**OSI APD Review Checklist**

**County:** Enter County Name

**APD #:** Enter APD Number

**County POC:** Enter Name of County Point Of Contact

**Reviewing Organization:** OSI APD Team

**Reviewer:** Enter Reviewer's Name

**Review Date:** Enter Review Date



|  |
| --- |
| **Document Completeness** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Does the APD contain all eight sections required by the County APD Guidelines?
 | [ ]  | [ ]  | [ ]  | * The APD must contain all eight sections required for the APD.
1. Description of Request
2. Business Justification
3. Impact on Operations and Programs
4. Benefiting Programs
5. Cost and Cost Allocation
6. Method of Procurement
7. Cost Benefit Analysis
8. County Contacts

If “no,” the APD must be returned to the County to complete. |
| **CWS/CMS ONLY** |
| 1. Did the County submit in all the recommended formats for review?
 | [ ]  | [ ]  | [ ]  | * Per the guidelines, the APD documentation will be sent in the original format (i.e. MS Word, Excel, etc.).
 |
| Dual Approval APD – Additional Consideration |
| 1. Did the County follow the appropriate detailed template?
 | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  | * Did the County use the appropriate template?
* Did the County submit to the appropriate project review mailbox?
 |
| **Section 1 Description of Request** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Has the County clearly stated the quantity and costs of goods being requested via this APD?
 | [ ]  | [ ]  | [ ]  | * For goods, the number of items being requested and total costs must be included. For service requests, the period of performance and costs must be specified.
 |
| 1. Do the requested goods and/or services qualify as ADP/EDP?
 | [ ]  | [ ]  | [ ]  | * APDs are only to be submitted for ADP/EDP goods and/or services. APD/EDP services may include planning, designing, operating a County EDP system.

If “no,” the county does not need an APD**.** |
| **Section 1 Description of Request (Con’t)** |
| 1. If the APD includes a request for equipment,
	1. Are the specifications generic?
	2. Does the APD specify a planned implementation date and/or period of performance for services?
 | [ ] [ ]  | [ ] [ ]  | [ ] [ ]  | If “no,” all identification of brand names must be removed. If “no,” the County shall provide this information. .  |
| 1. Does this APD require Federal approval?
 | [ ]  | [ ]  | [ ]  | If “yes,” the County must provide all documentation required to request prior approval from the Feds. |
| Dual Approval APD – Additional Consideration |
| 1. Did the County provide a detailed description on what approvals are being requested and for which program?
 | [ ]  | [ ]  | [ ]  | Did the County provide sufficient amount of introductory details so that each of the project reviewers can identify the items/services being requested for each program? |
| **Section 2 Business Justification**  |
| Item | **Yes** | **No** | **N/A** | **Description** |
| 1. Did the county provide a detailed description of why the goods/services are required?
 | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | [ ]   [ ] [ ] [ ]  | * Has the county presented business needs that are consistent with the APD description for Impact on Operations statements?
* The business need should describe why the goods/services are required. .
* Does the APD identify the distinct business benefits to be gained not currently provided (i.e. automated versus manual).
* Is the request based on a proposed change in business process?
 |
| 1. Has the County described who will be using the acquisition (i.e. social workers, administrative, etc. staff)?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Has the County identified related previously approved APD’s?
 | [ ] [ ]  | [ ] [ ]  | [ ]  [ ]  | * The originating APD should be referenced if the APD is
* for a follow-on contract or
* for replacement equipment,
* or if the APD is requesting an increase

in scope or cost .* If applicable, were previously approved APD Tracking Numbers provided? If not, was a explanation provided on how these items or services were procured?
 |
| 1. If this is an acquisition for replacement equipment, has the warranty expired for the original equipment?
 | [ ]  | [ ]  | [ ]  | If “no,” the State cannot approve the APD. |
| 1. If the APD includes a request for software, is the proposed functionality duplicative/system-related?
 | [ ]  | [ ]  | [ ]  | If “yes,” consult with management. |
| 1. Does the APD describe the functional requirements, including all interfaces and technical requirements?
 | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | * List out technical relation to CWS/CMS, i.e. tech refresh, interface with the application?
* Is the request for Separate Services under the SAWS Consortium System vendor contract? If yes, follow the SAWS Separate Services policy.
* Does the request identify which items are tech refresh of SAWS Consortium System components?
* Does the APD provide a justification if the request for equipment exceeds the minimum requirements for the CWS/CMS application?
 |
|  Dual Approval APD – Additional Consideration |
| 1. Does the APD identify business justification for each benefiting program?
 | [ ]  | [ ]  | [ ]  | * Did the County clearly identify, for each project/agency reviewing, the business needs that could be resolved only through this acquisition?
 |

