

**Miami-Dade County**  
**Information Technology Business Case Narrative**  
**FY2025-26**

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**A. Capital Project Identification Information**

Date: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program #: \_\_\_\_\_

Project #: \_\_\_\_\_ BAT Enhancement Request # (if Applicable): \_\_\_\_\_

Project Start Date: \_\_\_\_\_ Project End Date: \_\_\_\_\_

**Requesting Department Information:**

Department Name: \_\_\_\_\_ Priority #: \_\_\_\_\_

Technical Contact Name: \_\_\_\_\_

Prepared By: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

ITD Technical Lead (Assigned by ITD): \_\_\_\_\_

**NOTE:** Please refer to the IT Governance Process Manual for descriptions of the Business Case Components

**B. Strategic Alignment**

B1 – Background Information

B2 – Problem Statement

B3 – Project Goals/Objectives

B4 – Proposed Solution

B5 – Is this mandated? By what?

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**C. Business Process Impact**

C1 – Implementation Strategy

C2 – Project Schedule

C3 – Project Staffing

C4 – Specific Process Impacts

C5 – Departmental Readiness

**D. Technical Information**

D1 – ITD approval regarding standards and confirmation that there is NO enterprise solution that could address the department's problem statement. *(Requires approval from Mariaelena Salazar, ITD Assistant Director, or designee)*

COMMENTS:

Approved

Pending Approval

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Mariaelena Salazar, ITD Assistant Director or designee

# Miami-Dade County Information Technology Business Case Narrative FY2025-26

## BUSINESS CASE SPREADSHEET

Please answer the following questions regarding your proposed project. Departments are ENCOURAGED to work with ITD and your departmental budget liaison in advance of preparing project requests to review feasibility in advance of final submission. This will prevent unnecessary work for departments preparing budget submissions that may not meet requirements. The Business Case and this worksheet should be used to ensure that all required information is addressed. It is REQUIRED that the Project Description be written so that if funded, it can be used in the narrative section of the IT Strategic Plan and the Budget.

|  | Dollar amount be entered in thousands (000s) |         |         |         |         |
|--|--|---------|---------|---------|---------|
| <u>Section 1: DIRECT Cost Questions</u>  | FY24-25                                      | FY25-26 | FY26-27 | FY27-28 | FY28-29 |
| a) Will hardware be purchased for this project? If yes, enter capital costs by year.   |  |         |         |         |         |
| b) Will there be any recurring costs for hardware? If yes, enter recurring costs by year.  |  |         |         |         |         |
| c) Will any software be purchased for this project? If yes, enter capital costs by year.   |  |         |         |         |         |
| d) Will there be any recurring costs for software? If yes, enter recurring costs by year.  |  |         |         |         |         |
| p) Will the project require any new positions? If so, enter the annual costs of the new positions, including fringe benefits, by year. |  |         |         |         |         |
| q) Will the project require any OTHER costs not listed above? If yes enter the costs by year. <b>(FIRST YEAR IMPLEMENTATION COSTS)</b> |  |         |         |         |         |
| <u>Section 2: Revenue Sources</u>  |  |         |         |         |         |
| a) Will any funding from existing operating budgets be allocated to this project? If yes, enter amounts by year.                       |  |         |         |         |         |
| b) Has any grant funding been received for this project? If yes, enter amounts by year.  |  |         |         |         |         |
| c) Will any interagency or outside agency funding be allocated to this project? If yes, enter amounts by year.                         |  |         |         |         |         |
| Total Estimated Cost   |  |         |         |         |         |
| <b>Thank you. This completes the Business Case Spreadsheet</b>   |  |         |         |         |         |

Department Director Approval of Submission

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Signature
Print Name
Date