



Payment Services **STATEMENT OF WORK**

Expiration Date
MM/DD/YYYY

Version
1.0

Date
05/25/2021

Project Name: <PROJECT NAME>

State Entity Name: <AGENCY NAME>

Project/VSM Ticket#: [insert your project ID number; Ex: PID220]



Online Payment
& Processing



Application
Development



Website
Services



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The IN.gov Program, a partnership between the State of Indiana and NIC Indiana, is responsible for the design, development, and maintenance of more than 330 State websites and 125 online services. Providing services for Indiana government partners for more than 25 years, the IN.gov Program continues to bring digital innovations to the state, receiving more than 100 awards in the past 4 years.

1. Project Information

1.1 Contact Information

Agency Name: <AGENCY NAME> (<ACRONYM>)	Phone	Project Name: <PROJECT NAME>
Agency Executive Sponsor:	Phone:	Email:
Agency Project Sponsor:	Phone:	Email:
IOT Executive Approval:	Phone:	Email:
NIC Indiana Project Manager:	Phone:	Email:
NIC Indiana Account Manager:	Phone:	Email:
NIC Indiana General Manager:	Phone:	Email:

1.2 Revision History

Date	Name	Version	Section Updated	Notes
MM/DD/20YY	<PM Name>	1.0	All	Initial Version

2. Project Overview

2.1 Scope

[Insert high-level scope here including project description – is this a change to a current application or a new application, products/services to be rendered, reporting needs, system training plans, marketing outreach, file delivery plans if applicable, etc.]

[customize this to reflect your project work]

This service code set-up includes activities required to:

- create new service codes,
- add additional service codes,
- create new bank account interfaces, and
- update bank accounts.

2.1.1 Purpose

[explain what the payment processing is for, who will be users (and how many), and any other detail necessary to provide and understanding of the project]

2.1.2 Resources

[who will provide data? Who will run testing to ensure service codes and bank accounts are operable?]

2.1.3 Timing Constraints

[is there a dependency upon related project work (if yes, what is the project #)? Is there a hard go-live date?]

2.2 Point-of-Sale (POS) Location Details

[Insert POS location details such as number of facility locations, device needs, hours of operations, etc.]

#	Office Name	Address	City	State	ZIP	# of POS Terminals	Device Type
1							

3. Business Case

[Insert business case here]

3.1 Current Process

[Define current process here]



4. Payment Processing Options and Fees

This section sets forth detail needed to set-up agency-requested order processing through the NIC Payment Portal (“System”), as supported by NIC Indiana (“Contractor”).

Agency-selected order processing payment options are:

Payment Type	Fees	Additional Setup Information
<i>Insert Payment Type</i>	<i>Insert Fee</i>	<i>Insert Additional Setup</i>

5. Terms and Conditions

This Project shall be governed by the terms and conditions as set forth in the Payment Services Contract as entered into by NIC Indiana.

In addition, the following will apply:

1. The <AGENCY NAME> (<ACRONYM>) will review this Statement of Work (SOW). Upon approval, <ACRONYM> will provide the required support identified within this SOW to assist NIC Indiana in completing agency assigned tasks as described herein.
2. If this document is not signed by <ACRONYM> and NIC Indiana and received or available for pick up prior to the expiration date, a new document with an adjusted timeline and new expiration date will be provided to the agency for signature.
3. NIC Indiana will assign a Project Manager, and a back-up, to interface with <ACRONYM>.
4. <ACRONYM> will assign a Project Sponsor, and a back-up, to interface with NIC Indiana.
5. NIC Indiana will be responsible for application development and support.
6. <ACRONYM> will complete all required testing in accordance with the Project deadlines, prior to acceptance by the agency and deployment to production.
7. <ACRONYM> will utilize Webmasters IN.gov Website to initiate all requests to NIC Indiana for service requests, trouble tickets, and technical assistance.

6. Wireframe/Mockup Requirements

6.1 [Insert application page name here]

6.1.1 [Insert mockup of screen]

6.1.2 Screen Flow

[Insert flow of screen, if applicable. Otherwise remove the section]

6.1.3 Requirements

#	Requirement	Expected Outcome

7. Detailed Application Requirements

7.1 [insert backlog theme here]

7.1.1 Summary

[Insert backlog overview here]

7.1.2 Business Process Flow

[Insert business process flow here]

7.1.3 Requirements

[Insert requirements here using the table below as a guide]

#	User Story	Acceptance Criteria
1	As a <role> I want to..., so that...	<ul style="list-style-type: none"> • <role> can perform this activity. • The state user must ____. • If the user is ____, they cannot be added.
2	We have <current situation>; we want to have <desired situation>.	<ul style="list-style-type: none"> • <role> can perform this activity. • <desired situation detail >. • <desired situation detail >.

