

This application must be TYPED and all questions filled in or form will be returned.

## Purpose of this Form:

The need for information technology (IT) infrastructure and application development together with requests for new projects frequently exceed available resources. To manage resources efficiently and to ensure that important projects are prioritized and accomplished in as timely a manner as possible, Technology and Educational Support Services (TESS) utilizes a project prioritization process to solicit input from TESS Executive Committee and establish project priorities for requested projects. The utilization of a project prioritization and management process ensures that resources are focused on projects which are deemed to be of the greatest need to the District and its colleges. Projects are prioritized based on pre-agreed to criteria to best ensure the focused commitment of resources to get projects done, the utilization of a collegial consultation model, and operational transparency.

The purpose of this form is to provide TESS enough basic information to determine the scope and resource demands of your request.

**IMPORTANT:** Filling out this form, or the creation of the project charter, it does not mean the project has been accepted or approved.

## What to expect:

*If your request is determined to exceed 40 hours of labor and/or \$5,000 in costs, your request will fall under the tri-annual review of IT projects*

### Steps to project acceptance, prioritization and scheduling:

1. Submit the project request;
2. You will receive a e-mail notification that your request has been received.
3. After the request deadline, a TESS representative will schedule a meeting with you to vet the project;
4. The TESS representative will complete a Project Charter;
5. Project Charter is submitted to the TESS Executive Committee for prioritization;
6. Project is either approved and prioritized or not. If not, requestor will be contacted with explanation;
7. If approved, the Project is scheduled and requestor and sponsor are notified. All proposals not accepted and prioritized for the next cycle are considered unapproved and will be returned to the requestor to be eliminated or re-submitted for the next project prioritization cycle.

*If your request is determined to NOT exceed 40 hours and costs less than \$5,000, you will be notified within two weeks regarding the acceptance or denial of your operations request and subsequent steps and/or rationale for the determination.*

**IMPORTANT:** A completed 'Project Request Form' must be received by the deadline posted at the following website: <http://tess.sbccd.org/projects>.

## Form Instructions:

- Fill out the form information as completely and in as much detail has you can.
- If any questions are left blank or answered with 'N/A' or 'Not Applicable', this form **will be** considered incomplete.
- Submit completed forms to TESS, by e-mail, to "ITProjectRequests@sbccd.edu".
- Do not wait until the last minute to complete this form. Complete it as soon as you have the information necessary so that the follow up reviews and documentation can be completed in a timely manner.

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### Requestor's Information:

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Position Title : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Department : \_\_\_\_\_ Site :  Crafton  Valley  District Signature : \_\_\_\_\_

### Sponsor's Information: (Who can authorize budget and other resources for the project?)

*Recommendation: A sponsor should be one of the members of the TESS Executive Committee. This member would advocate for the project.*

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Position Title : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Department : \_\_\_\_\_ Site :  Crafton  Valley  District Signature : \_\_\_\_\_

### JOINT PROJECT REQUEST

*If this project request is a joint project between the colleges, then please provide the same information below for the other college. Otherwise, leave the fields below blank.*

### Joint Requestor's Information:

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Position Title : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Department : \_\_\_\_\_ Site :  Crafton  Valley  District Signature : \_\_\_\_\_

### Joint Sponsor's Information: (Who can authorize budget and other resources for the project?)

*Recommendation: A sponsor should be one of the members of the TESS Executive Committee. This member would advocate for the project.*

Last Name : \_\_\_\_\_ First Name : \_\_\_\_\_ E-Mail : \_\_\_\_\_

Position Title : \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Department : \_\_\_\_\_ Site :  Crafton  Valley  District Signature : \_\_\_\_\_

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## General Information

Please describe your current problem. *Be as specific and detailed as possible within the space provided below.*

Please describe your wanted solution. *Be as specific and detailed as possible within the space provided below.*

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## General Information *(continued)*

Please describe the negative impacts to your department and organization as a whole, if this project IS NOT accepted.

*Be as specific and detailed as possible within the space provided below.*

Please describe the positive impacts to your department and organization as a whole, if this project IS accepted.

*Be as specific and detailed as possible within the space provided below.*

Please provide your required (hard) deadline. *Enter a date, if this project is constrained by a specific implementation dateline.*

Please provide your wanted (soft) deadline. *You must enter a date within or beyond, the next project period.*

Please list Federal and State Regulations, Education Code, Title V, Board Policy or College procedure requiring this project, if any.

*Include any attachments or URLs to referenced documents.*

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## Other Information

Please add any other issues, concerns or information that should be evaluated in determining acceptance and prioritization.

*Be as specific and detailed as possible within the space provided below.*

If local resources are not available to allow this project to be prioritized for the upcoming cycle, are you willing to provide a budget and/or resources necessary to provide overtime or pay for 3rd party consultants to complete this project? If so, what budget and resources are available for this project?

*Be as specific and detailed as possible within the space provided below.*

Supervisor Name (Print) : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

V.P.'s or V.C.'s Name (Print) : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

*If this project request is a joint project between the colleges, then please have the other college sign below:*

Supervisor Name (Print) : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

V.P.'s or V.C.'s Name (Print) : \_\_\_\_\_ Signature : \_\_\_\_\_ Date : \_\_\_\_\_

### For TESS Use Only

#### Assigned Information

Project Number : \_\_\_\_\_

TESS Manager : \_\_\_\_\_

#### Request Status

Rejected / Declined :

Returned for more information :

Assigned to create "Project Charter" :