**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**  | **Authorization** |  |
| 2.1 | Has the project authorization 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/orstrategic 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 sectionsare 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 requiredStorage (incl Backup) Software (OS, Database, application etc)Licensing SecurityIntegration High AvailabilityDisaster 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 CommunicationsGroup |  |
|  | 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 ofan 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