7.2 [insert backlog theme here]

7.2.1 Summary

[Insert backlog overview here]

7.2.2 Business Process Flow

[Insert business process flow here]

7.2.3 Requirements

[Insert requirements here using the table below as a guide]

#	User Story	Acceptance Criteria
1	As a <role> I want to..., so that...	<ul style="list-style-type: none"> • <role> can perform this activity. • The state user must ____. • If the user is ____, they cannot be added.
2	We have <current situation>; we want to have <desired situation>.	<ul style="list-style-type: none"> • <role> can perform this activity. • <desired situation detail >. • <desired situation detail >.

8. Risks

8.1 Risk Response Plan

Risk Name	Risk Description	Risk Impact	Risk Likelihood	Risk Mitigation	Risk Assignment
		Insignificant (1)	Slight (1)		
		Minor (2)	Not Likely (2)		
		Moderate (3)	Likely (3)		
		Serious (4)	Highly Likely (4)		
		Critical (5)	Expected (5)		

8.2 Risk Approvals

Agency representatives have reviewed the risks identified in section 7.1, and by the authorized signature below, indicate the agency's acceptance of the Risk Response Plan. The Agency thoroughly understands changes made after signed approval of this document will impact the application launch date.

Agency Project Sponsor:

Signature: _____ Date: _____

Print Name: _____

Agency Executive Sponsor:

Signature: _____ Date: _____

Print Name: _____

IOT Executive Approval

Signature: _____ Date: _____

Print Name: _____



NIC Indiana Project Manager:

Signature: _____ Date: _____

Print Name: _____

NIC Indiana Account Manager:

Signature: _____ Date: _____

Print Name: _____

NIC Indiana General Manager:

Signature: _____ Date: _____

Print Name: _____

9. Communication Plan

This Communication Management plan defines the project communications structure for all projects. It defines the required communications, content, timing, and audience.

9.1 Communication Plan

Communication	From	To	CC	Content Provided/Created By	Frequency	Delivery Media
Project Kick Off Meeting	NIC Project Manager	Project Sponsor, Stakeholders, Project Team	NIC Account Manager, IOT Oversight	NIC Project Manager	Once (Initiation Phase)	Meeting
Project Charter, Task Order, or Statement of Work	NIC Project Manager	Project Sponsor, Stakeholders	NIC Account Manager, IOT Oversight	NIC Project Manager	Once (Initiation/Deployment Phase)	Email
Business Requirements	NIC BA	Project Sponsor, Stakeholders	NIC Account Manager, IOT Oversight	NIC BA	Once (Development/Deploy Phase)	Email, Meeting
Project Status Reporting	NIC Project Manager	Project Sponsor, Stakeholders	IOT	Project Team	Weekly (throughout project execution)	Email
Change Order	NIC Project Manager	Project Sponsor, Stakeholders	NIC Account Manager, IOT Oversight	NIC Project Manager	As needed	Email
Urgent Issues (escalated from Client/Partner)	Project Sponsor, Stakeholders	Project Manager	NIC Account Manager, IOT Oversight	Project Stakeholders	As needed	Email, Memos
Issue Updates/Resolutions	NIC Project Manager	Project Sponsor, Stakeholders	NIC Account Manager, Project Team, IOT Oversight	NIC Project Manager, Project Team	As needed	Email
Training and Application Updates	NIC Project Manager	Project Sponsor, Stakeholders	NIC Account Manager, Project Team, IOT Oversight	NIC Project Manager, Project Team	As needed	Email
Project Hand Off (Closing)	NIC Project Manager	Account Manager, Project Sponsor	Project Team, IOT Oversight	NIC Project Manager, Project Team, NIC Account Manager	As needed (Deployment/Closing Phase)	Meeting

9.2 Glossary

This document includes the following acronyms, abbreviations, and terms.

Acronym	Definition
BA	Business Analyst
IOT	Indiana Office of Technology
PM	Project Manager
AM	Account Manager
Project Team	Project team includes, but not limited to: PM, BA, Developers, Creative Services, QA, System Admins
QA	Quality Assurance

Acronym	Definition
RACI Diagram	Diagram displaying roles and responsibilities broken down in the following categories: R esponsible, A ccountable, C onsulted, and I nformed
UAT	User Acceptance Testing
OTC	Over-the-Counter
CCP	Common Checkout Pages
TPE	Transaction Processing Engine

10. RACI Diagram

Step	Phase/Key Milestone	NIC Indiana	<ACRONYM>	IOT
1	Weekly Project Status			
2	Requirements Workshops			
3	Baseline Requirements			
4	Development/Documentation			
5	Software Development			
6	QA			
7	UAT			
8	Project Deployment			

Role	Definition
R = Responsible	Organization(s) responsible for producing the deliverables or task.
A = Accountable	Organization(s) accountable for the deliverable or task.
C = Consulted	Organization(s) that must be consulted before a final decision can be made.
I = Informed	Organization(s) that must be informed after any final decision has been made.

11. Timeline

The following are key milestones for this project. It is imperative that all parties review and agree to the timeline as presented. The anticipated start date is contingent on priorities set forth by <ACRONYM> and IOT. Any changes to this timeline following the signing of this document must be agreed to in writing by all parties.

