



## Stage 3 Solution Analysis

California Department of Technology, SIMM 19C.2 (Rev. 3.0.7, 2/28/2022)

### 3.1 General Information

**1. Agency or State Entity Name:** **1115 - Department of Cannabis Control**

If Agency/entity is not in the list, then enter here. [Click or tap here to enter text.](#)

**2. Proposal Name:** **Cannabis Law Enforcement Activity Tracking System (CLEATS)**

**3. Department of Technology Project Number (0000-000):** **1115-003**

**4. S3SD Version Number:** **Version 1**

**5. CDT Billing Case Number:** **CS0064108**

Don't have a Case Number? [Click here to get one.](#)

### 3.2 Submittal Information

**1. Contact Information**

Contact Name: **Jeff Alameida**

Contact Email: **Jeff.Alameida@cannabis.ca.gov**

Contact Phone: **279-217-3645**

**2. Submission Type:** **New Submission**

If Withdraw, select Reason: [Choose an item.](#)

If Other, specify reason here: [Click or tap here to enter text.](#)

**Sections Changed if an update or resubmission:** (List all the sections that changed.)

[Click or tap here to enter text.](#)

**Summary of Changes:** (Summarize updates made.)

[Click or tap here to enter text.](#)

3. **Attach [Project Approval Executive Transmittal](#)** to your email submission.
4. **Attach updated [Procurement Assessment Form](#)** with Stage 3 information to your email submission.
5. **Conditions from Stage 2 Approval** (Enter any conditions from the Stage 2 Alternatives Analysis approval letter issued by CDT):  
[No conditions from Stage 2 approval.](#)

### 3.3 Detailed Solution Requirements and Outcomes

1. **Attach detailed** Requirements and Outcomes documents including traceability matrix to the email submission. Include any changed or updated requirements.

2. **Stage 2 Requirements and Outcomes Changes**

Since approval of the Stage 2 Alternatives Analysis, has the agency/state entity developed or modified any requirements and/or outcomes that were not represented in Stage 2? [Yes](#)

If “Yes,” explain:

[Functional requirements have been updated to include terms that are clear and direct and do not leave the requirement open for interpretation that may lead to increased project costs and delays in schedule. A select few functional requirements were considered non-functional requirements and moved accordingly.](#)

[Non-functional cloud computing special provision or service level agreement requirements were removed as they are already a part of the modern request for proposal statement of work.](#)

If “Yes,” please describe the nature and scope of the change(s) and how the requirements and/or outcomes align with the business objectives established in the Stage 1 Business Analysis:

[Changes were made to make functional requirements more clear and removal of non-functional requirements that do not impact the business objectives established in the Stage 1 Business Analysis.](#)

3. **Attach** the updated To-Be Workflow(s) to your email submission.

If To-Be business process workflow(s) is not attached, explain why:

[No new process maps were created and are planned to be done throughout the course of the Business Process Mapping project.](#)

4. **Attach** the Statement of Work to your email submission.

## 3.4 Project and Procurements Roadmap

**Attach** a Project and Procurements Roadmap or Summary to the submission.

The roadmap or summary should include both the primary and all ancillary procurements.

## 3.5 Project Planning

Are the following Project Management Plans or artifacts completed to the required level, approved by the designated agency/state entity authority, and available for the Department of Technology to review? **Choose:** 'Yes,' 'No,' or 'Not Applicable.' If 'No' or 'Not Applicable,' provide the artifact status in the space provided.

[Project Management Plan \(Draft\):Yes](#)

Status: [Click or tap here to enter text.](#)

[Risk Management Plan \(Approved\):Yes](#)

Status: [Click or tap here to enter text.](#)

[Issue and Action Item Management Plan \(Approved\):Yes](#)

Status: [Click or tap here to enter text.](#)

[Change Control Management Plan \(Approved\):Yes](#)

Status: [Click or tap here to enter text.](#)

[Quality Management Plan \(Approved\):Yes](#)

Status: [Click or tap here to enter text.](#)

Testing Management Plan (Approved):No

Status: [Plan will be developed during implementation phase.](#)

Security Management Plan (Approved):Not applicable

Status: [Click or tap here to enter text.](#)

[Contract Management Plan \(Updated Draft\):Yes](#)

Status: [Click or tap here to enter text.](#)

Other (enter name) Procurement Management Plan Plan:Yes

Status: [Click or tap here to enter text.](#)

## 3.6 Primary Solicitation

**Attach** the Primary Solicitation document to your email submission.

For a standard procurement, please attach a copy of your IFB, RFP, or RFO.

For a challenge-based procurement, please attach a copy of the solicitation.

## 3.7 Ancillary Procurements

1. **Attach** all in-progress and completed ancillary procurement documents to your email submission.
2. Has the project begun procurement activities for Independent Verification and Validation (IV&V) services per the State Administrative Manual Section 4940.3? **Yes**

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

7/15/2024

If “No” or “Not applicable,” provide a brief explanation below:

[Click or tap here to enter text.](#)

3. Provide the following information for each of your ancillary procurements:

**Service Type:**Special Advisor

If “Other,” specify: [Click or tap here to enter text.](#)

**Roles/Responsibilities or Tasks:** Provide independent verification and validation of project execution and report findings, if necessary, to support project success.

**Status:**In-Progress

**CDT STP Conducted:** Yes

**Procurement Type:**IT-MSA

If “Other,” specify: [Click or tap here to enter text.](#)

**Length of Contract:** Two years

*TIP: Copy and paste or click the + button in the lower right corner of the ancillary procurement items to add Services (for different Service Types or Lengths of Contract) with all additional information as needed.*

**End of agency/state entity document.**

**Please ensure ADA compliance before submitting this document to CDT.**

**When ready, submit Stage 3 and all attachments in an email to [ProjectOversight@state.ca.gov](mailto:ProjectOversight@state.ca.gov).**

*TIP: Review the Gate 3 Project Management Planning Evaluation Scorecard to ensure a complete submission. [GATE 3 Evaluation Scorecard](#)*

## Department of Technology Use Only

**Original “New Submission” Date:** 7/17/2024

**Form Received Date:** 7/17/2024

**Form Accepted Date:** 7/17/2024

**Form Status:** Completed

**Form Status Date:** 07/29/2024

**Form Disposition:** Approved

**Form Disposition Date:** 07/29/2024 .