Exhibit 300 (BY2008)

PART ONE	
OVERVIEW	
1. Date of Submission:	2007-02-05
2. Agency:	009
3. Bureau:	25
4. Investment Name:	NIH CIT Central Accounting System (CAS)
5. UPI:	009-25-01-01-01-3101-00

6. What kind of investment will this be in FY2008?
Operations and Maintenance

7. What was the first budget year this investment was submitted to OMB?
FY2001 or earlier

8. Provide a brief summary and justification for this investment, including a brief description of how this closes in part or in whole an identified agency performance gap.
The CAS is in the "Evaluate Phase" of the HHS CPIC process. The CAS, which was developed in 1978, was reviewed by the NIH and a decision was made to migrate its functionality to the new NIH Business System (NBS), a component of the HHS Uniform Financial Management System (UFMS). The CAS is critical in implementing the NBS which supports the initiative of improving financial performance. The NBS is a component of the HHS UFMS project which will consolidate many administrative legacy systems within HHS, and improve the financial management of HHS. The NBS underwent its most recent CPIC review in the Spring of 2005. Please refer to NBS project # 009-25-01-01-01-4601. The CAS project resides in the Division of Enterprise and Custom Applications, Center for Information Technology, NIH. The CAS is an ongoing legacy system project that is over twenty years old, and processes accounting and financial transactions for the NIH. It processes data from the Administrative Data Base (ADB), Central Payroll, Payment Management System (PMS), and Information for Management, Planning, Analysis and Coordination (IMPAC). The CAS provides data exchange to the ADB, PMS and IMPAC. Data is extracted from the CAS nightly and made available to the NIH through the NIH Data Warehouse. In the past, the CAS produced a wide range of reports that detail spending within the Agency. These reports are now being generated by the NBS since NBS is now the financial system of record. In addition, financial reports previously generated for the Department of Health and Human Services, the Treasury Department, the Office of Management and Budget, and the Public Health Service are also now being generated by the NBS. The NIH Business System (NBS) will eventually totally replace the CAS. The number of financial transactions being processed by the CAS is diminishing as modules within the NBS are being deployed. The CAS is becoming more of an interface to the NBS. The CAS now processes only about 70% of financial transactions; the rest is just a pass-through to the NBS. When the Supply and Acquisitions modules are deployed, the percentage of financial transactions processed will diminish significantly at which time the CAS will no longer be reported as a financial system. The CAS project has been extended to allow for completion of the NIH NBS. If the CAS is not funded, the NIH will not have an automated means of processing the accounting and financial transactions.

9. Did the Agency's Executive/Investment Committee approve this request?
yes

9.a. If "yes," what was the date of this approval?
2006-06-23

10. Did the Project Manager review this Exhibit?
yes

12. Has the agency developed and/or promoted cost effective, energy-efficient and environmentally sustainable techniques or practices for this project.
no

12.a. Will this investment include electronic assets (including computers)?
yes

12.b. Is this investment for new construction or major retrofit of a Federal building or facility? (answer applicable to non-IT assets only)
no

13. Does this investment support one of the PMA initiatives?

yes

If yes, select the initiatives that apply:

Financial Performance

13.a. Briefly describe how this asset directly supports the identified initiative(s)?

The CAS is a key element in implementing the initiative of improving financial performance because continued operation of this system is essential to the development and implementation of the NBS. The NBS is a component of the HHS UFMS project. which will consolidate many administrative legacy systems within HHS, and improve the financial management of HHS. In addition, consolidation of related systems is encouraged by the President's Management Agenda.

14. Does this investment support a program assessed using OMB's Program Assessment Rating Tool (PART)?

no

14.a. If yes, does this investment address a weakness found during the PART review?

no

15. Is this investment for information technology (See section 53 for definition)?

yes

16. What is the level of the IT Project (per CIO Council's PM Guidance)?

Level 2

17. What project management qualifications does the Project Manager have? (per CIO Council's PM Guidance)

(1) Project manager has been validated as qualified for this investment

18. Is this investment identified as high risk on the Q4 - FY 2006 agency high risk report (per OMB's high risk memo)?

no

19. Is this a financial management system?

yes

19.a. If yes, does this investment address a FFMIA compliance area?

yes

19.a.1. If yes, which compliance area:

Supports Federal Accounting Standards

19.b. If yes, please identify the system name(s) and system acronym(s) as reported in the most recent financial systems inventory update required by Circular A11 section 52.

