For instructions to complete, please refer to the document entitled “Scope & Approach Instructions.doc”.

|  |
| --- |
| **Leadership Group:** |
| **Department:** | **Division:** |
| Project Sponsor: | **Date Requested:** | **PM Customer No.** |
| **Request Type: *New Development Enhancement Customer Support***Planned System Maintenance or Upgrade |
| **IT Team Name:** | **IT Team No:** |
| **Project Manager/Leader:** |
| **Account Number:** |  | **Account Description:** |  | **Customer Name:** |  |
| **Grant Funded? Yes No** | **Mandate? Yes No****Mandate Source:** |

**Project Goal**

To… so that…

**Business Objective**

**Major Deliverables**

**Approach**

**Business Objective**

**Major Deliverables**

**Approach**

**Research & Analysis**

**IT Research & Advisory Services Recommendation (select one)**

* Research not Required
* Research Conducted – Nothing Found.
* Research Conducted – See recommendation below (enter short paragraph).
* Research Conducted – See summary recommendation below and detail information attached to the project in Clarity.

**Benefits**

***See Return on Investment (ROI) Analysis Document***

**Impact**

**Number of Users**

**Divisions**

**Leadership Groups**

**Risk**

**Business Environment**

**Technical Environment**

**Assumptions**

**Staffing** IT Staffing: resources will be available for the hours indicated per the attached project plan.

Other Staffing: additional staffing will be available as follows:

|  |  |  |
| --- | --- | --- |
| **Role:** | Name | **Hours per Day** |
| Project Sponsor: |  |  |
|  |  |  |

**Facilities**

*
*

**Technical**

*
*

**Funding**

*

**Other**

*

**Priority**

**Constraints**

*
*

**Exclusions**

*
*

**PROJECT PHASE AUTHORIZATION**

|  |
| --- |
| **Phase(s):**  |
| **Total Estimated Application Services Hours:**  |
| **Total Estimated Technical Systems Hours:**  |
| **Total Estimated CLEMIS Hours:**  |
| **Total Estimated Internal Services Hours:**  |
| **IT Application Services Division Manager Approval:**  | **Date:** |
| **IT Technical Systems Division Manager Approval:**  | **Date:** |
| **IT CLEMIS Division Manager Approval:**  | **Date:** |
| **IT Internal Services Division Manager Approval:**  | **Date:** |
| **IT Management Approval:** |
| Approved: Yes No | Date: |
| Reason: |
| **Project Sponsor Approval:** |
| Title: | Date: |

**PROJECT SUMMARY**

|  |
| --- |
| **Authorized Development (see above) Hours:**  |
| **Previously Authorized Development Hours:** |
| **Preliminary Estimated Development for Future Phases Hours:**  |
| **Grand Total Estimated Development Hours: Cost:**  |

**PROJECT COMPLETION AUTHORIZATION**

|  |
| --- |
| **Customer Acceptance of Product:** |
| Title: | Date: |
| **Project Office Review:** | Date: |