

AUTOMATED DATA PROCESSING/TELECOMMUNICATIONS (ADPIT) WORK REQUEST (AWR)

PART V - REQUEST IMPACT ANALYSIS REPORT (TO BE COMPLETED BY CAN SUPPORT STAFF)

CONTROL NO.	AIS	ACT.	YR	SEQ. NO.	REV.

1. DATE RECEIVED BY CAN CUSTOMER REPRESENTATIVE (YYYYMMDD): DATE SENT TO CDA/DEVELOPER FOR RESTATEMENT: DATE FORWARDED TO LEAD BUSINESS AREA FOR REVIEW:	CHECK ANALYSIS PERFORMED/COMPLETED Customer Support Operations IRM/Budget Technical Contracts CDA/DEVELOPER	DATE DISTRIBUTED (YYYYMMDD)	DATE ANALYSIS COMPLETED (YYYYMMDD)
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2. CUSTOMER SUPPORT ANALYSIS	SYSTEM IMPACT POLICY ADHERENCE <input type="checkbox"/> ADHERES <input type="checkbox"/> DEVIATES. EXPLAIN: COMPLETENESS OF CASE <input type="checkbox"/> ADHERES <input type="checkbox"/> DEVIATES. EXPLAIN:
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3. OPERATIONS ANALYSIS	FACILITY IMPACT OPERATIONAL SITE REQUIREMENTS	FACILITIES COORDINATION (Please sign)
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4. IRM/BUDGET ANALYSIS	INFORMATION RESOURCE MANAGEMENT (IRM) COMPLIANCE: <input type="checkbox"/> YES <input type="checkbox"/> NO. EXPLAIN: REFERENCE IN STRATEGIC PLAN DESCRIBE INITIATIVE REFERENCE IN IRM PLAN DESCRIBE INITIATIVE FUNDING ASSESSMENT FUNDS PROGRAMMED <input type="checkbox"/> YES <input type="checkbox"/> NO BUDGET LINE ITEM NUMBER AMOUNT(S)
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5. TECHNICAL ANALYSIS	INTEGRATION IMPACT TECHNICAL ARCHITECTURE IMPACT TELECOMMUNICATIONS IMPACT
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6. CONTRACTS ANALYSIS	CONTRACT REQUIREMENTS, LIST AVAILABLE CONTRACT SUPPORT IS LEASE OF REAL PROPERTY REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", COORDINATION WITH DASC REQUIRED (Please sign)
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7. CDA/DEVELOPER ANALYSIS (See Page 2)

8. CAN CUSTOMER REPRESENTATIVE SUMMARY COMMENTS:	TECHNICAL ASSESSMENT <input type="checkbox"/>	PROCESS <input type="checkbox"/>	DO NOT PROCESS <input type="checkbox"/>
(Empty space for summary comments)			

9.a. SIGNATURE OF CAN CUSTOMER REPRESENTATIVE	b. DATE (YYYYMMDD)
(Empty space for signature)	(Empty space for date)

AUTOMATED DATA PROCESSING/TELECOMMUNICATIONS (ADPIT) WORK REQUEST (AWR)

PART V - CDA/DEVELOPER REQUIREMENTS ANALYSIS

*(TO BE COMPLETED BY CDA/DEVELOPER)
(CONTINUATION)*

CONTROL NO.	AIS			ACT.			YR			SEQ. NO.			REV.		

1. RESTATEMENT OF REQUIREMENTS:

ESTIMATED COST:

ESTIMATED TIME TO FULFILL:

THE IMPACT/COST ANALYSIS REPORT WILL TAKE 30 DAYS OR _____ TO COMPLETE.

2.a. NAME OF PREPARER	b. OFFICE SYMBOL	c. TELEPHONE NO. (DSN)	d. DATE (YYYYMMDD)

3. APPROVE CDA'S/DEVELOPER'S RESTATEMENT OF REQUIREMENTS? YES NO. EXPLAIN:

4.a. NAME OF APPROVING OFFICIAL	b. SIGNATURE	d. DATE (YYYYMMDD)

AUTOMATED DATA PROCESSING/TELECOMMUNICATIONS (ADPIT) WORK REQUEST (AWR)

PART V - CDA/DEVELOPER IMPACT STATEMENT (SCR, TWR, OR) (TO BE COMPLETED BY CDA/DEVELOPER) (CONTINUED)	AIS		ACT.		YR		SEQ. NO.		REV.	
	CONTROL NO.									

1. RESOURCES ESTIMATES:
 a. FUNCTIONAL HOURS: _____ b. PROGRAMMING HOURS: _____

2. ADDITIONAL ADPE REQUIREMENTS: (Continuation Sheet attached?) YES NO

a. HARDWARE:

b. SOFTWARE:

3. EXPECTED IMPACT ON PRODUCTION SYSTEMS OR TECHNICAL ASSESSMENT: (Continuation Sheet attached?) YES NO

IMPACT OF REQUESTED RESOURCES ADDED TO SYSTEM EQUALING TOTAL SYSTEM, INCLUDING COOP IMPACT:

4. CAPACITY IMPACT:

a. INITIAL:

b. FINAL:

5. ACQUISITION INFORMATION:

a. ECONOMIC/TECHNICAL RISKS SUPPORTING REQUIREMENT:

b. IMPACT OF CONVERSION:

c. IMPACT OF REDESIGN:

6.a. NAME OF PREPARER	b. OFFICE SYMBOL	c. TELEPHONE NO. (DSN)	d. DATE (YYYYMMDD)
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7. ADP SYSTEM SECURITY CERTIFICATION:
 The proposed system has been reviewed and does does not satisfy the security requirements mandated by DLA.

8. a. NAME OF SYSTEM SECURITY REPRESENTATIVE	b. OFFICE SYMBOL	c. TELEPHONE NO. (DSN)	d. DATE (YYYYMMDD)
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9.a. APPROVAL/REVIEW: CDA ACCOMPLISH REFERRED FOR REVIEW

b. NAME OF CDA/DEVELOPER REVIEWING OFFICIAL	c. OFFICE SYMBOL	d. TELEPHONE NO. (DSN)	e. DATE (YYYYMMDD)
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10.a. ESTIMATED COMPLETION DATE (YYYYMMDD): _____

b. NAME OF CDA/DEVELOPER AUTHORIZING OFFICIAL	c. SIGNATURE	d. DATE (YYYYMMDD)
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