The NIH Central Accounting System (CAS)

20. What is the percentage breakout for the total FY2008 funding request for the following? (This should total 100%)

Hardware	5
Software	5
Services	90

21. If this project produces information dissemination products for the public, are these products published to the Internet in conformance with OMB Memorandum 05-04 and included in your agency inventory, schedules and priorities?

n/a

22. Contact information of individual responsible for privacy related questions.

Name

Karen Pla

Phone Number

301-402-6201

Title

NIH Privacy Act Officer

Email

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23. Are the records produced by this investment appropriately scheduled with the National Archives and Records Administration's approval?
yes

SUMMARY OF SPEND

1. Provide the total estimated life-cycle cost for this investment by completing the following table. All amounts represent budget authority in millions, and are rounded to three decimal places. Federal personnel costs should be included only in the row designated Government FTE Cost, and should be excluded from the amounts shown for Planning, Full Acquisition, and Operation/Maintenance. The total estimated annual cost of the investment is the sum of costs for Planning, Full Acquisition, and Operation/Maintenance. For Federal buildings and facilities, life-cycle costs should include long term energy, environmental, decommissioning, and/or restoration costs. The costs associated with the entire life-cycle of the investment should be included in this report.

All amounts represent Budget Authority

(Estimates for BY+1 and beyond are for planning purposes only and do not represent budget decisions)

	PY-1 & Earlier	PY	CY	BY
	-2005	2006	2007	2008
Planning Budgetary Resources	0.000	0.000	0.000	0.000
Acquisition Budgetary Resources	0.000	0.000	0.000	0.000
Maintenance Budgetary Resources	6.750	0.540	0.530	0.520
Government FTE Cost	0.580	0.210	0.220	0.230
# of FTEs	3	2	2	2

Note: For the cross-agency investments, this table should include all funding (both managing partner and partner agencies).

Government FTE Costs should not be included as part of the TOTAL represented.

2. Will this project require the agency to hire additional FTE's?
no

PERFORMANCE

In order to successfully address this area of the exhibit 300, performance goals must be provided for the agency and be linked to the annual performance plan. The investment must discuss the agency's mission and strategic goals, and performance measures must be provided. These goals need to map to the gap in the agency's strategic goals and objectives this investment is designed to fill. They are the internal and external performance benefits this investment is expected to deliver to the agency (e.g., improve efficiency by 60 percent, increase citizen participation by 300 percent a year to achieve an overall citizen participation rate of 75 percent by FY 2xxx, etc.). The goals must be clearly measurable investment outcomes, and if applicable, investment outputs. They do not include the completion date of the module, milestones, or investment, or general goals, such as, significant, better, improved that do not have a quantitative or qualitative measure.

Agencies must use Table 1 below for reporting performance goals and measures for all non-IT investments and for existing IT investments that were initiated prior to FY 2005. The table can be extended to include measures for years beyond FY 2006.

Table 1

	Fiscal Year	Strategic Goal(s) Supported	Performance Measure	Actual/baseline (from Previous Year)	Planned Performance Metric (Target)	Performance Metric Results (Actual)
1	2004	Achieve excellence in management practices	Percentage that system is available to users during 12 hour daily schedule	99.9%	99.95%	99.99%
2	2004	Achieve	Variance of cost	None	0%	0%

