**University of Dublin**

**Trinity College**

***Information Systems Services***



**Project Proposal**

**Proposer details**

|  |  |
| --- | --- |
| **Department/School/Faculty** |  |
| **Proposer Name** |  |
| **Role in Department** |  |
| **Submission Date** |  |

**Proposal detail**

|  | ***Item*** | ***Description*** |
| --- | --- | --- |
| ***1*** | ***Project*** |  |
| 1.1 | Proposed Project Title |  |
| 1.2 | Executive Summary | [What is the project about? A clear description of the project] |
| ***2*** | ***Authorisation*** |  |
| 2.1 | Has the project authorisation from the Head of your Department or other Senior Officer? | Yes/No *[delete as applicable]*  Please give details (name, post, date, etc.) |
| ***3*** | ***Funding*** |  |
| 3.1 | Have you secured funding from your department for this project?  What level of funding has been secured? / Anticipated level of funding available for the project. | Yes/No *[delete as applicable]*  0-5K 10-15K 20-25K 30-40K 50+K  5-10K 15-20K 25-30K 40-50K 100+K  *[delete as applicable]* |
| ***4*** | ***Business Case*** |  |
| 4.1 | Outline the business need for the project | *[This section to contain a clear articulation of the business need in the form of a statement that addresses the problem or opportunity. This statement should be no more than three or four sentences]* |
| 4.2 | Drivers for change | *E.g. The proposal address a known issue, mitigates an identified risk, is a continuous improvement initiative or is a strategic objective of College* |
| 4.3 | Description of the project objective(s) | *[Identify the key objectives of the project]* |
| 4.4 | Assumptions | *[State any assumptions being made e.g. should the project go ahead then it is assumed that the new system will be rolled out to all departments simultaneously etc ]* |
| 4.5 | Constraints | *[State any constraints e.g. statutory requirement which must be in place and verified before academic year commences 2013]* |
| 4.6 | State the level of impact expected should the project proceed and implications of not proceeding | *[State whether the implementation would have an impact at an operational level and/or strategic level and state the impact(s)]* |
| 4.7 | Timescales | *[When must it be completed by?* |
| ***5*** | ***Benefits*** |  |
| 5.1 | What benefits are expected/ anticipated? | *[List of benefits to be achieved by progressing with the proposal]* |
| 5.2 | For each benefit - Indicate the expected value (benefit measure ment) and how it will be measured? | 1.  2.  3. |
| *5.3* | For each benefit – Indicate the expected timescale for realisation. | 1.  2.  3. |
| ***6*** | ***Resourcing*** |  |
| 6.1 | Are business area resources available to work on the project? | Yes/No *[delete as applicable]* |
| 6.2 | If yes, please give details |  |

*--------------------------------------- The following sections are for ISS usage only -----------------------------*

| ***ISS Technical Review*** | |
| --- | --- |
| ***Date:*** |  |
| ***Lead Reviewer*** |  |
| ***ISS Group*** |  |

|  |  |  |
| --- | --- | --- |
| ***1*** | ***Options assessed and discussed with the Proposer*** | |
|  | ***Option 1:*** | |
|  | ***Option 2:*** | |
|  | ***Option 3:*** | |
|  | ***Recommended Option (indicated reasons for recommendation)*** | |
|  | *Description of the proposed technology and software setup and how it fits in with the current ISS Architecture* | |
| ***2*** | ***Technical Considerations*** | |
|  | *Comment on any of the following that are pertinent to the recommended option;*  *Physical / Virtual Hardware / Compute required*  *Storage (incl Backup) Software (OS, Database, application etc)*  *Licensing Security*  *Integration High Availability*  *Disaster Recovery* | |
| ***3*** | ***Resource Considerations (Hours/Days/Weeks)*** | |
|  | *Estimate of number and type of resources and/or skills which may be required* | |
|  | *Networks* |  |
|  | *MIS* |  |
|  | *Systems* |  |
|  | *User Communications Group* |  |
|  | *User Support Group* |  |
|  | *AVMS* |  |
|  | *PACR Group* |  |
|  | *External to TCD* |  |
| ***4*** | ***Cost Considerations*** |  |
|  | ***Staffing***  *- internal*  *- external*  ***System***  *- hardware*  *- software*  ***Other***  *- training*  *- support*  *- documentation*  *- post implementation support cost* | *State funding requirements:* |
| ***5*** | ***Peer Reviewers*** | ***Signature*** |
|  | *Networks - <name here>* |  |
|  | *MIS - <name here>* |  |
|  | *Systems - <name here>* |  |
|  | *Support - <name here>* |  |
|  | *Others as appropriate* |  |
|  |  |  |

**Proposal Decision Record**

| ***Projects Review Group Meeting*** | | | | |
| --- | --- | --- | --- | --- |
| ***Date:*** |  | | | |
| ***Attendees:*** |  | | | |
| ***Observations and Comments:*** |  | | | |
| ***Meeting Outcome:*** | *Approve []* | *Reject []* | *More information required []* | |
| *Final date for receipt of an amended business proposal from business area:* | *DD/MM/YY* |
| ***High Level Start Date*** | *Year and Quarter* | | | |

**Approved Proposal Sign-off**

**Project Proposer**

…………………………………………………………………….

Name

……………………………………………………………………. …./…./….

Signature Date

**Proposed Project Sponsor**

…………………………………………………………………….

Name

……………………………………………………………………. …./…./….

Signature Date

**IS Project Office Manager**

…………………………………………………………………….

Name

……………………………………………………………………. …./…./….

Signature Date