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| Project Proposal | Project Proposal No: #### |

1. **Project Details**

Project Name:

Departments/Campuses affected by the project:

Date Submitted:

1. **Project Sponsor(s)**

Name: Email:

Campus: Department:

Name: Email:

Campus: Department:

1. **Project Description (what you want to do)** *Provide a simple, high-level description of the project that clearly states the overall business goal of the initiative. If the description is highly technical or utilizes acronyms, please provide a one paragraph summary in layman’s terms of the project.*
2. **Project Justification (why you want to do this)**

*A simple, high-level description of the benefits the project will achieve (generally a paragraph or less).*

1. **What measures will you put in place to determine whether this project was a success?***Add text here.*
2. **To the extent that you have information on specific benefits of performing this project, please summarize them below. This might include items such as costs savings or service improvements. Include the types and numbers of affected customers.***Add text here*
3. **Does this project support a University, Campus, or Department strategic plan?***Add text here*
4. **Alternatives Considered (include the impact of no action)***Add text here.*
5. **Timeline***Add text here. Estimate duration in months/weeks of how long it would take to complete this project. Are there business milestones or dependencies that have an effect on when this project should be implemented?*
6. **Resource Requirements***To the best of your ability, estimate the costs of this project in material costs and labor hours for both initial outlay and recurring maintenance.*  
   Estimated labor hours:  
   Estimated material costs:

|  |  |  |  |
| --- | --- | --- | --- |
| **Labor** | | | |
| **Resource Type (Role)** | **Department/Campus** | **Estimated Hours** | **Description of Work** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total Hours:** | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Costs** | | | |
| **Cost Type** | **One-Time Cost** | **Recurring Cost per Year** | **Explanation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Sum:** |  |  |  |
| **Total Cost:** |  | |  |

**APPENDIX 1 - Project Approval Information**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name: | | | |  | Project ID#: |  | | | |
| Proposed By: | | | |  | Sponsor: |  | | | |
| Subcommittee: | | | |  | Date of Review: |  | | | |
|  | | | |  |  |  | | | |
| **Recommendation** | | | | | | | | |
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|  | This proposal is approved without reservation. | | | | | |
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|  |  | Highest priority – Critical and urgent; greatest impact overall or best value improvement | | | | |
|  |  |  | | | | |
|  |  | Moderate priority – Important and valuable; Impact is limited or implementation costs unclear | | | | |
|  |  |  | | | | |
|  |  | Low priority – Useful, but of limited applicable value or narrow utility | | | | |
|  |  |  | | | | |
|  |  |  | | | | |
|  | This proposal is approved with these questions or concerns: | | | | | |
|  |  |  | | | | |
|  | This proposal is **not** approved, for these reasons: | | | | | | |
|  |  | |  | | | | |