Task ID	Task Name	Assigned To	Completion Date
1	Requirements Workshops		MM/DD/YYYY
2	Baseline Requirements		
3	Software Configuration		
4	QA		
5	UAT		
6	Project Documentation		
7	Completed Project Delivery		
Anticipated Start Date: 00/00/0000			

12. Project Cost Summary

Hourly rates are as follows:

Project Manager	Business Analyst	Creative Services	Dev-Sr. UI/UX	Dev-C# Developer	Quality Assurance
\$XXX.00	\$XXX.00	\$XXX.00	\$XXX.00	\$XXX.00	\$XXX.00

The following table provides a cost summary for the <PROJECT NAME>.

<PROJECT NAME> One-Time Cost Summary		
Task Item	Quantity	Cost
Initiation Tasks: <ul style="list-style-type: none"> - Kickoff Meeting and Project Scoping - Requirements Gathering and Planning - Documentation Creation - Partner Meetings and Communication Resources: <ul style="list-style-type: none"> - Project Manager (XX hours @ \$130.00/hr) - Business Analyst (XX hours @ \$120.00/hr) - Dev-Sr. UI/UX (XX hours @ \$150.00/hr) - Dev-C# Developer (XX hours @ \$150.00/hr) - Quality Assurance (XX hours @ \$120.00/hr) 	XXX Hours	\$XX,XXX.00
Discovery Tasks: <ul style="list-style-type: none"> - Review Application Specifications - Analyze Requirements & Documentation - Mockups and Design Creation - Assessment and Analysis Resources: <ul style="list-style-type: none"> - Project Manager (XX hours @ \$130.00/hr) - Business Analyst (XX hours @ \$120.00/hr) - Creative Services (XX hours @ \$75.00/hr) - Dev-Sr. UI/UX (XX hours @ \$150.00/hr) - Dev-C# Developer (XX hours @ \$150.00/hr) - Quality Assurance (XX hours @ \$120.00/hr) 	XXX Hours	\$XX,XXX.00
Development Tasks: <ul style="list-style-type: none"> - Architecture Design & Development - User Interface Design & Development - Backend Design & Development - Unit Testing & Code Review Resources: <ul style="list-style-type: none"> - Project Manager (XX hours @ \$130.00/hr) - Business Analyst (XX hours @ \$120.00/hr) - Dev-Sr. UI/UX (XX hours @ \$150.00/hr) 	XXX Hours	\$XXX,XXX.00

- Dev-C# Developer (XX hours @ \$150.00/hr)
- Quality Assurance (XX hours @ \$120.00/hr)

Deployment

XXX Hours

\$XX,XXX.00

Tasks:

- Quality Assurance Testing
- User Acceptance Testing
- User Acceptance Implementation
- Finalization of Deployment Process
- Deploy to Production

Resources:

- Project Manager (XX hours @ \$130.00/hr)
- Business Analyst (XX hours @ \$120.00/hr)
- Dev-Sr. UI/UX (XX hours @ \$150.00/hr)
- Dev-C# Developer (XX hours @ \$150.00/hr)
- Quality Assurance (XX hours @ \$120.00/hr)

Total Cost:

Expenses Covered by NIC Indiana:

Total Cost to Agency:

\$0.00

13. Approvals

13.1 SOW Acceptance

Agency representatives have reviewed the <PROJECT NAME> Statement of Work and by the authorized signature below, indicate the Agency's acceptance of the document. The Agency thoroughly understands changes made after signed approval of this document will impact the application launch date.

Agency Project Sponsor:

Signature: _____ Date: _____

Print Name: _____

Agency Executive Sponsor:

Signature: _____ Date: _____

Print Name: _____

IOT Executive Approval

Signature: _____ Date: _____

Print Name: _____

NIC Indiana Project Manager:

Signature: _____ Date: _____

Print Name: _____

NIC Indiana Account Manager:

Signature: _____ Date: _____

Print Name: _____



NIC Indiana General Manager:

Signature: _____ Date: _____

Print Name: _____

13.2 Acceptance of Delivery/Deployment Approvals

Agency representatives have reviewed and fully tested the <PROJECT NAME> and by the authorized signature below, indicate the Agency's acceptance of delivery of the Project. This acceptance also provides approval to launch the Project. The Agency thoroughly understands changes made after signed approval of the Project will result in a Change Order and may impact the application launch date.

Agency Project Sponsor:

Signature: _____ Date: _____

Print Name: _____

Agency Executive Sponsor:

Signature: _____ Date: _____

Print Name: _____

IOT Executive Approval

Signature: _____ Date: _____

Print Name: _____

NIC Indiana Project Manager:

Signature: _____ Date: _____

Print Name: _____



NIC Indiana Account Manager:

Signature: _____ Date: _____

Print Name: _____

NIC Indiana General Manager:

Signature: _____ Date: _____

Print Name: _____