Bradford County Schools IT Project Request Form

Project Request Form

Instructions: Before completing the entire form and submitting, along with any vendor documentation, configuration diagrams, etc. to IT, **please make sure you will be available to provide additional information if needed.**
The project request will be reviewed and prioritized dependent upon completion date of **All required info.**

Request Date:	
Project Title:	
Project Owner:	
Project Owner Manager:	
Funding Sources:	State　　　Title III　　　Dept. Account　　　Grant　　　Auxiliary Fund Grant Start Date　　　　　　　　　　Grant End Date
Budgeted Amount:	$
Proposed "Go Live" Date:	
Project Description:	*What initiative or problem will this project address?*
Project Outcomes:	*What will be achieved by this project? Outcomes should be Specific, Measurable, Achievable, Realistic, and Time-Bound.*

Requested IT Services:	*What specific IT services are you requesting during each phase of this project (Set-up Phase, Implementation/Configuration Phase, Testing Phase, Go-Live Support, and Long Term Maintenance).*
Project Justification:	*Why should this project be undertaken? Cost savings potential, better customer service, operational efficiency / time savings (how much time)? Explain in detail.*
Proposed Location of Program or Equipment:	*What is the location of the program or the location of equipment that will be used?*
Special Instructions / Additional Information:	*Please advice of any additional information that may be useful.*
Information Security Review Required:	**YES NO N/A**
Information Security Review Comment:	*To be completed by the IT)*
Decision:	**Approved / Rejected MM / DD / YYYY**
Package Completion Date:	*To be completed by the IT h k ⸗# .*
Comments:	*To be completed by IT Project Committee indicating if the project is approved or not.*