2019 Solution Development Worksheet

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| **Overview** |
| **Solution Title** |  |
| **Funding Requested** |  |
| **Sponsor** |  |
| **Description**  |  |
| **Reviewers** |  |

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| **Core Capability[[1]](#footnote-1) Alignment***Select the primary and, if applicable, secondary alignment to the Core Capabilities* |
| PrimaryChoose an item. | SecondaryChoose an item. |
| **Regional Guidance Alignment***Identify the regional priorities that this solution is designed to address.[[2]](#footnote-2) After you check the appropriate boxes, discuss how the solution aligns with the Regional Guidance below.* |
| ☐ Intelligence, Information Sharing, and Situational Assessment ☐ Cybersecurity ☐ Operational Coordination ☐ Complex Coordinated Attack ☐ Interoperable Communications ☐ Programmatic Approach to Regional Exercises☐ Leadership Development☐ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| 1. **Point of Contact**
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| **Sponsor** |  |
| **Chair or Point of Contact** | Name: |
| Agency: |
| Phone: |
| Email: |
| **Sub-recipient**  |  |
| **Project Manager or Point of Contact** | Name: |
| Agency: |
| Phone: |
| Email: |

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| **2. Purpose***Describe the purpose of the solution.*  |
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| **3. Outcomes***Describe the solution’s intended outcomes (i.e., the capability that will be achieved or gap[s] mitigated).* |
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| **4. Regional Applicability – Part 1***Describe why and how the proposed solution is applicable to the NCR.*  |
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| **5. Regional Applicability – Part 2***Describe why the proposed solution or approach is recommended.*  |
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| **6. Impact***Indicate the regional, sub-regional, or jurisdictional impact the solution seeks to achieve.*  |
| 󠄀 Regional (*the entire NCR*) 󠄀 Sub-regional *(the District, suburban Maryland, or Northern Virginia)* 󠄀 Individual Jurisdiction or Agency󠄀 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Description of the Regional Impact** |
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| **7. Metrics***List the established or anticipated performance metrics and discuss how progress towards, or the completion of, intended outcomes will be measured.*  |
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| **8. Objectives and Deliverables***List the primary objectives and deliverables for achieving the solution’s intended outcome(s). Additional objectives and/or deliverables may be added as appropriate.*  |
| **Outcome: <insert outcome(s)>** |
| **Category** | **Description** | **Start Date** | **End Date** |
| **Objective 1** |  |  |  |
| Deliverable 1.1 |  |  |  |
| Deliverable 1.2 |  |  |  |
| Deliverable 1.3 |  |  |  |
| **Objective 2** |  |  |  |
| Deliverable 2.1 |  |  |  |
| Deliverable 2.2 |  |  |  |
| Deliverable 2.3 |  |  |  |

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| **9. Budget***Provide a general summary of the resourcing requirements associated with this solution. Use the space below to outline any requirements that do not fit within one of the categories.*  |
| **Category** | **Description of Costs** | **Amount** |
| Planning |  |  |
| Organization |  |  |
| Equipment |  |  |
| Training |  |  |
| Exercises |  |  |
| **TOTAL FY 2019 AMOUNT REQUESTED** |  |
| **Part 2: Additional Information** *Outline any requirements that do not fit within the categories listed in Question 9.* |
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| **10. Solution History** *If this is an established solution, provide a brief history. Discuss additional funding previously and currently received, to include significant increases or reductions and supplemental funding from agencies. Describe project outcomes, current usage (day-to-day or for emergencies), and/or significant decisions. New solutions should only answer applicable parts of this question.* |
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| **11. Future Planning**  |
| **Part 1:**  *To accurately forecast multi-year requirements, provide a discussion of the duration and timeline of the resourcing necessary to implement the solution. Be as specific as possible, to include year-by-year anticipated costs broken down by POETE. Consider long-term resourcing needs, such as operating expenses, equipment replacement, staff commitment, upgrades/enhancements, etc.* |
| Discussion:  |
| **Year** | **Description** | **Amount** |
| **FY 2020[[3]](#footnote-3)** |  |  |
| **FY 2021** |  |  |
| **FY 2022** |  |  |
| **Part 2:**  *Describe what other support is necessary to ensure sustainment of the solution (e.g. development of a governance structure, user agreements, cost-sharing models).*  |
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| **12. Completed Milestone** *If the project previously received UASI funding, specify the most recently completed milestone.* |
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1. For more information, please visit: <https://www.fema.gov/core-capabilities>. [↑](#footnote-ref-1)
2. For additional information, please consult the 2018 Regional Guidance. [↑](#footnote-ref-2)
3. This suggests federal fiscal year (FY) 2020 – the first “out year” following the FY 2019 UASI allocation; should the solution be approved for resourcing. [↑](#footnote-ref-3)