DIT Distributed Hosting Services - New Project/Server Client Questionnaire

NC Department of Information Technology	**Form Instructions**- When complete, email this signed form to DIT.Incidents@nc.gov **OR** your assigned HST Coordinator	
Hosting Services Transition Version 2017.6.27	**Coordinator Assigned (DIT Use)**	**Remedy Ticket Number (DIT Use)**

Service descriptions can be found in the DIT Service Catalog : **http://www.DIT.state.nc.us/ServiceCatalog/DistributedHosting.asp**

Agency Name:

Street Address:	City:	State:	Zip Code:

Description of Request/Business Application:

Requested Delivery Date of the Service: Enter the date that you request the service/hardware to be functional and turned over to you for application loading.

Date:

Requestor: Name: Telephone: Ext: E-mail:

Management Authority: *Who may authorize/revoke User IDs? Who "owns" the system (is authorizing payment)? Who has final authority regarding the system?*	Name:
	Telephone:
	E-mail:

Change Authority: *List individuals who may authorize reboots/reconfiguration of the system/s.*	Name:	Name:
	Telephone:	Telephone:
	E-mail:	E-mail:

Technical Lead: *Who is the primary contact for technical issues at your agency?*	Name:
	Telephone:
	E-mail:

Department Billing Code, Mandatory: *(three letter billing information)* Example: FMI   **Department Name:** *(Bill to)*

Server Requirements:

Will this be a **New, Refresh** or **Expansion** of existing?
If yes, please identify current system

	Operating system/version [1,2,3]	Purpose (Web, App, DB)	Storage [4] required	Number of PROC Required	Memory required	64/32bit	Enterprise or Standard	Location
Server 1								
Server 2								
Server 3								
Server 4								
Server 5								

Can your application reside on a virtual machine?   OS Clustering Required?

Does your application require any unique I/O style cards?

Does your application require any direct attached storage?

1 Please refer to OS Roadmap for available supported versions.
2 For Linux/UNIX servers, user access requires the information be captured on the Linux User ID Request document and attached.
3 For Linux servers, Service account requests require the information be captured on the Linux Service Account Request Document and attached.
4 For Linux/UNIX servers, storage requirements should be captured on Linux/UNIX Mount Point document and attached.

Application Vendor Support
Please validate your vendor's support model running on top of VMWare ESX or Solaris Containers and understand the implications of running in a virtualized environment.

Application Vendor License Model
Please validate how your application software is licensed. Some vendors base their licensing model on the hardware configuration (number of CPUs, hardware chassis) regardless of the fact that it is virtualized.

Internet Requirements:

DIT Default Domains **STATE.NC.US   NCGOV.COM   NC.GOV**

Public Facing Web Site?	*Rmks:*
Secure Web Site Required?	*Rmks:*
Digital Certificate Required?	*DNS Name/s*
Do you have a registered DNS name for this application?	*Quantity:*

Database Support:

Does application use a database (MSSQL, Oracle, Sybase, etc.)? (If yes, client must review recovery need with DBA's).		*Version:*
Who will install the DB Application?		*Rmks:*
Who will install the DB Schema?		*Rmks:*
Who will provide DB Support		*Rmks:*
Additional Comments		

Storage - Requirements:

DIT Standard backup/retention: - **Daily incremental backups are retained for 14 days** - **Weekly full backups are retained for 1 month**	**Please provide estimated storage growth for this project over the next 6-24 months if known (GB or TB)**:	**GB/TB**
Is DIT Standard backup Acceptable?	*Rmks:*	
Special Non-Standard Backup:		

Weekly retained for:	*Days*	*Other Requirements:*
Daily retained for:	*Days*	*Other Requirements:*

What is the impact on your business if transactions or update jobs have to be re-entered due to hardware or software failure?

Does your application have any known SAN LUN size or SAN performance requirements?

If Yes, Explain: *NOTE: DIT Standards meet most application requirements*

Active Directory Requirements:

Does this project require Active Directory hosting?	*Rmks:*
Will these servers be deployed to an DIT managed domain?	*Name:*
Do you require any special Active Directory LDAP services?	*Rmks:*
Is this a request for domain controller(s)?	*Rmks:*

Middleware:

Is Middleware required?	Remarks:
MQ Series:	CTG:
Host on Demand:	DB2 Connect:
Websphere Application Server (WAS):	Other Middleware:

NCID:

Is NCID part of your project?	Remarks:

VPN Access:

Will you use an existing VPN group to remotely access you servers?	**Existing VPN Group**:
Will you need DIT to create a VPN group for this project?	

Network Requirements: *You will be required to document the applications firewall rule requirements.*

Does the application require load balancing?	
Does the application require SSL offloading?	
Does this application require outbound access to the Enterprise? (i.e. is your app a monitoring tool, asset management tool, etc.)	
Anticipated concurrent sessions (end state)?	*Number of users*
Can you provide an application drawing with destination TCP/UDP port numbers?	
Is your agency in an ESAP zone?	*Remarks:*
Does the application vendor have published firewall rules?	*Remarks:*
Use of the system?	

Service Operation Hours:

Service Operation Hours:	*Other (Describe):*

Monitoring Requirements:

Is DIT Default Monitoring Acceptable?	*Remarks:*
Will additional specialized monitoring be required?	*Remarks:*
Will you need Portal View to review System Performance?	

Technical Remarks and Special Requests:

Print Name:
X_____

Agency Technical/Management Authority / e-signature Date
Signature is required authorizing the technical requirements on this form. Any modifications or additions to requirements will require a new form.

Information Security, *Mandatory:*

For each system please identify the data that the server will handle or store other than public information.

	Public Only	- or -	PII	HIPAA	FERPA	PCI	FTI	Other (describe)
Server 1								
Server 2								
Server 3								
Server 4								
Server 5								

Additional Comments:

Will you require changes to your agency's ESAP Intrusion Detection System? If so describe:

Would you like a pre-production vulnerability scan performed on the application after application load and prior to application "go live"?

If yes, please provide target date for scan. When ready you will need to open a Remedy request ticket to DIT Information Security.

Has this project's design been reviewed by the Agency Security Liaison/designee to ensure compliance with Statewide Information Security Manual, in particular Network Segregation (030104)?

Provide a high level overview of the network design for your project - either via diagram and/or documentation. (The overview should include at a minimum how the project servers are to be separated via firewalls and VLANs in relation to data paths).

High level overview of the network design for your project is attached

Agency Security Liaison or designee confirms the integrity of the data provided.

Print Name:

_____

Agency Security Liaison or Designee

Final Security Liaison/Designee signature is required to begin provisioning effort

Please return scanned form to the project coordinator

Use additional pages as needed.