

EXECUTIVE/COUNCIL APPROVAL FORM

MANAGEMENT ROUTING:

EXECUTIVE Dave Somers

EXEC. DIR. Ken Klein

DIRECTOR/ELECTED Viggo Forde

DEPARTMENT Information Technology

DIV. MGR. _____

DIVISION _____

ORIGINATOR Viggo Forde

DATE 03/01/2021 _____ 3703 _____

TO: COUNCIL CHAIRPERSON:
SNOHOMISH COUNTY COUNCIL

EXECUTIVE RECOMMENDATION:

_____ Approve _____ No Recommendation
 _____ Further Processing
 _____ Requested By _____
 _____ / /
 Executive Office Signature
 CEO Staff Review _____ MG 3/11/2021
 Received at Council Office _____ / /

DOCUMENT TYPE:

_____ BUDGET ACTION:
 _____ Emergency Appropriation
 _____ Supplemental Appropriation
 _____ Budget Transfer
 _____ CONTRACT:
 _____ New
 _____ Amendment
 _____ GRANT APPLICATION
 _____ ORDINANCE
 _____ Amendment to Ord. # _____
 _____ PLAN
 OTHER – **Strategic Technology Plan**

DOCUMENT / AGENDA TITLE:

Strategic Technology Plan

APPROVAL AUTHORITY:

EXECUTIVE _____ **COUNCIL**
CITE BASIS SCC 2.350.065

HANDLING: NORMAL EXPEDITE _____ URGENT _____ DEADLINE DATE _____

PURPOSE:

Submittal to County Council of the Snohomish County IT Strategic Technology Plan

BACKGROUND:

Per SCC 2.350.065, the Department of Information Technology Director must prepare and submit a strategic technology plan to the Executive and Council. The strategic technology plan will address the overall technology and information management strategy for the county covering a 36-month period and align such strategy to the business and service goals, strategies, objectives, and plans of the county and its departments.

FISCAL IMPLICATIONS:

EXPEND: FUND, AGY, ORG, ACTY, OBJ, AU	CURRENT YR	2ND YR	1ST 6 YRS
N/A			
TOTAL			

REVENUE: FUND, AGY, ORG, REV, SOURCE	CURRENT YR	2ND YR	1ST 6 YRS
TOTAL			

DEPARTMENT FISCAL IMPACT NOTES:

There is no direct fiscal impact related to this ECAF

BUDGET REVIEW: Analyst SND Administrator NK Recommend Approval ✓

CONTRACT INFORMATION:

ORIGINAL _____ CONTRACT # _____ AMOUNT \$ _____
 AMENDMENT _____ CONTRACT # _____ AMOUNT \$ _____

CONTRACT PERIOD:

ORIGINAL Start _____ End _____
 AMENDMENT Start _____ End _____

CONTRACT / PROJECT TITLE:

CONTRACTOR NAME & ADDRESS (City/State only):

N/A

APPROVED:

RISK MANAGEMENT Yes _____ N/A _____ No _____

COMMENTS _____

PROSECUTING ATTY - AS TO FORM: Yes _____ N/A _____ No _____

OTHER DEPARTMENTAL REVIEW / COMMENTS:

ELECTRONIC ATTACHMENTS : (List & include path & filename for each, e.g. G:\ECAF\deptname\docname_Motion)

- G:\ECAF\Council\20071221 ECAF
- G:\ECAF\Council\20071221 Motion
- G:\ECAF\Council\20071221 Strategic Technology Plan

NON-ELECTRONIC ATTACHMENTS: