

IT Project Request

Requester:	Date:	
	Name:	
	Phone:	
	Department:	
	E-mail:	
Title of Request: <i>A short title to identify the request.</i>		
Type of Request: <i>Mandated – by federal, state or CCCS?</i>	<i>Type:</i> <input type="checkbox"/> – New; <input type="checkbox"/> – Customize; <input type="checkbox"/> – Upgrade; <input type="checkbox"/> – Replace <i>Mandated?</i> <input type="checkbox"/> – Yes; <input type="checkbox"/> – No. <i>If yes, explain:</i>	
Area(s) Affected: <i>Select any that apply</i>	<input type="checkbox"/> – College-wide; <input type="checkbox"/> – Multi-department; <input type="checkbox"/> – Single department <input type="checkbox"/> – Faculty; <input type="checkbox"/> – Students; <input type="checkbox"/> – Administrative <input type="checkbox"/> – Internal Use; <input type="checkbox"/> – External Use; <input type="checkbox"/> – Remote Access <i>List Department(s):</i>	
Request description: <i>Briefly describe the problem - What business problem are you trying to solve? What critical need(s) are you trying to address?</i>		
Why should this project be done? <i>Briefly explain what the project is expected to achieve, its benefits, and any cost savings (include quantifiable results).</i>		

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<p>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?</p>	<p><i>Contacted other departments</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No <i>Contacted CCCS</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No</p>
<p>Does this project require WCAG compliance? Web Content Accessibility Guidelines. Needed for public or student facing systems.</p>	<p><i>Requires WCAG compliance:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. If yes, explain: <i>I have no idea and need help determining this:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No.</p>
<p>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)?</p>	<p><i>FERPA:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. If yes, explain: <i>HIPAA:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. If yes, explain: <i>Other PII:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. If yes, explain: <i>I have no idea and need help determining this:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No.</p>
<p>Budget: What funding will be needed? What ongoing expenses need to be considered (yearly maintenance fees, service fees, renewals, etc.)</p>	<p><i>Initial:</i> <i>On-going:</i> <i>Funding available?</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. Please explain:</p>
<p>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.</p>	

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<p><i>If CCCS plans a solution, when is it planned and why can't CCD wait?</i></p>	
<p>Additional Info: <i>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.</i></p>	
<p>IT Approval – IT Director</p>	<p><i>Approved:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. <i>Approval Date:</i> <i>Signature:</i></p>
<p>Project Approval - Director or Dean</p>	<p><i>Approved:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. <i>Name of Director or Dean:</i> <i>Approval Date:</i> <i>Signature:</i></p>
<p>Funding Approval – VP</p>	<p><i>Approved:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. <i>Name of VP:</i> <i>Approval Date:</i> <i>Signature:</i></p>
<p>Project Prioritization Committee Approval</p>	<p><i>Approved:</i> <input type="checkbox"/> - Yes; <input type="checkbox"/> - No. <i>Approval Date:</i> <i>Signature of Committee Chair:</i></p>