|  |  |
| --- | --- |
| Project Name |  |
| Date of Submission |  |
| Location (if applicable) | *Provide campus location, building, floor, and room number if request is related to the physical improvement of a space.* |

|  |  |
| --- | --- |
| Project Requestor’s Contact Information | |
| Name |  |
| Email Address |  |
| Department Name |  |
|  |  |
| Your Department Head’s Contact Information | |
| Name |  |
| Email Address |  |
| Department Name |  |
|  |  |
| Your Executive VP or VP’s Contact Information | |
| Name |  |
| Email Address |  |
| VP’s SIGNATURE | *Email submission of this University Project and Capital Request Form from the VP, Executive VP or President directly will be accepted in lieu of a physical signature.* |
| COM Dean (if applicable) | *All requests from the College of Medicine as well as any NYIT Clinic must be signed by the Long Island Dean of the COM prior to submission to Executive VP or President.* |
| ITS and/or Facilities Liaison (if applicable) | *Who in ITS and/or Capital Planning and Facilities helped in the preparation of this form?* |

|  |  |
| --- | --- |
| **Current Situation** | *Provide a synopsis of the situation and what is likely to happen if the current situation is maintained.* |
| **Business and/or Academic Need, Problem or Opportunity Statement** | *Provide a short description of the need, problem or opportunity that the project is trying to address. Describe the processes and services to be defined and/or supported by this project. Examples of general problems/opportunities are: compliance with a regulatory/legal issue (identify the regulation and explain how your proposal supports it); automation of a manual function; operational improvement; enhanced service offering; improved student learning, etc.* |
| **Connection to NYIT’s Strategic Action Plan** | *Does the proposal support NYIT’s Strategic Action Plan? If so, how? Does it clearly elevate NYIT’s reputation and/or enhance NYIT’s resource base (either by improving revenue or decreasing costs)? If so, how? Does it support documented goals and objectives at the departmental level? If so, how?* |
| **Assumptions & Constraints** | *Describe any known assumptions and/or constraints about resource availability, budget, schedules, spaces, technologies, etc. that are pertinent to the work being proposed.* |
| **Sponsor’s Responsibility** | *What role will the project sponsor’s unit have in selecting/implementing the project and maintaining the solution once project implementation is complete?* |
| **Key Stakeholder Roles and Responsibilities** | *Who are the key people/departments that would need to be involved in the project and in what capacity (e.g., RACI – responsible, accountable, consulted, informed)?* |
| **Process Change** | *Describe any analysis and/or re-engineering of established policies, procedures and/or workflows that might be impacted by this project, including any personnel/work assignment changes that might be required, in your department or elsewhere on campus.* |
| **Benefits/Desired Outcomes** | *Describe the expected benefits this project will deliver when completed. How will success of the project be measured and/or demonstrated? Where applicable, describe how the project will increase revenue, reduce costs, increase efficiency, improve functionality/service, reduce risk, etc.* |
| **Potential Options** | *Are you aware of any potential solutions to address the need, problem, or opportunity described above? Are you aware of other departments or other universities who are addressing a similar challenge? Are you aware of vendors that provide the required capabilities? If so, please provide whatever information you have.* |
| **Timetable, Key Milestones, Deadlines, Consequences** | *Is there a specific “window of opportunity” for implementation? Are there regulatory or other types of deadlines? If the project is approved, is there a desired timetable for implementation? What are the key milestones? What would be the consequences of not implementing the project in the desired timeframe? Or at all?* |
| **Key Beneficiaries** | *Who are the campus constituencies that will most likely benefit from this project if implemented? And in what tangible way?* |
| **Resource Interdependencies** | *Are you aware of any interdependencies with other projects, people/groups, systems, building infrastructure needs, other resources (internal or external to the University)?* |
| **Cost Estimates** | *If known, what are the expected resources required (time, talent and dollars) to achieve the desired outcomes? Are there ongoing support/maintenance costs associated with the request?* |
| **Source of Funds; Use Restrictions** | *Does the Project Sponsor have local funds to contribute to the request? If yes, are they department funds? Grant funding? Something else? And are there any restrictions on their use?* |
| **Ongoing Support Requirements** | *If known, what are the expected resources required (time, talent and dollars) to maintain the proposed solution? Where would they come from? Who will be responsible for the project post-implementation? Does the sponsoring department have the technical expertise and capacity to use and maintain the system they are proposing? If no, how do they plan to get it?* |
| **Additional information about the proposed project:** | |

Please email completed form and any supporting materials to: [flite@nyit.edu](mailto:flite@nyit.edu)

Note: Significant changes in the scope of what is being proposed may require the submission of new Project Request Form.