

# INITIAL PROJECT QUESTIONNAIRE

Client Name: \_\_\_\_\_

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## Contact Information

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Contact Number: \_\_\_\_\_

Email: \_\_\_\_\_

## Revision History:

Version	Date Sent to Client	Date Received from Client	Comments
1			Initial Questions
2			
3			

**Instructions:** The purpose of this form is to allow DeviceBee Technologies to better understand the project requirements from the client. Please provide as much detailed information about your project as possible.

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## Business Case

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1. What are the goals of this project?

2. Is this an enhancement to an existing mobile service?  Yes  No

*If yes, please provide us with the Web address:  
(If no, please skip the rest of the questions in this section)*

3. How will this service benefit your agency and the public (i.e. cost savings, time savings, convenience, social media etc.)?

4. How will this service work? Can you provide some high level view about the end user experience?

5. Is this a joint initiative? *(Please check all that apply)*

Enterprise (i.e. state-wide or county-wide)

Multi-agency: List participating agencies \_\_\_\_\_

Cross-jurisdictional boundaries (i.e. state/local initiative)

6. What is your desired mobile development platform? *(Please check all that apply)*

Android

Apple iOS

BlackBerry OS

Windows Phone

Symbian OS

7. What type of device type you would like to support? *(Please check all that apply)*

Android Tablets

Apple iPads

Windows Tablets

Others

8. What type of features you intend to have in your application? *(Please check all that apply)*

- Location Based Services
- GPS Mobile Tracking
- Images upload/sharing
- Videos upload/sharing
- Mobile Chat Service
- Mobile Payments/Transactions via credit card
- Mobile Gaming
- Social Media
- Fashion/TV/Filming
- Video/Audio Streaming
- Others

9. Why has your agency decided to build this online service now? What or who is driving this project?

10. Have you seen a similar service offered by other businesses?

- Yes
- No
- Not Sure

*If yes, by whom? Please provide us with relevant App Name that inspires you?*

11. Who is your target audience?

- Youth
- Elders
- Children
- Businesses
- Government

12. Who will be using this application? *(Please check all that apply)*

- |  |                     |
|--|---------------------|
| <input type="checkbox"/> State or local government | Approximate number: |
| <input type="checkbox"/> Citizens                  | Approximate number: |
| <input type="checkbox"/> Individuals               | Approximate number: |
| <input type="checkbox"/> Corporate Businesses      | Approximate number: |
| <input type="checkbox"/> Other _____               | Approximate number: |

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## Current Solution

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1. 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.
  
2. Is use of this service seasonal (i.e. are there periodic filing deadlines, etc.)?

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## Solution Components

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1. Will users search (query) a database for specific results?  
 Yes  No
2. Will users submit information to populate a database?  
 Yes  No
3. Will users need to login with a username and password for security purposes?  
 Yes  No  Not Sure
4. Will users need to remit payment through the service?  
 Yes  No

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## Current Technical Environment

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1. Are there one or more internal-facing applications in place for this service?  
 Yes  No

*If yes, please answer these related questions:*

*On which system architecture does it/they reside?*

- Mainframe  Midrange  Standalone  Other

*What technologies are/were used to build the internal-facing application(s)?*

(i.e. Java, .NET, ASP, HTML, PowerBuilder, MS Access, Visual Basic, Cobol, etc.)

2. Is there a database to hold records related to this service?  Yes  No

*If yes, what type of database (i.e. DB2, Oracle, MS SQL, proprietary, other, none)?*

*Where does the data reside?*

- Agency  Indiana Office of Technology  Other

*Who supports the database?*

- Agency  Indiana Office of Technology  Other

*Can you provide us with the database schema?*

- Yes  No

*Approximately how many records are in the database?*

**Project Constraints**

1. Do you have a specific deadline for this service to be completed?  Yes  No

*If yes, what is this date?*

2. Will we need to work with another third party vendor on this project? If so, whom?

**Project Stakeholders**

Please identify the individuals that will serve in the following roles:

	Name	Phone Number	Email address
Agency Executive Sponsor			
Agency Project Lead			
Agency Technical Lead			
Agency Marketing Lead or Public Information Officer			