

Public-Facing Online Services—Project Brief

Digital Strategy and Operations Branch, Ministry of Central Services
Appendix Form—ITGC Proposal Template

This form is used as an intake brief for public-facing online services.

Version 1.1

Last revised: November 2018

Last reviewed: April 2019

Next review: April 2020

Please provide us with as much detail as possible regarding your new service request. Don't worry if you aren't sure of all the details - we will be happy to work with you further to discover what functionality will best suit your needs.

Any question with red shading must be completed.

About The Project
Project Purpose
REQUIRED FIELD: In brief what does the project offer citizens/businesses? What is the thing(s)/task(s)/service(s) you want citizens to be able to complete with the implementation of this project?
Existing Enhancement
REQUIRED FIELD: Is this an enhancement to an existing online service?
<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the current URL?
<hr/> URL
Service Users
REQUIRED FIELD: Who will be using this service? Think about all users, including: <ul style="list-style-type: none">• Internal users (e.g. ministry staff),• Arms-length organizations (e.g. teachers, health care workers),• Different types of citizens (e.g. students, general public, employment seekers etc.), and/or• Businesses.
Primary Users
REQUIRED FIELD: Who is your primary user of focus? Think the 80/20 rule. We want the 80.

Service Benefits

REQUIRED FIELD: How will this service benefit the public/your client and your ministry?

Potential Impacts

REQUIRED FIELD: Do you foresee constraints or impacts on the public or government staff with this new approach?

Other Initiative Partners

REQUIRED FIELD: Is this a joint initiative? If yes, with who?

Service Decision Factors

REQUIRED FIELD: Why has your ministry decided to build this service now? What or who is driving this project?

Similar Government Services

REQUIRED FIELD: Have you seen a similar service offered by other governments or businesses?

Yes No

If yes, please enter the URLs of any similar services offered by other agencies:

URL

URL

URL

Any additional notes?

Current Process

Current Process

REQUIRED FIELD: Please briefly describe your current business process for this service. Please include information about the current methods for service requests (phone, fax, email, walk-in), processing time, client turnaround time, etc.

Pain Points

REQUIRED FIELD: Are there pain points you want to flag with the current process for government workers, arms-length organizations, citizens or businesses?

- Have you talked directly to users about these pain points? If so, please attach feedback/findings.
- If you have Value Stream Maps, process maps workflows, etc., please include those as well as an email attachment.

Volume of Requests

REQUIRED FIELD: Approximately how many requests do you receive for this service each year? From whom do you receive these requests (provincial/local government, citizens, businesses, etc)?

Service Timeframe Usage

REQUIRED FIELD: Is use of this service seasonal or cyclical? Please describe.

Employees Required for Service

REQUIRED FIELD: How many full-time equivalent employees are allocated to handle these requests?

Service Costs

REQUIRED FIELD: What other internal costs (i.e. printing and mailing, etc.) are associated with the current business process for this service?

Service Fees

REQUIRED FIELD: Is there a fee to currently obtain this information/conduct this service with your ministry?

Service Components

For this section there may be different answers depending on the user group (e.g. citizen, business or government worker). If the answer differs, please clarify which user group you answer applies to.

Will users search (query) a database for specific results?

_____ Group (if applicable)

- Yes
- No
- Unsure

Any additional notes?

Will users submit information to populate a database?

_____ Group (if applicable)

- Yes
- No
- Unsure

Any additional notes?

Will users submit information to populate a database?

_____ Group (if applicable)

- Yes
- No
- Unsure

Any additional notes?

Will users need to logon with a username and password for security purposes?

- _____ Group (if applicable)
- Yes
 No
 Unsure

Any additional notes?

Do users need to prove they are who they say they are? If so, how is it done today?

- _____ Group (if applicable)
- Yes
 No
 Unsure

Any additional notes?

Will users need to receive status updates about their service?

- _____ Group (if applicable)
- Yes
 No
 Unsure

Any additional notes?

Will users need to make payment(s) through the service?

- _____ Group (if applicable)
- Yes
 No
 Unsure

Any additional notes?

Will users need to sign anything?

- _____ Group (if applicable)
- Yes
 No
 Unsure

Any additional notes?

Will users need to upload documents? If yes, what are they?

- _____ Group (if applicable)
- Yes
 No
 Unsure

Any additional notes?

Will users need to view or download documents? If yes, what are they?

Group (if applicable)

- Yes
- No
- Unsure

Any additional notes?

Current Technical Environment

Internal Applications

Are there one or more internal-facing applications in place for this service? If yes, what are they?

Service-Related Databases

Is there a database to hold records related to this service? If yes, what is it?

Sensitive Data

Sensitive Data Collection and Storage

Is any of the following sensitive personal information collected or stored in the database or presented to users?

- For each item in the list, please indicate if it is collected from users, stored in the database and or presented to users. In this case we are interested in the public user (citizen/business).

First Name and Last Name		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Address		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Phone Number		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Email Address		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Date of Birth		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

Social Security Number		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Health Card Number		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Driver's License Number		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Credit/Debit Card Number		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Checking / Savings Account Number		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Other ID Number		
Please indicate which type of number.		
Collected from Users <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Stored in Database <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Presented to User <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure