

EOTA – Business Form



Document Title:

Analysis Feasibility Assessment

Document Number:

ISDF-035 Rev. 10_0630

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Parent Document:

ISDP-010, Course/Analysis Initiation Process

Notify of Changes:

MGT, ISD

Referenced Document(s):

EOTA Contract DE-AT52-07NA26901

Revision History:

| Rev. | Description of Change |
|---------|-----------------------|
| 10_0630 | Initial Release |
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Feasibility Assessment for the Analysis

To be initiated by the FMT prior to issuing the Technical Direction

| |
|--|
| I. Analysis Project |
| A. Identify the requesting organization. (Sample NA-42 RAPTER) <input type="checkbox"/> NA-40 _____ <input type="checkbox"/> NA-41 _____ <input type="checkbox"/> NA-42 _____ <input type="checkbox"/> Other _____ |
| B. What is the scope of the analysis? <input type="checkbox"/> Functional <input type="checkbox"/> Job <input type="checkbox"/> Position <input type="checkbox"/> Area <input type="checkbox"/> Other: _____ |
| C. What is the estimated amount of time required to accomplish all of the goals? <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> 18 Months <input type="checkbox"/> 2 Years <input type="checkbox"/> Other: _____ |
| II. Analysis Audience |
| A. Who is the target population? _____ |
| B. Based on scope, identify key factors, positions/job titles, or organizational elements of the analysis target. _____ |
| III. Support Designations |
| A. Who will be the designated Point(s) of Contact? _____ |
| B. Who will be the designated Subject Matter Expert(s)? _____ |
| IV. Reason for Analysis |
| A. What is the purpose of this analysis <input type="checkbox"/> Formal training <input type="checkbox"/> Informal training <input type="checkbox"/> Update/refinement to existing analysis <input type="checkbox"/> Policy/procedure review <input type="checkbox"/> Job aid/checklist development <input type="checkbox"/> Other _____ |

A. Have there been any type(s) of analysis completed prior to this project? If so, what were the completion dates? What type(s) of analysis were accomplished?

B. What guides, orders or other references are pertinent to this area of study?
Name references

C. What strategies will be utilized for analysis (information gathering and review)?

- | | |
|--|---|
| <input type="checkbox"/> Surveys | <input type="checkbox"/> Observations |
| <input type="checkbox"/> Interviews | <input type="checkbox"/> Document Reviews |
| <input type="checkbox"/> Focus Groups | <input type="checkbox"/> Other |
| <input type="checkbox"/> Table Top Exercises | |

VII. Project Management Details

A. Time Line

- Will the timeline be affected by other analysis development? Explain.

- What other factors might impact the timeline of this analysis?
 - SME schedule/availability
 - POC schedule/availability
 - Change to orders, regulations, guides, manuals, etc.
 - Competing priorities
 - Infrastructure
 - Availability of Derivative Classifiers
 - Availability of reviewers
 - Other _____

B. Is it possible to accomplish this analysis with available authorities and resources? If not, explain.

VI. Evaluation Strategy

A. What is the anticipated completion date?

B. What is your strategy to validate analysis findings?

C. Are there anticipated budget constraints? If so, explain how they might be overcome.

IX. EOTA Resource Requirements

| LABOR | | | |
|---|--------------------|-----------------|------------------------|
| Category/Name | | | Estimated Hours |
| Program Manager | | | |
| Project Lead | | | |
| Analyst | | | |
| Sr. Training Analyst/Lead | | | |
| IT Lead | | | |
| Multi-Media Specialist | | | |
| Graphics Designer | | | |
| Quality Assurance Manager | | | |
| Labor Hour Subtotal: | | | |
| TRAVEL | | | |
| Purpose | Location | Duration | Estimated Cost |
| | | | |
| Subtotal: | | | |
| OTHER DIRECT COSTS (Materials, rental, supplies, etc...) | | | |
| Item | Description | | Estimated Cost |
| | | | |
| Subtotal: | | | |
| ADDITIONAL COSTS (SME, Consultant, other) | | | |
| Item | Description | | Estimated Cost |
| | | | |
| Subtotal | | | |
| NON-LABOR TOTAL: | | | |
| PROJECT TOTAL: | | | |

Attach addendum to address additional concerns, as applicable.

| | |
|--|--------------|
| <input type="checkbox"/> Requirement Addendum Attached | |
| Project Manager (PM2) Acceptance <input type="checkbox"/> (check to indicate if modifications are attached) | |
| Signature: | Date: |
| | |
| Program Manager (PM1) Acceptance <input type="checkbox"/> (check to indicate if modifications are attached) | |
| <input type="checkbox"/> Comments/Modification Request Attached | |
| Signature: | Date: |