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Veterans Health Administration (VHA)

Mobile Applications Agile Requirements Addendum

**Application Owner/Analyst fills out this Addendum**

**Version Control**  Version information is required for final SQA testing.

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| **Name of Mobile Application**  | **Name of JIRA Project** | **Web address where mobile application can be viewed:**  |
| **Description of Mobile Application**  |
| **Date** | **RSD/ARD MA Addendum Version**  | **Author** | **Description of Document Change** | **Associated BRD Version** | **Associated Concept/Scope Version** | **Other Assoc.** | **Other Assoc.** |
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**Application Owner/Analyst/PM Contact Information**

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| --- | --- | --- |
| **Application Owner/Analyst Name/Point of Contact (POC)** | **VA E-Mail Address** | **Phone Number** |
| **Developer Organization/Company** | **Contract Start Date** | **Contract End Date** |
| **Web and Mobile Solutions PM or POC** | **VA E-Mail Address** | **Phone Number** |
| **VA Product Development PM or POC** | **VA E-Mail Address** | **Phone Number** |

**Mobile Application Information**

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| Intended Audience (User) for Mobile Application: [ ]  Veteran [ ] Caregiver [ ] Provider [ ] Public |
| Business Needs |
| Describe and/or model the expected workflow: |
| Describe all Business Needs |
| Ref. ID | Need | Business Value |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| What laws / regulations cover the implementation of the app? (To ensure compliance) |
| What is the expected & maximum size of the user base?  |
| **Requirements** |
| **EPIC ID/Name** | **FEATURE ID/Name** | **USER STORY ID/Name** | **Associated USER STORY Acceptance Criteria** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **References** |
| **Reference Description** | **Link or Attachment** |
|  |  |
|  |  |
| **Program Level Requirement Changes** |
| **List any required changes to program level RSD** | **JIRA Change Request Issue Number** | **Link or Attachment of Change Pages** |
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**Signature Section**

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| **I have reviewed the Mobile Application Requirements Addendum and find it acceptable.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature or E-signature of Lead Analyst or Application Owner Date** |
| **I have reviewed the Mobile Application Design Addendum and find it acceptable.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature or E-signature of WMS Project Manager Date** |
| **I have reviewed the Mobile Application Design Addendum and find it acceptable.****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature or E-signature of VA OI&T Project Manager Date** |