date Picker If "No" or "N/A," provide a brief explanation below: IV&V services are not required for this project.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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": <div style="margin-left: 20px;"> <ul style="list-style-type: none"> Enter the percentage of change in the space provided. 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: </div>		
	<div style="text-align: right;">Percentage of Change</div> <div style="text-align: right;">...0%</div>		
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

4.11.1 Final Requirements Count

Total Functional Requirements:	254
Total Non-Functional Requirements:	142
Total Project/Transition Requirements:	78
Requirements Grand Total	474

4.12 Schedule

4.12.1 Schedule Summary

	Estimated Date	Final Baseline Date	Difference
Project Planning Start Date	9/27/2017	9/27/2017	N/A
Project Planning End Date	6/28/2018	6/28/2018	N/A
Project Start Date	6/29/2018	6/29/2018	N/A
Project End Date	6/28/2020	6/28/2020	N/A

4.12.2 Reason(s) for Difference

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4.12.3 High Level Master Schedule and Key Milestones

Attachment: Include the high level master schedule and key milestones as an attachment to your email submission.

4.13 Cost Baseline

4.13.1 Cost Summary

	Estimated Proposed Cost	Final Baseline Cost	Difference
Total Planning Cost (One-Time)	\$743,765	\$743,765	N/A
Total Project Cost (One-Time)	\$3,882,692	\$3,679,662	-\$203,030
Total Future Operations IT Staff and OE&E Cost (Continuing)	\$129,072	\$129,072	N/A
TOTAL:	\$4,755,529	\$4,552,499	-\$203,030
Annual Future Operations IT Costs (M&O)	\$129,072	\$129,072	N/A

4.13.2 Reason(s) for Difference

Removed IV&V budget line and system development contract cost came below the estimation.

4.13.3 Budget Change Proposal (BCP) Summary

Budget Request ID	Not Applicable
Budget Request Year	YY/YYYY
Requested Amount	...
Status	Select...

Add additional BCP summaries as needed.

4.13.4 Financial Analysis Worksheets (Baseline)

Attachment: Include the FAWs as an attachment to your email submission.

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?			
Risk Register	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
....			
Contract Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
....			
Cost Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Implementation Management Plan	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			
Implementation Management Plan will be developed once vendor is on-board to provide their input.			
Requirements Management Plan	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If "No," provide the status below; if "N/A," provide an explanation below:			

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Deliverable Expectation Document (DED)

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If "No," provide the status below; if "N/A," provide an explanation below:

This does not apply as it is a Time and Materials Contract.

4.15 Risk Register

Attachment: Include the risk register as an attachment to your email submission.

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

Original "New Submission" Date	5/25/2018
Form Received Date	5/25/2018
Form Accepted Date	5/25/2018
Form Status	Completed
Form Status Date	8/17/2018
Form Disposition	Approved
	If "Other," specify:
Form Disposition Date	8/17/2018