		excellence in IT management practices	from plan			
3	2004	Achieve excellence in IT management practices	Variance of schedule from plan	None	0%	0%
4	2005	Achieve excellence in IT management practices	Variance of cost from plan	0%	0%	0%
5	2005	Achieve excellence in IT management practices	Variance of schedule from plan	0%	0%	0%
6	2005	Enhance quality, availability, and delivery of services	Percentage that system is available to users during 12 hour daily schedule	99.99%	99.95%	99.99%
7	2005	Enhance quality, availability, and delivery of services	Percentage of errors reported	.02%	.015%	.01%
8	2005	Program oversight and improvement	Percentage of time the system is up and processing occurs smoothly	99.99%	99.95%	99.99%
9	2006	Achieve excellence in IT management practices	Variance of cost from plan	0%	0%	0%
10	2006	Achieve excellence in IT management practices	Variance of schedule from plan	0%	0%	0%
11	2006	Enhance quality, availability, and delivery of services	Percentage that system is available to users during 12 hour daily schedule	99.99%	99.95%	99.99%
12	2006	Enhance quality, availability, and delivery of services	Percentage of errors reported	.02%	.015%	.02%
13	2006	Program oversight and improvement	Percentage of time the system is up and processing occurs smoothly	99.99%	99.95%	99.99%
14	2007	Achieve excellence in IT management practices	Variance of cost from plan	0	0	TBD
15	2007	Achieve excellence in IT management practices	Variance of schedule from plan	0	0	TBD
16	2007	Enhance quality, availability, and	Percentage that system is available	99.99%	99.99%	TBD

		delivery of services	to users during 12 hour daily schedule			
17	2007	Enhance quality, availability, and delivery of services	Percentage of errors reported	.01	.009	TBD
18	2007	Program oversight and improvement	Percentage of time the system is up and processing occurs smoothly	99.99%	99.99%	TBD

EA

In order to successfully address this area of the business case and capital asset plan you must ensure the investment is included in the agency's EA and Capital Planning and Investment Control (CPIC) process, and is mapped to and supports the FEA. You must also ensure the business case demonstrates the relationship between the investment and the business, performance, data, services, application, and technology layers of the agency's EA.

1. Is this investment included in your agency's target enterprise architecture?

yes

2. Is this investment included in the agency's EA Transition Strategy?

yes

2.a. If yes, provide the investment name as identified in the Transition Strategy provided in the agency's most recent annual EA Assessment.

The NIH Business System (NBS)

3. Identify the service components funded by this major IT investment (e.g., knowledge management, content management, customer relationship management, etc.). Provide this information in the format of the following table. For detailed guidance regarding components, please refer to http://www.whitehouse.gov/omb/egov/.

Component: Use existing SRM Components or identify as NEW. A NEW component is one not already identified as a service component in the FEA SRM.

Reused Name and UPI: A reused component is one being funded by another investment, but being used by this investment. Rather than answer yes or no, identify the reused service component funded by the other investment and identify the other investment using the Unique Project Identifier (UPI) code from the OMB Ex 300 or Ex 53 submission.

Internal or External Reuse?: Internal reuse is within an agency. For example, one agency within a department is reusing a service component provided by another agency within the same department. External reuse is one agency within a department reusing a service component provided by another agency in another department. A good example of this is an E-Gov initiative service being reused by multiple organizations across the federal government.

Funding Percentage: Please provide the percentage of the BY requested funding amount used for each service component listed in the table. If external, provide the funding level transferred to another agency to pay for the service.

	Agency Component Name	Agency Component Description	Service Type	Component	Reused Component Name	Reused UPI	Internal or External Reuse?	Funding %
1	Billing and Accounting	The CAS transactions are funneled from NIH Administrative Database (ADB) system. Throughout the procurement process, accounting transactions are produced for input to the	Financial Management	Billing and Accounting			No Reuse	50

		CAS. These accounting transactions allow NIH to track the commitments, obligations, obligation reversals, customer billings, income, outside billings, issues, accruals, transfers, depreciation, disbursements, and receiving.					
2	Payment/Settlement	The CAS transactions are funneled from NIH Administrative Database (ADB) system. Throughout the procurement process, accounting transactions are produced for input to the CAS. These accounting transactions allow NIH to track the commitments, obligations, obligation reversals, customer billings, income, outside billings, issues, accruals, transfers, depreciation, disbursements, and receiving.	Financial Management	Payment / Settlement		No Reuse	20
3	Decision Support and Planning	The migration of CAS to NBS will support decision making and planning by integrating data across the planning, programming, budgeting, and execution phases and allowing comparisons between planned and	Business Intelligence	Decision Support and Planning		No Reuse	10

