

Agency Information Technology Plan

Agency
 Montana Arts Council

Mission
 Our goal is to use the most transparent, standardized, secure, efficient, practical, simple and cost-effective methods available to provide services and support for our constituency and staff.

	Agency Goal/Objective	State Strategic Plan Goal/Objective Reference
Goal One:	Maintain IT Support through contracted services with SITSD.	Goal 1. Objectives 1-5. Goal 2. Objectives 1-5. Goal 3. Objectives 1-5. Goal 4. Objectives 1-4. Goal 5. Objectives 1-5.
Objective One:		
Objective Two:		
Objective Three:		
Objective Four:		
Objective Five:		

Add Goal

Link to Agency Goals and Objectives
 n/a

Information Technology Resources and Capabilities

Information Technology Resources

Summary of information technology resources:

Bureau / Unit Name	Number of FTE	Primary Function / Mission
n/a		

Add Resource

Information Technology Capabilities

Summary of Systems:

I have reviewed all of my agency's systems in Assurance CM and certify that it is accurate.

Summary of Hardware:

Total Number of Appliances (Devices designed for internet access and specialized business use, but without capabilities of a fully-equipped server. Can be physical or virtual. Include all chassis, tape systems, firewalls, switches, KVM's, and USB anywhere devices.)

0

Total Number of Physical Servers (Include physical servers used for virtualization. Do not include equipment hosted by SITSD.)

0

Total Number of Virtualized Servers (Do not include equipment hosted by SITSD.)

0

Total Usable Storage Space (SANs and NASs. Do not include storage hosted by SITSD.)

0

Device Type (Including, but not limited to desktops, laptops, mobile devices, printers, cameras, etc.)	Quantity	Estimated Replacement Value
Laptops w/Dock	2	2200

VDI	5	monthly charge, no replacement value
Surface Pro	1	1600
iPad	1	1000
Laptop	1	1000

Information Technology Projects

Project Name
n/a

Division

Project / Program purpose and objectives

State Strategic Plan Goal/Objective Reference

Estimated start date

Estimated delivery date

Estimated cost

HB 10 Request
select yes or no

Funding Source 1 **Funding Source 1 Amount**

Funding Source 2 **Funding Source 2 Amount**

Funding Source 3 **Funding Source 3 Amount**

Annual costs upon completion

Status of the project as of March 31, even numbered years. Indicate % completed and status of funds expended.

Add Project

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