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
- 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 vmercer@uthsc.edu or 901-448-8040.

Project Title

Brief Project Description

Please provide information about yourself.

Name

Email Address
Phone Number

Primary Affiliation

- Health Professions
- Dentistry
- Graduate Health Sciences
- Medicine
- Nursing
- Pharmacy
- Administrative unit

Please indicate your department (within a college) or administrative unit.

What role will you play in the project?

- Project Sponsor (the person who is advocating for the project and/or will provide or secure funding if necessary)
- Project Lead (the primary point of contact who will act on behalf of the Project Sponsor throughout the project)
- Project Requester (the person who is submitting this form but is neither the Project Sponsor nor Project Lead)
- Other

Please provide information about the Project Sponsor (the person who is advocating for the project and/or will provide or secure funding if necessary).

Name

Email address
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.

Is your request for a new product/service or for an enhancement to an existing product/service (ex., additional functionality, upgrade, etc.)?
New product/service

Enhancement to an existing product/service

To what existing product/service does your request relate?

Describe the need, problem, or opportunity that this project will address.

How does this project directly support UTHSC’s strategic mission and goals?  
(NOTE: Learn more about the university’s mission and strategic plan at http://www.uthsc.edu/chancellor/strategic-planning.php.)

Is this project required or mandated by a regulatory body (ex., government, accrediting agency, etc.) or UTHSC/UT System administration?

☐ Yes

☐ No

Please describe the requirement as well as the accompanying required project completion deadline (if there is one).
Please describe AND explain your desired time frame for completion of this project (ex., beginning of spring semester, reporting cycle, etc.).

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.)?

Which UTHSC groups are affected by this project? (Select all that apply.)

- Faculty
- Staff
- Students
- Residents
- Postdocs
- Administration
- Non-UTHSC members

Approximately how many people will be affected by this project?

- 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 system, nothing at all, etc.)?
How does the project improve the ability of users to perform their tasks or affect the number of staff and system resources?

- 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
- Reduces number of staff hours or systems needed to complete task for ITS but not for customer
- No effect on number of staff hours or systems needed to complete task for either customer or ITS
- 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
- Negative (but surmountable) impact, or duplicates the results of another project already under consideration or in progress
What are the known costs for this project? (NOTE: Please indicate if you do not know this information.)

Have funds already been approved or set aside for this project?
- No direct costs anticipated at this time
- Yes, as part of this fiscal year’s budget
- Yes, as part of next fiscal year’s budget
- No, but approval has been given for the project
- No, and the project has not yet been approved

What is the project’s anticipated return on investment (ROI)?
- Will pay for itself and generate cash
- Will pay for itself but NOT generate cash
- Will save money
- No tangible financial ROI

Please describe any solution you have in mind for this project. (NOTE: Please indicate if you do not have a solution in mind.)