

IT PROJECT PROPOSAL FORM

(Insert Project Title Here)

SUMMARY OF YOUR PROPOSAL	By submitting this document, you are submitting a project proposal. <ul style="list-style-type: none"> · Your request will be presented to the Project Review Team (PRT). · You may be contacted for additional information by the Project Management Office (PMO) · This document will be used to gain initial agreement and start the planning process. Once approved, it serves as the source for the Project Charter and as input into the project plan. · Status will be provided by the PMO. 		
BUSINESS CASE	State the problem, issue or opportunity this proposal addresses. Describe the impact on IT products/services and its benefits to Old Dominion University (both tangible and intangible)		
STRATEGIC GOAL(S)	State the purpose/objective of the project and how it relates to the University's strategic goals.		
PRELIMINARY SCOPE STATEMENT	Describe the project and the requirements of the product, service or process to be created. Be sure to define what is in scope and what is out of scope with the understanding that these will be more clearly defined during the planning phase.		
HIGH-LEVEL DELIVERABLES	What are the products, services, or processes this request will create?		
CRITICAL SUCCESS FACTORS	List the factors or characteristics that are critical to the success of this project		
Requested Start Date:		Requested End Date:	
PROJECT RISK ASSESSMENT	List uncertain events or conditions that would have a positive or negative impact on the success of the project, if it were to occur. What is the impact of not doing this project? Use Low, Medium or High for Probability and Impact		
RISK EVENT		PROBABILITY	IMPACT
ASSUMPTIONS	Assumptions may describe details about what is not included in the project, budgetary agreements, or external factors (often schedule or quality issues) outside the control of the project team. These items are assumed to be true and often become risk events if they prove to be untrue.		
CONSTRAINTS	Constraints are known to be true and cannot be changed. They may include budget figures, hardware or software environments, deadlines, staff involvement, etc.		
APPROVED FUNDING		BUDGET CODE	
STAKEHOLDERS	NAME	DEPT	EMAIL
PROJECT SPONSOR			
PROJECT REQUESTOR			
VICE PRESIDENT			
BUSINESS UNIT	CONTACT PERSON	EMAIL	DESCRIPTION OF INVOLVEMENT

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Project Evaluation Questions

Please mark/highlight your selection to the following 9 questions.

01 - Is this project required or mandated?

- No Requirements
- Other Compliance requirements
- Required by state or federal laws or regulations

02 - Does this project support ODU's strategic objectives?

- No objective supported
- Single objective without high priority
- Single objective with high priority
- Project meets multiple objectives

03- What value will this project provide?

- Will reduce institutional costs
- Will reduce risk to ODU
- Will sustain current operations
- Will improve/grow operations
- None of the above

04 - Does this project have Vice Presidential support?

- VP has not been consulted
- VP is aware of this project
- VP supports this project
- VP has a strong interest in this project

05 - What is the project timeline?

- No specific deadline
- Less than 12 months
- 12 – 23 months
- 24 months or greater

06 - Does the solution leverage current technology?

- Will introduce new and untested technology
- Likely to involve new systems or proven technology
- Leverages current systems or technology

07 - Does this project conflict with other IT projects in your area?

- Yes
- No

08 - Is the project funded?

- No
- Yes

09 - What are you willing to give up in order to do this project?

- Unable to give up resources or staff
- Willing to discuss forgoing resources
- Future requests for support of this process
- Dedicate staff to project on a full-time basis
- Willing to stop active project
- Current budgeted resources or positions

Submit Project Proposals to:

Project Management Office
Information Technology Services
4300 Engineering & Computational
Sciences Building
Old Dominion University

pmo@odu.edu

Submitted by _____

Date _____