Information Technology Services Administration Building – Suite 300 Campus Box 945

P.O. Box 173363 Denver, CO 80203 Fax: 303-352-3030 Phone: 303-556-4283 Email: ccdhelpdesk@ccd.edu



IT Project Request

Requester:	Date:	
•	Name:	
	Phone:	
	Department:	
	E-mail:	
Title of Request: A short title to identify the request.		
Type of Request: Mandated — by federal, state or CCCS?		□
Area(s) Affected: Select any that apply	☐ – Faculty; ☐	le; □ - Multi-department; □ - Single department l – Students; □ – Administrative e; □ – External Use; □ – Remote Access ('s):
Request description: Briefly describe the problem - What business problem are you trying to solve? What critical need(s) are you trying to address?		
Why should this project be done? Briefly explain what the project is expected to achieve, its benefits, and any cost savings (include quantifiable results).		

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Impacts:	
1. Who or what is impacted by this project?	
(personnel and non-personnel)	
2. What is the impact of not completing	
this project?	
Is there a Project Dependency?	Banner integration : \Box – Yes; \Box - No. If yes, explain:
Is there another system or component	
involved? What other systems may be	
impacted by this project? Is there	
something that needs to be in place	
before this project begins?	
	Other CCCS and/or CCD systems integration: \Box – Yes; \Box - No. If yes,
	explain:
Alignment with Strategic objectives:	□ – Yes; □ - No. Please explain:
What college objective(s) does the request	,
meet?	
Deadline Date & Reason:	00/00/0000 or □ - No deadline
	Hard Deadline? ☐ - Yes; ☐ - No
	Deadline reason:

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Resources: Which departments are affected by this project? Who will you need to work on this project? What is their role? Have you consulted with the departments involved in this project? Will CCCS resources be needed?	Contacted other departments ☐ - Yes; ☐ - No Contacted CCCS ☐ - Yes; ☐ - No
Does this project require WCAG compliance? Web Content Accessibility Guidelines. Needed for public or student facing systems.	Requires WCAG compliance: \square – Yes; \square - No. If yes, explain: I have no idea and need help determining this: \square – Yes; \square - No.
Does this project require security for data protected by: FERPA: Family Educational Rights and Privacy Act HIPAA: Health Insurance Portability and Accountability Act Other PII (Personally Identifiable Information)? Budget: What funding will be needed? What ongoing expenses need to be considered (yearly maintenance fees, service fees, renewals, etc.)	FERPA: □ - Yes; □ - No. If yes, explain: HIPAA: □ - Yes; □ - No. If yes, explain: Other PII: □ - Yes; □ - No. If yes, explain: I have no idea and need help determining this: □ - Yes; □ - No. Initial: On-going: Funding available? □ - Yes; □ - No. Please explain:
Is CCCS planning to address this need in a future project? Has CCCS been consulted about this need? Have other Colleges been consulted about this need? Briefly describe research done.	

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If CCCS plans a solution, when is it planned and why can't CCD wait?	
Additional Info: Is there any other information that you would like to provide? Describe consultation you've conducted with staff or departments involved in defining the problem and the proposed solution.	
IT Approval – IT Director	Approved: □ - Yes; □ - No. Approval Date: Signature:
Project Approval - Director or Dean	Approved: ☐ - Yes; ☐ - No. Name of Director or Dean: Approval Date: Signature:
Funding Approval – VP	Approved: ☐ - Yes; ☐ - No. Name of VP: Approval Date: Signature:
Project Prioritization Committee Approval	Approved: □ - Yes; □ - No. Approval Date: Signature of Committee Chair.