

This form should be completed for each new business process that will utilize Perceptive Content. Download this form to your computer (local drive), then open the form with Adobe Reader and complete the form electronically. To initiate a consultation, please save the form and then attach it to an email directed to [ECM-project-requests@lists.andrew.cmu.edu](mailto:ECM-project-requests@lists.andrew.cmu.edu).

## I. Contact Information

### Business Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Technical Contact

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

### Identify Key Decision Maker:

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

## II. Process Overview

1. Describe the current state of your process (3 - 5 sentences). How long does this process take from end-to-end?

2. Please describe any pain points or issues with this process in its current state. What has prevented you from addressing these concerns previously?

3. Describe the desired state of your process (3 - 5 sentences). What is the desired processing time?

4. Do you have the current process detailed in a flow chart? If so, please attach a copy of the flow chart.

5. Process Maturity

- a. For how long has your group utilized this process? \_\_\_\_\_
- b. Is there currently any automation? \_\_\_\_\_
- c. Are there forms involved in the process? \_\_\_\_\_
- d. Are any of the documents currently stored electronically? \_\_\_\_\_

**III. User Population / Environment**

1. Indicate the number of users will be part of this process with respect to the following categories:

Type	Form Submitter	View-Only User	Interactive User*
Staff			
Faculty			
Students			
Alumni			
Non-CMU Users			

\* **Interactive User** is defined as a one that processes, reviews, or approves content in Perceptive.

For the interactive users detailed above, please indicate the operating systems that these users are using:

Windows	
Non-Windows e.g. Apple iOS, Linux, etc.	

2. How do you anticipate the growth of this user base in the short-term (within 1 year) and long-term (over 1 year)?

3. Where will users be accessing the application from? (check all that apply)

- CMU Pittsburgh
- CMU Other Location(s): \_\_\_\_\_
- Other: \_\_\_\_\_

4. Perceptive Content requires frequent upgrades and specific Java environment. For the user described above, please indicate who manages your desktop support?

Computing Services Desktop Support Program (DSP)

Unknown

Departmental Computing

Other: \_\_\_\_\_

#### IV. Application Integration

1. Do you expect to integrate Perceptive Content with another system? \_\_\_\_\_

2. If yes, please respond to the following:

a. What system are you trying to integrate with? \_\_\_\_\_

b. Would you like to retrieve Perceptive documents from within this system?

c. Would you like to pull data from this system into the desired process (e.g. populating a dropdown list using web services, flat files, or direct database queries)?

d. Would you like to update data in this system based on information captured within Perceptive (e.g. updating a student's enrollment status using web services or direct database queries)?

e. How do users access your application? For instance, do they access this through a virtual environment, such as Citrix?

f. What type of security does the system use (e.g. Andrew credentials using Shibboleth single sign-on, application-specific credentials, OS credentials, etc.)

**V. Documents**

1. Please describe the document(s) you would like capture within Perceptive Content.

2. Are these documents considered source documents for official university records? \_\_\_\_\_

3. How many of these documents will you need to store each year? \_\_\_\_\_

4. How many pages do these documents typically include? \_\_\_\_\_

5. Are these documents required to be stored in color? \_\_\_\_\_

6. What is the native format of the document? \_\_\_\_\_

7. How would you like to capture these documents into Perceptive Content? (Check all that apply.)

- Dedicated Scanner
- Multi-functional Scanner
- E-mail
- Forms (Transform or eForms)
- Other: \_\_\_\_\_

8. Retention:

a. Do you have an existing retention policy for these documents? \_\_\_\_\_

b. How long do you need to retain these documents? \_\_\_\_\_

c. Do you have different needs for short-term versus long-term access for these documents? \_\_\_\_\_

9. Do you intend to capture historical documents into Perceptive Content? \_\_\_\_\_

**VI. Forms**

1. Would you like to utilize a form for this process? \_\_\_\_\_

2. Describe the form and its purpose. Is the form typically completed in one session? How many submissions do you receive each year? Will this form be public-facing or available from a secure site? Does the form data need to be validated and/or integrated with another system? If available, please attach a sample and/or prototype.

**VII. Workflows**

Would you like to utilize any of the following features in your desired process' workflow? (Check all that apply.)

- Approvals
- E-Signatures
- Annotations
- Adding additional information / data to the document
- Alerts
- Distributing work across multiple users
- Reminders

**VIII. Search**

1. How will you retrieve documents once they are captured in Perceptive Content? (Check all that apply.)

- Within your system (as described in Section IV)
- Within Perceptive Content
- Other: \_\_\_\_\_

a. Please list the document attributes you would like to search on.

b. Please list any security considerations / limitations. For example, are certain users only able to see certain colleges, statuses, etc.?

**IX. Benefits (ROI)**

1. What benefits are you hoping to get from this solution? (Respond to all that apply.)

Benefit	Describe in detail
Cost Savings	
Increased Efficiency	
Maximized Space	
Improved Customer Service	
Other	

Thank you for completing the ECM Request Form. To initiate a consultation, please save the form and then attach it to an email directed to [ECM-project-requests@lists.andrew.cmu.edu](mailto:ECM-project-requests@lists.andrew.cmu.edu) with the following subject line: *ECM Consultation Request*