****

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.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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.** |
|  |  |  |  | |  | |  |  |  |
|  |  |  |  | |  | |  |  |  |
|  |  |  |  | |  | |  |  |  |

**Application Owner/Analyst/PM Contact Information**

|  |  |  |
| --- | --- | --- |
| **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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 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** |
|  | | |  | | |  |

**Signature Section**

|  |
| --- |
| **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** |