

FUNDING SECTION

PROJECT FUNDING SECTION

Overall Estimated Project Costs

Phase	Prior to FY 2006	FY 2007	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	TOTAL
01. Design:								-
02. Site Preparation:								-
03. Project Management:								-
04. Construction								-
05. Equipment/SW:								-
Totals:	-	-	-	-	-	-	-	-
Total estimate to complete (FY08 to FY12)			\$ -					
Fiscal Year System will be Operational								
Agency Responsible for Operating Budget								

PIF SUMMARY

Funds/Spending by FY	Year	Capital Totals			Operational Funds	Invoiced
		PIF				
	a. Prior to FY2007 Financials					
	b. FY2007 Financials	-				
	C. FY 2008 PIF	-				
	d. FY2009 estimated funding	-				
	e. FY2010 estimated funding	-				
	f. FY2011 estimated funding	-				
	g. FY2012 estimated funding	-				
	Totals	-	-	-	-	

FY 2008 Funding Information

SOAR Funding Sources	SOAR #	Funds (total must equal row "C. FY 2008 PIF" above)			
Use MOU # in SOAR field for transferred funds [and indicate date of expected transfer] and use "OPS" in SOAR field if funds are		Total Requested Budget	Preencumbered / Encumbered	New Funds	
			-		
			-		

	operational. For SOAR #, indicate SOAR Phase (A through E). Carryover is as of Oct 1, 2007		-		
			-		
			-		
			-		
	TOTAL	-	-	-	
Explain Other Funding Sources for FY 2008					
Explain Relationship between SOAR account definition and this project					

Certification of Spending Compliance	Authorizing Agent/ Deputy CTO initials
The Deputy CTO or Authorizing Agent must initial this section indicating that they have reviewed the plan and description for this project and the scope falls within the definitions for the funding sources identified above.	

Copy of fy2008projectinitiationform_pif__with_tracking.xls Please return this form to the Agency Liaison Services after obtaining signatures
Page 2

SCHEDULE SECTION

Overall Project Schedule Information (For Entire Project – Not Just this PIF)

Baseline Start Date for this project		Baseline End Date for this project	
Actual Start Date if different than the Baseline		Revised End Date if different from the Baseline	
Explain special circumstances with respect to the actual & revised dates			

Period Covered by this PIF (Only Funds identified for spending by this PIF)

Start Date for work covered under this PIF		End Date for work covered under this PIF	
--	--	--	--

SCHEDULE & KEY MILESTONE SECTION

Executive Tasks/Milestone Title <small>(Indent for multi-level tasks)</small>	History <small>(work completed prior to this PIF)</small>		For Current PIF Only					
	% Of Work Complete	Previous Amount Spent on this Task	Schedule Dates		Estimated Costs for 2008			
			Start	End	Preencumbered/ Encumbered	New Funds	Total for this PIF	
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
TOTAL		-				-	-	-

Clarifications

Complete a Spending Plan Table detailing monthly expenditures for each item above.

APPROVAL SECTION

Review Results	<i>To be completed by reviewers.</i> Select One Status Below			
	<input type="checkbox"/> Approved Without Conditions			
	<input type="checkbox"/> Approved with Conditions (see Deficiencies/Conditions Below)			
	<input type="checkbox"/> Action Deferred – Awaiting Corrections to Deficiencies Noted Below:			
	<input type="checkbox"/>		Date Notified	
	<input type="checkbox"/>		Date Corrections were Received	
	<input type="checkbox"/>		Was the Response Acceptable?	
	<input type="checkbox"/> Disapproved. (See Deficiencies/Conditions below)			
	Deficiencies/Conditions		Reviewer's Initials	Resolution Due Date
PMO will enter action items into central tracking calendar for follow-up				

SIGNATURE SECTION

Agency	AGENCY	Signature	Date
	CIO/IT Lead		
	CFO		
	Director		
OCTO Management	OCTO	Signature	Date
	Program Manager		

	Deputy/Director			
	PMO			
	CFO			
	CTO			
OCTO Technical	REQ.	Technical Reviewers	Signature	Date
		APEX		
		Data Center		
		Enterprise Architect		
		LAN/WAN		
		Security		

Copy of fy2008projectinitiationform_pif__with_tracking.xls Please return this form to the Agency Liaison Services after obtaining signatures Page 5