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**New Formats for the
1993
Information Management Annual Plan Guide**

Commission on Information Management
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Denver, Colorado 80203
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**TABLE OF CONTENTS
and
OUTLINE OF CHANGES**

FORMATS

“Total” Line Added:

1030 Hardware Inventory Summary

3020 Maintenance Activities

Dates Rolled Forward:

3020 Maintenance Activities

3030 Master Project Schedule for All Agency Projects

3040 Staff Requirements

5010 Base Budget Analysis Worksheet

5020 New Funds Analysis Worksheet

5030 Total Funds Analysis Worksheet

5040 Reallocation of Base Costs to Existing Systems

7000 Project Detail

State of Colorado
 Department of _____
Hardware Inventory Summary

HARDWARE	Total Quantity	Total Cost	
Mainframes			
Minicomputers			
Personal Computers			
LAN Servers			
Terminals			
Other Peripherals			
TOTAL			
Prepared By:	Telephone #:	Approved By:	Date:

State of Colorado

Department of _____

Maintenance Activities

System or Function	FY 93-94 FTE	FY 94-95 FTE	FY 95-96 FTE
Total			
Prepared By: _____		Telephone #: _____	
Approved By: _____		Date: _____	

State of Colorado
 Department of _____
Master Project Schedule for All Agency Projects

Project	1993			1994						1995														
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
I. Maintenance Project A Project B Project C																								
II. Project Category I Project D Project E Project F																								
III. Project Category II IV. Project Category III	<p>○ = Projected Start and Completion Dates * = Actual Start and Completion Dates</p>																							
Prepared By: _____	Telephone #: _____						Approved By: _____						Date: _____											

State of Colorado
 Department of _____
Staff Requirements for Period _____

This is a Spreadsheet Format Example - Put in the agency's appropriate Functional Titles

Current Staff			1994-95 Staff			1995-96 Staff							
			Totals				Totals	New FTE to be Requested				Totals	New FTE to be Requested
PROJECT													
I. Maintenance													
II. Project Category I													
Project A													
Project B													
III. Project Category II													
Project C													
Project D													
IV. Project Category III													
Total Application	7	3	10		9	3	12	2					
IS Management			2				2						
Operations			2				2						
System Programmers			10				11	1					
Total Staff			24				27						
Total New FTE to be Requested							3						

Prepared By: _____ Telephone #: _____ Approved By: _____ Date: _____

**The Total New FTE to be Requested quantities should tie directly to the FTE requested on Format 7000EZ or 7000 and Schedule 2D.*

State of Colorado
 Department of _____
Base Budget Analysis Worksheet

Date: _____

Cost Components	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
I. Personal Services							
Labor:							
State Employees							
Contract and Consulting							
Other							
Total Personal Services							
II. Operating Expenses							
Material and Supplies							
Maintenance:							
Equipment							
Operating and Other System Software							
Application Software							
Processing at State Computer Center							
Communication Services							
From Outside Source							
From Division of Telecom. Services							
Utilities							
Administrative Expenses							
Training							
Travel							
Other							
Total Operating Expenses							

Prepared By: _____

Telephone #: _____

Approved By: _____

Date: _____

Base Budget Analysis Worksheet (page 2) Department _____							
Cost Components	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
III. Capital Outlay							
Equipment:							
Purchased							
Leased							
Operating and Other System Software							
Purchased							
Leased							
Application Software							
Purchased							
Leased							
Total Capital Outlay							
Grand Total Costs							
Prepared By: _____	Telephone #: _____		Approved By: _____		Date: _____		

State of Colorado
 Department of _____
New Funds Analysis Worksheet

Date: _____

Cost Components	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
I. Personal Services							
Labor:							
State Employees							
Contract and Consulting							
Other							
Total Personal Services							
II. Operating Expenses							
Material and Supplies							
Maintenance:							
Equipment							
Operating and Other System Software							
Application Software							
Processing at State Computer Center							
Communication Services							
From Outside Source							
From Division of Telecom. Services							
Utilities							
Administrative Expenses							
Training							
Travel							
Other							
Total Operating Expenses							

Prepared By: _____

Telephone #: _____

Approved By: _____

Date: _____

New Funds Analysis Worksheet (page 2) Department _____							
Cost Components	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
III. Capital Outlay							
Equipment:							
Purchased							
Leased							
Operating and Other System Software							
Purchased							
Leased							
Application Software							
Purchased							
Leased							
Total Capital Outlay							
Grand Total Costs							
Prepared By:	Telephone #:	Approved By:	Date:				

State of Colorado
 Department of _____
Total Funds Analysis Worksheet

Date: _____

Cost Components	FY 92-93	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
I. Personal Services							
Base Budget							
New Funds							
Total Personal Services							
II. Operating Expenses							
Base Budget							
New Funds							
Total Operating Expenses							
III. Capital Outlay							
Base Budget							
New Funds							
Total Capital Outlay							
Grand Total Costs							
Source of Funds							
General Funds							
Cash Funds							
Federal Funds							

Prepared By: _____

Telephone #: _____

Approved By: _____

Date: _____

State of Colorado								
Department of _____								
Reallocation of Base Costs to Existing Systems								
A	B	C	D	E	F	G	H	I
System or Function	Personal Services	Maintenance	Computer Processing Costs	Communication Services	Training	Capital Outlay	Other	TOTAL
TOTAL								

Prepared By: _____ Telephone #: _____ Approved By: _____ Date: _____

State of Colorado
Department of _____

Project Detail

Date: _____

Project Title: _____ Category: ____

New Project

Completed Project

Continuing Project

Expected Life of the Components (hardware/software):

Department Priority ____ of ____

IS Unit Priority ____ of ____

IS Unit/Division _____

Strategic Business Objective(s):

Strategic System Objective(s):

Project Description:

Technical Architecture:

Prepared By:

Telephone #:

Approved By:

Date:

PROJECT DETAIL							
Department of _____							
Project Title _____			Category: _____		Date: _____		
A	B	C	D	E	F	G	H
Phase/Milestone Description	Estimated FTE	Actual FTE	Estimated Start Date	Actual Start Date	Estimated End Date	Actual End Date	Percentage Complete
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
10.							
11.							
12.							
Prepared By:	Telephone #:	Approved By:	Date:				

PROJECT DETAIL

Department of _____

Project Title _____

Category: _____

Date: _____

Cost Components	Total Costs through June 30, 1993	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
I. Personal Services							
Labor:							
State Employees							
Contract and Consulting							
Other							
Total Personal Services							
Total FTE							
II. Operating Expenses							
Material and Supplies							
Maintenance:							
Equipment							
Operating and Other System Software							
Application Software							
Processing at a State Computer Center							
Communication Services							
From Outside Source							
From Division of Telecom. Services							
Utilities							
Administrative Expenses							
Training							
Travel							
Other							
Total Operating Expenses							

Prepared By: _____

Telephone #: _____

Approved By: _____

Date: _____

PROJECT DETAIL							
Department of _____							
Project Title _____		Category: _____			Date: _____		
Cost Components	Total Costs through June 30, 1993	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
III. Capital Outlay							
Equipment:							
Purchased							
Leased							
Operating and Other System Software							
Purchased							
Leased							
Application Software							
Purchased							
Leased							
Total Capital Outlay							
GRAND TOTAL PROJECTED COSTS							
Base Budget Cost							
New Funds Required							
Benefit Components	Total Costs through June 30, 1993	FY 93-94	FY 94-95	FY 95-96	FY 96-97	FY 97-98	Total
Benefits:							
GRAND TOTAL PROJECTED BENEFITS							
Benefits Less Costs (subtract Total Costs from Total Benefits)							
Prepared By: _____	Telephone #: _____	Approved By: _____	Date: _____				