**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+K5-10K 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