|  |
| --- |
| **Section 3 Impact on Operations** |
| Item | **Yes** | **No** | **N/A** | **Description** |
| 1. Has the County presented consistent Business Needs and Impact on Operations statements?
 | [ ]  | [ ]  | [ ]  | * The business needs statement should compliment the Impact on Operations statements.
 |
| 1. How will failure to approve this APD impact current operation?
 | [ ]  | [ ]  | [ ]  | * Describes in detail the business/operational problems that will result should this APD not be approved.
 |
| Dual Approval APD – Additional Consideration |
| 1. Does the APD identify the impact on operations for each project?
 | [ ]  | [ ]  | [ ]  | * Did the County clearly identify for each project/agency reviewing the impact that could result if this acquisition is not received?
 |
| **Section 4 Benefiting Programs** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Has the County clearly identified the benefiting programs and how the programs benefit from the acquisition requested in this APD?
 | [ ]  | [ ]  | [ ]  | If “no,” the APD must be returned to the County to complete. |
| Dual Approval APD – Additional Consideration |
| 1. Does the APD identify the benefiting programs for each project reviewer?
 | [ ]  | [ ]  | [ ]  | * Did the County clearly list for each project/agency reviewing the benefiting programs that each acquisition will benefit from?
 |
| **Section 5 Cost And Cost Allocation** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Has the County described the Cost Allocation methodology for this APD as proscribed in the APD Guidelines?
 | [ ]  | [ ]  | [ ]  | If “no,” the methodology must be completed by the County**.** |

|  |
| --- |
| **CWS/CMS ONLY** |
| 1. Did the County attach the required spreadsheets?
 | [ ]  | [ ]  | [ ]  | * The County must attach the required spreadsheets (i.e. cost summary, etc.) in compliance with the specified formats.

If “no,” the spreadsheets must be completed by the County**.** |
| 1. Has the County identified the method used to specify CWS/CMS related and non-CWS/CMS percentages?
 | [ ]  | [ ]  | [ ]  | * The method must be in conformance with the County APD Guidelines.

If “no,” the methodology must be completed by the County. |
| If Applicable, County Use of Self Certification for Section 5 |
| 1. Did the County use the Cost Allocation Self Certification Document?
 | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ]  | * Did the County use the certification appropriately; i.e. was it allowable for use for this APD per the guidelines?
* Did the County submit a signed copy with all appropriate signatures?
* Does the written methodology described in APD meet guidelines?
* Did the County accurately complete the Cost Allocation by Program Table?
 |
|  Dual Approval APD – Additional Considerations |
| 1. Does the APD identify the separate Cost Allocation for each project?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  | [ ] [ ] [ ]  | * Did the County provide each project/agency reviewing the Cost Allocation with its own table?
* Are the correct allocations applied for each project/reviewing agency per the guidelines?
* Is the entire APD allocated consistently between the projects/program
 |

|  |
| --- |
| **Section 6 Method of Procurement** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. As appropriate, did the County include procurement documents related to this APD?
 | [ ]  | [ ]  |  [ ]  | The County should include the following types of procurement documents.* Bid or Quote – required for estimation purposes only
* RFP, RFQ – required for large acquisitions
* SOW – required for large acquisitions
* Master Agreement – required for non-commodity purchases
* County Procurement Policy – required for acquisitions that use sole source procurement methods or that deviate from State guidelines or Federal regulations. An example would be specifying a specific brand name computer.

