## INFORMATION TECHNOLOGY SERVICES Project Request Form

A project is a temporary endeavor undertaken to produce a unique product, service, or result. ITS also uses the following criteria to define a project:

Requires more than 40 hours of work

**Email Address** 

- Requires resources from 2+ ITS teams (or more than 40 hours of work from one ITS team)
- Has a significant level of impact or complexity
- Is not related to existing daily operations (NOTE: If your request is operational in nature, such as setting up a new computer or troubleshooting a problem, please contact the Helpdesk at 901-448-2222 or helpdesk@uthsc.edu for more immediate assistance.)

Please use this form to tell us how we can help you with your project. Answer each question as completely as possible. Once submitted, your request will be prioritized in relation to other ITS projects and reviewed to determine necessary resources and an estimated start date. You then will be contacted to discuss next steps.

ITS will prioritize and review project requests on a monthly basis, on the first Wednesday of each month. This will enable us to complete an appreciable amount of work between reviews, thus facilitating more accurate time and resource estimates. If your project requires an earlier review due to mandated time sensitivity, security/safety issues, or criticality to university missions, please contact Vikki Massey at <a href="mailto:vmercer@uthsc.edu">vmercer@uthsc.edu</a> or 901-448-8040.

Project Title	
Brief Project Description	
	//
Please provide information about yourself.	
Name	
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ffiliation
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n Professions
stry
uate Health Sciences
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nacy
nistrative unit
dicate your department (within a college) or administrative unit.  /dept}
will you play in the project?
ct Sponsor (the person who is advocating for the project and/or will provide or secure funding if ssary)
ct Lead (the primary point of contact who will act on behalf of the Project Sponsor throughout the project)
ct Requester (the person who is submitting this form but is neither the Project Sponsor nor Project Lead)
ovide information about the Project Sponsor (the person who is advocating for the project and/or will provide or ading if necessary).

Phone Number	
xxx-xxx)	
Primary Affiliation	
<ul> <li>Health Professions</li> </ul>	
Dentistry	
Graduate Health Sciences	
○ Medicine	
Nursing	
Pharmacy	
Administrative unit	
the Project Sponsor, Lead, or Requestor have already spoken to an ITS staff member about this request, please nat staff member's name here. (Skip this question if you have not spoken to an ITS staff member.)	provi
Vhat is the age of this request?	
This is a new request.	
I have made a similar request within the last 6 months.	
I made a similar request 6-12 months ago.	
I made a similar request more than 12 months ago.	
s your request for a new product/service or for an enhancement to an existing product/service (ex., additional unctionality, upgrade, etc.)?	

this project required or mandated by a regulatory body (ex., government, accrediting agency, etc.) or UTHSC/UT vstem administration?  Yes		
escribe the need, problem, or opportunity that this project will address.  by does this project directly support UTHSC's strategic mission and goals?  OTE: Learn more about the university's mission and strategic plan at <a href="http://www.uthsc.edu/chancellor/strategic-anning.php.">http://www.uthsc.edu/chancellor/strategic-anning.php.</a> )  this project required or mandated by a regulatory body (ex., government, accrediting agency, etc.) or UTHSC/UT stem administration?  Yes  No	Enhancement to	an existing product/service
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Yes No	OTE: Learn more anning.php.)	about the university's mission and strategic plan at http://www.uthsc.edu/chancellor/strategic-
Yes No		
No No		
ease describe the requirement as well as the accompanying required project completion deadline (if there is one).	stem administration	
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	ystem administration  Yes	
	ystem administration  Yes  No	on?
	ystem administration  Yes  No	on?
	ystem administration  Yes  No	on?

What will be the effects on the University or your college/department/unit if this project is NOT implemented (ex., government fines, loss of accreditation, etc.)?	//
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	//
	//
Missish LITLICO analysis and affected by this projecto (Calact all that analysis)	
Which UTHSC groups are affected by this project? (Select all that apply.)	
□ Faculty	
Staff  Studente	
<ul><li>Students</li><li>Residents</li></ul>	
□ Postdocs	
<ul><li>Administration</li></ul>	
■ Non-UTHSC members	
Approximately how many people will be affected by this project?	
1,001+ people	
○ 1,001+ people ○ 101-1,000 people	
○ 26-100 people	
25 or fewer people	
What are you currently doing to address this need, problem, or opportunity (ex., paper process, using another syste	em,

	//
How does the project improve the ability of users to perform their tasks or affect the number of staff and system resources?	
<ul> <li>Eliminates redundancy (ex., data double-entry) and/or significantly increases efficiency (ex., reduces physical paper storage or paper workflows, facilitates more accurate reporting, etc.) for the customer</li> </ul>	
Reduces number of staff hours or systems needed to complete task for ITS but not for customer	
<ul> <li>No effect on number of staff hours or systems needed to complete task for either customer or ITS</li> </ul>	
Additional staff / systems needed for support	
What are other anticipated positive outcomes of this project?	
	//
What are the potential risks of this project?	
	//
What is the impact of this project on your other ongoing, planned, or near-term projects, or vice versa?	
Major impact (ex., must be completed before another major project can begin or finish)	
Moderate impact (ex., is affected by another project's outcomes)	
Little to no impact	
<ul> <li>Negative (but surmountable) impact, or duplicates the results of another project already under consideration of in progress</li> </ul>	r

Vhat are the known costs for this p	Tojour. (IVO 12. 1 loudo maio		uno mormaton.)	
				//
lave funds already been approved	or set aside for this project	?		
<ul> <li>No direct costs anticipated at the</li> </ul>	nis time			
Yes, as part of this fiscal year's	budget			
Yes, as part of next fiscal year's	s budget			
No, but approval has been give	n for the project			
No, and the project has not yet	been approved			
Vhat is the project's anticipated ret	urn on investment (ROI)?			
<ul><li>Will pay for itself and generate</li></ul>	cash			
<ul><li>Will pay for itself but NOT gene</li></ul>				
○ Will save money				
No tangible financial ROI				
Please describe any solution you hanind.)	ave in mind for this project.	(NOTE: Please indicate	e if you do not have a sol	ution in
				//