# Project Request Form

### Has this project been reviewed/approved by your area Vice President (VP)?

### [ ]  YES [ ]  NO

If no, please review the project with your area VP

### Has this project been reviewed/approved by PVAMU Information Security Office?

### [ ]  YES [ ]  NO

If no, please review the project with PVAMU Information Security Office

### Has this project been consulted (discover/explore) with Information Technology Services (ITS)?

### [ ]  YES [ ]  NO

If no, please consult (discover/explore) with ITS

#### Project Name: Click or tap here to enter text.

#### Preferred Completion Date: Click or tap to enter a date.

#### Requestor Name: Click or tap here to enter text.

#### Requesting Department: Click or tap here to enter text.

#### Business Need:

Describe the business need that the project would solve. What is the primary need that this project would address? Is this project a simple “nice to have”, or does it fill some sort of critical business need?

Click or tap here to enter text.

### Business Goals/Objectives/Deliverables

Define what specific business goals and objectives will be met as a deliverable from this project.

| Business Goal/Objective | Description/Deliverables  |
| --- | --- |
|  |  |
|  |  |
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|  |  |

#### Justification and Impact

Justify why the recommended project should be implemented. Include the impact of not implementing the project. Will service to stakeholders be impacted, e.g. will student services be interrupted? What other services/products/departments may be affected?

Click or tap here to enter text.

#### Business Value (Optional)

What is the value to the institution/agency and/or its customer(s)? What cost savings, efficiency gains or business improvements are expected as an outcome of this project? Does the project have a quantifiable Return on Investment (ROI)?

Click or tap here to enter text.

#### Budget/Funding

Estimated Cost: Click or tap here to enter text.

Budget Allocated: ☐ YES ☐ NO

Project Sponsor: Click or tap here to enter text.

*Is funding available/identified for the proposed project? If yes, please provide additional information regarding budgeted amount and source (AC).*

Click or tap here to enter text.

#### Proposed Project Success Criteria:

*What are the measurements used to evaluation proposed project criteria*

Click or tap here to enter text.

### Risks

*<Data levels involved: (financial, FERPA, customer, PCI, operational).>* Click or tap here to enter text.

*<Visibility: Does the project have high external visibility?>* Click or tap here to enter text.

### Estimated Work Effort

*<List the time estimated to complete the project in hours.>* Click or tap here to enter text.

#### Departmental Priority

Choose one based on the priority level of this project within your department.

[ ]  High [ ]  Medium [ ]  Low