		actual expenditures. The system will allow NIH to compare prior-year spending to budgeted amounts and to generate projected future period obligations, in-come, and expenditures at any level of the organizational structure.						
4	Ad Hoc	The migration of CAS to NBS will provide a seamlessly integrated ad hoc query capability with data analysis reporting tools to access and analyze agency financial data from all sources.	Reporting	Ad Hoc			No Reuse	2
5	Standardized/Canned	The migration of CAS to NBS will generate a series of standardized reports, including sum-mary and detailed reports with subtotals and to-tals, organized by program category, budget category, and organization.	Reporting	Standardized / Canned			No Reuse	1
6	Auditing	The migration of CAS to NBS will establish an audit trail for all financial data classification structure-T changes. In addition, the system will main-tain audit trails to trace financial data and documents through successive levels	Financial Management	Auditing			No Reuse	10

		of summa-rization and the reverse.						
7	Activity Based Management	The migration of CAS to NBS will allow NIH to establish a financial data classification structure that can associate programs, projects, and activi-ties with multiple internal fund codes.	Financial Management	Activity-Based Management			No Reuse	5

4. To demonstrate how this major IT investment aligns with the FEA Technical Reference Model (TRM), please list the Service Areas, Categories, Standards, and Service Specifications supporting this IT investment.

FEA SRM Component: Service Components identified in the previous question should be entered in this column. Please enter multiple rows for FEA SRM Components supported by multiple TRM Service Specifications.

Service Specification: In the Service Specification field, Agencies should provide information on the specified technical standard or vendor product mapped to the FEA TRM Service Standard, including model or version numbers, as appropriate.

	SRM Component	Service Area	Service Category	Service Standard	Service Specification (i.e., vendor and product name)
1	Payment / Settlement	Service Access and Delivery	Access Channels	Other Electronic Channels	Cisco
2	Payment / Settlement	Service Access and Delivery	Delivery Channels	Intranet	IE - Microsoft
3	Access Control	Service Access and Delivery	Service Requirements	Authentication / Single Sign-on	RACF
4	Decision Support and Planning	Service Access and Delivery	Service Transport	Supporting Network Services	Cisco
5	Ad Hoc	Service Platform and Infrastructure	Database / Storage	Database	IMS - IBM
6	Auditing	Service Platform and Infrastructure	Software Engineering	Software Configuration Management	COBOL - IBM
7	Standardized / Canned	Service Platform and Infrastructure	Hardware / Infrastructure	Servers / Computers	OS390 - IBM
8	Activity-Based Management	Component Framework	Presentation / Interface	Static Display	QWS3270 - IBM
9	Billing and Accounting	Component Framework	Business Logic	Platform Dependent	COBOL - IBM
10	Ad Hoc	Service Interface and Integration	Interface	Service Description / Interface	MAINFRAME - IBM

5. Will the application leverage existing components and/or applications across the Government (i.e., FirstGov, Pay.Gov, etc)?

no

6. Does this investment provide the public with access to a government automated information system?

no

PART THREE

RISK

You should perform a risk assessment during the early planning and initial concept phase of the investment's life-cycle, develop a risk-adjusted life-cycle cost estimate and a plan to eliminate, mitigate or manage risk, and be actively managing risk throughout the investment's life-cycle.

Answer the following questions to describe how you are managing investment risks.

1. Does the investment have a Risk Management Plan?

yes

1.a. If yes, what is the date of the plan?

2006-08-31

1.b. Has the Risk Management Plan been significantly changed since last year's submission to OMB?

no

COST & SCHEDULE

1. Was operational analysis conducted?

yes

1.a. If yes, provide the date the analysis was completed.

2006-12-30

What were the results of your operational analysis?

The CAS is fully operational and operates well within the budgeted costs. The CAS is a batch system and the percentage of daily errors are within .02%. There is no customer interaction with the CAS and as a result, there were no customer satisfaction surveys conducted. Due to some audit concerns and gaps in meeting the business mission, the CAS is being replaced by the NBS. The NBS is scheduled to fully replace the CAS by 2010.