If “no,” the APD must go back to the County to provide the necessary information. |
| 1. If the APD includes a request for software, could the proposed functionality affect the integrity of the current system?
 | [ ]  | [ ]  |  [ ]   | If “yes,” consult with management to determine course of action. |
| 1. Is the application software developed especially for the public assistance program?
 |  [ ]  | [ ]  | [ ]  | If “yes,” the County shall ensure/provide documentation of software ownership. |
| 1. If this APD involves a contract amendment:
	1. Was the base contract previously approved?
	2. Was the base contract competitively procured?
	3. Was the base contract free of local preference?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  | [ ] [ ] [ ]  | If “no,” previous RFP and resulting contract must be reviewed for federal compliance.If “no,” the request is not eligible for FFP. The County must re-procure to receive FFP.If “no,” the request is not eligible for FFP. The County must re-procure to receive FFP. |

|  |
| --- |
| If Applicable, County Use of Self Certification for Section 6 |
| 1. Did the County use the Procurement Self Certification Document?
 | [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ]  | [ ] [ ] [ ] [ ] [ ]  | * Did the County use the certification appropriately; i.e. was it allowable for use for this APD per the guidelines?
* Did the County submit a signed copy with all appropriate signatures?
* Does the procurement methodology narrative described in the APD follow the guidelines?
* Did the County provide the required Procurement information, i.e. Cost Detail Spreadsheet required in the guidelines with the use of this certification?
 |
| Dual Approval APD – Additional Consideration |
| 1. Does the APD identify the separate procurement methodologies for each program/project?
 | [ ]   | [ ]   | [ ]   | * Did the County provide each project/agency reviewing the Procurement with its separate required Procurement documentation per the guidelines?
 |
| **Section 7 Cost Benefit Analysis** |  |  |  |  |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Is the Cost Benefit Analysis adequate?
 | [ ] [ ] [ ]  | [ ] [ ] [ ]  | [ ] [ ] [ ]  | * What alternative IT solutions were assessed (wide range)?
* What made the chosen alternative the best IT solution for the State?
* Did the narrative describe how the costs and benefits were derived (i.e. staff time savings, etc)?
 |
| 1. Does the County include benefits for the entire project costs?
 | [ ]  | [ ]  | [ ]  | * Does the APD describe future costs, i.e. if ongoing costs are involved are they included in the overall benefit of this acquisition?
 |
| 1. Did the County include all relevant benefits, either quantitative or qualitative or both?
 | [ ]  | [ ]  | [ ]  | * Was a narrative description of costs and benefits, including how they were derived for each approval authority provided?
 |
| Dual Approval APD – Additional Consideration |
| 1. Does the APD identify the separate Cost Benefit Analysis for each project?
 | [ ]  | [ ]  | [ ]  | * Did the County provide each project/agency reviewing the Cost Benefit with its own detailed description?
 |
| **Section 8 County Contacts** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Is all required information provided to identify the County contacts?
 | [ ]  | [ ]  | [ ]  | * If “no,” County must provide the required contact information.
 |
| **Additional Package Consistency Checks** |
| **Item** | **Yes** | **No** | **N/A** | **Description** |
| 1. Do the benefiting programs identified in Section 4 agree with the Cost and Cost Allocation section 5 as well as associated spreadsheets and tables?
 | [ ]  | [ ]  | [ ]  |  |
| 1. Are all values identified in the text of the APD, spreadsheets, and tables consistent?
 | [ ]  | [ ]  | [ ]  | Validate that the amounts throughout the APD documentation are consistent. This includes but is not limited to:* Quantity of equipment, staff, etc.
* Costs of items being acquired
* Period of performance
* SACWIS / Non-SACWIS percents
* Warranty periods
 |
| **CWS/CMS ONLY** |
| 1. Do the Cost Allocation by Category Table and the Cost Allocation by Program Table have the same distribution of Federal IV-E, Other Federal, and State/County Costs?
 | [ ]  | [ ]  | [ ]  |  |

**General Observations**

[Replace this text with information regarding the overall readiness of the APD for approval.
This must be filled-in by the Reviewer.]

**Actions**

|  |  |  |  |
| --- | --- | --- | --- |
| **ID** | **Action Item** | **Assigned To** | **Due By** |
|  |  |  | [mm/dd/yyyy] |
|  |  |  | [mm/dd/yyyy] |
|  |  |  | [mm/dd/yyyy] |