

**Oakland County
Department of Information Technology
Project Scope and Approach**

Project Name: GIS Desktop Application Development Budget

Project ID:

Review Prototype(s) with functional team
Develop final production version of GIS desktop tool
Develop User Acceptance Test Plan
Test new tool
Acquire User Acceptance Sign off
Develop User Documentation, Disaster Recovery Toolkit, Service Center Knowledge Documents
Train users on new tools
Release new tools into production

Benefits

See Return on Investment (ROI) Analysis Document

Impact

Number of Users +/- 1000 Users

Divisions PEDS, Equalization, Register of Deeds, Treasurer's Office, Environmental Health, OCDC, CVTs, Road Commission

Leadership Groups Land

Risk

Business Environment High

Technical Environment Medium

Assumptions

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Staffing IT Staffing: resources will be available for the hours indicated per the attached project plan.

Other Staffing: additional staffing will be available as follows:

<u>Role:</u>	<u>Name</u>	<u>Hours per Day</u>
Project Sponsor:	Scott Oppmann	TBD
Project Manager	Dawn Siegel	TBD
Functional Team Members	Representatives from: One Stop Shop, PEDS, Equalization, Treasurer's Office, CVTs, ESRI	TBD

Facilities

- IT facilities will be available as needed

Technical

Funding

-
-

Other

Priority

Constraints

-
-

Exclusions

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Phase(s):		
Total Estimated Application Services	Hours:	Cost:
Total Estimated Technical Systems	Hours:	Cost:
Total Estimated eGovernment Services	Hours:	Cost:
Total Estimated CLEMIS	Hours:	Cost:
Total Estimated Internal Services	Hours:	Cost:
IT Application Services Division Manager Approval:		Date:
IT Technical Systems Division Manager Approval:		Date:
IT eGovernment Services Division Manager Approval:		Date:
IT CLEMIS Division Manager Approval:		Date:
IT Internal Services Division Manager Approval:		Date:
IT Resource Manager Approval:		Date:
IT Resource Manager Approval:		Date:
IT Resource Manager Approval:		Date:
IT Resource Manager Approval:		Date:
IT Resource Manager Approval:		Date:
IT Management Approval:		
Approved: Yes No		Date:
Reason:		
Project Sponsor Approval:		
Title:		Date:

PROJECT SUMMARY

Authorized Development (see above)	Hours:	Cost:
Preliminary Estimated Development for Future Phases	Hours:	Cost:
Grand Total Estimated Development	Hours:	Cost:

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PROJECT COMPLETION AUTHORIZATION

Customer Acceptance of Product:	
Title:	Date:
Project Office Review:	Date: